

ORIGINAL RESEARCH

The presence of humanistic caring before enrolling in nursing undergraduate programs: Perceptions of nursing students and nurses

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ABSTRACT

Background and objective: Learning to become a humanistic and caring practitioner is expected by nursing regulatory bodies. Previous investigations revealed that several pedagogical activities used in nursing education programs could facilitate this learning process. There are also studies that underscored the contributions of non-academical experiences to humanistic caring practices. This paper describes nursing students' and nurses' lived experiences prior to nursing that contribute to the development of humanistic caring.

Methods: The study drew on interpretive phenomenology and 26 participants were individually interviewed. Benner's (1994) method was adapted and concretized into five iterative phases of phenomenological analysis that cooccurred with data collection.

Results: Six themes emerged from the interpretation process, describing how humanistic caring is developed before enrolling in nursing. First, there are natural humanistic and caring dispositions. Second, there are experiences 1) involving family members, 2) related to the public sector, 3) associated with a friend, 4) featuring an encounter with a nurse, and 5) related to spirituality. Overall, relationships that participants had previously developed appeared to be at the core of the development of their humanistic caring.

Conclusions: The findings strongly suggest that nursing students hold a variable degree of natural dispositions. These inclinations are enhanced through experiences inextricable to human life that will most likely generate learning. Nursing students thus start their education with a definite potential to humanize care. To facilitate the development of humanistic caring, educators may encourage students to reflect on and become aware of their past experiences and learning.

Key Words: Humanism, Caring, Competency, Natural, Predisposition, Phenomenology, Learning, Development

1. INTRODUCTION AND BACKGROUND

There is an international consensus that nurses are expected to be humanistic, caring, empathic, or compassionate practitioners.^[1] Schools of nursing attempt to develop this vital aspect through various pedagogical activities such as high-fidelity simulations,^[2] patient-narrated storytelling, and reflective activities. Other studies demonstrate that humanistic

caring can be learned and nurtured through an environment that cultivates humanism and caring.^[3,4] Indeed, there is evidence that experiences lived before and outside of the academical settings may contribute to the development of humanistic caring.^[5] For instance, a caring environment in students' homes, family values, or growing up in a nurturing family may foster a humanistic and caring practice.

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In psychology, scholars have been debating the existence of caring or prosocial predispositions in children, exploring why certain individuals are more “naturally caring” as compared to others.^[6] This debate attempts to understand if being and expressing caring behaviors is “innate” or “acquired” through life experiences, and the results do not converge into one category. In nursing, such dispositions are debated as several authors hypothesized their existence^[7] while others argued that it was not fully innate but rather developed or nurtured.^[8] The reviewed literature alludes to an “innate desire”, an “innate factor”,^[9] or “caring dispositions” to describe the pre-existence of humanistic caring in nurses. However, few of these inquiries intended to examine the learning process of humanistic caring holistically, integrating experiences lived both prior and after enrolling in nursing, from the perspectives of nursing students and nurses.

Thus, the purpose of this paper is to describe Canadian nursing students’ and nurses’ lived experiences prior to nursing that promote the development of humanistic caring. These findings are part of a larger phenomenological study whose objectives were to 1) develop a cognitive learning model of the humanistic caring competency, and 2) identify lived experiences that facilitate and hinder its development. These results are reported in other publications.^[4,10] Besides, the aforementioned facilitators and hindrances involve experiences that were exclusively lived from the moment students had started their undergraduate program or after their graduation as nurses. Unlike those, the experiences presented in this paper pertain to the period before the participants’ nursing education.

2. METHOD

In this study, Benner’s^[11] interpretive phenomenology was selected as the methodological approach. Phenomenology, as described by its prominent founders Husserl^[12] and Heidegger,^[13] corresponds to a philosophy rather than a qualitative research method.^[14] However, these two leading philosophical phenomenologists are the groundwork of most phenomenological research methods. Benner’s phenomenology has Heideggerian underpinnings^[13] in addition to drawing on the philosophical works of Taylor,^[15] Dreyfus,^[16] and Gadamer.^[17] Consequently, the central purpose of Benner’s method is to understand and interpret human existence (or the phenomenon of “being there”), which corresponds to the German concept *Dasein*. Using her own method, Benner’s investigations^[18] sought to make explicit the clinical expertise of nurses in their everydayness.

