

# The Meaning of Caring From Nurses Working at an Intensive Coronary Care Unit in Mauritius

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**Abstract- Background:** One of the major concerns in intensive care units is caring. There was no universally accepted definition of the phenomenon, instead of decades of research in this field.

**Purpose:** The study presented here was designed to explore the meaning of caring, particularly from the nurses working at a renowned intensive coronary care unit (ICCU).

**Method:** Volunteers participated in semi-structured interviews and the interviews were recorded in a tape. The recordings were transcribed verbatim and the analysis was done using Colliazzi reductive framework.

**Findings:** Being a nurse in the ICCU meant being valuable, professional, and confident. However, in some cases they were also frustrated. The theme that emerged from the meaning of caring include accountability, empathy, competency development and holistic service.

**Conclusion and Recommendations:** An understanding of the meaning of caring can be of great importance in improving the nursing practice. The nature of this investigation was only exploratory; therefore more research is required to bring positive changes. It is essential to examine the patients' experience of caring in the same setting by the use of a methodology including a large sample.

**Index Terms-** coronary care unit, phenomenology, Mauritius, nursing

## I. INTRODUCTION

The concept of human caring has been extensively studied since Leininger 1980's time. It is significant to highlight that in the past, there has been a great disagreement observed among nurses on the concept of caring. Therefore, Leininger (1981:3-15), explained that caring is the dominant theme in nursing. According to her, caring is a practice focus of nursing. She further added that no other profession focuses on caring like nurses focus on it. According to Maeve and Vaughn (2001:47-64), a variety of work has been conducted to unearth the concept of caring. However, a totalizing definition has not been worked out. Caring had also been claimed to be an important value in nursing by Cook and Cullen (2003:192-197)

## II. BACKGROUND INFORMATION

The state of Mauritius comprises of a main island called Mauritius, and outer islands including Agalega, Rodrigues and Saint Brandon. The island is situated in the Indian Ocean and is a roughly pear shaped island. At the end of the year 2012, the population of the republic of Mauritius was found to be

1,293,549. In the year 2012, the population aged 0 to 14 years decreased to 20.6%. It was found to be 25.2% in the year between 2002 and 2003 (Arianaik, 2004:2). On the other hand, the proportion of people aged 15 to 64 years was found to be increasing with 71.8% in the year 2012. It was found to be 68.3% between the year 2002 and 2003. The proportion of population aged 65+ years was found to be 7.6% in the year 2012. It also changed from 6.4% to 6.5% in the year 2002 and 2003 (Arianaik, 2004:2). From the information presented here in numbers, one can formulate that the population is aging and this may have an impact on the country's economy and particularly in the sector of health.

## Literature Review

The concept of caring has been as an escalating interest over the decades now. There are theorists and philosophers, who were at the forefront of reminding the significance of caring in the profession of nursing. According to a study of caring, it was found that caring had been studied as a trait of human, interpersonal relationship, moral imperative, affect and nursing therapeutic (Smith et.al, 2012: 59). One of the basic and main factors that distinguish nursing profession from other professions is "caring" (Bolderston et.al, 2010: 198). The caring concept was explained in a number of ways. Watson also argued on the same concept and said that caring includes knowledge, performance as well as results (O'Connell et.al, 2008:349). Caring was also explained as an interpersonal process which was characterized by intimate relationships, interpersonal sensitivity and expert nursing (Fingeld-Connett, 2008:196). The caring is important for the satisfaction of the patients (Liu et.al, 2010:405) therefore, the concept and meaning of caring remains an interest over decades. The satisfaction of the patients has a close link with the quality of care provided by the nurses and also has a close link with caring behaviors of nurses (Wagner and Bear, 2009: 693; Padiha et.al, 2008:198).

## Caring

Main emphasis in the literature review was given to the explanation of caring. The word "care" is a commonly used word in everyday language and in all occupations (McSherry et.al, 2012: 4). According to the definition, caring is a feeling and it exhibits empathy and concern for others. According to these definitions nurse caring is a feeling that requires action as well (Lachman, 2012: 112).

## Caring in Nursing

The concept of caring in nursing has been discussed by various researchers. There were several persisting confusions regarding caring in nursing. The word of caring was also used as

a synonym to nursing (Lachman, 2012: 112). One of the major challenges that nurses still face is how to define, describe, and identify care and caring (McSherry et.al, 2012:4). According to McSherry and co-authors (2012:4), caring is the absence of abuse and neglect.

