INTERPERSONAL COMMUNICATION AND CARING EXPERIENCE WITH CLIENTS FROM THE PERSPECTIVE OF STUDENT NURSES

BY

WU YA JUN

Submitted in fulfilment of the requirements for the degree of

Master in Nursing Science in the Department of
Nursing Science
of the University of Namibia

Supervisor: Dr L F Sirvali (UNAM)
Co-Supervisor: [illegible]

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Study leader: Dr L F Small (UNAM)
Co-Study leader: Professor C Leuning (USA)

November 2000

Dedicated to my family

and all the people for their

love, support and encouragement

during the past two years

Dedicated to my friends

and all the people for their

help, support and endurance

during the past two years

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I declare that this thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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MRS WU YA JUN

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ABSTRACT

The question addressed in this explorative descriptive study was "What are nursing students experiences with interpersonal communication in forming a caring relationship with patients/clients?" The purpose of this study is to describe nursing students' experience in forming caring relationships with clients and to explain the meaning student nurses attribute to caring and interpersonal communication as a means of fostering trusting-helping relationships with clients. The study is grounded in Watson's theory of transpersonal caring. Therefore, a qualitative research design and methods guided the collection and analysis of data. Participants included ten fourth-year-nursing students enrolled at the University of Namibia. The objectives of the study were to describe student nurses experiences with interpersonal communication in establishing a caring relationship with clients/patients, explain the concept of caring from the perspective of the students, explore the ways that student nurses use to foster a caring relationship. Major themes and sub-categories that emerged from the study include: different feelings and experiences, developing trusting-helping relationships. The themes were seeing the client as a unique and whole individual, providing client with individual and person-centered care, mutual patterns of communication, language listening, humor and touch. The factors, which enhance or limit the communication and caring relationships are defined from student nurses' perspective of experience.

ACKNOWLEDGEMENT

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- Dr. [illegible]
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CHAPTER ONE

INTRODUCTION AND BACKGROUND

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

Nursing as a profession is associated with collaborative relationships through which the nurse tries to ease the suffering of people and promote their health. Interpersonal communication skills and personal attributes are considered integral to professional relationships and the bonding process that forms relationships (Ramos 1992: 496). Because caring relationships and bonds of trust are expected to develop between nurses and clients, there is a growing need for nurses to develop a range of communication, counselling, assertiveness, facilitation, and social skills. Nurses' confidence and interpersonal skills in these areas can make a worlds difference to patient care (Andrean 1984: 25).

It is therefore important that nurses themselves know what it means to be interpersonally skilled and what are the best ways of evaluating interpersonal skills (Field & Llewellyn 1987: 284). When engaging in a communication event, there are further considerations if caring is to be placed within the framework of therapeutic relationship (Candling 1992: 446). These considerations imply being sensitive to clients' health needs & knowing the background of clients as well as their perceptions, ideas, and values. Furthermore, differences in culture, social class, and education exert influence in the process of interpersonal communication and caring practice. Therefore, there may be considerable differences between how nurses perceive themselves and what they do in

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practice, or what actual knowledge and skills they have developed which could be applied in the various clinical settings (Burnard & Morrison 1989: 274).

It is a much debated issue that the humanistic and caring aspect in nursing appears to have been lost in a highly technological and sophisticated health milieu (Benner & Wrubel 1989: 425; Hawthorne & Yurkovich 1995: 1088 - 1089; Kyle 1995: 506). Watson, as quoted in Boykin & Schoenhofer (1990: 149), describes caring as the moral idea of nursing as it involves protection, enhancement and preservation of human dignigty. Several nurse theorists and scholars, such as Margaret Newman, Jean Watson and Madeleine Leininger assert that caring is the essence of nursing and the most valuable attribute of nursing. It is in the interpersonal caring encounter that healing and care take place (George 1995: 218, 317, 373).

A sense of caring concern for the patient as a person is among the most important resources nurses bring to patient care (Douglas 1997: 515). In communication, the nurses must apply the expected nursing skills and care to adapt and accommodate to the needs and demands of special care situations in solving clients' health problems. Interpersonal communication and caring practice are both becoming one of the most demanding and challenging aspects of nurses' professional practice. It is when the professional caring relationship is neglected that the clients complain that their health needs are not fully satisfied. Also, without a nurses' sense of caring, there is less chance for clients to express and share their emotional concerns and ideas about health care with nurses. Clients expect the nurse to be a partner and from a collaborating relationship with them in the care process.

Today the nursing profession faces challenges of ongoing change in health care delivery and health demands which further distract nurses from caring. There should be an ongoing motivation for interpersonal communication and caring practices in all nurse-

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client interaction, but this does not always occur. According to Fisbinder (1994: 1087) the nurse-client interaction is critical in determining the quality of care from the clients' point of view. A nurses' interpersonal communication with a caring attitude and behavior can significantly influence clients' health and well being. Thus, nurse-client interpersonal communication and caring relationships must receive more attention. Sadly, this is not often the case.

Caring is of paramount importance in the highly technological environment of health care today. The importance of the nurse in creating a caring and therapeutic environment, where persons are is treated as whole human beings and not as a mere objects, is likewise vitally important (Bevis & Watson 1989:396). Unfortunately, nurses are often in a situation where the workload is heavy, there is low job satisfaction, and low social status. These trends lead to interpersonal conflict because nurses don't have time for effective interpersonal communication and a caring relationship then can not be developed between the nurse and the client. It is also significant that some nurses view nursing as task-oriented, and they do not value or nurture a caring relationship as much as they value the completion of the tasks.

Although the concepts of interpersonal communication and caring are content in the existing curriculum for the basic education of student nurses, it is unclear how effectively nurses apply these concepts in their daily practice. Research on nurse-client communication is increasing, however, little change has occurred in practice. Client

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surveys continue to show that dissatisfaction with health care is directed at poor communication (Macleod-Clark 1984: 18, Davis & Fallowfiedle 1991: 45).

STATEMENT OF THE PROBLEM AND RESEARCH QUESTION

Nurses sometimes have difficulty communicating and interacting with clients as well as in defining their role in nurse client interpersonal relationships. Because of these difficulties nurses may prevent a client from sharing their worries and concerns. Furthermore, it means that the time nurses spend in communication with clients is minimal and conversations tend to be superficial and are rarely related to the issue of concern (May 1990: 307). Several researchers have speculated as to why nurses block verbal communication. Some of the reasons they have identified are:

- To prevent clients unleashing strong emotions, which they would not be able to deal with (Reynolds 1978:1677).
- Fear of losing composure in front of patients (Macquire 1985: 1712).
- Lack of sufficient interpersonal communication skills (May 1990: 302).

It is therefore necessary to explore the realities of nurse-client communication and interpersonal caring practice in order to understand how nurses view caring and how they develop a caring practice. This study explored the following question: ***What are nursing students experiences with interpersonal communication in forming a caring relationships with clients?***

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PURPOSE OF THE STUDY

Based on the research question, the purpose of this study was:

- To describe student nurses' experiences in forming caring relationships with clients/patients, and
- To explain the meaning of caring from student nurses' perspectives and student nurses' attributes for caring and interpersonal communication as a means of fostering a trusting-helping relationship with clients/patients.

The exploration and description of student nurses experiences in forming a caring relationship with clients will provide the basis for generating guidelines to be used by lecturers when teaching nurses interpersonal communication skills and caring.

ASSUMPTIONS

Assumption are basic principles that are accepted as being true on the basis of logic or reason, without proof or verification (Polit & Hungler 1993: 431). The following assumptions are applicable to this study:

- Caring is the essence of nursing (Watson 1997:9).
- Interpersonal relationships form the basis of caring.
- Nursing is a human science.
- The humanities and natural sciences inform nursing's body of knowledge.
- Caring is a human experience that can be described and experienced.
- Student nurses form caring relationship with clients and they can reflect on these experiences and describe them.

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- Nurse lecturers can use and explain the process of caring when teaching communication and interpersonal relationships.

DEFINITIONS

The following definitions are applicable to this study:

Student Nurses:

A "student nurse" refers to a person undergoing education and who is registered with an approved educational institution and with the Nursing Board of Namibia for the course leading to registration as a nurse and midwife (Nursing ACT No. 30 1993 Art. 7).

Communication:

Communication is derived from the Latin *communicare*, which means "to share, to impart, to take part in, to join, to connect, to unite" (Searle 2000: 254).

Caring:

Caring is a human process involving the cognitive, affective and psycho—motor aspect with the beauty, art, ethics, intuition, aesthetics and spiritual awareness of the inter-subjective human-to-human caring process and moral ideas (Bevis & Watson 1989: 53).

Experience:

Experience something physical, a 'phenomenon' comes and goes; it retains no enduring, identical being that can be objectively determinable as such in sense of natural science, (Boyd in Munhalle & Boyd 1993: 349).

Interpersonal Communication:

Communication is the transmitting or imparting of signals or information to a receiver. In the case of interpersonal communication, both transmitter and receiver are human

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beings, although they need not necessarily be in direct physical contact with each other (Quinn 1996: 419).