2.1 Ethical considerations

The study received an approbation from the ethical review board of the hospital where the recruitment of nurses took

place (certificate No. FU-8038). The ethical review board of the university where students were recruited recognized this certificate. All participants (nursing students and nurses) provided written consent before their involvement in the study. Confidentiality was ensured by attaching a code and a fictitious name to each participant. The primary investigator (PI) did not teach undergraduate courses while the study took place to avoid coercion in the recruitment of student participants.

2.2 Setting

Nursing students were recruited from a French-Canadian university where its 3-year undergraduate nursing education program leads to registration as a nurse. This program is oriented by a framework comprising eight competencies that students are required to develop and one of these competencies corresponds to humanistic caring. Graduates from the same university were recruited from an affiliated French-speaking university hospital.

2.3 Recruitment of participants

Participants were recruited by the PI and a research assistant, using convenience and snowball sampling methods.^[19] Students were recruited in three groups depending on their progression in the program and nurses in three other groups according to their clinical experience (see Table 1). The inclusion criteria that were used for all participants ($n = 26$) are as follows: 1) speak and understand French, 2) be interested in sharing experiences pertaining to learning the humanistic caring competency, and 3) be a student or a graduate of the same undergraduate program comprising a humanistic caring competency. Another inclusion criterion that was exclusive to accomplished nurses was to be recognized as an “expert” by peers or patients, which they self-reported to the PI. Sociodemographic characteristics of participants are summarized in Table 1.

2.4 Data collection

One semi-structured individual interview was conducted by the PI with each participant from September 2015 to February 2017. The PI used an interviewing guide that had been previously validated by both his dissertation supervisors (JG and CC). Participants were asked questions such as “Before your nursing program, tell me of an experience where you believe you developed humanistic caring” and “What did you learn from this experience?” All interviews were recorded, lasting between 40 and 119 min (average: 63 min). They were transcribed by an experienced typist and reread by the PI to ensure accuracy. Data collection and analysis cooccurred.

Table 1. Sociodemographic characteristics of participants (n = 26)

Characteristics	Students (n = 18)	Nurses (n = 8)
Progression in program		
First year of education program completed (or in the process of)	3	-
Second year of education program completed (or in the process of)	9	-
Reached the end of the third year	6	-
Clinical Experience		
6-18 months (newly graduated nurse)	-	1
2-4 years (experienced nurses)	-	3
5+ years (accomplished nurses)	-	4
Gender		
Identified as female	17	7
Identified as male	1	1
Age		
Mean age (years)	24	30
20-29 years old	16	2
30-39 years old	2	6
Ethnic background		
Arabic or Middle Eastern	1	-
Asian	1	-
Black or African American	1	1
Eastern European	1	-
White	14	7

2.5 Data analysis

Verbatim transcripts were imported in ATLAS.ti 8. Ben-ner's^[11] phenomenological method was conceptualized in five iterative stages: 1) lines of inquiry, 2) central concerns and exemplars, 3) shared meanings, 4) final interpretations, and 5) dissemination of the interpretation.^[20] Throughout these five stages, individual, interparticipant, and intergroup analysis occurred. The PI did the data analysis and his supervisors (JG and CC) systematically reviewed the interpretation process during the five stages of the process, which lead to discussing and challenging emerging interpretations. To this end, the individual analysis (stages 1 and 2), which was fulfilled by the PI, involved naming meaning units^[21] and summarizing central concerns in a short interpretive summary, one participant at a time. Before proceeding, the first two individual analysis and interpretive summaries were revised by the PI's supervisor (CC). Then, the PI followed with interparticipant analysis (stage 3), one group at a time, attempting to unravel shared meanings (similarities) that were then gathered and refined in interpretive group summaries. At this third stage, themes started to stand out among the six interpretive group summaries and these emerging interpretations were enriched by iterative discussions between the PI and both his supervisors (JG and CC). The intergroup analysis (stage 4) that followed compared each interpretive group summary with one another, allowing to bring out similarities and divergences between the six groups. Having

