Original Article

Nurses' Metaphorical Perceptions of "Care"

Isik Burcin, BSN, PhD
Assistant Professor, Gaziantep Islam Science and Technology University, Faculty of Health Sciences, Nursing Department. Gaziantep, Turkey

Kaya Hulya, BSN, PhD
Professor, Istanbul University Florence Nightingale Nursing Faculty, Nursing Education Department, Istanbul, Turkey

Ozel Hacer, BSN, PhD
Assistant Professor, University of Health Sciences, Hamidiye Faculty of Nursing, Istanbul, Turkey

Correspondence: Ozel Hacer, Assistant Professor, BSN, PhD University of Health Sciences, Hamidiye Faculty of Nursing, Istanbul, Turkey E-mail: hacer.ozel@sbu.edu.tr

Abstract

Background: Caring is viewed as the central focus of nursing but, researchers and scholars have failed in reaching a common definition. The nurses assumes great responsibility in promoting, protecting and developing of individuals and community's' health and meeting needs of care. So, determining the perceptions of the nurses about care and taking this into consideration in professional activities are important for developing, changing, or questioning the perspectives of the nurses about their roles and developing their own nurse identity.
Objective: This study was aim to reveal the perceptions of nurses about care via metaphors.
Methodology: Qualitative and quantitative study was conducted with 315 nurses at a training and research hospital affiliated to Ministry of Health in Istanbul in Turkey. Data were collected between June-July 2012. To collect data, each nurse was asked to complete the blanks in the sentence, 'The care is like a/an..................because.................' Data were analysed using qualitative (content analysis) and quantitative (chi-square) data analysis methods. The nurses identified 136 metaphors in total. The metaphors were grouped under seventeen conceptual categories depending on the characteristics they had in common.
Results: In cognitive image of nurses relating to the concept of care, the outstanding conceptual category was the care as a promoter, protector and developer.
Conclusions: The metaphors can be used as a strong research tool in understanding, revealing and explaining the cognitive images of the nurses about care.

Keywords: Nurse, care, metaphor, nursing care.

Introduction

Metaphors are among the most powerful cognitive tools structuring, guiding and controlling our thoughts about development and functioning of the events (Lakoff & Johnson 2005, p. 27). Metaphor can be defined as allegory or analogy and originates from Latin and Ancient Greek word metaphora, which is a combination of meta: beyond and pherin: carrying, loading (Ozturk 2007). Metaphors are a personal expression of self-awareness of one's life, a way of describing an experience and dissimilar concepts to convey one's meaning and also they are based on authenticity of day-to-day life experiences (Sharoff 2009).

So, identifying metaphors can provide nurses with a better understanding of their skills, knowledge and attitudes and how to incorporate those characteristics and behaviors into their professional practice, as well as provide an opportunity to express their thoughts and feelings in a creative way (Sharoff 2013).

Background: Caring first emerged as a concept of interest to nurses during the 1950s. In the late 1970s, research on the caring concept was highly recognized since the first National Caring Research Conference (Meng et al. 2011). Watson

(1979) published a theory on the science of human caring and has led the concept of caring into a conceptual reference that is important for nursing theoretical development. Through analysing data from 1982 to 2004 on caring, it was identified that as trust, rapport, understanding of self and others, commitment, relationship, action, attitude, acceptance and variability were among these attributes (Brilowski & Wendler 2005, Finfgeld-Connett 2008). Also, a number of high-profile incidents internationally have focused research, policy and public attention upon nursing care and how nurses deliver care to patients in a range of care settings, which factors influence the delivery of care and how patients and nurses perceive care (Conroy, 2018; Feo et al., 2018, Babaei et al., 2016). In line with these explanations, the need to address caring in nursing education as a way of enhancing nursing service quality and of differentiating nursing professionals from machinery or the technical job of nursing has been widely emphasized (Meng et al. 2011).

Research questions and hypothesis

The purpose of this study is to set out to elicit perceptions of nurses about care via metaphors in Turkey. Research questions:

▪   What are the metaphors used by the nurses for the concept of care?

▪   Underwhich conceptual categories can these metaphors be grouped depending on the characteristics they have in common?

▪   Is there any statistically significant difference between conceptual categories and socio-demographic variables of nurses?

Methodology

This study employed qualitative and quantitative study design. The data were collected in between June-July 2012.The population of the study included 315 nurses employed at a training and research hospital affiliated to Ministry of Health in Istanbul in Turkey.