Client:

Client is the recipient of nursing care which is in the purpose of promoting health, preventing illness and recovering from disease. The client can be the individual, family, group and community who need help. (own definition)

Caring Relationship:

Caring relationship means the nurse and client develop a trusting-helping relationship. (Watson 1997: 24)

SIGNIFICANCE OF THE STUDY

This study is significant as it expands and adds to nursing knowledge and provides direct benefits to both lecturers, student nurses, and their clients, through improvement in nursing practice and the quality of nursing care. Exploring the interpersonal caring practices of student nurses contributes to understanding how novice nurses can be assisted in developing their professional skills. Because the nursing profession works with people. Nurses should practice professional caring human interactions. That is, nurses must be skilled in effective interpersonal communication and forming helping-trusting relationships. The client should be seen as an holistic human being within their physical, psychological, spiritual, cultural and social dimensions. This perspective requires an educated qualified nurse as professional practitioner. Nurses not only need knowledge in a theoretical base, but they need the skills that manifest the ability of insight, sensitivity, caring, facilitating, empathy, reflection, creativity, flexibility, counseling and understanding.

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CHAPTER TWO

CONCEPTUAL FRAMEWORK

The conceptual framework is suitable for this study for the following reasons:

◊ It provides a network of concepts and relationships within which the questions pertaining to this study can be answered.

◊ It integrates the concepts related and suggest relationships to be considered in the study design (Woods & Catanzaro 1988: 66; Burns & Grove 1993: 155).

◊ It provides a context for interpreting research findings that might otherwise be isolated and difficult. (Burns & Brove 1993:155; LoBiondo-Wood & Haber 1994:264; Polit & Hungler 1993:110-111).

WATSON's THEORY OF TRANSPERSONAL CARING

This study applies Watson's transpersonal theory of caring as a guide to gain further understanding of student nurses' experience in forming caring relationships with clients and exploring the ways student nurses' use interpersonal communication to form caring relationships. In Watson's theory of caring, the philosophy, purpose and evidence, of caring, as well as the process of caring are systematically covered. What is unique is the theorist's basic assumptions related to the science of caring in nursing and the ten carative factors that form the structure of caring. Watson believes that the main focus in nursing is on carative factors that are derived from a humanistic perspective combined with scientific knowledge. The ten carative factors delineate the psychosocial needs of the person. In addition, while the carative factors have a sound foundation based on other disciplines, they need further research in nursing to demonstrate their application to practice.

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ASSUMPTIONS ABOUT THE SCIENCE OF CARING

Watson (1997: 8-9) proposes seven assumptions about the science of human caring that are the basis of the ten primary carative factors and form the supportive framework for the theory. The basic assumption are the following:

1. Caring can be effectively demonstrated and practiced only interpersonally

2. Caring consists of carative factors that result in the satisfaction of certain human needs

3. Effective caring promotes health and individual or family growth

4. Caring responses accept a person not only as he or she is now but as what he or she may become

5. A caring environment is one that offers the development of potential while allowing the person to choose the best action for himself or herself at a given point in time

6. Caring is more "healthogenic" than is caring. The practice of human behavior to generate or promote health and to provide ministrations to those who are ill. A science of caring is therefore complementary to the science of curing

7. The practice of caring is central to nursing.

In Watsons' view, transpersonal caring calls for an authenticity of being and becoming, an ability to be present, to be reflective, to attend, to mutuality of being and centering one's consciousness and intentionally toward caring, healing, wholeness, and health, rather than disease, problems, illness and technocures (Watson 1997: 8). Living authentically requires a commitment to self-care at that deep level of personal practice and discipline. It is an ontological development (being oneself) trend and a

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transformation for nursing profession. In Watson's opinion the professional nurse who works with transpersonal caring theory and its underlying philosophy needs to cultivate a daily practice of self-reflection, intention, consciousness of authentic presence and an integration of mind, body and spirit which is healing.

CARATIVE FACTORS

Watson refers to the carative factors as the core of nursing, which are logically derived from the caring assumption and related to the psychosocial needs of the people. Core refers to those aspects of nursing that are actually potential therapeutic healing processes and relationships; they affect the one caring and one-being-cared-for. Further, the basic core was grounded in the philosophy, science, (and art) of caring (which later is proved to be intrinsically related to healing) (Watson1997: 9). Furthermore, Watson states for this postmodern, the carative factors provide a language for caring that is linked to nursing and core process of professional practice. Watson's carative factors can serve to help define nursing knowledge, practice and phenomena. In this study, the carative factors serve as a conceptual framework to describe, explore and interpret the focus of inquiry, the phenomena and practice of how the meaning of caring is understood and in what way the interpersonal caring relationship is established in nursing situation. The caring-healing paradigm in totality is described as concerning. The structure for the science of caring is built upon the following ten carative factors:

1. A humanistic-altruistic system of values

2. Faith-hope

3. Sensitivity to one's self and to others

4. Helping-trusting human care relationship

5. Expression of positive and negative feelings

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6. Creative and scientific problem-solving method for decision making

7. Interpersonal teaching-learning

8. Supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment

9. Assistance with the gratification of human needs

10. Existential-phenomenological forces (Watson 1997: 9-10).

Watson suggested that the best research method to test her theory would be through field study that is quantitative in nature and demonstrates the value of caring. Because the carative factors expand on theories learned from other disciplines and mould them into unique nursing knowledge, continued research that involves the carative factors will increase the general body of knowledge in nursing (Telanto in George 1995: 330).

According to Watson (1997: 9) the carative factors are not complete without attending to the worldview and philosophical context of the caring encounter. For example a caring encounter implies oneness of being with respect to persons, a phenomenal field, the transpersonal caring relationship, the caring occasion, and a caring moment. Watson (1997: 10) stresses that there is something deeper and larger in the caring relationship. That is nurses attend to the health and healing processes within a larger professional ethic. Such an ethic and ethos of caring, healing and health comprises the nursing philosophical context and worldview. Watson believes that this wider aspect serves to remind us that any nurse-client encounter can be considered a caring occasion wherein a caring moment can be created and experienced, depending upon the consciousness and philosophical (theoretical) orientation which is guiding the nurse (consciously or unconsciously).

Therefore, it is in the interpersonal process of caring practice that the nurse can help the client. Watson (1997: 8) stated that caring and nursing have existed in every society. Every society has had some people who have cared for others. A caring attitude is not transmitted from generation to generation by genes, it is transmitted by the culture of the profession as a unique way of coping with its environment. It is the nurse's commitment to define the unique caring needs of the individual and recognize client's negative emotion of despair, hopelessness, fear and anger as the personal expressions of the caring value. One of Watson's (1997: 8) assumptions is that nursing is social, moral, and scientific contributions to humankind and society lie in its commitment to human care ideals in theory, practice, and research. Professional nursing must reinforce the value of the commitment to its caring-healing role and mission in society to attend and help in sustaining humanity and holistic view as foundation to the health of human being.

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CHAPTER THREE

RESEARCH DESIGN AND METHOD

Qualitative research forms the basis of this research design and method. According to Kut & Morehouse (1997: 14), qualitative research generally examines people's words and action in a narrative or descriptive way and it more closely represents the situation as experienced by the participants. In qualitative research, the emphasis is on the human as an instrument for the collection and analysis of data in order to capture the important elements of a human activity, which is multifaceted and complex. According to Munhall in (Munhall & Boyd 1993: 54) qualitative research reality is constituted in human perspectives, while the quantitative research approach is based on a static single one dimensional objective instrument which is beyond capturing the meaning of people's experiences from their perspectives. Therefore, quantitative research sets forth a method whereby the unique and dynamic descriptions of respondent's experiences can be understood. This gives meaning to the whole (Burns & Grove, 1993: 28-29). Krefting, 1991: 214) defines qualitative research as the study of the empirical world from the viewpoint of the person under study. Emphasis is placed on the subjective meanings and perceptions of the subject, therefore it is the researcher's responsibility to access these. As such, this study is designed to discover and describe the best possible understanding of the experiences of student nurses and how they used interpersonal communication in establishing caring relationships with clients.

The study is descriptive because it is directed toward describing the experiences of students in question. The intention of the researcher is to obtain unique, subjective information from the respondent in order to describe the reality of the experience from the student nurses perspective and not the reality as the researcher believes it to be (Mouton & Marais, 1990: 43-44).

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SAMPLING METHODS AND SAMPLE

In this study the participants were selected based on Burns & Grove (1993: 26) purposive sampling criteria. Fourth year nursing students who were registered for the comprehensive diploma in nursing and midwifery science were included in the population. The student nurses were selected from a population which met the following criteria:

- Knowledgeable and experienced in use of interpersonal communication in forming caring relationships with clients.
- Able to communicate in English.
- Available and willing to participate in the research.

The sample size was achieved when the data were saturated. This occurred after ten participants, were interviewed.

The participant population included females and two were males. Their ages were between twenty and twenty four years. Four of them were married and had children. They were full-time students, registered for the comprehensive diploma in nursing and midwifery science. All the student nurses had been exposed to community and clinical settings for three years and they had finished the study course in interpersonal communication. Therefore, they had a variety of experiences in interpersonal communication and in developing caring relationships with clients. They were well prepared to be the study participants and they became a rich data resource in describing their experiences in detail and context.

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The participants also had a chance to interview clients in the community and to do follow-up visiting for disease prevention and health promotion through health education. They worked in many different wards and cared for a variety of clients with different physical and psychological problems and of different ages and different cultural backgrounds. They cared for clients suffering from terminal illness, sexually transmitted diseases, paralysis as a result of accidents, and women who had lost a child to disease or accident.

DATA COLLECTION

Data in this study were collected by means of semi-structured interviews that were taped. Field notes were also written during the interview. The aim of the interviews was to explore the subject's world from the perspective of the student nurse. The descriptions of their experiences were recorded in their own words. Data collected from the interviews provided the basis of description of the nature of nurse – client communication and interpersonal caring and its meaning from the student nurses' point of view.