## Theories in Nursing

### Leininger's Theory of Culture Care

The development of caring theory by Leininger was based on her interest in human dimension and caring. The focus of theory presented by Leininger was care, which she linked to culture (Leininger, 1991:35). The purpose behind her theory was to discover universalities and diversities in human care in relation to world view and social culture. Also, to discover ways to provide congruent care (Leininger, 1991:39-47).

### Watson Theory of Human Care

Jean Watson describes nursing as a human science (Watson, 1979). Its main focus was on the process of human care for different people. Main goal of her theory centered on helping people to gain higher degree of harmony within their soul, mind and body. She elucidated that these goals are achieved through caring transactions. She also presented ten carative factors which claimed to be the interventions of theory.

### Roach's Conceptualization of Caring

Roach published the conceptualization of caring presented by Heidegger (1977:319-339) as human mode of being (Roach, 1984:12). She identified that caring is not unique to nursing rather it is unique in nursing. She presented that this concept included essential features of nursing as a "helping discipline". Human behavior's categories within which professional caring may be expressed were demonstrated as five C's: Compassion, Competence, Confidence, Conscience, and Commitment.

### Boykin and Schoenhofer's Theory of Nursing as Caring

Boykin and Schoenhofer, (1993:21), posited their focus as nurturing persons living and growing in caring. It also reflected nursing as a human mode of being. According to them, nurse endeavors to come to know the other as caring persons and try to find out that how a person may be sustained, strengthened and supported in process of living and growing caring Boykin and Schoenhofer, (1993:25).

### Commonly Used Instruments in Assessing Caring

Caring is not an easy concept to measure. Watson (2002:220-221) presented multiple instruments to measure caring. Some of them included Care Behavior Assessment, Caring Behavior Inventory, CARE\_Q, Caring dimensions Inventory, Holistic Caring Inventory, Caring Ability Inventory and many others.

## III. PROBLEM STATEMENT

The situation demonstrated as an enigmatic, perplexed, and conflicting condition about the meanings of caring in the discipline of nursing and hence required further investigation. There was no consensus regarding the definitions of caring and this particular claim was also repetitive on numerous occasions.

There was a chaos about the meaning and place of caring in nursing. Since caring was elucidated in different ways (O'Connell et.al, 2008:349) and there was not an absolute meaning of caring known, this study contributed in knowing the meaning of caring in nursing.

## IV. PURPOSE OF THE STUDY

The study was designed for the purpose of generating knowledge to inform practice. The researchers need to examine all parts of the reality with belief that science plays a role in updating lives of people who are interacting and functioning in the society. Nurses play an integral part in delivering the care to the patients in the hospitals (Shahshahani et.al, 2010:150). There were no published studies found, that solely focused on the meaning of caring from the view point of coronary care nurses. The previous researches addressed only few aspects which were based upon general observations.

## V. OBJECTIVES

The objective of this study was to explore a live experience and also to investigate perceptions of caring by nurses, serving in the coronary care unit, in order to have a definite understanding of the concept. An added objective of this study was to present recommendations to improve current practices in caring.

## VI. RESEARCH QUESTIONS

The research questions that were addressed in this research include:

1. How was caring perceived in an intensive coronary care unit context in Mauritius?
2. What were the important characteristics that made caring happen?
3. What effects did caring have?

### Significance of the Study

There were certain ideologies which related to values of human and needed to be cherished (Halarambus and Holborn (1995:2-18). This philosophy was also presented by several other authors in the field of nursing. Therefore, it can be deduced that human dignity and respect must be encompassed in providing safe care by nurses in ICU. The patient's charter (Deerpalsing: 2002), in Mauritius legally requested that every patients must be given quality care in nursing regardless of their wealth status or any other factor. Therefore, it was significant to understand the concept of caring in nursing.

### Definition of key concepts

#### Coronary Care Unit

It is a unit in the hospital that is dedicated to the patients of cardio-vascular diseases. It is involved in providing special care and monitoring of the cardio-vascular patients (Oxford Dictionaries).

### Phenomenology

Phenomenology is a qualitative research method. It is the most frequently viewed method (Kahlke, 2014:38).

**Mauritius**

Mauritius is one of the main islands of the state of Mauritius and is situated in the Indian Ocean.

**Nursing**

Nursing is the use of clinical judgment to provide quality care to the care seekers and help them in maintaining and improving health (Royal College of Nursing).