Data collection: An information form collecting data about nurses' age, sex, graduated programme, total years worked as a nurse, work department, whether they willingly became a nurse. Each nurse was asked to complete the blanks in the sentence, 'The care is like a/an....................because..................' to reveal the perceptions of the nurses about the care. For this purpose, each nurse was given a blank sheet

which only included the above sentence at the top of the paper and was asked to convey his/her thoughts by focusing on a single metaphor. 'Like' is usually used in metaphor studies to create a clearer association between the subject of the metaphor and the source. In this study, 'because' was used to give opportunity to the participants to produce a reason or a reasonable basis for their own allegory. The nurses were given an indefinite time to develop their own metaphoric images and were asked to write down their perceptions about the concept of care. The compositions hand-written by the nurses constituted the basic resource of data for this study.

Ethical considerations: The data were collected voluntarily, on written consent of the The Ministry of Health of Turkey Istanbul Local Health Authority. In addition, verbal information given to participants before data collection and written informed consent were obtained; participants were voluntary and confidential. The study results are limited to the nurses in Istanbul and cannot be generalized.

Data Analysis: Initially, 315 nurses participated in the study. Metaphors of 315 participants were taken into consideration for the study. The metaphors developed by the nurses were analysed and interpreted at five stages: (1) classification stage; (2) elimination stage; (3) reorganizing and compilation stage; (4) category development stage; (5) ensuring validity and reliability stage; and (6) transferring the data to SPSS 16.0 package programme for quantitative data analysis.

Stage 1. Classification: The metaphors produced by the nurses were temporarily listed according to alphabetical order and examined whether each nurse clearly expressed a certain metaphor. The metaphor expressed by each nurse on the paper was simply coded (e.g. baby, rule, flower etc.).

Stage 2. Elimination: Each metaphor was examined using 'metaphor analysis' and 'content analysis' techniques and analyzed in terms of resemblance to other metaphors and common characteristics. Each metaphor written by the nurses was read and reviewed one by one and each metaphoric image was analyzed in terms of (1) the subject of metaphor, (2) the source of metaphor and (3) the association between the subject and source of the metaphor. The papers of the nurses were sorted on the basis of four criteria: (1) papers where only descriptions were made or no source of metaphor was included; (2) papers expressing a certain metaphor but lacking

any reason for it; (3) metaphors including characteristics of more than one category; and (4) unreasonable metaphors or metaphors without any contribution to better understanding of the concept of care.

Stage 3. Reorganization and compilation: Out of 315 papers left after elimination, 136 valid metaphors were obtained. The metaphors were re-coded in alphabetical order. Finally, information about the producer of the metaphoric image was coded in parenthesis at the end of the relevant metaphoric image. The codes have the following meaning: (1) 'A32, A28, etc. represent the age. (2) 'F' and 'M' represent the sex. (3) 'HS', 'AD', 'BD' and 'MD' represent the graduated educational programme ('HS' – High School, 'AD' – Associate Degree, 'BD' – Baccalaureate Degree, 'PD' – Postgraduate Degree). (4) 'SD', 'ID', 'AD' represent the work department ('SD'- Surgical Department, 'ID'- Internal Department, 'AD'- Administrative Department).

Stage 4. Categorization: The metaphors were grouped under seventeen conceptual categories in terms of the characteristics of care, on the basis of the metaphoric expressions obtained. Each metaphor was examined in terms of the characteristics of care and assigned a specific code (e.g. care as an art, care as comfort, etc.). Then, the codes were expressed in terms of the roles of the characteristics of care and turned into conceptual categorical titles.

Stage 5. Ensuring validity and reliability: Validity and reliability are the most important criteria to ensure or increase credibility of the study results. In this context, detailed reporting of the data collected and explanation by the investigator as to how he/she obtained the results are among the important criteria for validity in a qualitative study (Yildirim & Simsek 2005). Two important steps were taken in terms of validity of the results in study: (1) Data analysis process was explained in detail. (2) For each metaphor obtained in study, a sample metaphor, which was assumed to represent it in the best way possible, was determined.

Two important strategies were followed to ensure reliability of the study. In the first strategy, all three investigators worked in harmony from the beginning to the end of the study and tried to reach a consensus to make a decision in case of any conflict. In the second strategy, the opinion of a specialist was taken to confirm whether or not the metaphors given under seventeen conceptual categories represented the relevant conceptual categories. An academician, lecturing at the fundamentals of nursing department, was consulted. Any conflicts between the opinions of the specialist and the investigators were checked, the number of conflicts and agreements were determined for all comparisons and the internal reliability of the study was calculated using the Miles & Huberman's (Miles & Huberman 1994, p. 64) formula (Reliability = Consensus/Consensus+Conflicts). According to Miles & Huberman, if the consensus between the evaluations of the specialist and the investigator approximates or exceeds 90%, the desired level of reliability is obtained. In the reliability work undertaken for this study, the reliability rate was found to be 99%. The specialist academician associated the service metaphor with the tenth conceptual category (care as helping) instead of the eighth conceptual category (care as an indicator of humanism). Given these, the reliability was 135/135+1=0.99. These results demonstrate that the desired reliability level was obtained in the study.

