YRKESHÖGSKOLAN NOVIA

# What factors contribute to uncaring in a caring context?

**A systematic literature review**

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Degree Thesis in Health Care and Social Welfare
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**EXAMENSARBETE**

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Titel: Vilka faktorer påverkar vårdarnas likgiltighet i vårdsammanghang?

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**Abstrakt**

I detta examnesarbete användes systematiskt litteratur analys för att förklara vilka faktorer som bidrar till att vårdarna blir nonchalanta gentemot patienterna i vårdsammanghang. Inom vården förekommer det att vårdarna försummar sina vårdplikter, vilket inte är etiskt rätt, men det förekommer ändå.

Examensarbetet utförades med en kvalitativ litteratur granskning genom att använda sig av deduktiva ansatser. Bakgrunden består av tidigare litteratur om vårda, nonchalant, lidande och etik. Den teoretiska ramverk formades av den etisk atmosfären, där vårdaren jobbar och vilket de bidrar till. Teoretiska ramverket änvändades för att reflektera bakgrunden och resultat. De artikler, som användes i examensarbetet presenteras och analyseras för att förklara om något nytt kan hittas.

Resultater består tidigare kända faktorer men även av nya faktorer som bidrar till vårdarnas nonchalanthet. Nya fynd är mobbing, priorisering, anhörigas inverkan, yttre faktorer, teknologisk vårdarbete, vårdarnas attityder, mental och fysisk lidande hos både vårdaren och patienter, samt brister som orsakas av andra faktorer. Dessa faktorer bidrar till nonchalant hos vårdarna inom vårdsammanhang. De som antas till vårdutbildningarna bör inneha de egenskaperna som krävs inom vårdbranschen för att slippa in till programmet. I framtiden kunde man satsa mer på empiriska undersökningar för att få mer infromation om ansvarslöst beteende bland vårdarna.

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Språk: Engelska Nyckelord: vårda, nonchalant, lidande, etik

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**OPINNÄYTETYÖ**

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Nimike: Mitkä tekijät vaikuttavat piittaamattomuuteen hoitotyössä?

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**Abstrakti**

Tutkimuksen tarkoituksena oli systemaattisen kirjallisuuskatsauksen avulla selvittää, mitkä tekijät vaikuttavat hoitajien piittaamattomuuteen hoitotyössä. Hoitotyössä esiintyy epäeettistä hoitamista, joka ei ole pätevää mutta sitä silti esiintyy.

Tutkimus suoritettiin kvalitatiivisella sisältöanalyysillä, käyttäen deduktiivista lähestymistapaa. Taustatiedot koostuivat jo olemassaolevasta kirjallisuudesta liittyen välittämiseen, piittaamattomuuteen, etiikkaan ja kärsimykseen. Teoreettiseksi viitekehykseksi muotoutui eettinen ilmapiiri jossa hoitajat työskentelevät sekä johon he vaikuttavat. Teoreettista viitekehystä käytettiin taustatietojen sekä löydösten peilaamiseen. Artikkelit kerättiin ja analysoitiin jotta saataisiin selville onko jotain uutta löytynyt.

Löydökset koostuivat jo tiedetyistä asioista mutta myös uusista asioista jotka vaikuttavat piittaamattomuuteen hoitotyössä. Uusia löydöksiä oli mm. kiusaaminen, priorisointi, sukulaiset, ulkoiset tekijät, teknologinen hoitotyö, hoitajien asenne, henkinen ja fyysinen kärsimys sekä hoitajilla, että potilailla, ja puutteet erinäisissä asioissa. Nämä tekijät myötävaikuttavat piittaamattomuuteen hoitajissa hoitotyön kontekstissa. Lisätutkimukset piittaamattomuudesta voisivat hyötyä empiirisistä tutkimuksista. Hoitotyöhön tulisi päästä vain ne, jotka omaavat tarvittavat ominaisuudet siihen.

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Kieli: Englanti Avainsanat: välittäminen, piittaamattomuus, kärsimys, etiikka

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**BACHELOR'S THESIS**

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**Abstract**

Nurses are affected by different factors in the caring context that causes them to behave in an uncaring way. This kind of nursing is not competent but still it is happening in nursing. The aim of this thesis was to study what factors contribute to uncaring in a caring context.

The study was carried out by using a qualitative literature review using a deductive approach. The background consists of previous knowledge of nursing theories about caring, uncaring, ethics and suffering. The theoretical framework used to mirror the background and the findings formed out to be the ethical climate, in which nurses are working in and also contributing to the ethical climate. Articles were collected and analyzed to see if anything new can be created.

The results present already known, and also new findings about factors that contribute to uncaring in nurses. New findings were bullying, prioritization, relatives, external factors, technological caring, attitudes of nurses, mental and physical suffering of nurses and patients and a lack of several things. These factors contribute to uncaring in nurses in a caring context. Research about uncaring could benefit from further empirical studies. The nursing profession should only allow those students to study that possess the adequate capabilities for it.

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Language: English Key words: caring, uncaring, suffering, ethics

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# 1 Introduction

My motivation to write this thesis came from my first practice as a nurse, in an acute rehabilitative unit. The humane work there consisted of the daily routine of helping the patients get up in the morning, eating, exercising and spending time with them throughout the day. The patients in the ward suffer from somatic and psychic diseases. Some of the patients require more attention than others, because they are unable to do some tasks that others can do, depending on their degree of trauma, severity of the disease and need for rehabilitation. The average age in the ward was quite high, majority of the patients being above middle-age. The variety of illnesses in the ward were common to elderly patients, for example fractures from falling, dementia, chronic diseases of the organs etc. As a first practice place it was interesting, because we had studied the basics in the first academic year, and I was both enthusiastic and nervous to test my skills in practice.

In the beginning of the practice, my attention was drawn to the new place: work schedules, getting to know the patients and learning how to do the daily routines. After some time I began paying attention to other things I hadn't noticed yet; whether it was something happening in a nurse's own life, something extra in the work calendar scheduled for that day, an inconvenient shift or shifts in the nurses working schedule, an irritated patient, a doctor not present that day, or all of these things and other things combined, I started noticing that the quality of treatment for the patient at times lacked ethic. Everything that had to be done, was done, but at times I felt that the patient was left with a confused look on his/her face when a nurse had snapped at them or, being in a hurry, not had time to listen to what they had to say and did not come back later when the hurry had passed. Unfortunately, then I saw that the nurses were spending more time in the coffee room than the statutory break would allow. I thought this to be strange but gave it no more thought as the head nurse was also present and every ward has its own customs, I learned. I chose to spend some of this time going around the ward, seeing to the patient's needs and chatting with them, also noticing that it would improve their day and bring a smile to their face. This brings me to Eriksson's Theory of Caritative Caring, where the following is stated:

> *"Caring communion, true caring, occurs when the one caring in a spirit of caritas alleviates the suffering of the patient."* (Eriksson, 2014, s. 171)

My thesis subject formed out to be to explore what factors contribute to uncaring in a caring context. After realizing that my thesis needed to cover a large quantity of information to truly discover the factors it became clear to me that I needed to include literature from several books and scientific articles. During the making of this thesis, many news and columns have risen in Finland about caring and uncaring. Here are a few articles just to give an example of what has been happening in some Finnish nursing homes in Health Care and Social Services.

There have been uncaring actions in the nursing home “Esperi Care” in Vaasa. They admit that mistakes have been made in their activity. One facility has been ordered to stand down by Valvira (National Supervisory Authority for Welfare and Health). Violations considering the activity in Esperi Care are the following: lack of personnel, absence of a person in charge and fatality due to a care error. Similar problems exist in other care facilities under “Esperi Care” as well. The problems originate from the municipality’s attempt to outsource nursing services to companies that aim to profit from it. Costs are being cut by not enlisting substitutes, shortening work shifts and not paying for overtime. It is common that during weekends there is only one nurse present between shifts. ”How can one person care for 16 dementia patients?”, asks the leading solicitor of TEHY (Health Care and Social Services trade union in Finland).

Caring problems arise even when there are two nurses working. It is also a problem of a lack of ward domestics (laitoshuoltaja); nurses are responsible for cleaning, heating food and doing laundry services (Pohjalainen 1, 2018) (Pohjalainen 2, 2018). The caring facility ”Pelimanni” that is run by an organisation called ”Attendo” has been temporarily halted due to unsafety. There has been deficits in the actions to an extent that the safety of the patients cannot be guaranteed. A difficult recruitment situation is partly responsible for the situation. There have also been noticed deficits in food and medicinal care. There have been six deaths during a period of one month so far and the causes are being investigated. (Kaskinen, 2018) (Hirvonen, 2018)

The fact that this kind of news are emerging now and have been emerging in the past, keeps my interest up because it is an on-going problem and it has been strengthening my motivation and the task of making a thesis about it. The result is that the aim of this thesis is to find out what factors contribute to uncaring in a caring context and why does it keep occurring. I will further explain this in the chapter “Aim & Problem Definition”.

# 2 Background

This chapter is about the nurses work in a nursing setting, and what does it hold. The following subcategories are caring, uncaring, empathy in nursing, suffering and compassion, appropriate resources, patient satisfaction and nurses job satisfaction are. According to the International Council of Nursing (2019), a nurse is someone that has a degree in nursing and a license to operate in a specific country.

## 2.1 Caring

The Merriam-Webster dictionary (2019) defines 'caring' as exhibiting interest and benevolence for others. The Cambridge Dictionary (2019) defines a 'caring person' as considerate and as one that provides nurturing assistance to others. Caring is a verb and can be related to other verbs, for example 'tend to', 'regard highly', 'cherish', and even 'be crazy about' (Thesaurus 1, 2019). Caring is a matter of being open to and perceptive of the other. It involves being genuinely concerned, morally responsible and truly present for the patient. Also, to be dedicated and having the courage to be appropriately involved (Halldórsdóttir, 1996).

### 2.1.1 A caring action

A caring action occurs when the nurse dismisses their own personal viewpoints and a point of view of the patient is taken in the process of helping another person. The focus is not on the individual but on the specific needs of that person because the reality of the other person is what matters and the objective is to listen to their thoughts, wants and concerns. The purpose is to not enforce one's own moral beliefs but instead to observe the way the other person sees the situation. (Slote, 2007)

Numerous caring actions can be burdening for nurses, because one's own level of empathic caring cannot be altered with willpower (Slote, 2007), but when actions for the patient are done from a caring point of view, they do not create negative feelings or necessities (Mayeroff, 1971). This way, the carer feels that nothing is forced upon him/her and caring occurs naturally and is positive (Mayeroff, 1971).

A caring action is begun by the nurse that is perceived as caring by the patient. This allows the chance of forming a bridge of shared trust and connection. Authentic caring actions result in the after-effect called empowerment. (Halldórsdóttir, 1996)

### 2.1.2 Growth

A major part of caring is to help the other one find something interesting to care for. This way, the patient becomes more conscious about caring for themselves and it creates a positive outcome for the patient. Growing includes the act of deciding for one's own self and taking interest in things, not just rejecting everything. It happens when one learns a trait of honesty and realizes that one is a part of natural order. Helping the other grow is an important part of caring. The patient is an individual being with dignity and should be respected as such. It means to give them tools so that they can grow on their own. In return, the other's growth gives direction to the carer's actions (Mayeroff, 1971).