**VII. RESEARCH METHODOLOGY**

**Design**

The design that was selected for this study based on my belief and competence bearing in mind the uniqueness of the problem which was stated and the purpose of this project.

**Research Site**

The research was conducted in the local Care Centre of Mauritius.

**Study Population**

In the year 2010, in the month of October, 30 nurses working in the local Care Centre, were operational at patient’s bedside. The nurses working at the bedside were selected for the study. The reason behind this selection was based on the observation I made as I was working there. During my work, I observed that nurses working at higher positions used a major portion of their time in administrative duties. The centre establishment disclosed the staffing in the month of October 2010 which is shown in table 1.

**Table 1: Nursing Staffing Situation at the Care Centre- October 2010**

<b>Nursing Staffing Situation at the Care Centre-October 2010</b>	
Nursing Superintendent	1
Nursing Supervisors	4
Head Nurses	8
Specialized Nursing Officers	19
Training Specialized Nurse (already qualified general nurse)	8
Health Care Assistants	5

**Sample, Sampling Techniques and Sample Size**

Purposive sampling is referred to as a judgment sampling and involves the conscious selection of the researcher and informants to be included in the study. It is a simple technique where the researcher decides what to be known by the participants and allow people who are willing to share their information by virtue of experiences and knowledge (Tongco, 2007:147). 12 nurses were taken as the sample size that comprised of 6 male and 6 female nurses. The nurses were informed to participate in a preliminary briefing session at the job place that helped them in deciding whether they have to participate or not. Once the participants were finalized after the

briefing session, they were prepared individually by a pre-counseling briefing and permission was taken to tape record their conversation.

**Eligibility Criteria**

All the participants other than the nurses working at the bedside were excluded from the study as they were not in direct contact with the patient in terms of nursing interventions and care provision. The nurses who were on leaves for more than five months were not included in the study because they were absent from the area of practice for a long time and they may invent false answers. The participants that were selected had a year’s experience in the cardiac ICU.

**Data Collection Method Interview Process**

Interview is a method of generating research data that is still being used in large varieties of research designs (Al-Busaidi, 2008:11). In communication that involves questioning the interviewee, the data that is gathered gives more in-depth on the thoughts, actions, attitudes of the individuals participating in the interview (Kendall, 2008:134). In a semi-structured interview, the participants who are voluntarily participating are encouraged to provide clarification and detail and considerable time spend on probing the participants (Haris, 2008:1). In the present study, the process of interview was partly structured and ordered in advance so that the same information is obtained from nurses participating in the study, in the same way for each without being contaminated by the participant. An adequate care was taken to make the order of questions in a logical way and high care was taken in order to avoid questions that may answer in ‘yes’ or ‘no’. Probes were also designed to elicit more data for the details provided by the participant. An interview guide was prepared by reviewing relevant empirical literature.

**Interview Schedule**

Interview schedule contained three sections altogether. Each section contained questions. First section was designed to gather the demographic traits of the individuals participating in the study (Table 2). Demographic traits included age, gender, group, ethnic, and their qualification of nursing. Second section included personal experiences as nurses while working in the ICU and the last section included questions on lived experiences of caring, meaning of caring, and descriptions of the incidents whereby it occurred.

**Procedure of Data Collection**

At the beginning of interview, I reintroduced myself to the participants and handed them a copy of interview schedule so that they could go through it. To address all the aspects of the investigation, the interview guide was followed. The entire conversation was recorded to an audio tape. Also, I took some hand written notes on the personal research trail diary that I had. The duration of the interview was half an hour or so. If anything remained unclear during the interview process, the participants were probed about what they just said. Some of the key points that were collected during the interview and noted in my diary were repeated so that the participant could confirm the points. The narratives from the participant were recorded over three consecutive days. The point of data saturation was thought to be

achieved when it was noted that the answers from the participants were repeating constantly and no new answer is coming out.

**Validity and Quality of Data Collected**

The environment of interview was prepared satisfactorily. It was important to make interviewees able to answer the questions appropriately. The venue of interview was free from distraction so that participants can concentrate completely on the interview process. Rigor was maintained during the entire interview process. In this regard, I placed myself as the only person responsible for the entire process. I also ensured the use of tactics to extract complete data during the interview process. Moreover, simple language was used to ensure the validity and trustworthiness of the entire interview process. Jargons were avoided to enhance the understanding of the participants (Cormack, 2000:290-299). It ensured that the participants have understood the questions of interview completely before answering them. It supported the validity of the study.