Stage 6. Transferring the data to SPSS 16.0 package programme for quantitative data analysis: The data were transferred to the SPSS 16.0 package programme. Nurses frequency and percentage representing each metaphor and category were calculated. Then, the Pearson chi-square test was applied to see whether the categories varied according to the socio-demographic variables of nurses and the results were analyzed.

Results

The study participants included 27.3% of the nurses who were between 28-32 years old, and the average of the group was 33.66±9.24, 91.4% were women, 45.4% had baccalaureate degree, 27.0% worked as a nurse for 1-5 years, 65.1% worked at internal department, 69.2% willingly became a nurse. As demonstrated in Table 1, nurses produced 136 metaphors for care. The remaining metaphors were expressed by 2-34 nurses. The top three metaphors were flower (f:34, 10.7%), child (f:22, 6.9%), baby (f:16, 5.0%) respectively (Table 1).

The metaphors produced by the participating nurses were grouped under seventeen categories. Table 2 demonstrates the categorical distribution of the metaphors produced for the care.

Category 1: When Table 2 is examined, it is seen that the category of 'Care as Focus of Nursing' consists of 17 metaphors (12.5 %), produced by

25 nurses (8.0 %).

"The care is like water. For a patient, care is as important as medical treatment. (A36, F, AD, ID)"

Category 2: When Table 2 is examined, it is seen that the category of 'Care as an Art' consists of 7 metaphors (5.1 %), produced by 10 nurses (3.1 %).

"The care is like picture. When done well and spent labour, can create miracles. (A26, F, BD, ID)"

Category 3: When Table 2 is examined, it is seen that the category of 'Care as a Multidimensional Concept' consists of 10 metaphors (7.3 %), produced by 12 nurses (3.9 %).

"The care is like a bag. From the outside you can not means a lot. (A33, F, BD, ID)"

Category 4: When Table 2 is examined, it is seen that the category of 'Care as a Hidden Component of Nursing Practice' consists of 2 metaphors (1.4 %), produced by 2 nurses (0.6 %).

"The care is like unknown in the equation in mathematics. (A 25, F, BD, ID)"

Category 5: When Table 2 is examined, it is seen that the category of 'Care as a Proficiency of Practice/Technical Skill' consists of 13 metaphors (9.5 %), produced by 20 nurses (6.3 %).

"The care is like cleaning. Where the cleaning is becomes health. Care is so similar to cleaning. (A22, F, AD, SD)"

Category 6: When Table 2 is examined, it is seen that the category of 'Care as an Emotional Component of Nursing' consists of 22 metaphors (16.1 %), produced by 28 nurses (8.9 %).

"The care is like kindness. Is a job cleaning his soul. (A46, F, AD, ID)"

Category 7: When Table 2 is examined, it is seen that the category of 'Care as Comfort' consists of 18 metaphors (13.2 %), produced by 25 nurses (8.0 %).

"The care is like sleep. We renewed during sleep and more dynamic every day, we started full of life and rested. (A28, F, BD, ID)"

Category 8: When Table 2 is examined, it is seen that the category of 'Care as an Indicator of Humanism' consists of 17 metaphors (12.5 %),

produced by 19 nurses (6.0 %).

"The care is like garden. Garden should be always watered and interested singly. (A31, F, HS, ID)"

Category 9: When Table 2 is examined, it is seen that the category of 'Care as an Indicator of Professional Knowledge and Skill' consists of 12 metaphors (8.8 %), produced by 12 nurses (3.9 %).

"The care is like science (A 28, F, PD, ID)"

"The care is like technology. Must be developed and renewed continuously. (A36, F, PD, AD)"

Category 10: When Table 2 is examined, it is seen that the category of 'Care as Helping' consists of 10 metaphors (7.3 %), produced by 11 nurses (3.4 %).

"The care is like bridge. You can hold on to life of the people. (A 30, F, PD, SD)"

Category 11: When Table 2 is examined, it is seen that the category of 'Care as a Promoter, Protector and Developer' consists of 22 metaphors (16.1 %), produced by 86 nurses (27.3 %).