### 2.1.3 Professional caring

The connection aspect is a process that includes five steps. These steps include initiating professional connection, mutual acknowledgement of personhood, acknowledgement of the bridge, professional intimacy and negotiation of care. The combined effects of these aspects, according to patients, creates feelings of trust that start the growth of a professional connection in them and the nurses. This symbolizes the connection aspect of professional caring. The nurse as a professional means being competent and caring. The aspects of competence comprise of empowering people, connecting with people, facilitating knowledge development, or educating people, making clinical judgements and doing tasks and acting on behalf of people. Even though the nurse is perceived as competent and caring, there exists a distinction between the terms and being separate. Together they create 'professional distance'. (Halldórsdóttir, 1996)

### 2.1.4 Caring context

A thought content is required to understand the definition of caring in a context. In this context, caring is seen as an ethical action where the nurse possesses traits of courage, responsibility and sacrifice for another. (Eriksson, 2006)

## 2.2 Uncaring

The definition of uncaring by the Cambridge Dictionary (2019), is neglecting the needs of others and not acting on their behalf when needed. Uncaring is defined by the Merriam-Webster dictionary (2019) as not possessing adequate compassion, regard or curiosity for others.

### 2.2.1 An uncaring action

Halldórsdóttir (1996) states that there are different stages of uncaring actions. The mildest one, in an increasing order of magnitude, is ’disinterest’, which means a lack of interest rather than an actions that causes harm, for example, lacking authentic sympathy for the patient. The subsequent stage is ’insensitivity’ which means that the lack of interest grows to the point where the patient can receive harm, for example, in this stage the patient begins to feel inconveniencing the nurse when asking for help. The third one is ’coldness’, a stage where the nurse is perceived as cold and not approachable and it seems that the nurse would have a much better time if there weren’t any patients at all. The final stage is ’inhumanity’, and it reaches the point when the nurse is perceived as an opponent, and continuously treats patients badly, taunts them and disregards on purpose.

The uncaring nurse does not possess any authentic interest in the person nor patient. The nurse is then perceived unqualified somehow when providing care, for example, inadequate communication, lacking initiative, disregarding the patient’s needs, inability to empathize with the patient and only arrives when called. The patients who experience uncaring nurses, tell that the nurses usually possess some kind of a bad trait in personality for example, depressing, harsh or blunt. Incompetent nurses do not even care that they are incompetent, and so patient receives the impression of a wall. The nurse is perceived as uncaring which gives the impression of a wall. A wall represents unfavourable or lack of communication, disconnection and the absence of connection. The perceived walls can be different depending on the uncaring action and the receiver’s perception. (Halldórsdóttir, 1996)

### 2.2.2 Discouragement

The different stages of uncaring actions results in the patient’s discouragement, which does not aid in any way to their improvement in health or wellness. The discouragement originates from the after-effects of uncaring actions (Halldórsdóttir, 1996). This happens in cases where the relationship is not caring, and the other’s integrity cannot be separated from one’s own. (Mayeroff, 1971)

## 2.3 Empathy in Nursing

The definition of empathy by Merriam-Webster dictionary (2019) is described as a cluster of emotions or briefly, sensing the mood, thinking and incident of someone prior or current without having all of them expressed aloud in a revealing fashion. Empathy is defined by the Cambridge Dictionary (2019) as the capability to visualize oneself in the situation of

another and to feel what the other is feeling or going through. Empathy in nursing can be considered as experiencing the patient's situation. It might appear little or non-existent for the common eye, but the nurse's task is to understand the point of view from the patient's perspective. The patient could be experiencing a massive event in their life and be severely distressed about it. It takes a certain skill to be able to speak and calm a person down. It is an empathic skill where the ability to see oneself in someone else's situation can be done. This skill is acquired from a very small age and it only keeps growing. (Slote, 2007)

Empathy is learned personally through many stages. It begins at a young age, and in those moments when the child has done something wrong, they are made conscious of it. At this point, with an adequate level of empathy the child understands that it is not right. These experiences build up the level of empathy in an individual. Care-ethics in nursing is based on right and wrong, and it involves the action of caring or uncaring towards another person. An individual act may be considered as empathic or unempathetic and these can be seen as kind or unkind to others. (Slote, 2007)

### 2.3.1 Empathy and sympathy

Empathy differs from sympathy as feeling someone's pain and feeling for someone who is in pain. This indicates that empathy creates a spontaneous reaction in us when we see someone in distress. Sympathy means that when someone is in pain, and we can feel it and easily wish them well. This is an act of sympathy and it occurs even if not real pain is felt for the other. Another demonstration to separate these two concepts is that when someone is disgraced in some way, it is sympathetic to feel bad, but it is empathic to feel disgraced oneself. (Slote, 2007)

When compared a person that attempts to magnify their pain or distress with a person who does not make any gesture to show their pain, the latter one is most likely to awaken our empathy. This may be because the first example could be seen as a counterfeit act of need. (Slote, 2007)

### 2.3.2 Autonomy

In nursing, it is important to understand the concept of autonomy. As a nurse, being autonomic means to act on the base of empathy for a patient. For the patient, a nurse must understand that patients are individual beings that have dignity and they benefit from being able to decide for themselves. (Slote, 2007)

To be autonomic is a good trait in a person. To be autonomic, one can do as one wishes to do without someone else interfering with their autonomic decisions. Autonomy does not generally involve a nurse to be unselfish or being fearful of their own wants and ambitions. But to be autonomic is an important development in care ethics. (Slote, 2007)

*"By being initially treated well as second persons, we become likely or more likely to do well as first persons."* (Slote, 2007, s. 62)

### 2.3.3 Patronizing

Patronizing violates the autonomic principle. Patronizing is the act of interfering in someone else's decisions, wishes or concerns in such a way that causes them to disregard their primary intentions. This is considered to be wrong even if the interfering person is doing it because he knows better or believes to know better. Sometimes this behaviour is justified. But even with a purpose for the good health, safety or comfort, sometimes the line is crossed into an act of unjustified territory. (Slote, 2007)

In nursing, when caring for patients that are in need of care and treatment, nurses should be aware of the decisions and actions they use when providing care for the patient. If acting alone, the caring intention possesses a chance of slipping into over-caring and cause unintentionally more harm than good. It is important to realize that the patient is an autonomic individual that gets to have an opinion about their treatment. If the patient cannot do so, or is making decisions that keep harming them, then it may be time to consider methods that are known to be good for the patient.

## 2.4 Suffering and compassion

The definition of suffering by Cambridge Dictionary (2019) explains it as bodily or psychological pain felt by humans. Suffering is defined as the condition of someone that is suffering and feeling pain (Merriam-Webster 4, 2019). There is a distinction between suffering with another and one's own suffering. Compassion for others can be slowed down because of the suffering of the caregiver. A person's own suffering can make them unable to be compassionate (Eriksson, 2006).

Compassion is defined by Cambridge Dictionary (2019), as a powerful sensation of sympathy and unhappiness for someone that is suffering and wanting to help. It is defined by Merriam-Webster (2019), as a compassionate awareness for someone's pain mixed with a feeling of wanting to help. Compassion requires courage, responsibility and sacrifice.

*"Moral courage is to have compassion." May 1988, 14*

(Eriksson, 2006, s. 49)

It is important to establish a common fundamental that every disease, at some point of its progress, is a curing process and it is not always associated with suffering. When it comes to disease, the common assumption is that suffering is related directly to the disease. The suffering is often caused by a failing to provide appropriate resources and it can be one or all of these. These resources are comprised of the need of fresh air, light, warmth, quiet, cleanliness, punctuality and diet. They are explained further in chapter 2.5 Appropriate resources. (Nightingale, 1859)

There is a difference between what is a nature's reparative process and what we have learned to call a disease. The appropriate resources mentioned are not usually caused by the disease but caused by the nursing. Any kind of care might not prevent a patient from suffering. But when all of the appropriate resources are offered and all the pain and suffering that isn't caused by the disease are alleviated, allowing the nature's reparative process to take place, then we will know what symptoms and sufferings are unable to be divided from the disease. (Nightingale, 1859)

There is a dilemma that in the case of diseases, is it the point to just do something, so that giving medicine is all there is to do? Does it mean then that to give the patient their basic needs is to do nothing? The explanation is that when it comes to disease, there may be no assurance in giving medicine, but it is a known fact that the offering of valuable nursing is important when it comes to determining the true issue of the disease. (Nightingale, 1859)

The will in humans to provide mercy and acts of compassion has always been found in civilizations. They have had different meanings in different times and based on different conditions. History provides a good point of view that gives contrast into the concept. In Ancient Egypt, compassion and true human affection shaped the concept of caritative caring. It is written that the history of mercy starts at the land of the Nile. The circumstances in the

Ancient Egypt were such that there was an atmosphere where neighbourly love and helping others became a significant matter (Eriksson, 2006). The history of caring trails the history of mercy. Eriksson (2006, s.51) states that there are seven tangible endeavours of mercy:

*"...feed the hungry, give the thirsty drink, clothe the naked, house the stranger, free the captives, care for the sick and bury the dead."* (Eriksson, 2006, s. 51).

These seven endeavours have been present in different forms throughout different times and in different organizations (Eriksson, 2006). In addition to the previous, there exists seven divine deeds of mercy, and they are:

*"...teach the ignorant, counsel the doubting, warn the sinful, comfort the grieving, forgive those who blaspheme, bear injustice with patience and pray for the living and the dead."* (Eriksson, 2006, ss. 51-52).

Florence Nightingale's selfless, pioneering work in caring amidst the injured in the war of Scutari and Crimea is described as the most understandable verbalization for human affection and compassion. Nightingale was a model for Henri Dunant, the founder of the Red Cross.

*"This thought of mercy and showing mercy are expressions of the holiness of human beings. It is to show grace and not to condemn. In the act of mercy the person does not ask who is her neighbour. She herself is the neighbour. Compassion is the core of mercy."* (Eriksson, 2006, s. 52)

## 2.5 Appropriate resources

Nightingale (1859) writes that suffering is not always associated with the disease, but the nursing instead. They are, as mentioned earlier, the need of fresh air, light, warmth, quiet, cleanliness, punctuality and diet. It is worth mentioning that Nightingale talks about the nursing setting in the 1900th century. There are many things that are changed until today, but many of the principles still stands.

The most important principle in nursing is to provide the patient with fresh air. The most damage is done to a patient after not providing fresh air, is a dark room left by closed doors. The effects of sunlight are great for the mind and also for the body of the patient. There are five essential points to ensure the health of houses: pure air, pure water, efficient drainage, cleanliness and light. Good management is to ensure that all duties are to be done, irrelevant whether the nurse in charge is present or not. Voices or noise that is unnecessary, excessively loud and sudden, possesses the most harm for the patient. Hurry is another thing that a nurse should avoid. The absence of variety does more harm to the patient than it is realised. Every little thing that the patient can do by themselves, is a much greater comfort to them than to be able to just read or do nothing. To have variety in daily activities is the healthiest thing that a patient can do that aid in recovery. (Halldórsdóttir, 1996)

*"First rule of nursing, to keep the air within as pure as the air without."*
(Nightingale, 1859, s. 8)

Some patients cannot eat a proper meal in the morning, but instead some nourishment could give them the energy to eat a proper meal later. It is the nurse's job to find out at what times do the patients feel comfortable eating, and those times must be obeyed. (Halldórsdóttir, 1996)

*"A patient who cannot touch his dinner at two, will often accept it gladly, if brought to him at seven."* (Nightingale, 1859, s. 38)

The general assumption is that feverishness is a symptom of fever. In fact, the most common reason for feverishness is in the bed and beddings. The importance of sunlight to patients is so great that every chance of it should be used. Either the beds should be directed so that the patients can see outside, or the patients should be moved to the window to look outside when the sun is shining. If it does not have the first effect on recovery, it certainly possesses some effect.