a "global" view of each group, this fourth stage led the PI to clarify the emerging themes. Through the fifth stage of data analysis, these clarified themes were challenged and refined by means of discussions among the research team (DL, JG, and CC), leading to the final themes' determination. Moreover, a reflective journal was held by the PI in which he wrote down his preunderstanding (i.e. preconceptions and assumptions) regarding the studied phenomena. Reflective notes were also recorded after each interview, after rereading and analyzing each verbatim transcript, and before analyzing each group of participants. Because of space limitations, a thorough description of the interpretation process as well as the strategies used to ensure the study's rigour are reported in two other publications.^[4,10]

3. RESULTS

Findings are presented through six themes: 1) natural humanistic and caring dispositions, 2) experiences involving family members, 3) experiences related to the public sector, 4) experiences associated with a friend, 5) experiences featuring an encounter with a nurse, and 6) experiences related to spirituality.

3.1 Natural humanistic and caring dispositions

In this first theme, the majority of students and nurses within the six groups of participants alluded to "natural" dispositions to being humanistic. There were various terms that par-

ticipants used to describe this inclination: “something” given at birth, innate, or possessed; “you have it or you don’t”; a character trait; a personality type; or an inner character. In other words, these participants perceived that humanistic caring was innate in certain individuals and that these natural dispositions, which varied from one person to another, facilitated the development of this competency in the nursing program. This salient theme is highlighted in the following excerpt:

Well, it’s hard to say, I think, it [humanistic caring] is natural [...] It is a competency that we develop, but I think that, within yourself, you are someone, I think it’s a character trait too. It’s weird to say, but you can develop it, but I think it’s a little something that lies inside of you. (Emeley, a newly graduated nurse)

Because of these natural dispositions, few participants, mostly nursing students, considered that nursing education could hardly develop the humanistic caring competency, as shown in the two passages below:

Caring: you have it or you don’t. It can be expressed, or at other times, less expressed, but it is not something we can teach you. We can give you tools, we can give you communication skills to better express what you want to say to the patient or family, but we can’t teach you to be caring. (Dencia, a second-year student)

How to be caring... To me, I think it is a little bit like a “way of being”, it is a “typical profile” that nursing students have most of the time [...] But learning to “be caring”, I am ambivalent. You know, there is a way of being caring and everyone acts in a certain way, and this, I feel, must be hard to develop [...] I consider that it must be hard to learn and to enhance someone’s [humanistic and caring] capacity too [...] (Anne-Julie, a second-year student)

Despite suggesting that humanistic caring could not be learned, certain participants presumed that developing this competency during nursing education could be more difficult in individuals that possessed fewer natural dispositions, appearing as prerequisites to its development. Paradoxically, most participants also identified several facilitators that could develop this competency, for instance specific learning strategies that they had encountered in their undergraduate program. It seems that these natural inclinations constitute a foundation, variably robust depending on the person, from which the humanistic caring competency can grow.

Notwithstanding the omnipresence of this natural aspect throughout the study, there were insufficient accounts of experiences that explicitly illustrated these inclinations at an early age. Most participants remembered being attentive individuals or good listeners since they were born. Nonetheless, one student compared herself to her sibling who had received the same parental education and grew in the same environment as hers, yet they differed because of their diverse natural dispositions:

I am someone who knows how to listen to others [...] But my little sister, she does not care, and we grew in the same environment, same education. It depends on the environment, but there is a sort of personality type that is more [humanistic], for sure we are all different. (Yunan, a second-year student)