"The care is like flower. Need water, labour, care and interest. (A 58, F, AD, ID)"

Category 12: When Table 2 is examined, it is seen that the category of 'Care as a Reflector' consists of 13 metaphors (9.5 %), produced by 18 nurses (5.7 %).

"The care is like mirror. Care reflects individuls who is caregiver and care given to. (A28, F, BD, ID)"

Category 13: When Table 2 is examined, it is seen that the category of 'Care as a Respectability of Profession' consists of 2 metaphors (1.4 %), produced by 2 nurses (0.6 %).

"The care is like career satisfaction. Care is the only independent nursing initiative. (A28, F, BD, ID)"

Category 14: When Table 2 is examined, it is seen that the category of 'Care as a Tool of Monitoring and Following' consists of 6 metaphors (4.4 %), produced by 6 nurses (2.0 %).

"The care is like half of the apples. How is the decay on one side of the apple trigger the other half (A22, F, BD, ID)"

Table 1. Distribution of the metaphors produced about care

	Metaphor produced by				Metaphor produced by		
Metaphor code	Metaphor name	Freguency (f)	Percentage (%)	Metaphor code	Metaphor name	Freguency (f)	Percentage (%)
19	Flower	34	10.7	49	Start the day	1	0.3
21	Child	22	6.9	52	Glean	1	0.3
11	Baby	16	5.0	53	Air and water	1	0.3
121	Cleaning	13	4.1	54	Pool	1	0.3
4	Mother	12	3.8	56	Water of life	1	0.3
115	Water	10	3.1	57	Vital necessity	1	0.3
1	Tree	8	2.5	58	Reflection of nurse to patient	1	0.3
55	Life	8	2.5	59	Service	1	0.3
8	Mirror	7	2.2	60	Peace	1	0.3
10	Garden	6	1.9	61	Light	1	0.3
110	Art	6	1.9	62	Worship	1	0.3
112	Sympathy	6	1.9	65	Holistic approach to human	1	0.3
20	Water the flowers	4	1.2	66	Istanbul	1	0.3
50	Sun	4	1.2	67	Kindness	1	0.3
64	Human	4	1.2	68	Woman	1	0.3
84	Makeup	4	1.2	69	Drink coffee	1	0.3
123	Soil	4	1.2	70	Shield	1	0.3
127	Rain	4	1.2	71	Quality	1	0.3
131	Food	4	1.2	72	Snow	1	0.3
39	House	3	0.9	73	Work of ants	1	0.3
47	Sky	3	0.9	74	Ant nest	1	0.3
96	Reward	3	0.9	75	Love unconditionally	1	0.3
2	Foliation of trees	2	0.6	76	Butterfly	1	0.3
5	Motherly love	2	0.6	77	Feel good	1	0.3
7	Love	2	0.6	78	Red rose	1	0.3
9	Vineyard	2	0.6	79	Dress	1	0.3
15	Skin	2	0.6	80	Slavery	1	0.3
24	Sea	2	0.6	81	Bridge	1	0.3
34	Labour	2	0.6	82	Rural	1	0.3
42	Sapling	2	0.6	83	Bird	1	0.3
51	Beauty	2	0.6	85	Unknown in the equation in mathematics	1	0.3
63	Medication	2	0.6	86	Meditation	1	0.3
87	Pleasure	2	0.6	88	Career satisfaction	1	0.3

93	Happiness	2	0.6	89	Metamorphosis	1	0.3
94	Breathing	2	0.6	90	Relish	1	0.3
102	Puzzle	2	0.6	91	Guest	1	0.3
117	Painting	2	0.6	92	Candle	1	0.3
126	Conscience	2	0.6	95	River	1	0.3
3	Stream	1	0.3	97	Place importance	1	0.3
6	Periodic vehicle inspection	1	0.3	98	Take care	1	0.3
12	Make baby laugh	1	0.3	99	Self denial	1	0.3
13	Science	1	0.3	100	Fingerprint	1	0.3
14	Bonsai tree	1	0.3	101	Cake	1	0.3
16	Mud	1	0.3	103	Psychotheraphy	1	0.3
17	Bag	1	0.3	104	Retina	1	0.3
18	Environmental Planning	1	0.3	105	Picture	1	0.3
22	Desert	1	0.3	106	Soap	1	0.3
23	Knit lace	1	0.3	107	Trivet	1	0.3
25	Support	1	0.3	108	Health	1	0.3
26	Walk thorny pat	1	0.3	109	Ownership	1	0.3
27	Dynamic power	1	0.3	111	Chess	1	0.3
28	Nature	1	0.3	113	Smoke	1	0.3
29	Friendship	1	0.3	114	Eternity	1	0.3
30	Paper marbling	1	0.3	116	Source of happiness	1	0.3
31	Half of the apples	1	0.3	118	Historical identity	1	0.3
32	Bread	1	0.3	119	Treatment	1	0.3
33	Deposit	1	0.3	120	Technology	1	0.3
35	Male	1	0.3	122	Mirror of society	1	0.3
36	Esthetics	1	0.3	124	Traffic	1	0.3
37	House cleaning/reparation	1	0.3	125	Sleep	1	0.3
38	Label	1	0.3	128	Compulsory part of the puzzle	1	0.3
40	Marriage	1	0.3	129	Help	1	0.3
41	Lantern	1	0.3	130	Assistant	1	0.3
43	Physiological need	1	0.3	132	Be reborn	1	0.3
44	Florence Nightingale	1	0.3	133	Ability	1	0.3
45	Potential	1	0.3	134	Yoga	1	0.3
46	Colors of rainbow	1	0.3	135	Way	1	0.3
48	Eye	1	0.3	136	Time	1	0.3
					TOTAL	**315**	**100**