**Data Analysis Method**

Coliazzi (1978:59-61) presented a seven step framework for analysis of the data. I used the same method for analysis in the study as that of Giorgi (1985) analytical framework. The framework proposed to read all the protocols in order to acquire a feeling of them. It adds by stating that review each protocol and then extract the statements that were significant. Spelling out the meaning of all the significant statements and organizing the meanings that were formulated into clusters. Then, comes integration of the results into a comprehensive description of the phenomenon under study and formulate an exhaustive description of the phenomenon as on equivocal statement of identification. Participants of the study were asked about the findings as a final validating step.

The selected framework was employed for data analysis. Before the application of protocols, all the records were cautiously listened multiple times and transcribed. The text was then read multiple times to get a bigger understanding and important sections were highlighted. The meaning of the sections that were formulated from the extracts was organized into themes and categories. The results were incorporated into themes of the caring phenomenon. The formulation of an exhaustive description of caring in the cardiac intensive care unit in an unequivocal statement of identification was attempted.

		to understand the data further and to identify key statements and phrases. The identified key statements or phrases were marked off using a pencil. The common or more regularly appearing phrases or statements were identified and given codes. The coding was done to facilitate the organisation, identification, retrieval and analysis of meaningful information inherent in the data.
Spelling out meaning of each significant statement		The researcher examined each key statement to identify the underlying theme. This is in line with the intuitive-reflective process of the transcendental philosophical approach described in chapter one, under the concept framework. These statements or descriptions were then cut from the photocopied transcripts and put in marked envelopes labelled according to themes.
Organising the meaning formulated into clusters		The contents of the enveloped were poured out on the table so as to identify the patterns and themes that occurred. The contents of the envelopes were analysed and arranged into clusters of themes or categories. Where a great deal of data was identified, some sub categories were developed. To ensure connections among the pieces of information contained in the envelopes, formal writing was postponed until all the envelopes were reviewed and understood. Thereafter, the researcher formulated the meaning of each cluster through intuitive-reflective process.
Integrating results into an exhaustive description of the phenomenon		Using the same process of intuitive-reflection, the researcher examined the meanings of clustered themes or categories to formulate an exhaustive description of the lived experiences of nurses working in ICCU and the description of the meaning attached to caring.
Formulate an exhaustive explanation of the phenomenon as an unequivocal statement of identification as possible		The same process of intuitive-reflection was used to develop the common meaning of caring within the context of ICCU in Mauritius. The researcher examined the descriptions of the meaning of the lived experiences of nurses working in ICCU and the description the meaning attached to caring to formulate a statement describing the essence of caring amongst nurses working in ICCU.
Asking participants		Several measures of validating the

Georgi 1985 Principles Content Analysis	Applications
Reading all protocols to acquire a feeling of data	The computer printout of the write-ups that derived from the researcher's notes, the tapes, and the process memos of each interview was carefully read through while the corresponding tape was replayed in order to get a general sense of the overall data.
Reviewing each protocol and extract significant statement	The write-ups were photocopied and copies given colour codes. The copies were then reread, this time reading line-by-line, paragraph-by-paragraph. These readings helped the researcher

about the findings thus as a final validating step	qualities of data collected were used. These measures were described under data collection method and included measures to ensure conformability, transferability, credibility and dependability.
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### VIII. ANALYSIS

**Table 2: Demographic Characteristics**

Characteristics	Details	Amount/Memo
Gender	Male	50%
	Female	50%
Marital Status	Married	8
	Single/Widow/Divorced	2
Dependents	Children, non-working wife, etc	Average 2 per nurse
Age Groups	20-35	3
	36-45	7
	46-55	2
Ethnic Group	Muslim	4
	Chinese	1
	Creole	1
Nursing Qualifications	Certificate in general nursing from Mauritius	9
	Additional nursing Qualifications	1
Length of Experience as nurse	Average of total experience since 1 <sup>st</sup> appointment	8
	Experience in ICCU context only	4.5 years (Mean)

### Ethical Considerations

The study presented here involved human subjects, who voluntarily participated to be interviewed by me. They participated without coercion or incentive. Different terms have led to the adoption and development of universal guidelines in conducting research. Helsinki declaration (Emanuel, 2013: 1532) is one such guideline that helps in protecting the participants through legal framework against exploitation and harm. The principles from Helsinki declaration were followed in this study. A formal clearance certificate was obtained from the University's ethic committee. The participants were given informed consent by providing them with an information sheet of study and also explained them complete purpose and nature of the study. The decision to participate in the study was completely on them and they were allowed to leave the study at any time. The participants were provided with a coded name in order to promote confidentiality and anonymity. All the recorded tapes that were collected during the interview were kept safe and no one except me could access them.