3.2 Experiences involving family members

Experiences involving participants’ families were shared the most. This second theme is the only one that emerged from all groups of participants’ verbatim. Health experiences lived within the family consisted of taking care of a loved one (especially as a caregiver) and experiencing loss. The participants mentioned that these experiences developed their maturity, made them aware of the potential impacts of health experiences for patients, or increased their awareness about their own interpersonal skills and about paying attention to family-focused nursing care. Several participants insisted that they also grew in terms of humanistic caring from their parental education or family context. This following third-year student recalled an experience with her uncle that enhanced her humanistic caring practice:

How the person can feel following a loss of capacities. He [uncle] was a painter, he was so out of breath, he could no longer paint, he could no longer practice his hobbies. This led me to develop a more sensitive perspective, perhaps, of the impacts of a disease on a person’s life, leisure, and personal identity. (Shélanie, a third-year student)

3.3 Experiences related to the public sector

In this third theme, several participants, both students and nurses, stated that their experiences in the public sector, such as a job or a humanitarian aid project, could have been valuable to develop their communication skills. Participants’ job corresponded to a laboratory technician in a pharmacy or a lifeguard in a municipal swimming pool. Other experiences included witnessing bullying, participating in activities to reduce stigma, or being a musician in a symphony orchestra.

The participant who engaged in activities aimed at reducing stigma stated she was more aware of the reality of people living with marginality and homelessness, in addition to feeling more comfortable interacting with these persons. The participant who was a musician in a symphony orchestra reported that she had learned to listen to others through this experience. In addition, practicing an instrument, in harmony with other musicians, seems to have allowed this participant to be more in sync with others. The following excerpt highlights an accomplished nurse's learning as a lifeguard:

At 16, I was a lifeguard in outdoor pools. Two years later, at 18, I was a pool manager, so I have always been in problem management. I've always solved problems, talking with people, making them feel satisfied, what's going on?, resolving a situation [...] I think relational communication skills, I don't think it's something we have acquired. We have to develop them, we have to work on them [...] But why am I able to speak in front of a lot of people? If I have no problem today, it's because I developed them [communication skills]. (Francine, an accomplished nurse)

3.4 Experiences associated with a friend

In this fourth theme, participants, especially students, shared experiences involving their friends and those were perceived as being favorable to the development of the humanistic caring competency. Examples of this type of experience were quite diversified: few participants were confidants, others opened a dialogue about a friend's health experience, and other participants recounted having to adapt to different groups. The learning that participants gained from these experiences corresponded to becoming aware of their active listening skills or learning to adjust their approach to various groups of diversified friends. The next passage of a second-year student's experience emphasizes her active and non-judgmental listening:

I was always the "mother" of the group [...] Whenever my friends had problems, they called me Victoria, do you have a minute? Yep, go ahead, then we started to chat. I think that I know why people really liked to confide in me, it's that I never judged people. They know they can confide in me as much as they want, and then I'm not going to judge them. (Victoria, a second-year student)

3.5 Experiences featuring an encounter with a nurse

In this fifth theme, some participants felt that exposure to nurses that cared about them or about their loved ones was a

source of inspiration to become humanistic and caring practitioners. Participants who had been cared for stated they were awestruck by the reassurance and support of nurses. One participant was even motivated to enroll in nursing because of those relational aspects encountered in an experience involving a humanistic and caring nurse. In a broader perspective, participants appeared inspired by these role models embodying caring and humanism in their practice. Otherwise, participants could be motivated to move away from nurses' dehumanizing practices. This is illustrated in the following excerpt of a student who encountered both a dehumanizing counterexample and a humanistic role model:

I found it [dehumanization of care] really disappointing, so I hope I will never do that to anyone in my practice. On the other hand, I deemed it [humanization of care] super interesting and that she [humanistic nurse] explained all of that to us [...] and that she took the time to simplify things for my mother, and you know, we did not feel we were hurried [...] to get out of there. I felt that she was giving us time to decide what was best for [my mother]. I think what I learned was that patients are "number 1", you know, who are we [nurses] here for? (Anne-Julie, a second-year student)

