INTRODUCTION

Caring is an essential part of human growth, development and survival, and is a process with each person growing in caring throughout life (Boykin & Schoenhofer, 2001; Gaylin, 1976). Thus, caring is grounded in the human mode of being (Newman, 1979). The presence of caring between people facilitates particular behaviors and actions, which is especially true in acute hospital settings where patients’ illnesses are superimposed with loss of function, bodily disintegration, and separation from everything familiar, leading to loss of control and inability to change the situation.

Caring in nursing is the core and essence of the profession. There is no other discipline that is so directly and intimately involved with caring needs and behaviors than the discipline of nursing (Gaylin, 1976; Leininger, 1978). Nursing as a caring science is viewed as the major caring profession (Briggs, 1972; Watson, 1985), and has always held a human-care and caring stance. Caring is also a basic philosophical concern of nursing practice. Humanitarian science through theory development in nursing is a major element in producing effective caring (Knowlden, 1998). Nurses attempt to cure and comfort through care and treatment (Watson). Indeed, healing in nursing is based on caring and treatment. The caring of nurses evokes the essence of human encounters such as empathy, congruence, identification, mutual awareness, the intrusion of one into the private world of another that may facilitate rediscovery of trust as
a therapeutic turning point as defined by Weigert (Grotjahn, 1951). As a nurturing interpersonal communication between nurse and patient (Knowlden; Swanson, 1993), caring in nursing is a way to empower the sick and needy.

The relationship between the nurse and the patient is another key concept in nursing. Peplau (1991, 1994), a leading interactive theorist, emphasized the importance of the nurse–patient relationship, and asserted that nursing is a significant, therapeutic, interpersonal process (1952, p. 16). Peplau (1952) used the term psychodynamic nursing as “being able to understand one’s own behavior to help others identify felt difficulties, and to apply principles of human relations to the problems that arise at all levels of experience” (p. xiii). This approach to nursing enables the nurse to begin to move away from a disease orientation to one whereby the psychological meaning of events, feelings, and behaviors can be explored and incorporated into nursing interventions (Knowlden, 1998). This psychodynamic nursing process offered nurses an opportunity to teach clients how to identify and express their feelings and to explore with them how to bear their experiences. Peplau’s theory of interpersonal relations in nursing seeks to develop the nurse’s skill in applying major mental health concepts, requiring a nurse to be empathetic and observant of what the patient does and says, apply theoretical concepts and determine what intervention to pursue (McQuiston & Webb, 1995). Thus, Peplau’s theory allows nurses to move away from doing to doing with patients. However, Peplau and others who have studied human caring did not fully discuss the forms of doing with the patient and how it is done.

The interpersonal caring (IC) theory developed by Kim (1994) was originally based on Peplau’s interpersonal relations and involves both caring and interpersonal relationship. Vaguely acknowledging that caring is the essence of nursing is not enough. It must be applied and passed on to clients/patients through developing a relationship. IC is a form of caring seen in the nurse–patient relationship. This relationship represents a collaborative partnership based on mutual trust, connection, and respect for the patient’s right to be him/her self. IC is developed through trust based on compassion, a deepening and qualitative transformation of the relationship, and is carried on through direct and indirect nurse–patient interactions. The nurse in the relationship does not exercise power over or dominate, but rather helps.

DEVELOPMENT AND VALIDATION OF THE INTERPERSONAL CARING THEORY

The initial step of developing the IC theory stemmed from a qualitative study that focused on the lived experiences of long-term psychiatric patients (Kim, 1989). Using Glaser and Strauss’ (1967) grounded theory approach, which generates theory from data gathered from people living their ordinary everyday lives, the lived experiences of 13 persons with serious mental illness (SMI) who were diagnosed with schizophrenia (9 persons), manic-depressive disorder (1 person), and schizoaffective disorder (3 persons) were revealed. The research question asked was, “Would you share with me how you have lived all these years as a person with mental illness?” In their own lengthy but incredible stories, participants mentioned several times such comments as “I was cared for as a human, which made me feel better about myself and value myself, and strengthened me to go forward” or “being cared for motivated me to take care of myself better, to get well.”