*"Where there is sun, there is thought."* (Nightingale, 1859, s. 49)

Any discharge coming from the skin, should be removed with washing or changing of clothes. To allow natures healing process to take place it is necessary to clean the skin of the patient regularly. The most common sign of relief comes from when the patient has been washed and dried properly, thus relieved from the bad material that was afflicting them. (Nightingale, 1859)

False hope should not be given to patients concerning their recovery and their state with the sickness should not be belittled. Observation of the sick cannot come from anywhere else than actually observing and being with the patient. How would it be possible to know the daily activity in the bathroom and the progress of weeks' time without actually being with the patient?

*"No mockery in the world is so hollow as the advice showered upon the sick."*
(Nightingale, 1859, s. 57)

*"If you cannot get the habit of observation one way or other, you had better give up the being a nurse, for it is not your calling, however kind and anxious you may be."*
(Nightingale, 1859, s. 63)

## 2.6 Patient satisfaction

A study conducted by Raivio et al. (2014), was made to find out how satisfaction among patients, convenience and progression of treatment has been developing in a 14-year follow-up questionnaire study. The study also aims to find out whether, through revisions and development, patient satisfaction has improved or not. According to the study, there seems to be a decline in patient happiness. Happiness among the health centres altered from 39% to 95% in 1999 and 42% to 79% in 2011. There were also differences between the age groups of those who answered the questionnaires. Mainly the elderly had the biggest happiness rate, and the youth had the least happiness rate. The results showed a decrease of service convenience in the years 1999-2011. Also the constancy of health care services had decreased. The study concludes that no matter how it is attempted to enhance the system of health care centres, nothing has been improving in primary health care. The goal is to find out what factors cause decrease in happiness and what causes the variation in happiness.

## 2.7 Nurse job satisfaction

According to the study, the situation where work contentment and work conduct affect each other has been known for a long time. There are many things that affect nurses and their level of satisfaction. It is mentioned that bureaucratic aspects has a significant impact on the satisfaction of nurses in their work. These aspects are lack of staff, shortage of supplies and materials, the want to change workplaces etc. Also, work circumstances and ethical issues possessed a great impact on nurse's job satisfaction. Work conduct is acknowledged as a great factor in nursing. It is also the common cause for stress and burnout. Work conduct is also closely connected with working hours, amount of employees and different cultures. Both satisfaction and work conduct are recognized as very important factors in nursing. They are dictated by factors such as bureaucratic engagement and work principles. (Platis et al., 2015)

# 3 Theoretical Framework

This chapter lists four main areas that combined are called an 'ethical climate'. For example, a caring action can be limited by environmental restrictions, which leads to prioritization where the nurse needs to decide the best course of action, resulting in time-management due to limited working hours and resources. All of these have an impact on the caregiver's mental health. The four dimensions (See Figure 1), that create the ethical climate both, have an effect on the ethical climate and are also affected by the ethical climate. It can be considered as a biodynamic system where all dimensions also have an effect on each other.

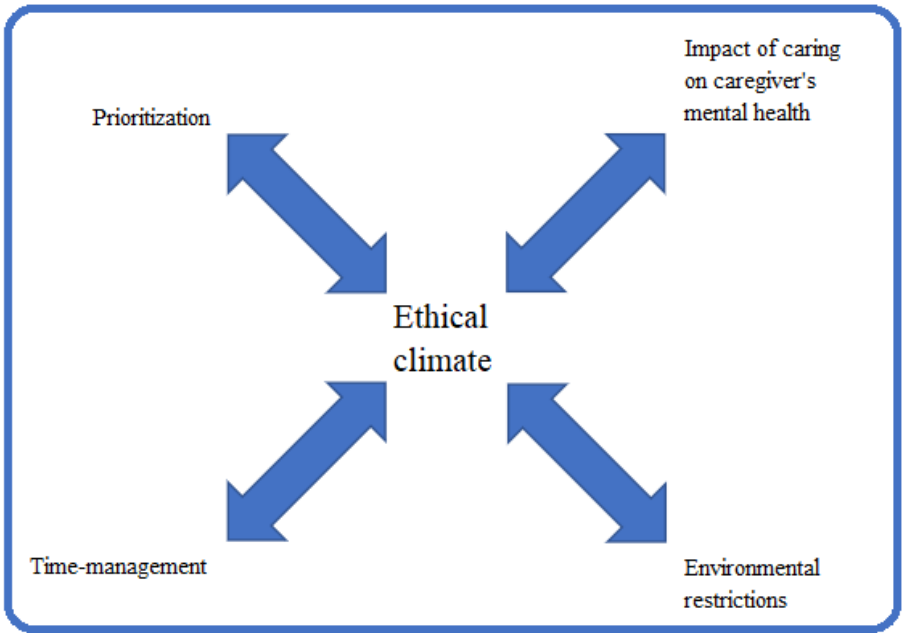


**Figure 1 The four dimensions that create the ethical climate**

The ethical climate affects the nurse by a number of factors. These factors are both created within the ethical climate and they also create the ethical climate. Many things need to be considered inside the ethical climate in nursing profession, for example prioritization means that the nurse needs to think and evaluate all the things that need to be considered in order to provide equal care for all patients, while preserving one's own well-being. It is the care provided that upholds a constant impact on the caregiver's mental health when the struggle between trying to handle time-management, while the bureaucracy of the nursing profession attempts to keep staff to a minimum, sort of like throwing a wrench in the works (translation from a Finnish expression 'laittaa kapuloita rattaisiin'), which basically means hindering something that is trying to move onwards.

## 3.1 Ethical climate

According to the study by Humphries & Woods (2015), the ethical climate possesses a significant effect on the moral principles of nurses. It has a long-term effect on nurses in their work and the patients cared for. An ethical climate can be understood as the moral choices the nurses make and how they mirror the problems, for example competence, trustworthiness and communicating with people. Ethical climate as a factor has been growing recently and is in a crucial role when discussing ethical problems that nurses face in their work. The article explains moral distress as:

> *"one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"* (Humphries & Woods, 2015, s. 2).

This dilemma is followed by mental instability and a pessimistic state of being. On top of this, multiple physical and mental manifestations caused by this are associated with burnout, also counting emotional exhaustion. The ethical dilemmas can be viewed in two ways, internally or externally. The internal point of view is that of a single nurse, while the external point of view being a particular establishment. The occurrence of ethical issues in the workplace may cause employees to quit their job. (Humphries & Woods, 2015)

### 3.1.1 Prioritization

According to a study by Slettebø, et al. (2010), there exists a set of complicated contextual constraints which affected the prioritization of nurses in their work. The partakers presented their understanding of prioritization in three themes. The first two themes comprise from hardships in establishing competent care and allowing identical admission to care both resulting in prioritization dilemmas and the third theme handles the factors affecting prioritization choices (See Figure 2).

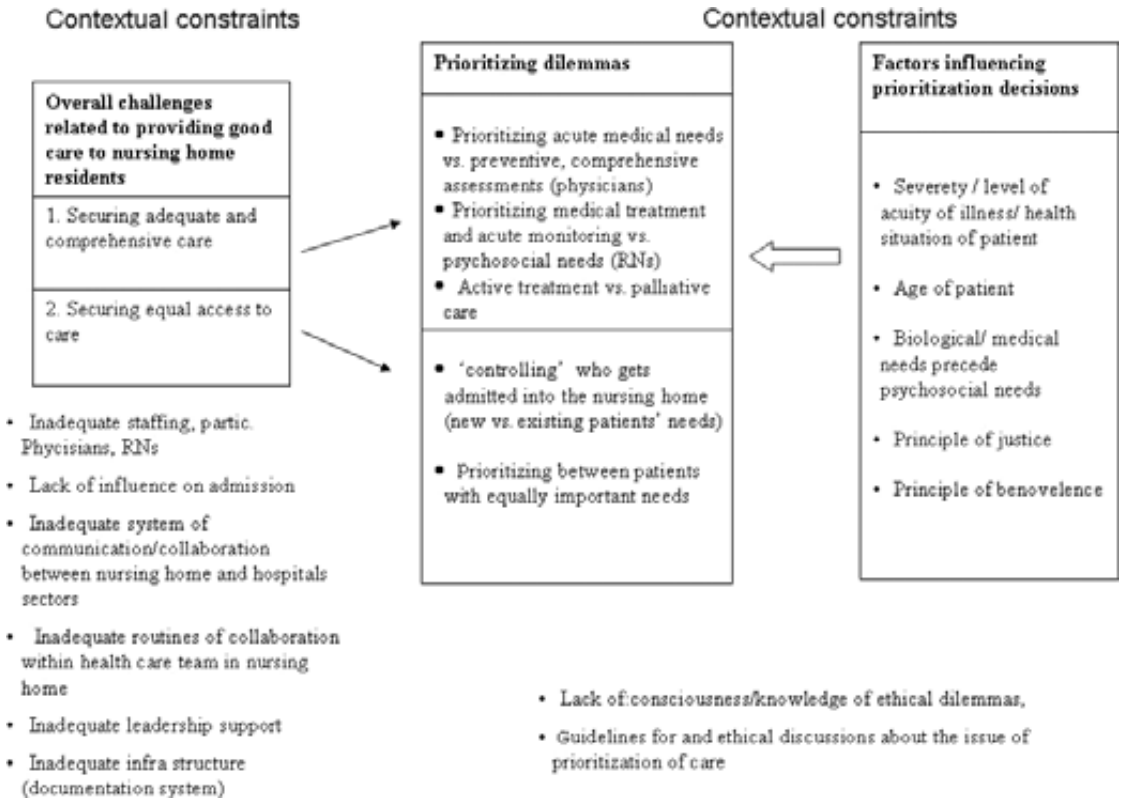


**Figure 2 Clinical prioritizations and contextual constraints (Slettebø, et al., 2010)**

The main problems described by the partakers were hardships in establishing competent care and allowing identical admission to care. These problems were linked to big issues in nursing homes such as insufficient staffing, especially the shortage of doctors and nurses. (Slettebø, et al., 2010)

This study presents findings that state what causes a lack of competent care and caring errors. It also presents unethical actions performed by nurses, and why do these occur. The reasons for unethical actions were prioritization, lack of education, lack in proper leadership, budget issues and inadequate reporting systems etc. (Slettebø, et al., 2010)

Physiological aspects of care were prioritized, and psychosocial aspects were neglected because of continuous interruptions caused by ringing telephones. This leads to prioritization, where acute activities and medical treatment are prioritized first. Prioritizing medical needs lead to abandoning basic nursing care for the uneducated personnel. Basic duties that should be provided, for example position care, were neglected by night-shift practical nurses due to lack of education. (Slettebø, et al., 2010)