3.6 Experiences related to spirituality

In this last theme, some participants established a relationship between their spirituality and the development of the humanistic caring competency. Two of them referred to believing in a "law of return" (or "good karma") that encouraged them to "do good" for their patients. Only one participant underscored the benefits of her religion (Christianity) in favor of the humanistic caring competency, particularly regarding the values it conveyed which she perceived coherent with this competency. It appears that this participant was encouraged to engage with patients through a form of selflessness rooted in her religion:

I believe it is important when we talk about respect, it comes from there [religion], [...] helping your brother or sister, [...] I mean it emerges from my background, religion, [...] but also family. So, family, religion [...] in the sense that respect is important, taking care of others. All these values, respect, listening, reaching out [...] It is to give, it is just to lend a helping hand to someone who ultimately needs it. (Kim, an experienced nurse)

4. DISCUSSION

According to these findings, it seems possible to develop the humanistic caring competency before studying in nursing programs, through experiences that differ considerably from one person to another. Although several similarities have been identified in terms of learning experiences, it appears that the same “type” of experience (e.g. accompanying a loved one in a health experience) does not guarantee, nor does it generate, the same learning for all individuals. Indeed, participants in this study grew differently through or following a similar learning experience: advanced maturity, sharpened awareness or deepened understanding of health and sickness corresponds to a few examples.

A predominance of relationships between participants and other individuals was noted when interpreting those learning experiences altogether. In addition to spirituality, participants stated they developed from experiences that included a family member, friend, nurse, patient, client (job), resident of a foreign country, or a colleague musician. This strongly suggests that the humanistic caring competency can develop from a great diversity of encounters with human beings in several contexts. However, these experiences must be sufficiently significant and, to a certain extent, meaningful for the person who lives it, in order to contribute to the development of the competency, knowing that what is significant for a person is not necessarily the same for another. The knowledge developed in the current study suggests that a development of the humanistic caring competency begins prior to undergraduate education and that it differs from one student to another. Other researchers revealed these learnings pertaining to the humanistic caring competency in students^[22,23] and nurses. In her case study, Ain^[22] postulated that students began their nursing program with an understanding of caring that had been learned during their childhood, through interactions with their families, groups of friends, or teachers. The results of Fanjoy's^[23] phenomenological study also underscored these learnings. For instance, prior to nursing, a participant was “informed by family values and experiences with friends and family” (p. 75) or by receiving compassionate care from parents when sick.^[23]

Furthermore, the current results reinforce the idea that individuals differ in terms of predisposition to become humanistic and caring practitioners. These humanistic and caring natural dispositions have already been mentioned in certain writings.^[24,25] In their theoretical analysis, Morse, Solberg^[26] had proposed that caring could correspond to a trait of human nature whose presence varied among individuals. In addition, both nursing students,^[27] healthcare professionals^[25] and patients^[24] mentioned the existence of an innate dimension to caring and compassion on which pro-

fessional education was based. As previously mentioned, several psychology academics^[6,28–30] debated the existence of these dispositions in young children. Since human beings are bound to others from the very beginning of human life, and because these relationships may be capital to enhancing their humanistic and caring dispositions, it is challenging to differentiate these already-enhanced dispositions from what is present at an early age. Nevertheless, the findings of this study corroborate, at the very least, the perception that such dispositions exist in nurses.

Limitations

Redundancy^[11] was achieved for most groups of participants, but not for all of them. Because of academic deadlines in the PI's doctoral studies, data collection was discontinued at 17 months, hindering the achievement of redundancy for all groups of participants. Although salient similarities have been identified in this paper, it is probable that the PI was limited in unravelling all the subtleties or tendencies that would perhaps differentiate each group.

5. CONCLUSION

The aim of this paper was to describe Canadian nursing students' and nurses' experiences, lived prior to entering in their baccalaureate nursing program, that promote the development of the humanistic caring competency. Drawing on interpretive phenomenology, six salient themes emerged and provided an insight on the development of humanistic caring happening before undergraduate education. Although there are publications alluding to the pre-existence of humanistic caring in nurses,^[9,24,31,32] this study might be one of the few that purposefully attempted to understand “how” this development occurred. In this respect, participants in all groups overwhelmingly asserted that humanistic caring comprises a variable degree of dispositions that individuals naturally hold. However, more research is needed to fully explicit these dispositions as they were, for the most part, insufficiently elaborated in the present study.