To enable the researcher to explore and describe the feelings and experiences of participants regarding interpersonal communication and caring, an interview guide was constructed using semi-structured and open-ended questions. The questions were as follows:

- What is meant by interpersonal communication and a caring relationship?
- What is your experience using interpersonal communication with clients and your caring practices?
- How would you use interpersonal communication knowledge and skills in providing caring to clients?

A pilot interview was conducted to detect any problems that may be encountered during the research and to introduce modification where required (Treece & Treece 1992: 379). A male student nurse, twenty-four years old, and unmarried was selected for the pilot informed. He was in his fourth year of study at the University of Namibia. Neither the subject participant nor the data obtained were included in the main study. The purpose of the pilot interview was to test whether the questions in the interview guide were understandable by the participants and consistent with the purpose of the study. An appointment was made with the participant. The participant was met at the researcher's office. The interview was held in the library of Katutura State Hospital. The following procedure was followed:

- An outline of the study was given to the participant.
- The nature and aim of the study were fully explained.
- The method of data collection and the purpose of interview were fully explained.
- Oral consent was obtained and recorded.
- The initial interview guide was used to discuss caring with the participant.

The above procedure was followed with all participants. This interview was tape-recorded and notes were taken. The tape recordings were transcribed verbatim and analyzed by means of bracketing, intuiting, reflection and content analysis as described by Polit and Hungler (1987: 364-366). The interview guide was then reviewed. Following reflection on the process and transcription and analysis of the data from the pilot interviews, the interview guide for the main study was compiled(See Appendix D).

All interviews were conducted either in a hospital meeting room or tearoom. The researcher conducted all the interviews. Staff members were informed that an interview was in progress. There was no telephone in the room. The participants informed their supervisor when they were interviewed in case client care was required. This guaranteed privacy and unnecessary interruptions, but still allowed students to respond to clients if needed. The researcher kept to the pre-arranged time and date of each interview. One hour and one hour and a half were planned for each interview. The length of the interviews varied from forty-five minutes to one hour and ten minutes. At each interview site the following aspects were given careful consideration:

- The room was well lit and ventilated.
- Comfortable chairs were available.
- All the material and equipment needed to conduct the interview were tested and available.

The tape recorder was strategically placed between the researcher and the participant so that the dialogue could be clearly recorded and thus facilitate transcription. A non-judgmental approach that was sensitive to the verbal, non-verbal and body language cues of the participants was adopted a relaxed climate was established. Additionally, the researcher did not ask leading questions, but rather clarified responses and practiced activie listening.

Audiotaping gave the researcher emotional security. This in turn enabled the researcher to be more at ease and thus put the participants at ease and allay their fears, communicate warmth, empathy and to concentrate fully on the objectives and what was being said. Taping also allowed the researcher to ask appropriate questions, to probe unclear concepts and thus elicit a greater quantity and quality of data (Burns & Grove 1993:308). Eye contact and smiling was maintained with the participants. Verbal, non-

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verbal and body language cues were identified and appropriately acted upon. The participants were observed for signs of fatigue, nervousness, disinterest, running out of information or repetition of information. When these were observed, the researcher initiated some talking to allow the participants to break away from the situation, which reduced the ill effects being observed. At the closure of the interview the participants were reminded that they would be informed about the results. Field notes were made immediately after each interview to describe the whole situation of the interview and the researcher's impressions. The field notes were utilized in the data analysis, together with the information from the interviews.

ANALYSIS OF THE DATA

- With data analysis, the aim is to produce a detailed and systematic recording of the themes and issues addressed in the interviews and to link the themes and interviews together under a reasonably exhaustive category system (Burnard 1991:464). In this study a coding scheme was developed which related to the major topics under investigation: professional caring and communication skills, trust relationships, factors on communicatin and caring relationship.

This scheme was based on the analyzed data as well as with a literature review. Repeated reading of the data and instruction from experienced qualitative researchers also assisted with the analysis. As topics/categories emerged, files were opened for themes and all of the data related to that topic was inserted into the file.

Four themes emerged from the categories of data. The themes describe student nurses' experiences in forming caring relationships with clients and explain the meaning of caring from the perspective of the student nurses. Written remarks reflected thoughts,

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feeling, ideas or insights the researcher wished to make based to the data. In addition, the researcher applied bracketing and intuiting during the process of analysis. Bracketing is a process of suspending or laying aside what is known about an experience being studied. Intuiting entails focusing all awareness and energy on the phenomenon of interest during the process of analysis (Burns & Grove, 19993: 80-81, 742,748; LoBiondo-Wood & Haber, 1994:262).

During the coding process, the actual coded transcripts from the students and any new additions were integrated into corresponding concepts from the and literature review. Data obtained from these two sources were compared to confirm the interpretation of the findings. After each interview had been transcribed and analyzed (see Appendix E), a contact summary sheet (see Appendix B) was used to summarize the main themes, issues, problems and questions encountered during the interview (Miles & Huberman 1984: 50). A contact summary sheet is a written summary of an activity and serves as a field note. The data were then re-coded for the second time using a ball-point pen to distinguish the recoding process. Thereafter peer examination (Guba 1985: 95) by two research supervisors who both have PhDs in nursing and experience in qualitative research methods verified the credibility of the transcripts and codes. They were given one tape chosen at random by the researcher and all ten transcripts to critically assess whether transcriptions were transcribed consistently and that the coding was consistently interpreted. At the debriefing session the research process, findings, insights and problems were discussed with the study supervisors. Searching questions by these study supervisors contributed to deeper reflexive analysis by researcher. Reflexive analysis or

reflexivity refers to the assessment of the influence of the researcher's own background, perceptions, and interests on the qualitative research process (Krefting 1991: 218-219). This was followed by member checking, where the coded interview and the final data analysis were then given to each of the participants to verify that this was what they had meant in the transcript.

Content analysis is "a research technique for the objective, systematic and qualitative description of the manifest content of communication" (Berelson 1971: 180). The technique utilises a number of controls designed to yield objective and systematic information. The process of content analysis involve the following:

Selection of the unit of content to be analyzed; the development of a category system for classifying units of the content; the units of analysis applied during this study were words and sentences; from these words and sentences themes emerged. A theme is defined as a phrase, sentence or paragraph embodying ideas or making an assertion about some topic (Polit & Hungler1987: 364).

No attempt was made to correct the grammar of the participants. During this transcription process, when the researcher was unable to decipher a word or sentence, a comment was printed on the transcript to this effect and the participant was consulted to clarify the discrepancy. The transcript was reread to confirm that it was fully understood.

These transcriptions served as a permanent, written record and a valuable reference point for the researcher during and after the analysis process. No true name

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appeared on the tapes or transcripts, only pseudonyms and identification letters/codes. For example, an identification code of Inter/A/I was printed on each transcript with a pseudonym. This made identification easier for the researcher during the actual coding process and only the researcher knew the coding. The analysis was done on the transcriptions using three columns. The left-hand column was used for the data unit and code; the middle column for reflective remarks and the right hand column contained themes.

TRUSTWORTHINESS

Guba's model of trustworthiness in qualitative research was used during data collection and analysis. This model was used because it is well developed conceptually and has been used for qualitative research by nurses and educators for a number of years. Therefore it provides structure and guidance to ensure trustworthiness (Krefting 1991: 215). Guba's model identifies the following four criteria and strategies for establishing trustworthiness:

Credibility: Prolonged and varied field experience, time, sampling, reflexivity, member checking, peer examination, interview techniques, establishing authority of researcher, structural coherence, and referential adequacy all are evidence of credibility (Krefting, 1991: 215-217).

Transferability: The strategy employed to attain applicability. Applicability refers to the extent to which findings can be applied to other contexts and settings or with other

groups. This is obtained by using a purposive sample, working contextual, time sampling and dense descriptions (Krefting, 1991: 216-217).

Dependability: A strategy used to established consistency. Consistency of the data refers to whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context. This is achieved by keeping a dependability audit, providing a dense description of research methods, step wise replication, triangulation, peer examination and code re-code procedure (Krefting, 1991: 217).

Confirmability: The strategy used to ensure neutrality. Neutrality refers to the extent to which the findings are a function solely of the informants and conditions of the research, and not of other biases, motivations and perspectives Guba's Model (in Krefting, 1991: 214-222). See Table 1 for the application of these strategies in this study.

Table 1 - Strategies - that ensured trustworthiness - that was applied in the study

STRATEGY	CRITERIA	APPLICABILITY
Credibility truth value	Prolonged field experience	Contact with nursing students and a strong background about communication and caring. Interviewer allowed respondents to verbalize their experience during the interview.
	Reflexivity	Field notes was taken by the researcher
	Member checking	Follow up interviews were held with respondents. Literature control on themes and its impact on guidelines were discussed.
	Peer examination	The services of colleagues was obtained.
	Authority of researcher	The researcher underwent training in research methods. This study was supervised by doctoral prepared nurse who had experience in research.
	Structural coherence	The focus of the research was on the experiences of students on interpersonal communication and caring. The results were reflected within Watson's Theory.
Transferability	Nominated sample Dense description	The sample method was purposive. Complete description of methodology include literature control to maintain clarity was used.
Dependability	Dependability audit	Reflexivity notes were used and kept.
	Dense description	Research methodology were described
	Peer examination	Independent checking by a colleague and supervision by experts were used.

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	Code re-code procedure	Consensus discussion between researcher and independent expert were done.
Confirmability	Audit trail Reflexivity	Independent coder Field notes taken

Adapted (with permission) from a table used by Shifiona (1998: 35).