Table 2. Categorical distribution of the metaphors produced about the care

Categories	Metaphor code (MC) and the metaphors	Number of nurses produced the metaphor	Number of the metaphors
Care as Focus of Nursing	Water (MC 115), Flower (MC 19), Rural (MC 82), Breathing (MC 94), Air and Water (MC 53), Rain (MC 127), Health (MC 108), Water of Life (MC 56), Vital Necessity (MC 57), Light (MC 61), Smoke (MC 113), Love (MC 7), Sun (MC 50), Sympathy (MC 112), Life (MC 55), Water the Flowers (MC 20), Physiological Need (MC 43)	25 (8.0 %)	17 (12.5 %)
Care as an Art	Art (MC 110), Painting (MC 117), Esthetic (MC 36), Makeup (MC 84), Environmental Planning (MC 18), Shield (MC 70), Picture (MC 105)	10 (3.1 %)	7 (5.1 %)
Care as a Multidimensional Concept	Life (MC 55), Sea (MC 24), Traffic (MC 124), Lantern (MC41), Eternity (MC 114), Sky (MC 47), Colors of Rainbow (MC 46), Bag (MC 17), Beauty (MC 51), Ant Nest (MC 74)	12 (3.9 %)	10 (7.3 %)
Care as a Hidden Component of Nursing Practice	Unknown in the Equation in Mathematics (MC 85), Mud (MC 16)	2 (0.6 %)	2 (1.4 %)
Care as a Proficiency of Practice/Technical Skill	Eye (MC 48), Soap (MC 106), Cleaning (MC 121), Stream (MC 3), Relish (MC 90), House (MC 39), Water (MC 115), Child (MC 21), Ability (MC 133), Food (MC 131), Flower (MC 19), Rain (MC 127), Treatment (MC 119)	20 (6.3 %)	13 (9.5 %)
Care as an Emotional Component of Nursing	Mother (MC 4), Conscience (MC 126), Kindness (MC 67), Motherly Love (MC 5), Make Baby Laugh (MC 12), Source of Happiness (MC 116), Art (MC 110), Meditation (MC 86), Reward (MC 96), Love (MC 7), Peace (MC 60), Life (MC 55), Beauty (MC 51), Baby (MC 11), Flower (MC 19), Male (MC 35), Friendship (MC 29), Start the Day (MC 49), Sympathy (MC 112), Happiness (MC 93), Red Rose (MC 78), Istanbul (MC 66)	28 (8.9 %)	22 (16.1 %)
Care as Comfort	Cleaning (MC 121), Worship (MC 62), Tree (MC 1), Psychotherapy (MC 103), Happiness (MC 93), Water (MC 115), Sleep (MC 125), Makeup (MC 84), Slavery (MC 80), Medication (MC 63), Snow (MC 72), Be Reborn (MC 132), Place Importance (MC 97), Life (MC 55), House Cleaning (MC 37), Feel Good (MC 77), Drink Coffee (MC 69), Food (MC 131)	25 (8.0 %)	18 (13.2 %)
Care as an Indicator of Humanism	Garden (MC 10), Baby (MC 11), Nature (MC 28), Walk Thorny Pat (MC 26), Fingerprint (MC 100), Dress (MC 79), Retina (MC 104), Human (MC 64), Bird (MC 83), Labour (MC 34), Life (MC 55), Sympathy (MC 112) Flower (MC 19), Guest (MC 91), Self Denial (MC 99), Art	19 (6.0 %)	17 (12.5 %)