One person who was diagnosed with schizophrenia 10 years ago said: “When that nurse helped me with such good caring, I felt good…you know I was cared for! … All of a sudden I felt that I am an important person…, she listened and talked to a patient like a friend…helped me to think about myself…as a worthy human being, not a jerk, you see. Those kinds of feelings were good and made me keep going…I decided to take care of myself better. I started taking my medication regularly.”

Another female schizophrenic patient, diagnosed 14 years ago, stated: “When I was in YS hospital, the nurse who worked in the evenings cared for me so well … I mean, she was wonderful. I was scared and afraid…I could not even eat anything. I was so sick, she sat beside me and talked to me for a while. And she fed me, telling me I would be all right…She gave me a good hug, and
whispered that I could do better if I wanted to. She did not scold me at all...she knew exactly what I needed, she even shared a special meal with me...She cared for me with compassion. I tried to care for myself better, and someday I will repay by helping other people like me.”

It was clear that nurses’ specific caring actions offered an opportunity for patients to think about themselves as human beings, to have insights about their illnesses and taking medication, to have better compliance with treatments, and to take better care of themselves. Based on this first study, a small pilot study of seven persons with SMI who were members of the original support group were interviewed and observed. Participants’ responses were in agreement with the findings.

Kim’s second study in 1994 was an in-depth descriptive study using focus groups with SMI patients \( n = 50 \). Small groups of 5–9 participants (7 groups in total) were asked specifically, “Would you share with us how you were cared for during those years of life with your illness?” A total of 189 distinct words or phrases that described how they were cared for by nurses were identified. These 189 words or phrases were validated with an additional focus group of 13 persons with SMI who had regular group sessions with the researcher. Using qualitative content analysis (Stewart & Stewart, 1981), eight categories emerged from these descriptions: noticing, participating, sharing, active listening, companioning, encouraging, comforting, and hoping. These categories were collectively labeled as Interpersonal Caring. The 189 descriptions of being cared for under each subdomain of IC is presented in Table 1. Some words or phrases are overlapped in different categories.

In 1998, the 189 words or phrases were validated with another 32 participants with SMI and their family members at a church for the mentally ill and their families (Kim, 1998a). As a result, nine more being

<table>
<thead>
<tr>
<th>Domain</th>
<th>Descriptions of experiences of being cared for</th>
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<tbody>
<tr>
<td>Noticing</td>
<td>Cares after, Cares for, Remembers, Answers, Welcomes warmly, Does not ignore, Notice, Visits, Exalts, Not scoffing at, Recognizes, Looks at, Look at me with concern, Smiles, Does not turn away from me/faces, Turns back to, Watches over, Observes, Acknowledges, Understands, Initiates, Fills up, Knows, Greets warmly, Gazes at, Approaches, Not overlook</td>
</tr>
<tr>
<td>Participating</td>
<td>Does things with me, Helps, Stays with, Waits for, Is patient with, Corrects, Lifts, Trains, Befriends, Helps up, Thinks of (me), Understands, Bears with, Is active, Holds, Supports, Props up, Being with, Takes under their wing, Lifts out, Feeds, Doesn’t leave alone, Looks after, Teaches, Patiently waits for, Leads, Washes/cleanses, Patiently explains, Has expectations for</td>
</tr>
<tr>
<td>Sharing</td>
<td>Believes in, Tells me, Waits for, Helps to learn things, Explains well, Shows, Gives information, Teaches, Guides, Shares inner thoughts, Discusses with, Confirms promises with, Shares sadness/joys with, Makes sure the other person has his portion, Provides for, Telling the news in the paper, Does not just watch, Is not uninvolved, Informs, Gives gifts, Reacts to, Is giving, Is consistent in relationship, Shares heart with, Gives (provides), Speaks first, Makes sure someone has their share, Does not take away from me, Provides for, Serves, Offers, Speaks to, Cleanses</td>
</tr>
<tr>
<td>Active listening</td>
<td>Listens attentively with all her body, Asks opinion, Answers questions conscientiously, Answers, Carefully listens and remembers, Hears all that is said, Shows immense interest, Gives ear to listen, Focuses intently on, Facing, Listens continuously, Responds, Does not interrupt in the middle of talk, Does not get angry at, Does not shout at, Listens to while holding hand or making eye contact, Hears someone, Waits for, Gazes at</td>
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(Contd.)
cared for descriptions were added and factor analysis was done to validate the categories (Table 2). As a result of this statistical analysis, IC actions/behaviors were revised by renaming encouraging as complimenting and adding two additional categories, forgiving and accepting. The final 10 descriptors of being cared for identified by persons with SMI that emerged were noticing, participating, sharing, active listening, companioning, complimenting, comforting, hoping, forgiving, and accepting. As shown in Table 2, these 10 categories accounted for 95.6% of variance in the data.