ETHICAL CONSIDERATIONS

Ethical issues related to consent, anonymity, and publication of the findings are pertinent to the study. All participants in a research study have the right to be fully informed regarding all the aspects pertaining to a study. In order to stay within this ethical parameter the researcher obtained informed, written voluntary consent from participants by means of a formal contract (see Appendices C). Informed consent involved explaining the aim of the study to the participants, what his or her participation entailed, the methodology, for example the procedures to be used, the time involved, the potential risks and benefits. Each participant received a formal contract during the study in which the entire study and the formal contract was fully explained. This contract was completed at the subsequent semi-structured interview. The informant retained a copy and the researcher filed the original copy (Van Der Wal 1992: 133-135; Wilson 1993: 257; Lobionda-Wood & Haber 1994: 322-323, 328-330).

Anonymity is an important ethical issue as informants are more inclined to divulge information of a private nature, if they have the assurance that their names will not be mentioned. This also avoids biased responses. The participants had to feel secure

that data obtained from their respective interviews would not be tracked back to them, as this could cause embarrassment or ill-feelings amongst colleagues. To this end, all interviews were taped and analysed in privacy. No true names appeared on tapes or transcripts, only pseudonym and codes, which were used, known only to the researcher (Van Der Wal 1992: 134).

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CHAPTER FOUR

RESULTS OF THE STUDY

In this chapter the major themes regarding nurse-client communication, caring, interpersonal relationship, and caring practice are presented, discussed, evaluated and interpreted by the researcher with due consideration to the objectives of the study. Additionally, the relevant literature was reviewed and related to the conceptual framework and the themes.

DISCUSSION OF THE FINDINGS

The discussion of the findings will be based on the themes categories and sub-categories set out in (Table 2).

Table 2

Major themes	**Categories + subcategories**
Promoting and accepting expressions of positive and negative feelings	# Different feelings Experienced negative and positive Feelings
Developing meaningful trusting and caring relationships with clients	#Factors that influence a caring relationship Commitment to caring Necessary attitudes and skills Working conditions Physical and emotional state of nurses
Using a holistic approach to care	# Aspects to be considered when using an holistic approach Seen patient as a unique and whole individual Desire to provide the patient/client with individualized person-centered care
Establishing mutually comfortable patterns of interpersonal communication	# Ways and means of establishing a caring relationship Mutual pattern of communication Language, Listening, Humor, Touch

Theme One:

Promoting and acceptance of positive and negative feelings

Exploring students experiences of interpersonal communication to foster a caring relationship within their clients provided an understanding of the phenomenon as multi-faceted experience. Emotions played a central role in students' behaviour and it was found that participants experienced interpersonal communication and caring as positive and negative feelings. Although participants received instruction and education on communication and caring skills they found it difficult to establish a caring relationship. They have experienced fear, uncertainty and anxiety during interpersonal communication with patients. The following were expressions from participants in this regard:

"When a patient was upset because of his/her illness I was anxious because I did not know how to approach the patient"

"If I had to care for patient who was seriously ill I was very scared to handle the patient, and therefore sometimes neglect the patient."

The concept of caring is complex because caring is an attitude as well as observable actions. When a person shows caring for another, both individuals are enhanced as persons. Respondents indicated that they sometimes were uncertain how the patient experienced the interpersonal communication process. The following statement is an evidence of it:

"You try to explain the nursing care to patients and it seems they understood, but then you get the impression they are not comfortable to ask you questions"

Interpersonal communication and a caring relationship are the premises of quality care which requires the integration of clinical skills with an humanistic approach. Respondents indicated the importance of an effective interpersonal communication and caring process, therefore also positive feelings were mentioned by respondents.

Respondents described that they gained self-confidence after more education, guidance and experiences. One participant stated:

"When I had good communication with patients and assisted them to deal with a difficult situation, I experienced a feeling of fulfillment, achievement and rewarding."

In support of this finding Breteton (1995: 320) stated that the necessary experiential learning, variety of teaching strategies, the conducive learning environment all are key facilitating factors to provide students with learning opportunities for exploration, experimentation and feedback in the training of interpersonal communication skills and caring.

The interpersonal communication and caring relationship necessitates understanding of another's potential and need to grow. Respondents indicated that they always tried to put them in the position of the patient. One respondent stated:

"If I tried to developed a relationship where the patient could start thinking and doing for himself my self-esteem was enhanced."

This was also evident from the literature that a good client nurse relationship provides the foundation for the nursing process and a basis for all nursing interventions.

Theme Two:

Developing meaningful trusting and caring relationships with clients

A sense of caring and a concern for the patient as a person is among the most important resources nurses bring to patient care (Douglas 1997: 519). When nurses show their empathy to patient in the interaction, they are providing a quality response and are creating a caring environment, which becomes the essential link to positively provide the context for ethical consideration within the nurse-client relationship. This is evident in the following extract:

"Caring for me means to be sensitive to clients' physical and psychological needs."

In support of this statement, Mayeroff (1972: 151) sees caring as helping the other to grow and suggested that the major ingredient of caring is knowing the other, alternating rhythms, patience, honesty, trust, humanity, hope and courage. Leininger (1988: 83) further stated that professional nurse caring is said to be directed towards sustaining and improving the health and well being of clients. In a study that was done by Wilkes and Wallis (1998: 23) students indicated that compassion is the core of caring, through communication. A student in this study expressed it as follows:

"The concept of caring might be perceived differently by different people depending on their own unique experience caring to me means to see the patient as an unique and whole individual."

Nurses' caring personality and professional responsibilities motivate their caring behaviour. The meaning of care for the respondents is to be sensitive to clients physical and psychological needs and to attend to the client in a holistic way. A participant said:

"Caring to me means helping a person to grow and self-actualize."

It was found that there was an intention to care and to establish a trusting-helping relationship among the respondents. This was indicated in the following accounts:

"I really want to care for my patients with my whole heart."

"I want to feel comfortable in the relationship with my patients to enable them to trust me."

These statements are also emphasized by Orlando (1990: 60) who stated that nurses' competence in human relation is guided by a professional philosophy and internalized value of caring. The successful outcome of nursing care can be determined by what happens between nurse and client. Therefore, the education program of student nurses must prepare them to be competent practitioners. Formative assessment during training and education must foster the student to reach required interpersonal competence levels (Kasch 1984: 74). The participants stated that they do receive education and training in

communication skills. However, they indicated that there is sometimes a lack of a role model in effective interpersonal communication to facilitate the learning process and its outcome. One off the participants stated:

"…..We need to be taught different communication techniques in initiating a interpersonal relationships".

"I feel frustrated and exhausted if I don't know how to deal with unmotivated and depressed patients".

Furthermore, for nurses to use therapeutic communication skills with clients/patients they must internalize the principles of effective communication. Teaching the principles of interpersonal communication and caring skills is a major task for nurse educators. Of the factors which may influence communication with patients and the caring relationship is the working environment of nurses (Wilkonson 1991: 680). The working environment should create job satisfaction, which is necessary for the motivation of nurses doing their best in professional practice, the effective nurse-client interaction and communication. Kramer & Kerkstra (1991: 162) found that nurses with high levels of job satisfaction were more sensitive to patients needs than nurses with lower levels. Most of the participants mentioned that they had a heavy workload therefore sometimes fail to meet clients' needs. Thus causes negative feelings of anxiety, frustration or anger. One participant stated:

"I think it is important if a patient is calling that you must go and see what is going on with the patient and what is the patients needs, but it is not always possible. "I feel guilty if I can't attend to patients needs due to my workload."

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These findings collate with the findings of Menzies (1970: 67) who stated that although the model in nursing is the trend, the constraints of workload and time don't allow nurses to provide more substantial support for clients. It is then that nurses use such techniques as to "block difficult conversations with patients." The latter is supported by the following extract:

"A hospital is a new environment for a patient and they really want the nurse to talk to them, and to be friendly and good to them."

Ashworth (1976:98) and Bond (1978:430) also found that with difficult working conditions nurses tend to distract the patients' need to communicate by diverting attention away from the psycho-social issues or to minimize their discussion. If the nurse are satisfied with their working environment, there will be a positive effect on the effective nurse-client relationship and communication. The administration in organization sometimes overlooks the improvement of work environment. They are more concerned about the work product and less on the human being. Mangan (1992a: 29) pointed out that nurses have often spoken about the constraints placed on their practice resulting in low individual and team moral.

As human beings, nurses also experience internal and external stress in environment. Moreover, the care situation is a stressful environment in which the client is in the need of help from nurse. The non-professional behaviour due to nurses' negative feelings should be properly handled and avoided, otherwise it will prevent the nurse from taking her professional role as a helper and lead to ineffective communication and inadequate nursing care. It is nurses' professional responsibility to create a physical and psychological health environment, which can maintain clients' dignity as human being no

matter what happens to herself or the situation. However, the participants experienced difficulty in their personal situation in the communication and development of interpersonal relationship. This is evident from the following accounts:

"You are tired, you feel frustrated and then another patient come, I really try my best to hide that feeling inside myself, so the patient don't observe the angry in mine.

"Since I am coming from home I am really going to be careful with my feeling, I must not let the problem at home come between me and my patient. So I try to make myself valuable to the patient and try my best for all the needs of the patient."

The student nurses in the study felt that the nurse should set aside their own perspective and negative feelings and be always available and responsible for clients' health needs and deal with clients' health needs in special situation. Persons who are aware of their own feelings, perspectives and actions are also more likely to be aware of another individuals' reaction (Belcher & Fish as sited in George). Nurses should be more self-aware more sensitive to and value clients as an unique integrated person who needs help. They must prepare themselves for the warmth and attending, acceptance and understanding, they must learn to cultivate patience, tolerence and kindness and never to let go of personal integrity. They must also build up reserves of spiritual and emotional strength and the ability to love (Searle 1987: 312).