*"I feel that we do not prioritize the resident's social needs. Whenever there is something of a medical nature, we pay attention. You feel it is such a long time since you were able to sit down and just take time to speak with the resident about everyday matters."* (Slettebø, et al., 2010, p. 536)

In addition to the issues mentioned in previous chapters, there are other factors that affects prioritizing choices. Age was not considered a factor when considering the patient's condition, for example discomfort or health. But age did become a factor when considering treatments that would benefit the length of the patient's life together with comorbidity and mental abilities. The main symptoms mentioned when deciding whether to send a patient to the hospital or treat them in the nursing home were, ambiguous signs of illness, wounds and relief of physical suffering. (Slettebø, et al., 2010)

Another factor that has a big influence on when it comes to making decisions and placing the patients, was relatives. They played a significant role in the process. In other words, those patients that had active relatives, had a better chance for good treatment than those who did not. There were times when further treatment only lengthened the patient's life for no reason, it was done just because the relatives preferred so. (Slettebø, et al., 2010)

### 3.1.2 Environmental restrictions

There was also an insufficient framework for reporting about patients that caused problems in discussing about prioritization choices. Things about restricting patients were always documented but never prioritization between patients. Occasionally only things that happened with the patient was reported. (Slettebø, et al., 2010)

There were two series of problems that appeared when attempting to allow identical admission to care for all patients. The first one considers those that are already enlisted, and the second one considers those that are about to receive a placement. (Slettebø, et al., 2010) In the first series of problems, there was an issue when there was a need for professional care, for example the emergency ward. It was hard to get access into them and often requires serious discussion with the nurses there. It was also hard to get medical treatment inside the facility, and choices had to be made between which patient gets a referral elsewhere and which stays at the nursing home for treatment. There were not enough physiotherapists to train the patients, leaving the duties for registered nurses who didn't have enough time to rehabilitate the patients, and other personnel possessed inadequate skills to help. (Slettebø, et al., 2010)

There was also an issue about personnel during weekends where there had to be compromises made about which patients can get up during the day. If there had been enough staff, everyone would have gotten out of bed. The second series of problems consisted of those who were not yet patients in the nursing home but waiting to get there. It turned out that the choices were not made by the doctors or nurses, but instead by an 'independent administrative unit'. The problem was the nursing home having too few beds, and the hospital moving patients in their direction. Some patients in the nursing home would have needed a longer period of treatment. The biggest factor was money. (Slettebø, et al., 2010)

### 3.1.3 Impact of caring

An article by Savage & Bailey (2004) states that caring affects the caregivers differently; some may experience a major adverse effect, when some may experience some or no adverse effects. However, this is not determined by merely the care given. This study views the mental health of caregivers in Australia, not nurses, that take care of someone that are not capable of taking care of themselves due to the growing number of elderly people.

Results found showed lower levels of life content, constructive influence and increased levels of adverse effects with caregivers. Other results stated that caregivers were commonly suffering from anxiety and depression. Also, the amount of depression of caregivers appeared to correlate with the prevalence of psychiatric illness. (Savage & Bailey, 2004)

Caring gives many positive things for the carer, for example when they feel that they are giving joy and upholding the dignity of their patients. The care provided also elevated the patient's self-esteem. Also, a positive feedback comes from personal development. It seems logical that these positive influences from caring would have a beneficial effect on the caregiver's mental health. (Savage & Bailey, 2004)

Things that created adverse effects were the severity of the disease and the whole process in itself. Also, lower levels of positive emotions were recorded from caregiver's living with the patients. There was also some correlation, as to the negative effect, between how close the carer and the patient was. If the connection between carer and patient was intimate, the stress and mental problems showed an increase. (Savage & Bailey, 2004)

### 3.1.4 Time and work management

Time proportioning makes it difficult to get to know the patient's problems properly, as there is rarely time to properly talk with the patient and their next-of-kin. Also due to insufficient time, acute medical needs are prioritized, which reduces the amount of competent care. There isn't enough time for uninterrupted observation and there were cases where a patient's medication continued when it should have been ended. (Slettebø, et al., 2010)

Insufficient time resulted in the fact that the nurses were the ones who decided which patients the doctors would see during their visit. Sometimes the patients were sent to hospitals for treatment rather than being treated in the nursing home. This was caused by lack of staff. Nursing duties such as I.V. hydration/medication or tube feeding needs adequate time, personnel and skills, and lack of these results in sending the patients to hospitals. Lack in proper leadership when discussing clinical prioritizations created challenges. If the staff didn't understand why there are reductions in the budget, it affected the ability to provide good care for the patients. For the nurse manager, a cause of frustration is when a medication is too expensive to buy and how to cope with the budget and not reduce the quality of treatment. (Slettebø, et al., 2010)

# 4 Aim & Problem Definition

Uncaring is a phenomena that is occurring in a caring context. This thesis goes through existing literature and theories and does a qualitative data analysis of new research articles, to see if any new information can be produced of this phenomena. This thesis will attempt to find answers to these questions:

- What factors contribute to uncaring in a caring context?
- Why does uncaring keep occurring?

The aim of this thesis is to investigate what factors contribute to uncaring.

# 5 Method

There exists previous knowledge about caring and uncaring, and it is a current topic in the news that nurses treat patients badly and are unethical in their work. The background consists of literature that describe caring and uncaring and the nursing context. The theoretical framework consists of theories that explain the ethical climate and guides the reader into the research study. In this study, the ethical climate is chosen as theoretical framework because it is the setting where caring and uncaring are both affected and taking place in.

A qualitative content analysis with directed content analysis using a deductive approach is conducted that examines recent articles to find about factors that affect nurses in their work. A directed content analysis was chosen because it allows the researcher to gather existing data and have a chance of creating something new.

The findings are presented in a constrained categorization matrix. The themes for the categorization matrix were formed for this thesis while gathering information for the theoretical background. This way, the findings from the qualitative content analysis could be mirrored with the background information. The theoretical background and theoretical framework formed the aim and research questions for this thesis.

## 5.1 The qualitative content analysis

The purpose of content analysis is to bring information and awareness of anomalies that are being investigated. Content analysis is largely used in physical and mental wellness studies. (Hsieh & Shannon, 2005) Content analysis can be utilized with qualitative or quantitative data, and that data can be dealt with inductively or deductively (Elo & Kyngäs, 2008). Qualitative content analysis investigates written text (Hsieh & Shannon, 2005).

If there exists previous knowledge and the intention is to test a theory, then a deductive content analysis can be chosen. The deductive method starts with previous information and it develops from common to particular. (Elo & Kyngäs, 2008)

There are three approaches to qualitative content analysis; conventional content analysis, directed content analysis and summative content analysis. These approaches have the same goal of investigating written text from a prevalent and realistic ideology. The central virtue in these approaches is that previous knowledge can be defended and broadened. (Hsieh & Shannon, 2005)

Criticism can be found about this method; some say it is an overly simple model of doing proper analysis and others say that it is lacking qualitative aspects. A long time ago, content analysis was merely considered as only qualitative or quantitative. It doesn't actually depend on the researcher's skills to produce condensed conclusions. The process can be either effortless or challenging, depending on the writer. (Elo & Kyngäs, 2008)

## 5.2 Data collection

The data was gathered by using a systematic literature review. In search of data material for the thesis, the search engine used was EBSCOhost, using the database CINAHL with Full Text. The reason for using this search engine was to find a large number of articles with specific keywords. The search consisted of every combination of the key words: caring, uncaring, ethics and suffering. The number of articles found are presented in Figure 3.

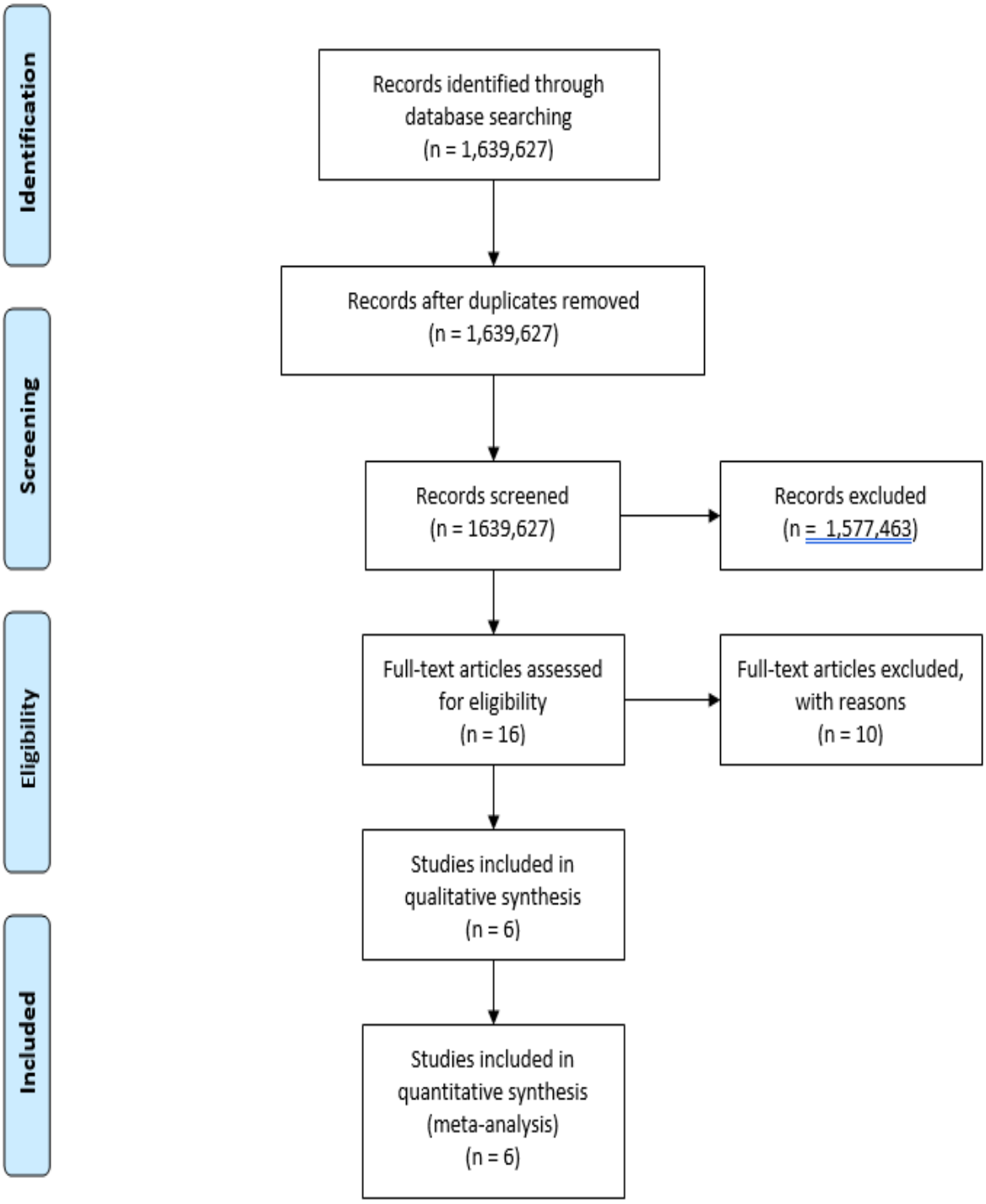


**Figure 3 Prisma Flow Diagram (Liberati, et al., 2009)**

The search with every combination of the key words produced the number of records identified through database searching. A major amount of the articles were narrowed down by search criteria (See Table 1).