Mental illness in Korean culture alters the patient’s life completely; leaving the patient cut off, confused, losing self and unable to function as an independent

<table>
<thead>
<tr>
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<tr>
<td><strong>Companioning</strong></td>
<td>Stays with me, Walks with, Holds hand, Protects, Lets me lean on him/her, Cares for, Holds my hand, Lives life together, Sits beside me whenever I have a need, Spends time together, Includes me in all things, Accompanies me everywhere, Does not forsake, Leads, Holds, Does not forget, Guards, Sustains someone</td>
</tr>
<tr>
<td><strong>Complimenting</strong></td>
<td>Says “well done” or “you accomplished it”, Does not rebuke, Does not pick on weaknesses or shortcomings, Lifts up, Restores lost reputation, Boasts about (me), Happy because of (me) and is delighted, Looks up to, Likes (me), Blesses (me), Builds (me) up, Thanks (me), Being pleased with, Praises, Acknowledges, Rewards (me)</td>
</tr>
<tr>
<td><strong>Comforting</strong></td>
<td>Is not hostile, Is truthful, Treats with kindness and genuineness, Reassures (me), Uses a positive expression, Restores lost reputation, Advocates for someone, Defends (me), Raises up, Comforts, Makes comfortable, Becomes the other person’s strength, Heals, Knows other person’s pain, Surrounds, Making feel comfortable, Becomes advisor, Suffers with (me), Tells joyful news, Rises and helps, Supports, Becomes the other person’s ally, Takes revenge for (me), Worries about (me), Cares for, Protects, Answers requests immediately, Does not scorn, Loves, Serves, Does not judge, Talks with a gentle expression and attitude, Does not rebuke, Agrees with (my) opinions, Treats with generosity, Is considerate of, Does not blame, holds, trusts, Does not forget (remembers me), keeps safe</td>
</tr>
<tr>
<td><strong>Hoping</strong></td>
<td>Opens up the future, Raises out from the current situation, Delivers, Keeps promises, Does not give up but does their best, Provides light to shine, Rewards (me), Is truthful with, Loves (me) unconditionally, Breaths hope/bravery/life in me, Raises (me) up to be strong and firm, Brings joy, Teaches to understand the meaning, Grants wishes, Shows the possibilities, Encourages, Rescues from trouble, Restores (my) spirit, Frees from suffering, Corrects wrongdoings, Cares for, Raises up, Enables to see, Becomes (my) guide, Makes me happy, Makes hopeful, Fills (me) with pleasant thoughts, Stays by (my) side, Does not demand hastily but explains, Systematically observes me and continuously supports me, Has a bright radiant smile for me, Has hope in me, Blesses me, Accepts me, Prays for me</td>
</tr>
<tr>
<td><strong>Forgiving</strong></td>
<td>Not getting angry, Attitude that is gentle and shows remorse, Calmly expressing, Not shouting, Not scolding (or reproaching), Not projecting the anger onto other person or things, Not judging, Expressing “sorry” by holding the person’s hand or making sincere eye contact, Believing in the person</td>
</tr>
<tr>
<td><strong>Accepting</strong></td>
<td>Saying “It’s okay, you did well”, “I see why you felt that way”, Not getting angry, Not making excuses, Concurring with patient, Listening to and acknowledging patient as if in his/her eyes, Hugging, Welcoming with a smile, Accepting with leniency, Not scolding, Being lenient, Believing in the person, Having sympathy for the person</td>
</tr>
</tbody>
</table>
human being with integrity (Kim, 1989, 1998b; Kim et al., 1998). The nurses’ caring actions were very influential to patients’ feelings of worth as a person, with patients reporting that when nurses approached them with warmth, sensitivity, a smile, and a kind and comforting manner, they became less anxious and more stabilized. On the contrary, nurses with a reserved attitude and unwillingness to approach made patients feel distanced, a sharp, short tone of voice and fast-paced talking made patients feel cold, and bureaucratic and stereotypical attitudes of nurses gave patients the impression of being looked down upon (Kim, 1989, 1994, 2000). It was clear that inpatients’ experiences with nurses in the psychiatric ward were both positive and negative.