Candlings' study (1992: 458) corresponds with this finding. It indicated that we should be aware of the fact that (nurses) bring to every caring situation their own unique experience: the broken relationship, the dying brother, and the demanding grandmother, the stressed parents. The supportive resource for the nurse in the care situation must be taken into consideration, nurses also require good working conditions which are less

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stressful and more supportive. Nurses expect that their work should be valued and their difficulties be concern to the management of the institution.

Theme Three:

Using the Holistic approach to care

The ideas of "comprehensive care, total care, and holistic health care" evolved from the concept of holism. Holistic care involves the total person, the whole state of his/her being, and the overall quality of his or her lifestyle (Kozier & Erb 1987: 308). According to Erickson et al (1983: 45) human beings are holistic persons with interacting subsystems in an inherent genetic basis and spiritual drive. People are individualized with their unique subsystem, which composes holism greater than the sum of the part. Clients are also considered as holistic persons with basic and higher hierarchy needs in physical psychological spiritual as well as developmental needs.

It is important when caring for a patient that all these needs be focused on (Orlando 1990: 60). Participants explained that treating a client in a holistic way is what is the expected professional practice. They further stated that it should be within a humanistic caring perspective, as stated by a participant:

"When you care for a patient, you not only have to solve the physical problem, but also the emotional problem, since there are certain causes for it. If you happen to have more time to talk with this patient, try to have a good relationship, the patient will be more open to you, he will tell you everything, and you will get patient's background, by doing so you can care for the patient as a whole".

According to George (1995: 322) Nurse Theorist, Jean Watson suggests that the nurse recognize and assist with each clients interrelated needs in order to help the client to reach the highest order need of self-actualization. In another study done by Appleton (1993: 896) on the art of nursing, ways of achieving fulfillment are to include preparing for personal well being, making responsible decisions and guiding self expression. Viewing the client as a person who needs holistic care is also emphasized by other nurse theorists as well. That is, the client should be seen in the context of the family, the community and culture. Their believes and values should be respected and recognized. Nurses should keep in mind the holistic-dynamic framework for viewing client's health needs.

Participants indicated that they have a desire to provide individualized and person-centered care although the circumstances to do so are sometimes difficult. This has evident from the following accounts:

"I would love to have more time to do everything for the patient. By that I mean care for the patient physically and emotionally."

Another participant stated:

"Sometimes I feel I don't have the skills to care for the patient holistically."

Redefern (1996:34) states that the practice of individualized care depends on the nurse having the requisite skills, knowledge, experience and philosophy. Individualized and person-centered care indicated that nurses spend time with client, be with a client and let them have a chance to express their unique feelings and health needs. When nurses fail to communicate with clients attentively and individually, there is no direct and

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accurate assessment of need. Nor will the nurse experience the feelings, thoughts and perspective exchange that occurs in a trusting-helping relationship with clear communication the nurse then cannot satisfy clients' individual health needs.

Theme Four:

Establishing mutually comfortable patterns of interpersonal communication

Communication is the bond of interpersonal interaction and involves a sender of the message, the message itself and a receiver of the message. Effective communication only occurs where the recipients of the message interpret the meaning of the message in the way intended by the sender (Swansburg as sited in Booyens 1998: 267). Nurses who communicate to clients effectively with necessary skills can contribute to the quality of care and create a caring atmosphere in person-centred care. The meaning of caring to the participants is considered as establishing a mutual satisfying pattern of communication or interaction. The participants have indicated that communication does take place. This is evident from the following accounts:

"The patients really want to talk to you, if you are standing there, you try to humble this patient or to comfort this patient, you are even able to hold at patient's shoulder. Even if you cannot do something, she really feels that caring, she really feel you are needed, she won't feel so lonely. When you talk to these patients, you will find out what is happened to the patient, she will expose to you she really feel good and appreciated with that. They are really the people who need to be cared for."

Another participant experienced it as follows:

"When you talk to these patients, you really will find out what are their needs."

Nurses develop a meaningful relationship with clients if they can enter clients' world and become emotionally involved in clients' suffering, such as empathy. Douglas (1977: 518) stated that one of the most effective interpersonal skills is the ability to form

a positive human bond with the client. The emotional bond in the relationship can be very strong and rewarding and become the core of nurses' professional satisfaction. This statement was supported by Talento in George (1995: 320) who indicated that one of the strongest tools the nurse can use in establishing a helping-trusting relationship is a mode of communication that establishes rapport and caring. But to be able to communicate effectively you need to speak the language. Some participants indicated the problem of language as a stumbling block to effective communication. The latter is supported by the following extract:

"It is difficult to communicate with all the patients, there is lot of people here who speak different languages."

In support of this finding (Melila 1987: 108; Peterson 1988: 90; Smith 1992: 99) also stated that language and other cultural factors can influence the quality and extent of nurses' communication with clients. Most of the participants repeated that they are unable to establish a real interpersonal relationship because of superficial communication. By implication, it means that the client's situation can't be handled satisfactory because there is no direct and accurate communication, feeling, thought and perspective exchange. Some of the participants described the way they developed this trust relationship and they felt good about it and enjoyed the relationship.

Another aspect of communication, which is very important is listening. According to Morgan & Smirich (1985: 498) listening is seen as passive, where as when done properly, it is just as active as speaking. The participants indicated that they listen to clients during conversations. This is evident in the following statements:

"We apply communication and caring skills by talking and listening to the patient. I used to go to patients' bedside and ask him about his feeling. It is a part of caring. You use verbal communication, you use particular language that chain the patient, the patient can read your particular language."

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According to Watson (1979: 39) listening is an important part of attending that affects the first interaction between people. Talento, as cited in George (1995: 330) stated that a nurse could enter into the process of transpersonal caring by comforting, listening and allowing for free expression of feelings. The ability to listen to people is an important social skill in any setting, but in nursing listening is vital to the effectiveness of communication. Another participant stated:

"As we communicate and listen, we can really find out what is the problem of the patient."

Encouraging patients to talk about their worries and anxieties is a key function of the nurse, but clients can be so easily discouraged by a listener who is plainly not paying attention. Respondents also indicated that they don't often listen as they should. The respondents also indicated that they use humor and touch to establish a caring relationship. The following extracts are evidence of that

"If I see a patient is very anxious and stressed I make a joke. Many times the patient start to laugh and don't feel so anxious anymore."

"When I greet the patients in the morning I try to tell them a joke to make their day happy."

These findings correlate with a statement by Quinn (1996: 432) who indicated that there are a range of conversational skills that are important to develop. The use of reinforcement in the form of smiles, head-nodding and touch can help the client to continue talking about their concerns.

Students also identified touch as a method of establishing a relationship with the client. According to Quinn (1996: 420) touch is the most intimate non-verbal signal and involves such things as shaking hands, kissing and stroking. Respondents indicated that they sometimes just hold the client's hand or stroke the arm of the client just to assure the client that someone is there. One respondent stated:

"The patient was restless and I stroke the arm repetitively and the patient claimed down."

CONCLUSIONS

It is evident that the nurse can use a variety of ways to avoid the conditions that interfere with the communication process. The important job is to become aware of the conditions that interfere with communication and the development of a helping-trust-relationship (Watson 1997: 38). In response to a central question "what are your experiences of interpersonal communication to establish a caring relationship a rich description of the student nurses' experiences was made available from the data. These results developed into four major themes, with categories and sub-categories and illustrated the student participants description of their experiences. These findings are important on two levels. Firstly, they it indicate that students although committed to a caring relationships, experience difficulties in establishing and maintaining such a relationships. Secondly the findings serve as indicators to lecturers on how to guide students during the teaching-learning process related to communication skills and caring.

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CHAPTER FIVE

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

This study affirmed that nursing students used communication skills to form caring relationships within clients. However, it also found that participants had positive and negative experiences in forming relationships. When participants had effective communication with clients and they assisted clients to deal with difficult situations they experienced a feeling of fulfilment, achievement and satisfaction. However, they also experienced stumbling blocks in their endeavour to establish good communication with clients due to fear and anxiety. They also experienced feelings of frustration when they had to communicate with demanding, demotivated and depressed clients. Participants indicated that work conditions were sometimes demoralizing because the workload was heavy and resulted in less time available to spend with clients.

The experiences of using concerning interpersonal communication with clients to establish a caring relationship was summarized in four main themes:

- Promoting and accepting expressions of positive and negative feelings,
- Developing meaningful trusting and caring relationships with clients,
- Using a holistic approach, and
- Establishing mutually comfortable patterns of interpersonal communication.

Developing a trust-caring relationship is influenced by different factors. The participants were committed to care for patients/clients and to support them. Participants indicated that caring means that the client should be in ultimate safety, feel welcomed and comfortable, and know that their health needs are being valued and their dignity and integrity are being maintained. The participants also indicated that they use communication and caring skills to strengthen trust relationships by accepting the clients and trying to understand them and show respect and empathy.

Participants indicated that they sometimes felt discouraged by the non-caring attitudes of some nurses. Communication is one of the most important aspects of nursing, because nursing is essentially an interpersonal process requiring the integration of clinical skills with a humanistic approach. The participants did not always have the knowledge and skills to deal with clients in difficult circumstances, but their self-confidence improved during their years of education for instance, they experienced that they couldn't always apply the learned skills in clinical situations. They needed good role models to facilitate effective interpersonal communication and good role models were not always available. This statement was also emphasized by Yeen (1986: 531) who stated that if students are to develop interpersonal communication skills, they must experience interpersonal communication in the student-teacher relationships. The teacher must act as a role model in effective interpersonal communication to facilitate learning process and outcome. Candling (1992: 459) stated that we are accountable to society and our students, the least we can do is to ensure that not only do we have a sound clinical knowledge base equipping us to be safe and competent practitioners but that we are communicatively competent too.