**Table 1 Inclusion & exclusion criteria**

| Keywords | Exclusion criteria | Inclusion criteria |
|---|---|---|
| caring | Does not fit time limitations | 2015-2018 |
| uncaring | Other language than english | English language |
| suffering | Not peer-reviewed | Peer-reviewed |
| ethics | Not full text | Full text |
| | Articles that does not fit the aim of the thesis | Articles that fit together with the aim of the thesis |

An enormous number of articles remained that the included articles needed to be picked from. The remaining articles were browsed and evaluated for their content, and articles that seemed to be part of the research topic were included. These articles explained different phenomena about caring and uncaring actions. The data search was done to get content for the qualitative content analysis.

## 5.3 Data analysis

In this thesis, a qualitative content analysis was done by using directed content analysis method with a deductive approach. Six articles were read and analysed in a deductive way. A structured matrix was constructed in which the content of the analysis was sorted accordingly. In the matrix, the gathered data was sorted by its content and grouped into subcategories. The grouping phase followed the principle of the inductive approach.

Deductive content analysis was chosen for this thesis to re-examine current data in new circumstances. After the data collection was done, it was time to construct a categorization matrix. A structured categorization was chosen according to the aim of the study. The categories were created in accordance of the background literature themes. This was done to connect the background literature to the findings. The data was analysed, and the essence of the data was written into the correct categories. Due to the deductive approach, only those things that correlate with the matrix are picked from the data. (Elo & Kyngäs, 2008) The findings emerge from the essence of the data in the categories. They are explained by subcategories by a function called abstraction that follows the principles of the inductive approach (Elo & Kyngäs, 2008, p. 110).

### 5.3.1 Constrained matrix

The content analysis of articles created results that are grouped into subcategories and named by its content. The subcategories present the general idea of the results. These subcategories are presented in Table 2.

**Table 2 The results of qualitative content analysis explained over subcategories**

| | Caring | Uncaring | Ethics | Suffering |
|---|---|---|---|---|
| What factors contribute to uncaring in a caring context? | A calling | Bullying | Ethical issues caused by relatives | Physical and mental suffering |
| | Caring requires knowledge and skills | Neglecting privacy and dignity | Uncertain situations | Negative effects |
| | Caring encounters | Uncaring encounters | Ethical dilemmas | |
| | | Technological caring | | |

The results for the ‘caring’ theme created subcategories explaining that caring is a calling, it requires knowledge and skills, and what caring encounters are and what effect do they have. The ‘uncaring’ theme created subcategories about experiences of bullying and what effect does it have, also not respecting the patient’s privacy and dignity, and what are uncaring encounters and what effect do they have, and what is technological caring. The ‘ethics’ theme explains what role does the relatives have, what are uncertain situations and what effect does ethical dilemmas have. The ‘suffering’ theme explains what is physical and mental suffering in nursing and what are the negative effects on nurses.

## 5.4 Ethical considerations

The different phases of the data analysis need to be explained in a way that the reader can properly understand what has been done and how. To do it, the different phases and the trustworthiness of the conclusions need to be critically assessed. The essential features of competence in content analysis are the same for all qualitative research designs. A number of things need to be considered when assessing the phases and conclusions. (Elo & Kyngäs, The qualitative content analysis process, 2008)

It is crucial to create justifiable deductions about the accumulated authentic and trustworthy data. To further add reliability, a connection with the conclusions and the data needs to be presented. For this reason, the writer must explain the course of the analysis clearly enough when presenting the conclusions. These connections can be visualized by appendices, tables and figures. An understandable depiction of the data collection and data analysis needs to be done to demonstrate the course of events. The reader must be capable to keep track with the results and explanations. (Elo & Kyngäs, 2008)

Genuine quotations can be utilized to show accountability of the study and show the reader where the text is originated from. However, if there are too many quotations, it means that the work might be unfinished. (Elo & Kyngäs, 2008)

# 6 Findings

In this chapter, the results of the qualitative content analysis are presented. The categories were created in accordance of the background literature themes. The main themes that were formed by the background of this thesis, are located under the research question "What factors contribute to uncaring in a caring context?".

The subcategories that where formed from the analysis findings, are placed under the main themes of this thesis. The content of the subcategories are explained by the writer and verified with quotations, which are each followed by their correct source reference. Elo & Kyngäs (2008) states that the development of categories is a practical and theoretical task, to which the categories need to be based on. A proper content analysis demands that the writer, by trustworthy conduct, can clarify the data and assemble categories that corresponds with the study issue.

## 6.1 What factors contribute to uncaring in a caring context?

The categories are presented as headings and they are **caring, uncaring, ethics and suffering**. The subcategories are presented in bold and italic. The subcategories for caring are ***a calling***, ***caring requires knowledge and skills,*** and ***caring encounters***. The subcategories for uncaring are ***bullying***, ***neglecting privacy and dignity***, ***uncaring encounters*** and ***technological caring***. For ethics, the subcategories are ***ethical issues caused by relatives***, ***uncertain situations*** and ***ethical dilemmas***. For suffering, the subcategories are ***physical and mental suffering*** and ***negative effects***.

### 6.1.1 Caring

This chapter explains how caring is viewed according to new research in a nursing context. The findings of the data analysis are interpreted by the writer and verified with actual quotations from articles.

***A calling***

Nursing as a profession has been characterized with caring through history, culture and by a social standard, and it is a distinguishing part of nursing and caring is considered a calling.

*"Caring has historically, culturally, and socially been embedded in the development of the nursing profession."* (Adams & Maykut, 2015, p. 765)

*"Traditionally, nursing was considered a vocation or calling."* (Hawke-Eder, 2017, p. 23)

Nurses generally possess good values, either innate or learned, and nursing should only be pursued by those that possess an adequate capacity to care. Caring is considered a central value of a good nurse. Caring is either innate or learned.

*"However, a value considered central to a "good nurse", is that of caring."* (Hawke-Eder, 2017, p. 23)

*"Some theorists believe education on caring should be concentrated on student's innate capacity to care."* (Hawke-Eder, 2017, p. 24)

*"Are caring attributes innate or can they be learnt?"* (Hawke-Eder, 2017, p. 24)

***Caring requires knowledge and skills***

Caring requires technical and management skills, personal values and reasoning. It also requires having practical knowledge about pharmacokinetics and pharmacodynamics of medicine.

*"Acquisition of knowledge is required to ensure the right dose is drawn up and to understand the pharmacokinetics and pharmacodynamics of the medicine."* (Hawke-Eder, 2017, p. 24)

*"The professional understanding of what constitutes a good nurse ranges from skilled technical capabilities and management of care, through to personal attributes including self-sufficiency and critical thinking."* (Hawke-Eder, 2017, p. 23)

It is also important to uphold an understanding for the culture and it requires to review codes regularly. Caring is not easily defined, and it cannot be unified into a single theory, but if it is divided it can be taught. It can be taught by teaching individual aspects of nursing separately. Caring requires a lot of self-reflection, which is required to understand situations and grow as a nurse.

*"Lastly, values are culture specific and change within the socio-cultural climate, so regular reviews of codes of conduct are necessary."* (Hawke-Eder, 2017, p. 23)
*"Caring is not simply or easily defined. It has been argued there is not one paradigm, language, or theory, consequently no unified definition of caring can be established."* (Hawke-Eder, 2017, p. 24)

*"Emotional intelligence means attention to and understanding of emotions, both positive and pessimistic. Emotional intelligence supports the development and continued demonstration of caring, through effective role-modelling, therapeutic use of self and critical reflection."* (Hawke-Eder, 2017, p. 25)

Caring includes holistic, cognitive and psychomotor aspects that need to be able to be learned in nursing to provide competent care. An example in the article states that if the teacher take time to teach responsibility in giving injections with as minimal harm to the patient as possible, it allows better learning to take place.

*"Nurse educators have a role in making caring as visible as the cognitive and psychomotor skills required in nursing."* (Hawke-Eder, 2017, p. 24)

*"This example allows leaning to take place holistically, incorporating cognitive, psychomotor, and caring aspects."* (Hawke-Eder, 2017, p. 24)

***Caring encounter***

Caring is defined as aiding the defenseless and fragile, and an action where goodness is involved.

*"Caring as an ideal may be viewed as a service to the weak and vulnerable."* (Hawke-Eder, 2017, p. 23)

*"Care, in the context of nursing, needs to be attributed with a moral value of goodness, before implementation."* (Hawke-Eder, 2017, p. 24)

Visibly valuable acts are for example speaking to patients, creating a bridge between the nurse and patient, building connection, removing anonymity, noticing contact and also negotiating truthfully. Caring acts seem to be diminishing because of the visibly valuable acts are becoming the things that aren't required to be done no more.

*"An example is when more value is placed on prompt and efficient throughput of patients than on less "visibly valuable" activities, such as talking to patients."* (Hawke-Eder, 2017, p. 25)

An example in the article explains a mother in life support, and two siblings having different opinions about how to continue, both care but the conflict cannot be solved. The other sibling wants to continue treatment and the other one wants to end it.

*"... caring, in and of itself, has no capacity to answer moral conflicts."* (Hawke-Eder, 2017, p. 24)

In a caring encounter, a bridge is constructed between the nurse and the patient. This demonstrates connection and it removes anonymity and allows contact. Truthful negotiation is required in a caring encounter. A positive caring encounter requires truthful conduct and creates empowerment.

*"Caring encounters can be symbolized by a bridge built by the professional…"* (Söderman, Rosendahl, & Sällström, 2018, p. 301)

*"These encounters involve reaching out and initiating connection, removing the mask of anonymity and acknowledgments of connection."* (Söderman, Rosendahl, & Sällström, 2018, p. 301)

*"Furthermore, these encounters could be achieved by reaching a level of truthfulness or solidarity and by true negotiation of care."*

(Söderman, Rosendahl, & Sällström, 2018, p. 306)

The findings show that caring is a distinguishing part of nursing and generally involves a calling. Caring requires knowledge and skills with culture, personal values, reasoning, pharmacokinetics, pharmacodynamics and self-reflection. A caring encounter consists of aiding the defenceless and it is a good action with visible acts such as speaking to the patient and building a bridge of connection.

### 6.1.2 Uncaring

This chapter explains how uncaring is viewed according to new research in a nursing context. The findings of the data analysis are interpreted by the writer and verified with actual quotations from articles.

***Bullying***

Bullying strips the nurse of every bit of empathy, good motives and benevolence. It causes many negative things for nurses for example low self-esteem, suppressed confidence, feeling of not being appreciated, self-worthlessness, self-hatred, depression, anxiety, burnout, PTSD and powerlessness.

*"Physically, bullying drains every ounce of compassion, well-intentions, and altruism a nurse has to offer, as well as their motivation."* (Adams & Maykut, 2015, p. 769)

*"As well as lower self-esteem there are a plethora of other physical and psychological consequences of uncaring including but not limited to: suppresses confidence, decreases self-worth, fosters feelings of non-appreciativeness, creates self-hatred, compromises mental well-being, causes depression, encourages acute anxiety, facilitates burnout, promotes post-traumatic stress disorder and produces powerlessness."* (Adams & Maykut, 2015, p. 769)

Bullying can be considered uncaring and it also generates uncaring actions in others. It happens because bullying creates negative feelings in others: fear, anger and lack of power. Bullying prevents good care from being delivered because it fills the environment with terror, bullying and embarrassment. Bullying has a major impact on students, and a study shows that half of students have witnessed bullying.