OVERVIEW OF INTERPERSONAL CARING THEORY

This section includes further details on IC and how it affects persons with SMI, presented to give a fuller understanding of its meaning and impact on persons with illness as well as the nurses who care for them. More importantly, it is hoped that such a comprehensive look at the nurse–patient interaction will contribute to understanding the lives of persons with SMI.

Assumptions of interpersonal caring

The underlying assumptions of IC are as follows.

1. Human beings grow, live, and achieve self-actualization through caring.
2. Every nurse–patient relationship is an interpersonal situation that requires specific knowledge and skills of caring as well as personal qualities.
3. Nursing restores, maintains and promotes health; treating, curing and rehabilitating the patient through IC.

Characteristics of interpersonal caring

1. IC is a person-to-person interaction between nurse and patient. An effective interactive mode is through collaborative partnerships. The focus of IC is on helping the patient to build up a sense of worth and self-esteem. Dominating and power over the patient makes him/her more vulnerable to dependency with feelings of humiliation.
2. IC should be initiated with genuine love and concern toward the person conveying trust and hope. It is compassion-based caring. Compassion is the fundamental mindset of the nurse providing IC.
3. IC is not limited or restricted by place, time, or physical contact. It transcends space, time, and culture. IC not only influences the direct and immediate feeling level but also permeates to a deeper level at different times.
4. IC involves a holistic approach. Its process involves the wholeness, integrity and connectedness of the person. Patients’ and nurses’ becoming whole is made manifest in thoughts, feelings and behaviors in the process of wellbeing and becoming healthy. With the lack of a holistic approach, IC loses the richness of its nature.
5. IC is expressed through a comprehensive and dynamic mode of communication. IC is possible whatever state the patient is in. Even if a patient is comatose or out of the context of reality, he may be aware of being cared for through IC.
6. IC helps the patient focus on his/her self-worth, which is the base for building self-esteem. It is this strengthened self-esteem that is necessary to overcome not only the problematic situation,
but also to eventually live normally and manage symptoms.

7. Effective IC includes culturally relevant and sensitive nursing. IC, being culturally derived, requires the nurse to acquire culture-based knowledge and skills to be effective. It is an abstract concept and flexible enough to have operational definitions in different cultures. Culture is embedded in all nursing situations.

**Domains of interpersonal caring**

Each domain of IC includes words/phrases identified by patients, patient’s feelings expressed, and situational context regarding each behavior/action. Table 3 shows some examples of each domain and feelings identified by patients.