It was stated by Watson (1979: 8) that caring can be effectively demonstrated and practiced only interpersonally. The participants try to attend to physical and emotional needs of clients but again pointed out that it is not always possible due to the workload,

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physical and emotional state of the nurses who are sometimes experiencing physical tiredness and stress.

Participants viewed the client as a unique person who has his/her own perspective, experience and health needs, and his/her unique potential of strength and courage and motivation to participate in health. The participants stated that nurses should become more emotionally involved in communication and trusting-helping relationships in order to provide individual person-centered and holistic care.

Redefren (1996: 35) states "the practice of individualized care depends on the nurse having the requisite skills, knowledge, experience and philosophy. Johnson (1981: 81) believes each individual has patterned, purposeful, repetitive ways of acting that comprise a behavioural system specific to that individual. Each individual may be viewed as a unique biological -psychological-spiritual-sociological structure, one that will not react the same as any other individual.

Nurses acknowledge and responds to clients' holistic needs by nursing practice through caring. Appleton (1993: 895) describes the aspects, which influence the nurse-client relationship as follows, knowledge of caring as the core of practice, mutually shared meanings as the essense of a relationship of caring, and creating situations for the relationship of caring to flourish.

Although the student nurses in this study could not always attend to clients needs and care for them in a holistic way due to the workload in the wards they stated that when they failed to meet the clients needs they felt guilty about it. It was a general remark from participants that they should be more available to attend to clients' needs. One of Watson's carative factors is to be sensitive to clients' physical and psychological needs (Watson 1997: 51).

Student nurses in this study experienced the positive and negative feelings when dealing with clients special problem in special situations. They applied different

communication skills and showed caring in the interpersonal interaction in different and ways. They also expressed how important it is to listen to clients. When participants had effective communication with clients and they assisted clients to deal with difficult situations, they experienced a feeling of fulfillment, achievement and satisfaction. Some participants mentioned that they shared jokes with clients to release clients' emotional anxiety. However, they also experienced stumbling blocks in their endeavors to establish good communication relationships with clients due to the language barrier.

RECOMMENDATIONS

Time should be made available for students to reflect on their experiences concerning interpersonal communication. Positive feelings should be strengthened, and where negative feelings are experienced students should be guided and assisted to work through this. It is important that nurses should develop their relational capacity in interacting with clients. The capacity to be in a caring relationship requires far more than the refinement of behavioral communication skills. Rather, it requires an appreciation of people's contentedness, the development of relational awareness and an interest in the movement of relationship, not just attention to self and others. (Watson 1979: 38) also stresses that human relation is a caring process that involves value, intent, knowledge, commitment and actions. Nurses must understand the concept of caring in theory and practice. It is recommended that proper planning and prioritizing of nursing activities is done to enable nurses to practice what they preach. Time is needed to care for patients also in difficult circumstances. Different teaching strategies should be used to educate student nurses on interpersonal communication skills. Specific procedures should be

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applied for evaluation of competency on interpersonal communication. To effectively communicate, educators must display on attitude of caring, understanding, acceptance and sincerity in their personal and professional interactions. Human resource distribution workload and jobsatisfaction should be investigated to enable staff to attend to all the needs of patients/clients. Short courses should be introduced to develop ways and means to establish communication skills should be offered on regular basis to all students and registered nurses.

LIMITATIONS OF THE STUDY

Limitations applicable to this study are participant effect, population, data collection and analysis. Although the assumption was accepted that participants would answer honestly and with integrity to reasonable questions posed during the interview, participants may have answered questions in a manner which they perceived as being more polite and not really as they felt about or perceived them. This participant effect, where the participants give answers they think the researcher expects (Mouton & Marais 1990: 86; Polit & Hungler 1987: 129-130, 196; Wilson 1993: 10).

The sample of participants in the population was small. Nevertheless numbers were adequate for saturation of categories. Also students were limited to one campus of the university only. Participation was also limited to student nurses. This again raises the question as to what effect the inclusion of registered nurses would have had on the results obtained in this study. Further, qualitative research, due to the massive amount of information gathered and other logistical problems, does not always provide for samples as large as those utilised in quantitative research.

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Concerning Data Collection and Analysis the use of open-ended questions and semi-structured interviews made data collection and analysis difficult and time consuming (Polit & Hungler 1987: 232, Wilson 1993: 225). Nevertheless, the rich and subjective data provide another important perspective to consider in a process that is very subjective namely caring for another human being in need.

SUMMARY

The research focused on the experiences of student nurses during interpersonal communication with clients to establish a caring relationship. The objectives relating to the way of communication and the meaning of caring in practice were addressed by identifying themes from student nurses' experiences. These was achieved by viewing nursing practice within Watson's Human Science Theory of Human Care. Contributing factors were also addressed. The recommendations suggested are intended to empower nurses to be able to be competent practitioners with the necessary knowledge and skills on interpersonal communication and caring.

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[illegible]

[illegible]

[illegible]

REFERENCE

Andrean, D.J. 1984. ***Teaching Interpersonal Communications.*** Nursing Educator, 25-28 p.

Appleton, C. 1993. The art of nurse the experience of patients and nurses. ***Journal of Advanced Nursing,*** 18, 892-899p.

Ashworth, P. 1976. ***Investigation into the Problem of Communication between Nurses and Patients in an Intensive Care Unit.*** Unpublished MSC thesis, University of Manchester, 98p.

Benner, P. & Wrubel, J. 1989. ***The Primary of Caring.*** Stress and Coping in Health and Illness. Menlo Park, California: Addison-Wesley.425p.

Bevis, E.O. & Watson, J.E.1989. ***Toward a caring curriculum: A new pedagogy for nursing.*** New York: National league for nursing. 396p. 53p.

Berrelson, B. 1971. ***Content analysis in communication research***. New York: Free Press.

Bond, S. 1978. ***Process of Communication about cancer in a radiotherapy department.*** Unpublished PHD tesis, University of Edinburgh. 430p.

Boykin, A. & Schoenholer, S. 1990. Caring in nursing analysis of extant theory. ***Nursing Science Quarterly,*** 149-155p.

Brereton, M.L.1995. Communication in Nursing: the theory-practice relationship. ***Journal of Advanced Nursing,*** 21. 314-324p.

Booyens, S.W. ed 1998. ***Dimensions of nursing management***/edited by S. W. 267p.

Burns, N. & Grove, S. K. 1993. ***The practice of nursing research. Conduct, Critique and utilization.*** Philadelphia: W.B. Saunders. 155, 80-81, 303-309,742-748, 790p.

Burnard, P. and Morrison, P. 1989. What is an interpersonally skilled person? A repertory grid account of professional nurse's views. ***Education Today,*** 3. 384-391p.

Burnard, P and Morrison, P. 1991. Nurse's interpersonal skills: a study of nurses perceptions. ***Nurse Education Today,*** 11. 24-29p.

Burnard P. 1991. A method of analyzing interview transcripts in qualitative research ***Nursing Education Today,*** 11. 461-466p.

Candling, S. 1992. Communication for nurses: Indications for nurse Education. ***Nurse Education Today,*** 12. 445-451p.

Davis, H. & Fallowfield, L. 1991. ***Counseling and Communication in Health Care: The current Situation.*** Chichester: John Wiley. & Sons, Ltd.

Douglas, P.O. 1997. When the patient causes the problem: The effect of patient responsibility on the nurse-patient relationship. ***Journal of Advanced Nursing*, 26.** 515-522.

Erickson, H. C. Tomlin, E. M. & Swain, M. A. P. 1983. ***Modeling and role-modeling.*** Lexington, SC: Pine Press. 45p.

Field, R. Llewelyn, S. 1987. Communication training in nursing may damage your health and enthusiasm: some warnings. ***Journal of Advanced Nursing,*** 12: 281-290p.

Fisbinder. 1994. Patient perceptions of nursing care: an emerging theory of interpersonal competence. ***Journal of Advanced Nursing***, 20. 1085-1092p.

George, J.B. 1995. ***Nursing Theories - The base for professional Nursing Practice.*** New York: Prentice Hall.

Guba, E.G. 1981. ***Criteria for assessing the trustworthiness of naturalistic inquiries.*** Educational Resource Information Center, Vol. 29, No. 2, p. 75-91.

Hawthorne, & Yurkovich, N. J. 1995. Science, technology, caring and the professions: Are they compatible? ***Journal of Advanced Nursing,*** vol. 21, no. 6, 1088-1089p.

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Johnson, D.W.1981. ***Reaching out.*** Englewood Cliffs, New Jersey: Pretice-Hall.

Kasch, C. R.1984. Interpersonal Competence and Communication in the delivery of Nursing Care. ***Advances in Nursing Science,*** 6. 2: 71-88p.

Kramer, K. & Kerkstra, A. 1991. ***Eenzaamheid Van Bewoners in een nursing studies*** 24. (2), 155-165p. Utrecht: Verzorgingstenuis Nivel

Kozier, B. & Erb, G. 1985. ***Fundamental of nursing concepts and procedures.*** California: Addison Wesley.

Krefting, L. 1991. Rigor in Qualitative Research: The assessment of Trustworthiness. ***The American Journal of Occupational Therapy,*** vol. 45, no. 3. 214-222p.

Kut, P. M. & Morehous, R. 1997. ***Beginning Qualitative Research: A philosophic and practical Guid***. New York: The Falmer Press.