### IX. RESULTS

There were four different topics that emerged from the questions about being a nurse in the ICCU. The nurses working in the ICCU felt that they experience the work in the unit as a challenge and were responsible nurses. From this it was deduced that they were valuable, professional and felt proud and confident in their abilities. Caring is the essence of nursing profession and is taken as a core of professional nursing (Watson, 2009:143). It was also noted during the study that several nurses expressed that they deserved increased consideration for their involvement in terms of value of work.

In order to understand the meaning of caring the narrated lived experiences as a nurse in the coronary care unit was examined carefully and manually worked out. The concept of caring was explained as getting engaged, a condition that required commitment from a nurse. The theme was mapped out as being demonstrating accountability. When describing the lived examples of their caring episode, the participants spoke about their engagement in providing congruent care to the clients. The second formulated meaning about caring was a sense of developing competency. The theme defines using previous and new acquired knowledge, skills and working experiences to deal with the conditions. The clusters that were put together to devise this theme were learning to set the immediate priority goal, initiating the right action and deciding on the minor treatment modifications independently. Learned ability to manipulate technological machines was seen as a means of supporting the critical situations while at the same time maintaining the aspect of human caring.

Nurses described that they learned to adjust the volumes of the inotropic drugs rates as well as rhythm of technology machines in use that were sustaining the patient based on their personal judgments. According to a participant, "whenever the pH of blood swayed, I adjusted the ventilator rhythm as per the protocol." This statement was an example of the caring attention that was given. Technology was viewed as an essential benefit to the patients and the major helper to nurses. While some nurses, also pointed out that these machines are very helpful and some nurses stated that these machines could never be a replacement of nurses. Another theme that was reflected as a characteristic of nursing was empathy. It is a talent of understanding and entering in to the feelings of patients. Experiencing critical situations of patients including life and death matters impacts the behavior and feelings of nurses. Another theme that emerges was providing a holistic care. This action included all the dimensions of patient's requirement from a nurse. It includes just the technical and special procedures but the whole.

All the meanings that were worked out were summarized. The summarized findings were brought to the nurses at the centre. The nurses read the meanings and expressed their concerns and agreement. It was concluded that the themes were compatible with what the participants told during the interview.

To be a nurse in the ICCU meant four themes Valuable, professional, confident, and frustrated. Whereas the meaning of caring meant: accountable, competency, development, empathy and holistic service. These meanings are presented in the form of diagrams for quick understanding.