	(MC 110), Mirror (MC 8)		
Care as an Indicator of Professional Knowledge and Skill	Pleasure (MC 87), Garden (MC 10), Pool (MC 54), Child (MC 21), Flower (MC 19), Soil (MC 123), Florence Nightingale (MC 44), Dynamic Power (MC 27), Candle (MC 92), Historical Identity (MC 118), Science (MC 13), Technology (MC 120)	12 (3.9 %)	12 (8.8 %)
Care as Helping	Mother (MC 4), Bridge (MC 81), Tree (MC 1), Flower (MC 19), Help (MC 129), Water (MC 115), Life (MC 55), Reward (MC 96), Yoga (MC 134), Service (MC 59)	11 (3.4 %)	10 (7.3 %)
Care as a Promoter, Protector and Developer	Skin (MC 15), Soil (MC 123), Rain (MC 127), Sapling (MC 42), Baby (MC 11), Flower (MC 19), Child (MC 21), Woman (MC 68), Garden (MC 10), Tree (MC 1), Water the Flowers (MC 20), House Cleaning/Reparation (MC 37), Sympathy (MC 112), Foliation of Trees (MC 2), Labour (MC 34), Vineyard (MC 9), Support (MC 25), Mother (MC 4), Metamorphosis (MC 89), Desert (MC 22), Marriage (MC 40), Medication (MC 63)	86 (27.3 %)	22 (16.1 %)
Care as a Reflector	Baby (MC 11), Mirror (MC 8), Painting (MC 117), Reflection of Nurse to Patient (MC 58), Garden (MC 10), Flower (MC 19), Quality (MC 71), Label (MC 38), Sun (MC 50), Water (MC 115), House (MC 39), Mirror of Society (MC 122), Soil (MC 123)	18 (5.7 %)	13 (9.5 %)
Care as a Respectability of Profession	Career Satisfaction (MC 88), Pleasure (MC 87)	2 (0.6 %)	2 (1.4 %)
Care as a Tool of Monitoring and Following	Child (MC 21), Half of the Apples (MC 31), Way (MC 135), Periodic Vehicle Inspection (MC 6), Time (MC 136), Butterfly (MC 76)	6 (2.0 %)	6 (4.4 %)
Care as an Indicator of Altruism	Take Care (MC 98), Love Unconditionally (MC 75), Tree (MC 1), Life (MC 55), Bonsai Tree (MC 14), Knit Lace (MC 23), Mother (MC 4), Art (MC 110), Child (MC 21), Baby (MC 11)	13 (4.1 %)	10 (7.3 %)
Care as a Process	Human (MC 64), Paper Marbling (MC 30), Baby (MC 11), Work of Ants (MC 73), Glean (MC 52), Flower (MC 19)	8 (2.5 %)	6 (4.4 %)
Care as Holism	Compulsory Part of the Puzzle (MC 128), River (MC 95), Puzzle (MC 102), Holistic Approach to Human (MC 65), Trivet (MC 107), Mother (MC 4), Food (MC 131), Flower (MC 19), Assistant (MC 130), Bread (MC 32), Life (MC 55), Chess (MC 111), Cake (MC 101), Sky (MC 47), Ownership (MC 109), Deposit (MC 33), Potential (MC 45)	18 (5.7 %)	17 (12.5 %)

Category 15: When Table 2 is examined, it is seen that the category of 'Care as an Indicator of Altruism' consists of 10 metaphors (7.3 %), produced by 13 nurses (4.1 %).

"The care is like knit lace. You give labour, love and liking. (A31, F, PD, AD)"

Category 16: When Table 2 is examined, it is seen that the category of 'Care as a Process' consists of 6 metaphors (4.4 %), produced by 8 nurses (2.5 %).

"The care is like human. People are born, live, grow and die. (A25, F, BD, SD)"

Category 17: When Table 2 is examined, it is seen that the category of 'Care as Holism' consists of 17 metaphors (12.5 %), produced by 18 nurses (5.7 %).

"The care is like food (A33, F, HS, SD)"

Another finding of the study showed that there was no statistically significant difference between the conceptual categories and age (X^2: 162.332; P=0.141), sex (X^2: 13.692; P=0.622), graduated programme (X^2: 59.453; P=0.124), total years worked as a nurse (X^2: 91.893; P=0.171), work department (X^2: 43.941; P=0.078), whether they willingly became a nurse (X^2: 16.838; P=0.396).