Throughout a lifetime, there are countless encounters with other human beings that may generate unique learning, and these cultivate and contribute to advancing humanistic caring. It is as if relationships are at the heart of this development, whether it is with families, friends, the public, nurses, or spirituality. Among the experiences that were shared, those that involved family members were the only ones that were found in the six groups of participants. Notwithstanding the involvement of parental education in the development of the humanistic caring competency, it appears that several participants enrolled in nursing having previously cared for a family member. Based on these findings, it may be suitable

to invite students to reflect on and become aware of these experiences and their corresponding learning: doing such a thing can help them acknowledge the potential they already possess and thus facilitate their upcoming learning in the education program. Indeed, the first developmental stage of the humanistic caring competency was characterized by a conscientization to humanization of care:^[10] reflecting on students' own experiences may support this conscientization. Because role modelling played such an important role in students' learning of humanistic caring,^[4] it appears suitable

for educators to share their own experiences because it could facilitate students' identification of and reflection on their past experiences. If there is one thing this study highlighted, it is that the majority, if not all, of students start their nursing program with a definite potential to humanize care, because their experiences are inextricably and fundamentally tied to human life.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

- [1] World Health Organisation, State of the world's nursing: Investing in education, jobs and leadership. 2020.
- [2] Levett-Jones T, et al. Exploring nursing students' perspectives of a novel point-of-view disability simulation. *Clinical Simulation in Nursing*. 2018; 18: 28-37. <https://doi.org/10.1016/j.ecns.2017.10.010>
- [3] Cook NF, et al., Perceived caring attributes and priorities of preregistration nursing students throughout a nursing curriculum underpinned by person-centredness. *Journal of Clinical Nursing*. 2018; 27(13-14): 2847-2858. PMID:29516650 <https://doi.org/10.1111/jocn.14341>
- [4] Létourneau D, Goudreau J, Cara C. Facilitating and hindering experiences to the development of humanistic caring in the academic and clinical settings: An interpretive phenomenological study with nursing students and nurses. *International Journal of Nursing Education Scholarship*. 2020; 17(1): 1-14. PMID:32710718 <https://doi.org/10.1515/ijnes-2019-0036>
- [5] Kuntarti K, K. Yetti, and E. Novieastari, The contributing individuals in developing caring behaviors of nursing students: The focus group finding. *International Journal for Human Caring*. 2018; 22(4): 169-178. <https://doi.org/10.20467/1091-5710.22.4.169>
- [6] Martin A, Olson KR. Beyond good and evil: What motivations underlie children's prosocial behavior? *Perspectives on Psychological Science*. 2015; 10: 159-175. PMID:25910387 <https://doi.org/10.1177/1745691615568998>
- [7] Paragas ED. "The upward spiral staircase of caring": A hermeneutic phenomenology study of the caring competency of Filipino nurses grounded in competency-based education. *The Journal of Competency-Based Education*. 2019; 4: 1-11. <https://doi.org/10.1002/cbe2.1182>
- [8] Geraghty S, Oliver K, Lauva M. Reconstructing compassion: Should it be taught as part of the curriculum? *British Journal of Nursing*. 2016; 25(15): 836-839. PMID:27523754 <https://doi.org/10.12968/bjon.2016.25.15.836>
- [9] Harrison H, et al. An assessment continuum: How healthcare professionals define and determine practice readiness of newly graduated registered nurses. *Collegian*. 2020; 27: 198-206. <https://doi.org/10.1016/j.collegn.2019.07.003>