**Definitions of each domain of interpersonal caring**

**Noticing**

Noticing is the act of comprehensibly recognizing someone’s existence by taking interest in that person. It is also the act of acknowledging something is going right or wrong in a nursing situation. It needs the skill of integrating mental abilities with attitudes through sensory information gained from sight, hearing, smell, taste, and touch in order to become aware of subtle changes, expressions, appearance, feelings, desires, and needs. Noticing makes it possible to acknowledge and recognize the other person’s strengths, characteristics, status, and situation. It is like the tender, insightful regard a mother has for her young child. Its skill is comprehensively yet profoundly discerning, making one attentive to all actions open to observation. By noticing, the nurse comes to know a patient. Knowing a patient means knowing in the realms of the personal, ethical, empirical, and esthetic — all at once.

**Participating**

Participating means joining in and doing an activity together that is needed to maintain and promote a patient’s health. It needs the skill of jointly observing the patient’s physical, psychological, and spiritual dimensions and being involved in his/her experience. Participating is taking partnership with the other person and cooperating to accomplish the same goal together. For instance, taking an interest in solving the problems a patient is experiencing is part of his/her specific treatment plan. Such participatory action helps patients to recognize how much someone is supportive in the distressful realities they face, and eventually helps them to face and overcome their problems. The process of living grounded in caring is enhanced through participation in nurturing relationships with caring others, particularly in nurse-patient relationships.

**Sharing**

Sharing is the kind act of unconditional readiness that leads to an openness of inner horizon. It involves mutual disclosing of valuable dimensions of life such as feelings, touch, thoughts, experiences, and knowledge (information), plans, worries, every good or bad thing, and open discussion of these. In other words, it is jointly claiming/experiencing life’s assets (knowledge, interests, time, talent, dreams, hopes). Sharing is different from a unidirectional act of offering from one person to another. By sharing, nurse and patient experience common things (or empathy) together. The nature of sharing is found in the old Korean saying, “When sorrow is shared, it halves, and when joy is shared, it doubles.” Through sharing, some patients demonstrate the rediscovery of trust as a therapeutic turning point.

**Active listening**

Active listening means consciously and intently paying attention to what truly needs to be heard. It is the act of listening intently to the other person’s words with all mindfulness, heart and genuineness. Therefore, active listening entails hearing not only spoken words, but extends to the person’s inner thoughts and feelings, and seeks to discover the meaning behind actions and words as well as underlying issues. It is the act of paying close attention in order to understand each word and its meaning, such as when reading the Bible, you hear what it says.