Discussion

The findings of this study pointed out some important particularities. First, the nurses produced many metaphors to describe the concept of care in a holistic way. For instance, the care was not only described as 'flower', 'child', 'cleaning', 'unknown in the equation in mathematics' and 'career satisfaction', but also as 'reflection of nurse to patient', 'holistic approach to human', 'fingerprint', 'compulsory part of the puzzle' and 'bridge'. As Yob (2003, p. 134) suggested, metaphor is different than the fact it describes and despite providing wide perspective about it, it is usually less than the fact itself. Therefore, many metaphors are needed to fill the gap in-between. So, it is obvious that the concept of care is impossible to be described by a single metaphor.

Second, in the cognitive images of the care, the outstanding conceptual category was care as a promoter, protector and developer and nearly one third of the nurses defined the care with its' conventional roles. In another study that carried out by Babaei et al. (2016), nurses and patient identified compassionate care behaviours of Iranian nurses with cultural and traditional themes (as active listening, empathy, touching, sharing with the patient's suffering, sadness etc.). Also, in Nursing Regulations numbered 27515 of The Ministry of Health of Turkey, nurses' conventional roles and aims of nursing services are emphasized as giving care and improve quality of life (The Ministry of Health of Turkey 2010). The ICN (2012) and ANA (2015) Code of Ethics for Nurses emphasize as firstly, "The nurse's primary professional responsibility is to people requiring nursing care".

The perceptions developed by the nurses with regard to the concept of care are shaped by their experiences at school and on the working areas. It is seen that the perceptions developed on the basis of experience generally focus on conventional approach to education rather than a modern one. In this framework, the findings of this study support the literature arguments suggesting that conventional approaches are more common in the Turkish education system (Erdogan 2002, Ozden 2002).

Another finding of the study was that the conceptual category of the care as an emotional component of nursing was ranked as the two. In Widmark and Petersson et al. study (1996), nurses' perceive care 'expressive affective behaviours' as most important. In another study realized by Brunton and Beaman (2000), nurse practitioners ranked being sensitive to the patient, listening attentively to the patient, encouraging the patient to call with problems, in top ten caring behaviours. Similarly, in vonEssen and Sjoden study (1993), nurses stressed the emotional component of care as most important. In O'Connel and Landers's study (2008), nurses and relatives placed a higher value on caring behaviours which demonstrate emotional aspects of caring. Also, Kittay (2001) and Milligan and Wiles (2010) and Babaei et al. (2016) all of them emphasize that an affective/emotional component is critical to good care. In Meng et al. (2011) and Wilkin and Slevin (2004) study, caring was identified as ability of providing emotional support. This finding of the study complement findings from the existing literature. Also, it is parallel with Watson's Human Caring Theory and nurses' roles and responsibilities. Because, according to Watson and nursing regulations, to meet the emotional needs is a part of caring (Fawcett 2005, The Ministry of Health of Turkey 2010). This result presents that nurses value the

caring feeling or emotion as a part of their work. In this framework, it can be thought a good sign of being understood of concept of care. Also, it refers to nurses' behaviours are loaded with ethical principles and values. It can be explained with formative effect and teaching patterns of nursing education.

It was seen that the categories of the care as focus and as comfort of nursing were ranked as the third. In Pearcey's study (2010), it was emphasized that nurses seen concept of caring as vital. According to Watson (2008), caring is indicator and core of professional nursing as a science. Barker and Buchanan-Barker (2004), emphasized that care is a fundamental part of nursing practice. In Chipman's study (1991), nursing students perceived to provide comfort measures for patients and their families as caring and ranked as third category of nursing behaviours. Karaoz's study (2005), nursing students considered comfort for the patient very important aspect of caring. This data reflect that nurses internalized essence of nursing. Because, one of the nurse's role is to build a bridge between professionalism and caring. According to the Nursing Regulations numbered 27515 of The Ministry of Health of Turkey, ICN (2012) and ANA (2015) Code of Ethics for Nurses, nurses determine the health needs of individuals, families, and community that are met by nursing interventions and according to the needs plan, implement, evaluate and control the nursing care based on evidence.

Third, it was seen that the conceptual category of the care as a respectability of profession is at the bottom. It is a thought-provoking and interesting finding. Because, work refers to the status and respectability of profession. According to the previous finding, nurses value caring as focus of nursing. This result made us thought that nurses' views belong to essence of nursing must be strengthened.

Fourth, there was no statistically significant difference between the conceptual categories and socio-demographic variables of nurses. This result made us think that socio-demographic variables of nurses did not affect the metaphor production of the care.

In conclusion, the metaphors can be used as a strong research tool in understanding, revealing and explaining the cognitive images of the nurses about the concept of care. The findings of this study suggests clues as to how the nurses

perceive care. Nurses valued care as promoter, protector, developer, as emotional component, as focus of nursing and as comfort. Addressing the results of such studies in nursing education and continuous education programmes will be of great benefit to the identity development of the nurses and adoption of profession.