Kyle, T. V. 1995. The concept of caring: A review of the literature. ***Journal of Advanced Nursing,*** vol, 21, no. 3, 506-514 p.

Leininger, M. M. 1988. ***Caring: An essential Human Need.*** Detroit: Wayne State University Press.

LoBiondo-Wood, G. & Haber, J. 1994. ***Nursing Research: Methods, Critical Appraisal, and Utilization.*** 3rd edition. Boston: Mosby.

Lucock R. 1990. ***Doing Research in Teaching and learning study Guide.*** Module 22, M S c/Diploma in the Practice of Education. Department of Educational Studies, University of Surrey, Guildford.

Macleod, Clark, J. 1984. ***Verbal Communication in nursing***. Edinburgh. Churchill Livingstone, Edinburgh.

Mangan, P. 1992a Protecting the species. ***Nursing Times,*** 88. (31). 28-29p.

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[illegible]

Macquire, P. 1985. For debate: Barriers to the psychological care of the dying. ***British Medical Journal,*** 1711-1713p.

May, C. 1990. Research on nurse patient relationship problems of theory problems of practice. ***Journal of Advanced Nursing,*** 15p, 307-315p.

Mayeroff, M. 1972: ***On caring***. New York: Harper & Row.

Mecleod-Clark, J. 1985. ***The development of research in interpersonal skills in nursing. In Interpersonal Skills in Nursing.*** New Hampshire: Croom Helm.

Melia, K. 1987. ***Learning and working: The Occupational Socialization of Nurses.*** London: Tavistock.

Menzies, L. E. 1970. ***The function of social systems as a defence against anxiety.*** London: Tavistock.

Miles, M.B. & Huberman, A. 1984. ***Qualitative Data Analysis. A source book of New Methods.*** London: Sage.

Morgan, G. & Smircich, L. 1984. ***The case for qualitative research. Academy of Management Review.*** 1985. 5. (4) 491-500p.

Mouton, J. & Marais, H.C. 1990. ***Basic Concepts in Methodology of the Social Sciences.*** Pretoria: H.S.R.C.

Munhall, P.L. & Boyd, C.O. 1993. ***Nursing research a qualitative perspective.*** New York: National League for Nursing Press.

Northouse, L.L.1991. ***Communication and nursing practice.*** Professional Nursing Practice: A conceptual approach. New York. Lippincott.

Nursing ACT. No. 30 1993. Art 7.

Orlando, I. J. 1990. ***The Dynamic Nurse Patient Relationship: Function, Process and Principle.*** New York: National League for nursing.

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[illegible]

Peterson, M. 1988. The norms and values held by three groups of nurses concerning psychosocial nursing practice. ***International Journal of Nursing Studies,*** 25. (2). 85-103p.

Polit, D. F. & Hungler, B.P. 1987. ***Nursing Research: Principles and Methods.*** 3rd edition. New York. 571p, 129-366p.

Polit, D. F. & Hungler, B. P. 1991. ***Nursing Research: Principles and Methods.*** 3rd edition. New York: Lipppincott. 697p, 565p. 178p.

Polit & Hungler 1993. ***Nursing Research: Methods, appraisal and utilization*** 3rd edition. New York: Lippincott.13. 110-437p.

Quinn, F.M. 1996. ***The principles and practice of nurse education.*** London: Chapman & Hall.

Ramos. M.C. 1992. The nurse-patient relationship: theme and variations. ***Journal of Advanced nursing,*** 17. 496-506p.

Redefern, S. 1996. ***Individualized patient care: a framework for guidelines.*** Nursing times, 92. (5) 33-36p.

Reynolds, M. 1978. No news is bad news: patients' views about communication in hospital. ***British Medical Journal,*** 1673-1678p.

Searle, C. 1987. ***Professional Practice. A South African Nursing perspective.*** Durban: Butterworths.

Searle, C. 2000. ***Professional Practice. A Southern African Nursing Perspective.*** Johannesburg: Heineman.

Shifiona, N.N. 1998. ***Life stories of adult depressed women in peri-urban Namibia.*** Johannesburg RAU. Unpublished thesis.

Smith, S. 1992. ***Communications in Nursing.*** St Louis: Mosby.

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[illegible]

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Treece, E. W. & Treece, J.W. 1986, ***Elements of Research in Nursing.*** 4th edition. Saint Louis: Mosby. 536p, 379p, 382p.

Treece, E. W& Treece, J. W: 1992. ***Element of Research in nursing.*** St. Louis. Mosby. 92p.

Van, der. Wal, D.M. 1992. ***Caring in Nursing Education.*** Pretoria: Unisa. 473p. 121-135p.

Watson, J.1997. ***Nursing: The philosophy and science of caring.*** Boston: Little. Brown and company.

Wilkes, L. M. & Wallis, M.C. 1998. ***The five C's of caring: the lived experiences of student nurses.*** Australian. Journal Advanced Nursing, 11. (1), 19-25p.

Wilkinson, S. 1991. Factors which influence how nurses communicate with cancer patients. ***Journal of Advanced Nursing.*** 16 677-688p.

Wilson, H. S. 1993. ***Introducing Research in Nursing.*** 2nd edition. New York: Addison-Wesley. 10p,223-352p.

Woods, N. F. & Catanzaro, M. 1988. ***Nursing Research.*** Theory and Practice. St. Louis: 456p, 590p.

Yeen, F. K. H. 1986. The nurse-client relationship: a mutual learning experience ***Journal of Advanced Nursing,*** 11. 529-533p.

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APPENDIX A

UNIVERSITY OF NAMIBIA

FACULTY OF MEDICAL AND HEALTH SCIENCES

PRETOCOL FOR CO-CODER

Dear Supervisors

Please follow the steps below to analyze the data of the transcribed interviews.

"PERSPECTIVE OF STUDENT NURSES' EXPERIENCES IN COMMUNICATION AND FORMING INTERPERSONAL RELATIONSHIPS WITH CLIENTS"

1. Read through all the transcription carefully while "bracketing" and "intuiting" to get a sense of the whole. Bracketing means placing preconceived ideas within brackets and intuiting means focusing on perspective of student nurses' experiences in communication and forming interpersonal relationships with clients.

2. Do the same with field notes.

3. Identify the major categories represented in each unit as you read through the transcripts and field notes.

4. Underline units of meaning that are related to the identified major categories.

5. Identify subcategories within the major categories.

6. Make a comparison of all transcriptions and indicate in each category how many subjects (respondents) use the same words and themes.

7. Identify interrelationships between major categories and subcategories.

Thank you

WU YA JUN

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APPENDIX B

A CONTACT SUMMARY SHEET

1. Code----------
2. Date of Contact----------
3. Length of Contact----------
4. Investigator----------
5. Today's data----------
6. What people, events or situation was involved?
7. What were the main themes or issues during the contact?
8. On which research question did the contact bear most centrally?
9. What new hypotheses, speculation or guesses about the situation did the contact suggest?
10. Where should the most energy be placed during the next contact?
11. What sort of information should be sought during the next contact
12. What was this situation like for you? For example was it particularly tiring? Did it give you a feeling of satisfaction? Explain your feelings, thoughts, ideas, questions, problems and frustration?

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APPENDIX C

ORGANIZATION: UNIVERSITY OF NAMIBIA

CONSENT FORM

Title of study:
A study to explore the meaning of interpersonal communication and the caring the experience with clients from the perspective of student nurses.

Researcher name: Wu Ya Jun

Aim of the study:
To understand student nurses' experience of communication and interpersonal caring relationship with clients, the meaning of caring to them and the way of the use of interpersonal communication skill in clinical setting.

Interview will be taken place with the participants and is tape-recorded. The field notes also will be taken. Tape will not be shared by anybody except the supervisors of the study. The transcript will be shared and reviewed by participants. In the final report of the study examples of the interviews will be given but these and quotes will remain anonymous; participants will not be recognized because pseudonyms will be used. The participants can withdraw at any time from the interview of the study.

The researcher will erase the tape on completion of the project.

This is to show that (name)----------
----------consent to participate in the study.

I understand that I can withdraw from the study at any time and I will not be identified in the research report.

Signature of participants:----------

Signature of researcher: ----------

Date: ----------

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APPENDIX D

Interview Guide
Exploring student nurses experiences of interpersonal communication and caring practice with clients in clinical setting.

A Qualitative Approach

University of Namibia, March 1999

Introduction: Who I am, Name (Interviewer)

- Introduce myself and describe the Qualitative Research Method. Inform the participant that he or she is cooperatively engaged in this research project. Also to inform the participant that I am under the supervision of Professor Van Dyk and Dr. Small.
- Indicate that I am a student researcher who will be interviewing student nurses from University of Namibia. Informing the participant that he or she is one of the approximately 5-7 student nurses in their fourth year that will be interviewed for the project. It will be confidential and the participant's name will not be revealed.

Purpose of the study:
The purpose of the study is to explore student nurses' experience of interpersonal caring and communication with client and how they use interpersonal communication knowledge and skills as nursing tools. This is a relative new area of research in Education. Little has been done in qualitative research. We are particularly interested in your perspectives and experience. We think that by conducting this study and by doing this interview, we can learn some important things about the nature of nurse-client interpersonal communication and caring practice.

When we have finished interviewing all the participating students nurses, we will be studying your interviews for common themes and patterns in our data analysis, which might help us to gain a better understanding of interpersonal communication and caring practices with clients. We would like to share our findings with you. If you would like a copy of the report, please let me know, I will ask you about this again at the end of the interview.