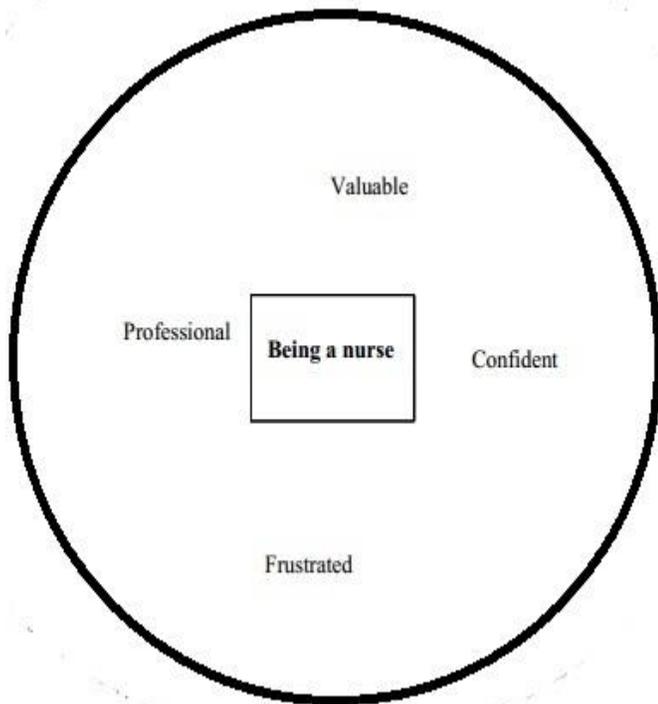


Figure 1: Being a Nurse

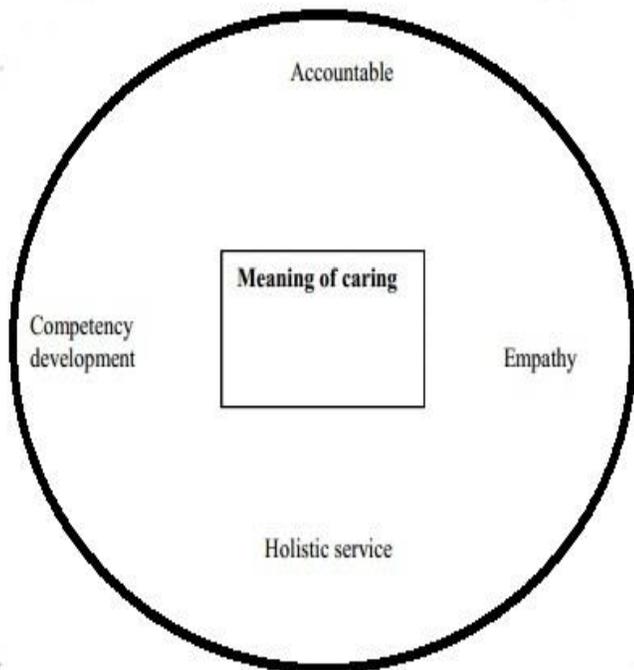


Figure 2: Meaning of Caring

#### X. DISCUSSION OF RESEARCH RESULTS

Four core ideas were presented as the being of a nurse came out as the prominent themes. The first three valuable, professional and confident were discovered as values that are deemed as an optimistic feeling and thought that are believed to have a positive impact on the daily activities of caring.

Professionalism, confidence and accountability from the nurses must have an impact on the way the practice occurs. A number of nurses revealed that feel frustrated while working in the wards. Poor career prospects and insufficient salary were the reasons given for this frustration. There is an acute shortage of nurses leading to an increased burden at wards. This may be the cause of frustration. The frustrated nurse may not deliver the best at the working environment.

It was obligatory to examine what is “being as nurse” as the research method was built on Heideggerian principles whose prime framework looks at the lived experiences from the participant’s subjective context (Heidegger, 1962). The meaning of caring came out as four core characteristics in this study. The aspects included accountability, empathy, competency development, and holistic service. According to a study there is a high need of accountability in nursing who are giving care to the patients (Scrivener, 2011:35). Another attribute that constituted the caring meaning was competency development. Nurses explained that for efficient care provision they had to develop skills and knowledge constantly. Empathy was another significant attribute which was described

An additional characteristic of caring was holistic service. The holistic aspects of work which the nurses were following in the hospital wards included provision of care to the patient’s psychological, physical, and also to the patient’s relative. Holistic care includes a spiritual dimension as an important component (Cooper, 2013:1057). The finding’s highlighted the essence of the participants that understood the caring phenomenon. Caring was reported to be present in all the specialties of nursing by all the participants.

#### XI. CONCLUSION

Professional nurses have their bases on the assumption that, as professionals, nurses have an obligation to improve their knowledge continuously by becoming critical thinkers, research oriented and reflective practitioner (Kassean et.al, 2004:39-41). It was worthy enough to explore the meaning of caring at the Care Centre. The study used qualitative analysis that served to explain what caring meant to a group of nurses. The experience of caring is the subjective experience which is influenced by the background of the person. The findings that were obtained in this study support the fact that there is no universally accepted definition of caring in the world of nursing.

#### XII. RECOMMENDATIONS

The study was designed to explore the meaning of caring by the nurses. Extended research could be done for measuring the caring efficacy in a hospital setting. Such a study can change the regular practice of nursing. Also, it is indispensable to explore the patient’s experience of caring in this setting, by the use of a strong methodology including a large sample.

#### XIII. LIMITATIONS OF THE STUDY

The study was weakened by constraints on the transferability of the findings. Use of a single data collection method and small

sample size were two weaknesses of this study. The factor of biasness was also present as the heterogeneity of the population was increased. The ability to generalize all the categories of nurses was also limited because the sample was handpicked and the selection of nurses was confined to the nurses working at the bedside. Therefore, the findings in the study cannot present the views of caring of those nurses who were not working at the bedside. The study could be evaluated and replicated further to other categories of nursing and comparisons can be made.

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