*"Bullying in the workplace is characterized as the on-going health or career endangering mistreatment of an employee, by one or more of their peers or higher-ups and reflects the misuse of actual and/or perceived power or position that undermines a person's ability to succeed or do good, or leaves them feeling hurt, frightened, angry or powerless."* (Adams & Maykut, 2015, p. 769)

*"Curtis et al. (2006) found greater than 50% of nursing students experienced and/or witnessed bullying during their clinical placements."* (Adams & Maykut, 2015, p. 770)

"*Bullying interferes with teamwork, collaboration, and communication, the underpinnings of patient safety, all key essentials to the provision of accurate, timely , and efficient patient care."* (Adams & Maykut, 2015, p. 770)

*"Nazarko (2001) suggests it is impossible to deliver compassionate, quality care if nurses are working in an atmosphere of fear, intimidation and humiliation."* (Adams & Maykut, 2015, p. 769)

***Neglecting privacy and dignity***

Privacy and dignity, for many patients, are very important. These things are also easy to neglect, probably because people understand them differently. One patient might not mind talking openly but another patient's dignity and privacy can be violated by doing it. Anxiety for patients come from unsafe or unequal care.

*"In MCDs without physician participation, staff brought up situations where they experienced the physicians' behaviour as uncaring, such as when they exposed patients or gave bad news like a cancer diagnosis in front of other patients."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 7)

***Uncaring encounters***

Different states of uncaring are disinterest in the other where the nurse only does the necessary things. Insensitivity for the other means that the patient feels that he/she is a burden and the nurse should not be disturbed. Coldness in connection means that the nurse neglects basic requests and forces care upon them.

Lack of humanity means that the nurse completely ignores the patient and does not complete tasks properly, it is done by for example forcefully removing unfinished food or clothes in order to wash the patient. These can create a bad environment in which the quality of care can be lowered. Uncaring is something that needs to be accepted in order to fully understand it in nursing, because without it uncaring would prevail.

*"To truly understand and appreciate caring as the essence of our humanity and our professional expression within our practice, as nurses we must acknowledge the darker side when caring is absent; the antithesis of caring or uncaring."* (Adams & Maykut, 2015, p. 765)

*"The wall that rises between the nurse and the patient in uncaring encounters is built upon a lack of interest in and insensitivity to the other person, coldness in the connection and a lack of humanity."* (Söderman, Rosendahl, & Sällström, 2018, p. 301)

*"The outcome of workplace bullying, unequivocally, parallels that of an uncaring health environment."* (Adams & Maykut, 2015, p. 769)

Uncaring is a wall between the nurse and the patient and it symbolizes disconnection.

*"Uncaring encounters is symbolized by a wall; when there is no communication and connection, there is separation instead, which affects the receiver in a negative way because this fuels discouragement."* (Söderman, Rosendahl, & Sällström, 2018, p. 301)

Uncaring is a lack of things: professionalism, learning, leadership and limited resources. Uncaring can also be caused by organizational change, political bureaucracies, threatened personhood, generational differences or the attitude of a nurse.

*"Uncaring in our health systems, whether it is lack of support from peers or leadership as well as limited physical and human resources to deal with complexity and chronicity, results in challenges to both recruitment and retention in the nursing profession which has effects on the patient, the individual nurse, and the nursing profession."* (Adams & Maykut, 2015, p. 768)

*"However, the ability to care is often challenged by external factors. Whether it is a result of organizational change, political bureaucracies, decreased morale, threatened personhood and/or generational cohort differences, a paradigm shift of the upbeat, altruistic demeanor and attitude of some nurses had deteriorated."* (Adams & Maykut, 2015, p. 769)

Uncaring encounters in nursing are harmful to nurses because it affects them in several ways. The nurse must be able to assess situations using their own moral standards. Uncaring encounters need to be reflected on and in order to move forward and progress as a nurse, this self-reflection must be done.

*"For the nurse, an absence of caring may infringe upon their professional identity which may impair their ability for self-awareness, professional satisfaction, as well as curtailing both personal and professional growth."* (Adams & Maykut, 2015, p. 768)

*"A practice not grounded in a caring science perspective may prevent a strong identification with values and ethics that often surrounded moral dilemmas, which in turn may compromise the nurse's ability to guide their practice and acquire pertinent knowledge."* (Adams & Maykut, 2015, p. 768)

A caring-inhibiting factor is compassion fatigue, which causes exhaustion in nurses that prevents them to fully empathize with their patients.

*"Caring and compassion, which provide nurses with satisfaction and fulfillment in patient care, can contribute to the exhaustion of those emotions and lead to compassion fatigue."* (Henson, 2017, s. 139)

It is the attitude of nurses that allow uncaring. If certain things aren't considered important, they are easily neglected, and the easy route gets chosen. The nurses are affected by both outside and inside factors. The outside factors can be considered to be outside the ward or hospital and the inside factors are those that occur inside a ward of a hospital. It is not of any benefit to ignore uncaring, because it does exist, and it has consequences.

*"Even a drop in job satisfaction among nurses that prompts them to leave the profession, can often present as a 'who cares' attitude."* (Adams & Maykut, 2015, p. 770)

*"If as suggested above, uncaring encounters occur as a result of a multitude of internal and external factors – then speaking about the dark side is necessary; we can no longer pretend it doesn't exist or is inconsequential."* (Adams & Maykut, 2015, p. 771)

***Technological caring***

When all attention is focused into monitors and machines, it can lead to feelings of coldness. If caring gets completely removed, then technological caring is left that patients do not recognize as caring.

*"As the nurse gets caught up in ritual mechanical tasks of equipment and monitors, an environment unconducive to healing would exist where technology is the focus instead of the caring encounter between nurse and patient."* (Adams & Maykut, 2015, p. 768)

The findings show that uncaring exist, and bullying is a big part of it. Bullying also generates uncaring in others. Bullying creates negative feelings like fear, anger and lack of power. It strips the nurse of empathy, good motives and benevolence. It causes low self-esteem suppressed confidence, feelings of not being appreciated, self-worthlessness, self-hatred, depression, anxiety, burnout, PTSD and powerlessness. Bullying also impacts students. To uncare is to neglect privacy and dignity. It is also a lack of professionalism, learning, leadership and resources. It can also be caused by organizational change, political bureaucracies, threatened personhood, generational differences and attitude of nurses. There are different stages of uncaring. Technological caring can lead to uncaring and feelings of coldness. Factors that inhibit caring are compassion fatigue, because it causes exhaustion in nurses that prevents them to fully empathize with patients.

### 6.1.3 Ethics

This chapter explains how ethics is viewed according to new research in a nursing context. The findings of the data analysis are interpreted by the writer and verified with actual quotations from articles.

***Ethical issues caused by relatives***

Emotions in the relatives of patients often cause outbursts between them and the nurses. Ethical confrontations arise as emotions are present in nursing and it causes outbursts between the family, the patients and the employees.

*"The ethically difficult situations concerned feelings of insufficiency in responding to patients' and next-of-kin's needs, difficulty managing patients' and next-of-kin's emotional outbursts and discouragement over patients not taking responsibility for their own health."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 5)

***Uncertain situations***

The feeling of powerlessness comes due to difficulties in work. An ethical issue is caused by the feeling of powerlessness emerged in the employees when they did not have control of the situation.

*"The ethically difficult situations brought up by the participants in the MCDs comprised powerlessness over managing difficult interactions with patients and next-of-kin, unease over unsafe and unequal care, and uncertainty over who should have power over care decisions."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 9)

***Ethical dilemmas***

Ethical dilemmas create stress for nurses because these situations can be difficult depending on the nurse and their level of emotional intelligence. Due to social or cultural status, some patients are treated and receive care differently when compared to others. The way of presenting suffering or pain also differs from culture to culture. In some cultures, pain is exaggerated, when in some cultures it is not common to show signs of pain. This creates stress for nurses when some patients can get more attention and care than others who might need it more.

*"Staff experienced that powerful, friendlier and demanding patients got more attention than others and this was expressed as unease and distressing among staff."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 6)

*"The staff felt unease over discharging patients to unsafe conditions and over unjust care due to social status and behaviour."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 6)

Ethical issues also come from when the patients or relatives' needs cannot always be fulfilled. This causes a feeling of insufficiency for the nurses because they might not be capable of answering to the requests of the relatives or patients. Also, it is discouraging to nurses when patients don't care about their own health and the treatment plans that nurses do for them.

*"Insufficiency and stress were expressed over not being able to provide good care to an anxious patient in need."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 5)

*"There were experiences of discouragement over patients they perceived as irresponsible or not complying with staff recommendations."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 6)

Several ethical issues come from the type of situations and decisions that nurses phase. It can be burdening to try to do your work when the patient is refusing it. If it is needed to decide to go against the patient's wishes or keep information from them or their relatives, can be a huge burden for the nurse. Ethical dilemma was about saving a life against their will or someone who refuses treatment.

*"The question of is it right to save a patient's life against their will was an ethically difficult situation that arose."* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 7)

*"When is it right to withhold or disclose the truth for patients and next-of-kin?"* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 7)

It is not uncommon that the relatives of patient's don't accept or approve of the medical decisions or treatment plans of the patient. Also, the relatives tend to want to take control of the treatment and courage the patient to do otherwise to that what the nurse is instructing to do.

*"How much power should next-of-kin have over care?"* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 8)

Ethical issues arise in situations where two definitions occur: power 'to' is when the care given is known to be good for the patient, and power 'over' is a negative power and decisions are made without involving the patient, as in knowing what the patient wants.

*"The staff can choose to have power 'to' or power 'over'.* (Rasoal, Kihlgren, James, & Svantesson, 2015, p. 10)

The findings indicate that the main cause of emotional distress and outbursts between patients, relatives and nurses are the relatives. Ethical problems arise from uncertain situations and lack of control. Patients might not accept treatment; they are treated differently and maybe discharged into uncertain situations. Also, making decisions on behalf of patients makes the nurse feel insufficient and discouraged.

### 6.1.4 Suffering

This chapter explains how suffering is viewed according to new research in a nursing context. The findings are interpreted by the writer and verified with actual quotations from articles.

***Physical and mental suffering***

The work in nursing involves a lot of emotional reflecting and caring for others. This work is called 'emotional labour'. By burnout and stress, mental and physical health decreases and this causes several after-effects. Much of the nurse's stress can be resolved by nurses themselves. It requires knowledge and skills to cope with stress caused by emotional labor. The nurse is expected to be caring and smiling and this is labelled as 'emotional labor', because of all the things affecting nurses in a negative way. It leads to bad health both mentally and physically, increased sick leaves and bad recovery.

*"Stress and burnout are also linked to high levels of emotional labour."* (Hawke-Eder, 2017, p. 25)

*"There are strong links between higher emotional intelligence and lower stress levels."* (Hawke-Eder, 2017, p. 25)

The nurses working environment consists of physical and mental tasks, and these are affected by different stress factors. The nurses suffering by stress factors leads to physical suffering as in decreased physical quality of life. Conflicts cause stress factors that affect the mental health of nurses.