Confidentiality, Tape-recording and Field Note-taking
Ask the participants if I can record the interview on the tape recorder. Let them know that it is important for me to capture their words and ideas, and using the tape-recorder will allow me to do this. Also let them know that I may take some notes while I am conducting the interview, so that I can keep track of the interview as it progresses.

Inform the participants that they will not be identified or described in any way that would reveal their identity. Let them know that I will study the interview from them. I will assign them pseudonyms and change any information that would reveal who they are.

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I also will ask at this point: Are there any questions you would like to ask me before we get started?

Turn on the tape recorder.

Ask the participants if it is OK to tape records the interview. Record their verbally stated permission. Then rewind and check to be sure that the recording is satisfactory.

INTERVIEW QUESTIONS

A. General Question on Interpersonal Communication

A1. Since this is a project about Interpersonal Communication and Caring practice. I'd like to start off with some general questions about interpersonal communication and caring. What do you think are some characteristic of health communication?

A2. What it means by interpersonal communication or a caring relationship? Describe a situation in which you experienced in interpersonal communication and caring practice.

A3. What comes to your mind when you think about communication with clients and have caring relationship with clients?

A4. How do you feel about establishing a caring relationship with a client?

B. Experience about Interpersonal Communication with Client and Caring Practice

B1. I would like to know what is your experience with regard to interpersonal caring communication with clients. Please feel free to tell me about your feelings and thoughts on this perspective.

B2. What was the most impressing experience you have had in the interpersonal communication and caring relationship with a client?

B3. How do you feel about the way clients behave or respond to you?

B4. What are your perceptions from you experience of interpersonal caring and communication with clients?

C. The use of Interpersonal Communication Knowledge and Skills

C1. What does it mean to be interpersonally skilled?

C2. What kind of difficulties have you experienced when communicating and interacting with client?

C3. In what way or situation you can communicate with client most efficiently?

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C4. What special knowledge and skills of interpersonal communication is most applicable in communicating with clients? Why?

D. Closing Questions

D1. Summarize some of the things the interviewees shared with me:
You have told me quite lot about what you think about your experience of interpersonal communication and caring with clients and some thoughts about the use of interpersonal communication, knowledge and skills.

Then ask this question: What is your opinion about the training program?

What do you think we can do to improve nurse-client interpersonal communication and caring practice?

D2. We are now at the end of the interview, is there anything you would like to ask me?

D3. Is there anything else you would like to tell me?

Thank you very much for willing to be interviewed.

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APPENDIX E

TRANSCRIPTION OF INTERVIEW NO 1 TO DEMONSTRSTE THE METHOD FOLLOWED IN ANALYSING UNDERLYING THEMES.

KEY: P = PARTICIPANT
I = INTERVIEWER

Research question: "What are the student nurses' experiences with interpersonal communication with clients?" "What does the concept caring mean to student nurses?"

I: I am very appreciated with the joining research for you. Would you please tell me about your experience how you communicate with patient and have caring relationships with patients?

P: Thank you very much for the questions. I will try.....since the question is a little bit broad. I will try to answer as I can. I found my communication in the clinical situation in working with patient is sometimes good, sometimes is poor. The language that the patients speak we don't know. That is also contributing to the communication problem. You would not be able to communicate with patients very well, because especially may be they have complain that he or she want to raise, but due to for you do not know the language you are speaking. This will end up of the patient like to be frustrated with you. The patient tend to say:" Nurses you are not listening to my complain." But it is not that case the cases you are not really catching now what this patient is trying to say. Sometimes you as a nurse want to tell the patient to do something, you see that patient is ignored, it is simply the patient can not understand what is really the instruction you are trying to give this person. These things really lead poor communication. At the end of the day, the communications tend to be bad between nurses and patients.

When you are meeting these different people, they are people who have the different characters. Some of them behave well. Some of them behave badly. They expected from you. If you can give good care, these people tend to like you more. I used to meet myself. I think patient really like me because of my communication. Mostly I can communicate best with the people you are between around twenty to twenty-six like my age. I do open to them and they will also open to me, so then you can talk well.

I: Yes, you can talk from here how you use communication skills to form interpersonal relationships with clients. What does caring mean to you?

P: Well, I first used to evaluate the person, on the bases that I have to see in what mood this person is, how I can approach this person and then based on that, I will give to the topic to the person. From the evaluation I can found if the person can be contacted easily or the person is a little difficult to be approached.

I: Can you talk more about your experiences in communication and developing caring relationships with patients?

P: I used to chat on different things not really related to their health, even though we sometimes talk about their health. One of the patients in the ward had complained to me and said: "your nurses sometimes ignore people. For example, during the night for some of callings, nurses don't like to attend to the person". Another girl said nurses don't want to respond to these person that is not good."

Some patient used to press me. For example, when I am giving injection mostly at first they are afraid. They would say: "no, you can make you feel more pain." After the explanation and the injection, the patient would say: "that is not bad as I thought." Since then the whole month the patient wanted me to do the dressing. Those things that will make you feel competent.

Another thing is many of my clients are females, they tend too be shy. I used to give them encouragement. To tell them: "This is expected." According to my promise I keep privacy to them.

I: I don't think you have so many male nurses. We do need the male nurses.

P: Some of the people do not see nursing as good job selection due to that has few male nurses. One of the things that cause poor communication between nurse and patient because this nurse come from home, they have problems and feel frustration at home. They have too much to handle.

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I: You mean nurses are working very hard?

P: I think nurses are being over worked. I have been in nursing institution in clinical situation; it is also very risky. You don't know which patient you are working with and what disease the patient have. You might get Aids if the needle accidentally injury yourself.

I: How do you see the situation between nurses and patients relationships and their communication?

P: I won't tell you exactly what is the feeling in, but what I think that the nurse-patient relationships would be poor. There are so many patients then I won't have enough time to come and talk to all these patients. I just come to see this person when just hear for his complain. I just try to write down the description of the medication comes. I suppose to explore this patients' more to find out what is real the cause of this problem then other patients are waiting for me and also want to see me. Patients might complain that I take too long time and let them wait.

I: Can you say more about how you establish the nurse-patient relationships in caring?

P: I feel we need to establish good relationships with patients. People are different background. People need different things. It will be a little difficult to do this kind of thing, but I want to try to my best to improving the nurse-patient relationships. As a nurse, you should care patient's physical problem as well as the emotional problem. There are certain causes behind if you happen to have more time to talk with this person try to have a good relationship, by doing so the person will be more open to you. He will tell you everything. You are caring this person as a whole.

I: What else you would to say?

P: Personally, I think as nurse, we can not improve this, because we are over worked. If the ward are over-crowded, we don't have enough time to talk and explore to this person. Only the ministry or the government can do more to improve this situation by employing more nurses and establishing more clinics. We can have enough time to talk or to chat with the patient.

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I: What else can influence the nurse-client relationships?

P: the personal character can be the factor. It is very difficult for us to change some nurses' personality. If I am the type of person who is isolating from others, then definitely I won't to have time to talk to the patients or just come to them and talk to them just greet them. I could have enough time with the patient; I might not capitalize or use it to spend my time with the patients.

I: How you communicate with patient in forming caring relationships?

P: When the patient is not in serious condition, we can communicate very well. He or she can come to tell you the problems. Elderly person is a difficult person, but the thing is that if you are communicating with these persons in a good manner, I don't think that any person can just become cross or angry. If you make the person angry, the communication will be difficulty. Some people like to make jokes with, some people don't like jokes, just evaluate the patient first.

I: So you should first evaluate the patient, then you decide how to communicate with this patient.

P: I once have experienced the aggressive patient, I tried to be friendly, listen to the patient and take the point from the joking, you will become a little bit left. The concentration must be on your work.

I: That is just to get the feedback from the patient. Can you tell me what mean by interpersonal skilled person?

P: People interpret things differently' they have different understanding and different interpretation. I think the interpersonal skilled should be used individually. I should know how to approach patients who are in the mood of sad or in the mood of happy. Otherwise it is difficult to solve the patients' problem.

I: Can you give me some examples?

P: For example, to breaking the news to the patient when the patient got aids. It is a very difficult task to do. You do not know how the person reacts. The nurses should know how

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pass the message over through the person. We can not cheat the person. We just start to ask the persons' knowledge about the disease first. When the family brought in the patient and they want to come for visiting, but the patient died, we could not keep it secret from the family, we have to inform the family. It is also a very difficult task to do. The nurse knows how to explain very well in passing the message.

I: How you use your communication skills to care the patients?

P: You know, health education is such an important issue, we can't look at one face every time on one topic. It should be the topic according to the individual patient. I think the nurse can not be in rude attitude even though some patients are difficulty. I don't think I can say more about that.

I: You talked very good. I think you have provided good information. Thank you very much to spend time with me.

P: It is my pleasure.

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1999-01-01

Dear Prof van Dyk

Research Masters Degree in Nursing Science

Permission is requested to collect data from the fourth year nursing students for a study with the following title:

"Interpersonal communication and caring experience with clients from the perspective of student nurses"

The research proposal for the study is attached.

Your favourite consideration would be highly appreciated.

Yours faithfully

MRS WU YA JUN

UNIVERSITY OF NAMIBIA

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UNIVERSITY OF NAMIBIA

Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pioneerspark, Windhoek, Namibia

15 January 1999

Dear Ms Wu Ya Jun

Interpersonal communication and caring experience with clients from the perspective of student nurses

The above submitted research proposal has been reviewed by the Research Committee of the Faculty and has been found to have merit as it attempts to address a concern problem.

Kindly be informed that your application has been considered favourably and permission for the implementation of your research project is hereby granted.

Yours sincerely

A VAN DYK

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