**Companioning**

Companioning means joining in the solitary path the person is taking. It is attending to the other’s
<table>
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<tr>
<th>Interpersonal caring domains</th>
<th>Example statements identified by patients</th>
<th>Patient’s feelings regarding domain</th>
<th>Situational context of domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noticing</td>
<td>Recognizing strengths and characteristics, status in front of others; Taking interest and finding out about mood, interests, or wishes; Being observant of changes in appearance or situation, and responding; Focusing attention on the other person; Approaching closely with kindness; Making every effort to help with the other person's needs</td>
<td>“I felt good”, “She did not ignore (disregard or treat lightly) me”, “She treats me as if I were an important person. It makes me feel worthy”, “I feel good. It boosts my self esteem and makes my life joyful”, “She recognizes me as a unique individual, different from others. I feel good”, “She sees me as a person of integrity”, “She is different from other treatment team members, and makes me feel good”, “She looked at me with concern to see if I was all right”, “She explained slowly and carefully so that I understood”, “bolsters my self esteem”, “I feel like I am an important person”, “I am thankful for that”</td>
<td>Patient feels good → Self-esteem is bolstered → Patient is motivated to comply with what has to be done → Facilitates to apply noticing in his own life</td>
</tr>
<tr>
<td>Participating</td>
<td>Doing something together: shopping, studying, activities, games, sports, giving an opportunity to help with housework; Working together towards a common goal; The process of working through something</td>
<td>“I am not feeling left out or inferior”, “It makes me recognize that I am not a useless person”, “It enables me to join in activities and feel a sense of community”, “I’m encouraged because you do this with me”, “I don’t feel isolated”, “I am grateful”</td>
<td>Being/doing together → Feels not lonely and feels strengthened → Increased self-confidence → Increased hope of accomplishing things</td>
</tr>
<tr>
<td>Sharing</td>
<td>An unconditional readiness to an openness of the inner horizon; Mutually shares thoughts, feelings, dreams, plans, worries, the good and bad, and talks honestly about her/him self; Experiences common things together; Tells some valuable things to the other person</td>
<td>“Feel less stressed and have a lighter heart”, “Gives me a new mindset”, “Encourages me to speak about my problem (open up my heart)”, “Nurse shares her innermost thoughts with me...makes me feel close”, “I am grateful and feel close”, “I feel peaceful”, “Provides me a new mindset”, “I also can open up my heart”, “I am grateful and feel close”</td>
<td>Feel grateful for believing in, (waiting for, and being a companion to me) → Becoming able to treat the other person as a close friend → Motivates to give and repay</td>
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Table 3
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<tbody>
<tr>
<td>Active listening</td>
<td>Listening to the other person’s words with all nurse’s heart and genuineness; Trying to understand each word and its meaning; Listening intently to the other person’s words, with all your heart and body; Listening earnestly, without a superficial attitude</td>
<td>“I feel great! Because she does not treat me frivolously, but as a person of great importance”, “Treats me with kindness, sincerity, and interest”, “Tries to comfort me”, “Treats me as an important and valuable person”, “I am grateful because nurses take interest in me and help me to move”</td>
<td>Less burdened → Wants to share and discuss innermost worries → Feel better → Come to see a possible solution</td>
</tr>
<tr>
<td>Companioning</td>
<td>Spending time together; Experiencing life together; Includes me in everything and takes care of me; Makes me feel as if s/he is with me everywhere; Am confident that s/he will accompany me in my life journey; Becomes my friend; Tells me that s/he will help me and be close, and does so; Someone understands what my experience feels like to me, walks with me for a few moments in my journey and its depth</td>
<td>“Not feeling lonely or anxious”, “Feel trusting and glad to have somebody to reside with”; “Feel secure, as I feel I can lean on her”, “Feel as if I have a guardian that I can depend on”, “I do not falter because you watch over me”, “Trust develops that you will accompany me in my life’s journey”</td>
<td>“I’ll help you” or “I’ll be here, close to you” → Not lonely or afraid but feel secure and happy → Feel a sense of community and companionship → It empowers me to do things</td>
</tr>
<tr>
<td>Complimenting</td>
<td>Encourages me by saying thank you for what you’ve done, hang in there, you’re doing well; Treats me as an important person in front of others; Singles out my strengths and recognizes them; Acknowledges/confirms what I have done well and praises me</td>
<td>“Feel proud of myself”, “I become excited and want to do better”, “Feel a zest for life”, “Want to praise the person who is praising me”, “The whole world looks beautiful”, “I feel proud of myself and want to do even better”, “I feel I am worthwhile”, “I also want to praise the person who praised me”</td>
<td>Increased self-esteem → Life becomes exciting → Want to do better → Become positive in views of surroundings → Motivated to praise other people → Feel a sense of community and companionship</td>
</tr>
<tr>
<td>Comforting</td>
<td>Saying how hard it must be or how upset you must be; Treating the oppressed, the ill person warmly and gently; Warmly and gently leads me by the hand; Does not hesitate in extending a helping hand; Does not make excuses for others, but is unconditionally on my side; Does not criticize but shares empathy for my feelings; Tells me “how hard this must</td>
<td>“I feel as if I have a great ally and I feel utterly confident because s/he always takes my side”, “I find great comfort because there is a force that pushes for me”, “I feel supported, and my worries disappear”, “I am really comforted that you believe in me”, “My heart opens up and worries disappear”</td>
<td>Feel supported because there is a force that pushes for me → Develop confidence → Fear disappears</td>
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Hoping

