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**STUDENT NURSES' PERCEPTION OF CARING IN THEIR
NURSING EDUCATION PROGRAM**

by

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**A thesis submitted to the
School of Graduate Studies
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Dedication

This thesis is dedicated to my dear mother, Mrs. Phyllis (Pettigrew) Decker, an inspiration, and an educator who truly embodied caring.

This work is also dedicated to my husband, Larry, and three adorable children, Meredith, Melody & Marina whose love and support is invaluable.

ABSTRACT

This qualitative phenomenological study explored and described how ten second year, Canadian Bachelor of Nursing students perceived and experienced caring within their lived experience of their nursing education program. Interpersonal relationships with patients, instructors/faculty, peers, staff and their own parents played a large role in the students' descriptions. From the data collected through open-ended interviews with each of the students who participated in the study, five themes were identified: 1) A variety of relationships create a caring learning environment; 2) it is important to establish a genuine presence within the relationship; 3) these relationships often provide support or help to the individuals involved; 4) time is required for caring; and 5) reciprocity is often a result. The students expressed a range of views on the influence of factors such as gender, previous educational background and their place of origin or geographical location. Students also gave examples of how a caring learning environment improved their learning outcomes.

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CHAPTER 1

Introduction

Caring is the essence of nursing (Boon, 1998; Geenhalgh, Vanhannen & Kynjas, 1998; Leininger, 1984; Leininger & Watson, 1990). Caring is at the heart of its philosophy, the driving force of nursing practice, and fundamental to its ethic (Dillon & Stines, 1996; Dunphy & Mercer, 1992; Hanson & Smith, 1996; Roach, 1987). The Code of Ethics for Registered Nurses emphasizes this view.

The values articulated in this code are grounded in the professional nursing relationship with clients and indicate what nurses care about in that relationship. For example, to identify health and well being as a value is to say that nurses care for and about the health and well being of their clients. (Canadian Nurses Association, 1997, p.5)

Most would agree that the primary aim of every school must be to maintain and enhance caring as a value (Halldorsdottir, 1990; Noddings, 1988). However, questions about caring in nursing education have arisen in response to new developments brought on by the information age, rapid knowledge development, technological advances and changing human values (Grigsby & Megel, 1995; Leininger & Watson, 1990; Roach, 1987).

To what extent is caring part of the health care organization today, when current pressures on health are focused so dramatically on coping with the recruitment & retention of nurses, new technologies, decreases in funding and the push toward centralization of services? For nurses, the answer is not an easy one, as they strain to cope with intensified demands on the job, while remaining committed to caring as the central focus of their profession (Boon, 1998; Schattschneider, 1992). A recent development in the form of changes in 1997 to The Code of Ethics for Nursing of 1991 reflects these new realities.

The Canadian Nurses Association (CNA) periodically revises its code to address changing societal needs, values, and conditions that challenge the ability of nurses to practice ethically. Examples of such factors are: the consequences of economic constraints; increasing use of technology in health care and changing ways of delivering nursing services, such as the move to care outside the institutional settings. (Canadian Nurses Association, 1997, p.1)

Related to these changes is the issue of curriculum change within nursing education in various areas of North America. In 1990, The National League for Nursing in the U. S. unanimously passed a resolution requesting that nursing curriculum reflect caring as a core value (Dillon & Stines, 1996). In Canada, similar changes are underway, as evidenced by the emphasis given to caring by the Association of Registered Nurses of Newfoundland. The following is a description of one of the competencies required for the registered nurse to enter nursing practice in Newfoundland in the year 2000 -2001.