References

American Nurses Association (2015) Code of ethics with interpretative statements.

Available   from: http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-ofEthics-For-Nurses.html [01.04.2016]

Babaei S, Taleghani F, Kayvanara M. (2016) Compassionate behaviours of clinical nurses in Iran: an ethnographic study. Int Nurs Rev 63: 388–394.

Barker P, Buchanan-Barker P. (2004) Caring as a craft. Nursing Standart 19: 17-18.

Brilowski GA, Wendler MC . (2005) An evolutionary concept analysis of caring. J Adv Nurs 50:641–650.

Brunton B, Beaman M. (2000) Nurse practitioners' perceptions of their caring behaviors. Journal of the American Academy of Nurse Practitioners 1: 451-456.

Conroy T. (2018) Factors influencing the delivery of the fundamentals of care: Perceptions of nurses, nursing leaders and healthcare consumers. Journal of Clinical Nursing; 27:2373-2386.

Chipman Y (1991). Caring: Its meaning and place in the practice of nursing. *J Nurs Educ*;30:171-175.

Erdogan I. (2002) Turkish Educational System Towards the New Millennium, Problems and Solutions. Sistem Publishing:Istanbul, Turkey.

Fawcett J. (2005) Watson's theory of human care. In Contemporary Nursing Knowledge an Analysis and Evaluation of Nursing Models and Theories (Fawcett J ed.), F.A. Davis Company; 553-599, Philedelphia.

Feo R, Kitson A, Conroy T. (2018) How fundamental aspects of nursing care are defined in the literature: A scoping review. Journal of Clinical Nursing 27:2189-2229.

Finfgeld-Connett D. (2008) Metasynhesis of caring in nursing. Journal of Clinical Nursing 17:196–204.

International Council of Nurses (ICN) (2012) The ICN Code of Ethics for Nurses. Available from: https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf [1202.2013]

Karaoz S. (2005) Turkish nursing students' perception of caring. Nurse Education Today 25:31-40.

Kittay E. (2001) When caring is just and justice is caring: Justice and mental retardation. Public Culture;13:557-579.

Lakoff G, Johnson M. (2005) Metaphors: Life,

Meaning and Language. Paradigma Publishing:İstanbul, Turkey

Miles MB, Huberman AM. (1994) Qualitative data analysis: An Expanded Sourcebook. Sage:Newbury Park, CA.

Meng M, Xiuwei Z, Anli J. (2011) A theoretical framework of caring in the Chinese context: A grounded theory study. J Adv Nurs 267:1523-1536.

Milligan C, Wiles J. (2010) Landscapes of care. Progress in Human Geography 34: 736-754.

O'Connel E, Landers M. (2008) The importance of critical care nurses' behaviours as perceived by nurses and relatives. Intensive Critical Care Nursing 24:349-358.

Ozden Y. (2002) New Values in Education. PegemA Publishing, Ankara, Turkey.

Ozturk Ç. (2007) Metaphor status about the concept of 'geography' of prospective social science, science and classroom teachers. Ahi Evran University, Kırşehir Education Faculty Journal (KEFAD) 8:55–69.

Pearcey P. (2010) Caring? It's the little things we are not supposed to do anymore. International Journal of Nursing Practice 16:51-56.

Sharoff L. (2013) The beauty of metaphors. Holistic Nursing Practice 27:63-73.

The Ministry of Health of Turkey Nursing Regulation.

Republic oh Turkey Ministry of Health Publications 2010. Available from: http://www.saglik.gov.tr/TR/belge/1-10070/hemsirelik-kanununun-4-uncu-maddesine-dayanilarak-hazir-.html?vurgu=hemşirelik+kanunu [15 March 2015].

vonEssen L, Sjoden PO. (1995) Perceived occurrence and importance of caring behaviours among patients and staff in psychiatric, medical and surgical care. J Adv Nurs 21: 266–276.

Watson J. (1979) Nursing: The Philosophy and Science of Caring. University Press of Colorado, USA.

Watson J. (2008) Nursing: Human science and human care. Jones & Barlett Learning: New York.

Widmark-Petersson V, vonEssen L, Lindman E, Sjoden PO. (1996) Cancer patient and staff perceptions of caring vs. clinical care. Scandinavian Journal of Caring Sciences 10:227-233.

Yildirim A, Simsek H. (2005) Quantitative Research Methods in Social Sciences. Seçkin Publishing Ankara,Turkey.

Yob IM. (2003) Thinking constructively with metaphors. Studies in Philosophy & Education 22:127–138.