Confirming that s/he will be my strength — “I’ll always be near you”; Shares real life examples of “there is a solution even in the most desperate situations”; Says with confidence “everything will work out”, “God will help you”; Gives real life examples of faith; Focuses thoughts, speech, ears, all our senses towards God

“Revives my sense of being dead ended because of my problems”, “Breathes new life in me”, “Makes me see new hopes for the future and feel that I will be able to survive”, “Instills confidence that I can do something to solve the problem”, “My problem burdened me so much, but now I feel like I can breathe again”, “I can see a new possibility and feel like I can be restored”, “Feel great. I have the confidence now, and I think I can solve my problem”

Feel excited → Gain confidence → Encouraged to confront problems

Forgiving

Actions that acknowledge wrong conduct, express “I’m sorry”, and seek forgiveness; Along with forgiveness, pledging mutual caution so the same wrong conduct may be averted; Seeking leniency with a genuine expression

“I feel relieved and excited about forming a new relationship”, “Growing confidence in life centers on new relationships”, “I feel proud and pleased with what I have done”, “Grateful for your unconditional acceptance”, “Tension (guilt) goes away and I feel at peace”

Meaningful apology (I am sorry) → Feel relief from anger/humiliation → Sense of respect → Builds trust → Try to prevent another similar incident

Accepting

Acknowledging and receiving the person as he is without judgment; Listening to, understanding, allowing, and concurring with the person as if trying to be in their shoes; Saying “I can see why you felt that way...You must feel upset and you did well”; Using words/attitude that indicate “I like you”; Demonstrating warmth by receptive physical actions (hugging, patting back, etc.)

“I am grateful that you accept me”, “Tension goes away and I feel at peace”, “Release of tension (guilt) and feeling peaceful”

Feel peaceful → Gratitude → Reflect on own life → Pledge and make efforts to change one’s life
experience and upholding each other. Companioni

Companioning is extending oneself to the other person through being with (presence). It is the nurse encountering the patient as a unique person being in a unique situation. This is accomplished through words, actions, spirit, and closeness, so that the patient may feel emotionally supported and able to recognize positive aspects. This helps patients to realize that they are neither isolated nor forgotten, but cared for as valuable human beings. Caring communicates through companioning or the presence of the caring person in a nursing situation.

Complimenting
Complimenting is acknowledging the other person’s strengths and potential and expressing gratitude for it. Such complimenting extends to encouraging, the act of trusting in, affirming, boosting self-confidence, building growth and development, and supporting the person’s strengths. Complimenting supports patients to have courage and a can-do spirit in their daily lives, work, and relationships with other patients, family members, and health care providers. Complimenting helps patients to discover their own strengths and potential by recognizing them, praising good actions, assuring patients that they can do it, encouraging them in areas where confidence is lacking, reminding them of good things in the past, and discovering and talking about positive aspects.

Comforting
Comforting is taking sides with the other person with an empathizing attitude. It is the action of understanding and comforting the person in their sadness or pain. It involves the skill of acknowledging the person’s feelings through his/her perspective, of accepting the person, of pulling together his/her greater strength, and instead of defending the third party that caused hurt, becoming an unconditional ally of the hurt person. For example, agreeing without criticism when patients share their problems and emotional difficulties, being on their side, and concurring with the person as if in his/her shoes. Accepting needs willing involvement with a patient with a constant and mutual unfolding of relationship.

Hoping
Hoping means shedding light on possibilities for the person. It is the act of blowing hope into the other person’s life. Examples of hoping include telling patients that today will be a good day, seeking things together that can be done now as preparation for the future, emphasizing that they can do it, expressing the belief that the current situation will improve, and seeking the meaning behind the pain, suffering or disease they face. Hoping rekindles hope for. With hope, it is possible to overcome even the worst difficulties.