*"Verbal or physical abuse often had a negative psychological effect on nurses after the incident."* (Sarafis, et al., 2016, p. 7)

***Negative effects***

The nurses also experience suffering and it has an effect on their quality of life. This affects the relationship between nurses and patients in a negative way.

*"Suffering is caused by stress that has a negative effect on the nurses' quality of life."* (Sarafis, et al., 2016, p. 7)

*"Finally according to the study findings, high levels of professional stress are strongly related nurses' perception of health related quality of life, which is something that has been reported by many researchers."* (Sarafis, et al., 2016, p. 7)

Stress factors affected not only the work-efficiency of the nurses but also the relationship between nurses and patients in a negative way.

*"The study results are similarly observed by other researchers who reported that health professionals' occupational stress is associated with low job satisfaction, negative work attitudes and negative consequences in the quality of health care providing."* (Sarafis, et al., 2016, p. 7)

It can be frustrating not to be able to give basic care because of the restrictive environment for political or economic reasons.

*"Nurses, too, continually voice frustration at not being able to deliver care in a manner consistent with their caring attitudes."* (Hawke-Eder, 2017, p. 25)

*"There are many reports of nurses' stress and burnout as they try to deliver care in politically and economically constrained environments."* (Hawke-Eder, 2017, p. 25)

Bad leadership leads to chronic worry, depression, sleeping problems and general stress. These are negative effects and they are caused by bad leadership.

> *"Leaders' negative behaviors can contribute to psychosocial conditions and stress in the work environment."* (Henson, 2017, s. 140)

The findings indicate that there is both physical and mental suffering. Stress affects nurses work efficiency and it also effects the nurse-patient relationship in a negative way. Emotional intelligence includes therapeutic self-view and critical reflection to understand good and bad emotions. Nurses suffering is caused by bad leadership and the symptoms such as chronic worry, depression, sleeping problems and general stress occur.

# 7 Discussion

This chapter will present the findings, known literature and theories in correlation together and demonstrate a possible way to practice. This data are the findings from qualitative data analysis, the existent literature that explains caring, uncaring and the caring context, and the theories that explain the ethical climate. The information from these sources are discussed in this chapter to see if anything new has been produced, and to answer the research questions. The aim of this thesis was to investigate the factors that contribute to uncaring in nursing.

## 7.1 Discussion of results

The results concluded that caring is considered necessary for nursing practice and the ethical climate affects the nurses in their work. The nurses possess either innate or learned capabilities, but they cannot alter their empathic level by willpower. Caring requires skills and knowledge of different varieties. Competent caring includes several aspects concerning the well-being of the patient. Bullying turned out to be a major factor in uncaring. There are several other factors that contribute to uncaring, for example stress and compassion fatigue. The findings conclude that uncaring exists and it has consequences. A major cause of emotional stress and conflicts were caused by relatives. Prioritization affected the care patients received. Suffering is related to both mental and physical suffering.

The findings recognizes that caring involves a calling and is it a distinguishing part of nursing (Adams & Maykut, 2015) (Hawke-Eder, 2017). They are also in accordance with the definitions by Merriam-Webster (2019) and Cambridge Dictionary (2019). The background confirms that caring is seen as an ethical action where the nurse possesses traits of courage, responsibility and sacrifice for another (Eriksson, 2006). The findings argue that it can be concluded that even if the nurse possesses innate capacities of caring, it could be impossible for the nurse to provide care (Adams & Maykut, 2015) (Hawke-Eder, 2017). The theoretical framework explains that the ethical climate could have an effect on the moral principles of the nurse, so that the nurse cannot provide caring acts, because the background says that one's own level of empathic caring cannot be altered with willpower (Humphries & Woods, 2015) (Slote, 2007).

The findings also show that caring requires technical and management skills, values, logic and knowledge in medicine (Hawke-Eder, 2017), The background adds that caring requires being genuinely concerned, morally responsible and truly present for the patient, and also to be dedicated and having the courage to be appropriately involved (Halldórsdóttir, 1996). The findings continues that also culture is important to understand in caring while the background adds that it is important to try to understand the reality of the patient, listen to patients' thoughts, wants and concerns and not enforce one's own moral beliefs (Hawke-Eder, 2017) (Slote, 2007). The theoretical framework concludes that the ethical climate is how nurses deal with competence, trustworthiness and communicating with patients (Humphries & Woods, 2015).

The background argues that if caring actions are done from a caring point of view, they don't create any negativity and caring occurs naturally and positively (Mayeroff, 1971). An important part of caring is to find the patient something to care for (Mayeroff, 1971). This way, the patient can grow and guide the nurse further in caring actions (Mayeroff, 1971). The theoretical framework argues that caring is aiding the defenseless and fragile with good actions (Hawke-Eder, 2017), while the background prioritizes that caring is to help the other find something to care for (Mayeroff, 1971). They are both beneficial for the patient and also give the carer positive feedback. The background and findings both realize that an authentic caring action results in the after-effect called empowerment, which is also beneficial for the patient (Halldórsdóttir, 1996) (Söderman, Rosendahl, & Sällström, 2018). The theoretical framework also mentions that caring is positive for the carer and also elevated the patient's self-esteem (Savage & Bailey, 2004).

The background says that the point of view of the patient is taken in the process of helping another person (Slote, 2007). The findings adds that caring includes holistic, cognitive and psychomotor aspects that are learned from proper educators (Hawke-Eder, 2017). They make the process of caring for the patient competent. The theoretical framework implies that caring is positive for the nurse when they give joy and uphold the dignity of their patients (Savage & Bailey, 2004).

Comparing the findings to the background, caring includes visibly valuable acts, but they seem to be diminishing (Hawke-Eder, 2017). The background makes a point that a caring action is begun by the nurse and perceived as caring by the patient (Halldórsdóttir, 1996). The theoretical framework says that caring possesses positive infuences that improve the nurse's mental health (Savage & Bailey, 2004).

When comparing findings to the background, uncaring consists of different states of being and different stages of uncaring actions (Adams & Maykut, 2015) (Halldórsdóttir, 1996). The findings are explained by Söderman, Rosendahl, & Sällström (2018), that uncaring symbolizes disconnection by a wall, while the background is explained by Halldórsdóttir (1996), who concurs that the wall represents uncaring as the unfavourable things. These definitions of uncaring are supported by the definitions from Cambridge Dictionary (2019) and Merriam-Webster (2019). The background, as explained by Halldórsdóttir (1996), continues that the uncaring nurse lacks interest, is unqualified, and can possess some kind of a bad trait and not even care that they are incompetent. It explains why uncaring continues, because I would imagine that no nurse really enjoys behaving in an uncaring way. But if uncaring actions are chosen by the nurse, how could they ever perceive themselves as uncaring?

The theoretical framework says that uncaring in nursing contributes to difficulty in establishing competent care, allowing identical admission to care and prioritization dilemmas (Slettebø, et al., 2010). The findings and background confirm that uncaring is caused by a lack of things and results in incompetent care (Adams & Maykut, 2015) (Halldórsdóttir, 1996). The theoretical framework states that the main causes for lacking things were financial factors, relatives, lac of leadership, insufficient time and lack of staff (Slettebø, et al., 2010).

The background states that uncaring actions consist of different stages, and they results in discouragement (Halldórsdóttir, 1996), and that discouragement comes from the after-effects of uncaring actions. This does not occur if the patient-nurse relationship is caring (Mayeroff, 1971).

The findings indicate that bullying is not good for the nurse, but it also prevents good care and has a major impact on students (Adams & Maykut, 2015). Bullying is considered uncaring and it generates uncaring in others aswell (Adams & Maykut, 2015). It is the attitude of some nurses that allow uncaring, as the easy route gets chosen (Adams & Maykut, 2015). In conclusion, uncaring exists, it is a lack of things and it has consequences. The findings also found that technological caring is one aspect that was not recognized as caring by the patients (Adams & Maykut, 2015). The findings adds that compassion fatigue is a caring inhibiting factor (Henson, 2017). The background mentions that a person's own suffering can make them unable to be compassionate (Eriksson, 2006).

When comparing the findings to the background, the main cause of emotional distress was outbursts by relatives, which originates from uncertain situations and lack of control (Rasoal, Kihlgren, James, & Svantesson, 2015). Also, making decisions on behalf of patients makes the nurse feel insufficient and discouraged (Rasoal, Kihlgren, James, & Svantesson, 2015). Patients are treated differently and some patients receive different care based on their actions (Rasoal, Kihlgren, James, & Svantesson, 2015) (Slote, 2007). It may cause issues because the background states that empathy helps in experiencing the patient's situation (Slote, 2007). The background explains empathy (Cambridge Dictionary 3, 2019) (Merriam-Webster 3, 2019) and includes that to calm someone down is a special skill (Slote, 2007). The background explain that the development of empathy starts at a very young age (Slote, 2007).

Contrasting the background with the findings, anguish is experienced both physically and mentally (Hawke-Eder, 2017), and not always caused by the disease but caused by the nursing (Nightingale, 1859). The background continues that every disease at some point is a curing process and not associated with suffering, and adds that suffering is often caused by lack of providing appropriate resources (Nightingale, 1859). The background concludes that suffering may not be completely alleviated by any kind of care, but when all resources are offered, it is known what suffering is caused by the disease and what is the limit of what can be done (Nightingale, 1859).

The background states the seven tangible endeavours of mercy and the seven divine deeds of mercy as the base of providing mercy (Eriksson, 2006). The background also presents the appropriate resouces as alleviating all except for what is caused by the disease (Nightingale, 1859). In comparison, the theoretical framework argues that a state of pessimism and mental instability caused by ethical problems exist because of limiting external factors that prevent nurses from providing competent care (Humphries & Woods, 2015). The findings state that stress appeared to be a factor that affects nurses and negatively effects the relationship to patients (Sarafis, et al., 2016). Nurses also suffer from several internal and external factors (Hawke-Eder, 2017) (Humphries & Woods, 2015).

This thesis investigated six articles that were found based on caring and uncaring perspectives. Further investigation could be done on different perspectives in finding what factors contribute to uncaring in a caring context. Different perspectives could be focusing on, for example political factors and bureaucracies, teaching methods and practices for students, environmental factors and why some people are affected more by the same event than others.

## 7.2 Discussion of method

The trustworthiness of a qualitative content analysis can be demonstrated by presentation and explanation of the terms: credibility, dependability, conformability, transferability and authenticity (Elo, et al., 2014).

Elo, et al., (2014) emphasizes that trustworthiness is established through verification of data collection and the choice of unit of analysis. To demonstrate further trustworthiness, it needs to be clarified what processes took place when constructing the categories for this study. Trustworthiness has also to do with presenting findings, methods and the analysis process.
This study demonstrates trustworthiness by showing and explaining credibility, dependability, conformability, transferability and authenticity.

The trustworthiness of this study is presented by explaining the collection of data adequately. The method for data collection for this thesis was a systematic literature review. A systematic literature review suited the purpose of this study well. The data was processed by deductive content analysis, which normally includes undergoing a pilot phase for prior testing. In this thesis, a pilot phase was not done as there was only one researcher doing the study. The unit of analysis chosen for this thesis was the key words: caring, uncaring, suffering and ethics.