- [10] Létourneau D, Goudreau J, Cara C. Humanistic caring, a nursing competency: Modelling a metamorphosis from students to accomplished nurses. *Scandinavian Journal of Caring Sciences*. 2020. PMID:32141649 <https://doi.org/10.1111/scs.12834>
- [11] Benner P. *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: SAGE; 1994.
- [12] Husserl E. *Idées directrices pour une phénoménologie*. Paris, France: Gallimard. 1950.
- [13] Heidegger M. *Being and time*. 2th ed. New York, NY: HarperCollins. 2008.
- [14] van Manen M. But is is phenomenology? *Qualitative Health Research*. 2017; 27: 775-779. PMID:28682717 <https://doi.org/10.1177/1049732317699570>
- [15] Taylor C. *Human agency and language. Philosophical papers*. Cambridge, Royaume-Uni: Cambridge University Press; 1985.
- [16] Dreyfus HL. Beyond hermeneutics: Interpretation in late Heidegger and recent Foucault, in *Hermeneutics: Questions and prospects*, G. Shapiro and A. Sica, Editors. University of Massachusetts Press: Amherst, MA. 1984; 66-83.
- [17] Gadamer HG. *Truth and method*. 2nd ed. London, United Kingdom: Continuum. 2004.
- [18] Benner P. *From novice to expert: Excellence and power in clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall. 2001.
- [19] Gray JR, Grove SK, Sutherland S. *Burns and Grove's The practice of nursing research: Appraisal, synthesis, and generation of evidence*. 8th ed. Saint-Louis, MO: Elsevier; 2017.
- [20] Crist JD, Tanner CA. Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research*. 2003; 52: 202-205. PMID:12792262 <https://doi.org/10.1097/00006199-200305000-00011>
- [21] Benner P, Tanner C, Chesla C. *Expertise in nursing practice: Caring, clinical judgment, and ethics*. 2nd ed. New York, NY: Springer Publishing Company; 2009.
- [22] Ain DA. *An examination of caring in one associate degree nursing program*. Capella University. 2016.
- [23] Fanjoy AC. *Transformation and embodiment: Nursing students' lived experiences of learning caring in nursing education*. University of New Brunswick: Fredericton, New Brunswick. 2018.
- [24] Sinclair S, et al. Compassion training in healthcare: What are patients' perspectives on training healthcare providers? *BMC Medical Education*. 2016; 16(169): 1-10. PMID:27401015 <https://doi.org/10.1186/s12909-016-0695-0>
- [25] Bray L, et al. The role of professional education in developing compassionate practitioners: A mixed methods study exploring the perceptions of health professionals and pre-registrations students. *Nurse Education Today*. 2014; 34: 480-486. PMID:23880325 <https://doi.org/10.1016/j.nedt.2013.06.017>
- [26] Morse JM, et al. Concepts of caring and caring as a concept. *Advances in Nursing Science*. 1990; 13(1): 1-14. PMID:2122796 <https://doi.org/10.1097/00012272-199009000-00002>
- [27] Drumm J, Chase SK. Learning caring: The student's experience. *International Journal for Human Caring*. 2010; 14(4): 31-37. <https://doi.org/10.20467/1091-5710.14.4.31>

- [28] Nichols SR., Svetlova M, Brownell CA. The role of social understanding and empathic disposition in young children's responsiveness to distress in parents and peers. *Cognition, Brain, Behavior: An Interdisciplinary Journal*. 2009; 13: 449-478.
- [29] Gross RL, et al. Individual differences in toddlers' social understanding and prosocial behavior: Disposition or socialization? *Frontiers in Psychology*. 2015; 6: 1-11. <https://doi.org/10.3389/fpsyg.2015.00600>
- [30] Warneken F, Tomasello M. The roots of human altruism. *British Journal of Psychology*. 2009; 100: 455-471. PMID:19063815 <https://doi.org/10.1348/000712608X379061>
- [31] Loke JCF, et al. Caring behaviours of student nurses: Effects of pre-registration nursing education. *Nurse Education in Practice*. 2015; 15(6): 421-429. PMID:26059429 <https://doi.org/10.1016/j.nepr.2015.05.005>
- [32] O'Brien F, Mooney M, Glacken M. Impressions of nursing before exposure to the field. *Journal of Clinical Nursing*. 2008; 17: 1843-1850. PMID:18578758 <https://doi.org/10.1111/j.1365-2702.2007.02214.x>