Forgiving
Forgiving is the act of acknowledging wrong conduct, and seeking leniency with a genuine expression by saying ‘I am sorry’ and asking for forgiveness. In expressing this act, there is no attempt to explain or make excuses. Being forgiven leads to assurance of unconditional acceptance and initiates a sense of relief from anger and humiliation, gratitude, peacefulness, and growing confidence. Forgiveness thus strengthens respect and trust in the relationship.

Accepting
Accepting is an act of acknowledging and receiving the patient as s/he is without any judgment. It contains the actions of listening to, understanding, allowing, and concurring with the person as if in his/her shoes. Accepting needs willing involvement with a patient with a constant and mutual unfolding of relationship.

CULTURALLY INFORMED INTERPERSONAL CARING

Previous studies on caring conducted by nurses in Western countries (Brown, 1981; Henry, 1975; Larson, 1984; Paternoster, 1988) identified two dimensions of care: the task (what the nurse does) and the affect (the emotion underlying what the nurse says). These terms seem to be analogous to the care for and care about dimensions of the caring process described by Gaut (1986). Paternoster (1988) defined
that care for refers to providing for or being responsible for another, while care about refers to valuing and bringing quality to the caring process. However, in Korean culture, care/caring implicitly includes not only the task and affective response, but also social, environmental, developmental, and spiritual dimensions of the person (Byun, 1989; Kim, 1989, 1997a, 1997b, 2000). Indeed, patient responses, identified throughout the phases of theory development as illustrated in Table 3, are notable in references to relational and spiritual dimensions, e.g., being recognized as a unique individual, not being alone in the difficult journey of SMI, having a new mindset and lighter heart in viewing the current situation, restoring the spirit, giving real life examples of faith, and focusing all senses towards God. While the domains of IC were culturally derived, IC is not limited to one culture but requires culturally relevant and sensitive nursing to be effective. Thus, IC has great potential to be a relevant and appropriate approach for nurses across cultures.

Gaylin (1976, p. 68) stated that to be cared for refers to all aspects of that word: to be taken care of, to be concerned about, to be worried over, to be supervised, to be attended to, and to be loved. The IC theory encompasses Gaylin’s statement, enabling the nurse to initiate and maintain therapeutic relationships with patients and their families in the process of caring. It facilitates people to discern their problems and to recognize possible solutions. It also helps the nurse to assess which intervention will help, or see subtle signs and symptoms of the patient throughout the nursing process. It leads to involvement and togetherness with the patient and his/her family members, treatment teams and even resources in the community for better solutions toward a normal life for the patient.

In summary, Kim’s IC is the compassion-based therapeutic behaviors built through the collaborative partnership process between nurse and patient that enable the patient to value self worth and esteem, thus motivating him/her to comply with various treatment regimens for optimal wellbeing. In the most significant context of psychiatric nursing situations, IC in its therapeutic process facilitates one’s sense of self-worth and self-esteem, the inner strength of the patient to move toward wellbeing and normalcy.

As an inductive theory building on the subjective experiences of people with SMI, IC may be integrated into the nursing curriculum as a guiding principle. In terms of nursing practice, IC can also benefit patients from the initial stage of illness and onward, in providing support and facilitating education, such as managing side effects of pharmacological therapy and adhering to the treatment plan. However, further clarification and empirical support for IC in nursing education and with a wider variety of patients must follow before useful applications can be developed. For example, identifying tangible ways to measure and stimulate personal development and growth in the IC domains would facilitate its application in nursing education. Also, questions such as whether the effect of IC varies by patient characteristics, such as cultural background, importance of spirituality, degree of family involvement, or availability of and accessibility to resources within the community that address the uniqueness of the patient, remain to be answered and further clarified. Finally, along with applying IC to nursing education, practice and research, policy level measures to increase public awareness and understanding and establish and mobilize community-based resources along a continuum of inpatient care are equally significant as a frame and foundation for IC.

REFERENCES