The search for data with these keywords proved to produce well saturated data, which can be seen in the replication of data in the categories that improves understanding and integrity. To enable the readers ability to assess the trustworthiness of this thesis, the analysis process was thoroughly explained.

The gathered data was made sense of and arranged in a genuine and trustworthy manner. This was presented to the reader by explaining how the categories were formed. The data itself after being categorized, was shown in the number of categories. The data collected for this thesis fit well in the created categories after abstraction, and there was no overlap in categories. The conformability of the analysis was demonstrated by providing the writers understanding of the findings and with quotations from articles, showing that the data correctly shows the facts that the articles provided, and that the result of the analysis was not fabricated by the writer.

In this thesis, the analysis method and phases are explained so that the reader should be able to understand the findings. The findings are presented in an orderly fashion showing connection between the data and findings. The categories and its contents are explained in a transparent way with the aid of a table that produces a sketch of the result. The sketch of the result was connected with the aim and research questions of the thesis. Transferability was demonstrated as the results of the factors contributing to uncaring are happening in a nursing ethical climate, and it can be applied to different nursing settings or groups. In the end, the reader decides if the results are transferable or not.

The findings are presented in a way that allows the reader to look for other interpretations. Conformability was demonstrated with the use of quotations to enhance trustworthiness. The findings are based on the data gathered from articles, and not the writers bias, purpose or point of view. The amount of quotations was limited because an abundance of quotes can weaken the results. Producing trustworthiness and credibility, the data was evaluated for their resemblances and diversities. To ensure the readers understanding of the data collection and analysis process, they are explained thoroughly so that the reader can develop their own judgement about the trustworthiness of the results. The dependability of this thesis was presented by explaining each step as well as possible to ensure the reader can follow the writer’s steps. All the methods used in this thesis are reported carefully with the aid of free text, tables and figures.

The method used for this thesis was a systematic literature review to which data was collected from a database called EBSCOhost, using the database CINAHL with Full Text. The articles collected were analysed by conducting a qualitative content analysis that used a directed content analysis with a deductive approach. The method was a good choice to do this data analysis since there was much previous knowledge and data material to collect from.

The authors interest in doing this thesis was finding an answer to a phenomena first experienced in a nursing practice. The best way of doing this search was to take existent knowledge and analyse it with recent research articles to see if anything new can be produced. The data analysis was done on six articles between the timeframe 2015-2018 to exclude outdated data. The results a lot of data material that could be formed into subcategories and compared with existing literature about caring and uncaring and the ethical climate where it all is happening in.

In this thesis, research was done to investigate what factors contribute to uncaring and why it is occurring. The findings of the data analysis were compared against the gathered knowledge about caring, uncaring, empathy in nursing, suffering and compassion and appropriate resources that create the caring context and the ethical climate in which caring and uncaring is happening in.

Research was not done on any specific subject, for example PTSD, compassion fatigue, burnout etc. because it would be a waste of time to investigate something that is already being investigated. Although, this research might have benefitted from a particular viewpoint. The results show a large amount of factors but not anything specific was investigated. The amount of previous knowledge and recent research articles were enormous and done by a different writer the study results could end up being quite different. Uncaring could benefit from future research.

Trustworthiness for this study is further explained by Polit & Hungler (1987) as the evaluation of the introduction, aim & problem definition, background, theoretical framework, method, findings and discussion. Also, the title, references and general outlook of the thesis is evaluated.

The introduction chapter informs the reader about the subject of study and its importance to nursing. It holds many examples of today's nursing deficits and struggles. It also includes the researcher's thoughts for taking on this thesis. The problem is defined and presented in the chapter aim & problem definition. The subject of this study cannot be solved in one session, but it creates a result that hopefully further research studies will arise from. It possible that this problem can be solved by doing more empirical studies. The chapter background includes definitions of particular subjects in this thesis required in order to understand the study. Uncaring causes many problems in nursing and it is discussed in this thesis. The problem is happening everywhere, and it can be deduced from the literature originating from different countries.

The literature for the background for this study come from literature related to this research study. The literature come from primary sources only. All references used are included in this thesis. The literature consists of both old and new literature. The literature review are not just quotations from the original sources, and they are paraphrased in a good manner. They are not just an analysis of previous research, but a mix of important articles discussed critically. They are presented in a way that follows a pattern. The research problem is associated with a theoretical framework. The framework is naturally bound in the research. Some other framework could also be used. The understanding gathered from the framework are reasonable.

The thesis includes explanation as to the method chosen. The method is sufficiently explained. The data for this thesis was examined qualitatively. The analysis method was a good choice to examine the literature. The deductive approach was the correct way of getting answers for this thesis study. The findings were authenticated by correct referencing. The results are shown in an understandable way. They are organized according to their relevant categories. The findings don't use any figures or tables. It is possible that the findings include bias because of the manner of the analysis. The articles chosen, categories and subcategories were affected by the researcher's judgement in the choice. The discussion includes all essential findings. The findings are explained by comparison to the background and the framework. The findings are not explained in comparison with the results from other research studies.

The thesis has a title and it is of adequate length, including essential parameters and the target group. In the beginning of the thesis, an abstract is included, and it is of adequate length. The abstract explains the research problem and findings in a sufficient detail. The bibliography for references is located at the end of this thesis. Every item in the bibliography is complete. Appendices are used accordingly to show extended components.

The format and structure of this thesis follows the principles of thesis writing instructions used in Novia University of Applied Sciences. The writer aimed to avoid excessive or inadequate detailing. The writing manner attempts to avoid arrogant or snobbish writing style and encourage a humble approach. The writer aims to avoid writing from a point of view and encourages trustworthy writing. The writer aspires to avoid any misogynist language. The writer attempts to write sentences in this thesis to be easily understandable. The purpose of this study is to write a comprehensive research with continuous transitions. The writer aims for grammatical correctness and the correct spelling of words. The goal is to present a thesis that is pleasant to read.

# 8 Conclusions

The results showed what caring and uncaring in nursing and that nurses possess different capabilities. Caring in nursing requires a variety of skills and being competent holds a variety of things to consider when treating a patient.

New discoveries from this study was that bullying, prioritization, relatives, external factors, technological caring, attitudes of nurses, mental and physical suffering of both nurses and patients and a lack of several other things turned out to be the major factors that contributed to uncaring. Also, that some nurses react differently to factors than others.

There are many things that restrict nurses in their work. Also, nursing could benefit from allowing only capable students to study nursing. Some of these newfound factors are already being researched but uncaring research could benefit from further empirical studies.

# 9 Own reflections

For me, the choice of thesis subject came quite easily but the difficulty lied in forming how to pull it off. Luckily, I had help with the thesis because often I had no idea what I was doing. This thesis subject covers so much information that it was necessary to narrow it down. It would have probably been possible for me to continue writing and writing but it would have severily affected the quality of the study. I'm glad I chose a subject that interests me because then I didn't have to suffer over working on the thesis. It is hard work but also rewarding when you see what you have accomplished.

The most difficult part of the thesis was finding the right methods and using them to my advantage. It can be that I was trying to constantly overdo the thesis because I could have added more and more information and it still wouldn't have made a lot of sense. Also, it was difficult for me to comprehend the methods used in the analysis and reporting the results. It took time to understand how to use different methods and how to implement them into my thesis. In the end, it all turned okay and I am quite satisfied with what I wrote.

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# 11 Appendices

**Appendix 1 Articles included in the content analysis**

| Author, Year, Title & Journal | Aim | Target Group | Method | Result |
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| Sarafis, et al., 2016, *The impact of occupational stress on nurses' caring behavior and their health related quality of life*, BMC Nursing | To find out about the correlation between occupational stress, caring behaviors and quality to life in related to health. Also, to search information about how nurse's experienced stress affects their nursing abilities and caring skills. | 246 nurses in Greece, working in public and private units. | A correlational study using three research instruments: the Expanded Nursing Stress Scale (ENSS), the Health Survey SF-12, the Caring Behaviors Inventory (CBI). Univariate and multivariate analyses was used in this study. | The factors that cause stress, have a negative effect on the nurses' quality of life. Different stress factors have an effect on the physical quality of life but stress that affects mental health came from different conflicts. Stress factors affected not only the work-efficiency of the nurses but also the relationship between nurses and patients in a negative way. |
| Henson, J. Sheree, 2017, *When compassion is lost*, MEDSURG Nursing | The study looks into the nurses capabilities to withstand and handle "compassion fatique", "burnout", and "secondary traumatic stress". They have similarities but affect the nurse in a different way. | Nurses in intensive care. | A qualitative study about the effects that create compassion fatigue in nurses. | Compassion fatique has a possibility to lead to exhaustion that prevents nurses to fully empathize and produce care for patients. States like chronic worry, depression occur. Other symptoms are sleeping problems and general stress. Leadership is linked to these symptoms. Good leadership produces better results in nurses and bad leadership promotes negative effects. |

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| Hawke-Eder, Sonia, 2017, *Can caring be taught*, Kai Tiaki Nursing New Zealand | To see if caring is innate or if it can be taught. It explains what is caring, innate capacity to care, emotional intelligence and emotional labour. | Nurses, nursing educators and nursing students. | A qualitative study analysing peer-reviewed articles. | If the definition of caring is divided, it can be taught. Caring includes having a calling and it is fundamental for nursing. There are values under which the nurse should act to be good nurses. Proper education for students benefits in learning about caring. |
| Adams, Lisa Y.; Maykut, Colleen A., 2015, *Bullying: The Antithesis of Caring Acknowledging the Dark Side of the Nursing Profession*, International Journal of Caring Sciences | To emphasize that when caring is not present, uncaring prevails. The article explains what aspects of uncaring exist. | Nurses in workplace environments. | Qualitative study analysis of peer-reviewed articles. | Bullying has a major effect in nurses in their work. It causes several deficits in the nurses actions and quality of life. Caring must be nurtured and workplace environments need to be healthy. |
| Söderman, Mirkka; Rosendahl, Sirpa; Sällström, Christina, 2018, *Caring and Uncaring Encounters between Assistant Nurses and Immigrants with Dementia Symptoms in Two Group Homes in Sweden - an Observational Study*, Journal of Cross-Cultural Gerontology | To find caring and uncaring encounters in finnish and swedish speaking contexts. | Assistant nurses and immigrants. | The study uses descriptive notes from 30 separate observations using qualitative deductive content analysis. | There were both caring and uncaring encounters in elderly homes for dementia patients. Caring encounters included mutual language, or by learning the patient's habits and signs of needs. Uncaring encounters could come from lack of consideration or by having an opinion about an encounter. |

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| Rasoal, Dara; Kihlgren, Annica; Svantesson, Mia, 2015, *What healthcare teams find ethically difficult: Captured in 70 moral case deliberations*, Nursing Ethics | To explore what ethically difficult situations are highlighted by interprofessional health care teams from moral case deliberations. | Healthcare professionals. | A qualitative approach using a thematic content analysis did 70 moral case deliberations in 10 Swedish workplaces by recording audio. | Main themes that were established had to do with hardships dealing with patients and their relatives, distress about care that is not safe or equal, and being uncertain about who will make decisions regarding care. Emotions that emerged were insufficiency, hardships in managing needs, and discouragement about patients disregarding treatment. |