Uses a range of communication skills; respects confidentiality; distinguishes between social and professional communication; establishes and maintains a caring environment; establishes mutually agreed-upon health outcomes with clients. (Association of Registered Nurses of Newfoundland, 1998, p.3)

Despite this refocusing on caring within the nursing curriculum, little research has been done on the students' experiences and views about caring as it pertains to their nursing education (Hanson & Smith, 1996; Nelms, Jones & Gray, 1993). This lack of understanding is worrisome as Beck (1991) and Leininger & Watson (1990) warn that without specific teaching and opportunities to "practice caring" in nursing schools, nursing educators cannot be assured that their graduates will know about, and practice caring with their patients later. "If a

sense of being cared for is essential to a person's being able to care for others, what significance does this insight have for expectations for performance of students and staff?" (Roach, 1987, p.130)

Background & Rationale for the study

The terms "care" and "caring" have been central to the literature on nursing for more than 100 years since the time of Florence Nightingale (Bauer, 1990; Leininger, 1984; Miller, Haber & Byrne, 1990). However it is only recently that researchers have given their attention to systematic studies of the significance of the concept of caring within nursing (Nelms, Jones & Gray; 1993). Within this more recent literature, the call for further study is resounding. Paterson & Crawford (1994), Redmond & Sorrell (1996) and Roach (1987) especially emphasized the need for study of students' perspectives of caring within their nursing education programs.

Most nursing students want to care for people (Roach, 1987). As Catalano (2000) describes it:

Nursing has been viewed universally as being an altruistic profession. From its earliest days, when dedicated nurses provided care for victims of deadly plagues with little regard for their welfare, to today, when nurses are found in remote and often hostile areas, providing care for sick and dying, or working 12-hour shifts, being "on call", or working rotating shifts, the perception is that nurses are selfless individuals who place the lives and well-being of their clients above their personal physical safety. ...Surveys among students entering nursing programs continue to indicate that the primary reason for wishing to become a nurse is to "help others" or "to make a difference" in someone's life and to have "job security." Rarely do these beginning students include "to make a lot of money" as their motivation (Catalano, 2000, p.10).

This motivation is highly significant and needs to be considered in developing nursing education programs. Roach (1987) indicates that the capacity to care can be enhanced or inhibited according to the student's educational experience.

The International Association of Human Caring's sponsorship of annual caring conferences since 1978 has given caring an international perspective. International studies of nurses and caring within different cultures completed by Leininger (1991) described a variety of perspectives on caring.

To date, the author has found that caring behaviors, values and expressions exist in all human cultures, but characteristics and values tend to be different and largely covert. Care appears to be the hidden quality of human services that makes people satisfied or unsatisfied with the health services...We need qualitative and new methods to study care and health. (Leininger, 1984, p.8)

Similarly, the 1989 National (American) Caring Conference provided a forum for identifying the need to focus on caring in nursing education.

Along with the international focus on caring is the increasing number of Canadian nurses working internationally. "Since 1994, 6,000 Canadian nursing graduates have gone to the United States. (Sibbald, 1998, p.23)" However, the research studies on caring in Canadian nursing education programs is sparse (Paterson & Crawford, 1994; Roach, 1987). This is not to negate the contribution of other countries to caring research in nursing. Nevertheless, to add international scope to the research and a diversity of cultural perspectives, further study is needed in Canada on caring and nursing education

Purpose of the study

The purpose of this study is to explore and describe how students perceive and experience caring in their nursing education program.

Research questions

How is caring perceived and experienced by students in nursing education programs, especially with regard to their relationships with instructors, peers, patients, and staff? To what extent do students perceive caring as an aspect of the nursing curriculum?

Definition of key terms

Nursing education: Defined broadly to include all formal and informal experiences that students have in classroom and clinical setting with faculty, staff, nurses, peers and patients. This definition coincides with The Canadian Oxford Paperback Dictionary edited by Bisset (2000) which stated "Education: ...b. Systematic instruction schooling or training, including the whole course of such instruction received by a person" (p.304).

Curriculum: The nursing education program of study. Bisset (2000) defines curriculum as "any program of activities" (p.232).

Instructors/Faculty: The faculty members or nursing instructors teaching in the nursing education program. This is similar to Bisset's (2000) definition of an instructor as: "A person who instructs; a teacher" (p.513). Instructor and faculty are two terms that are similar in this teaching setting. Bisset (2000) defines faculty in North America as referring to "the teaching staff of a university or college" (p. 341).

Clinical setting: Health care agency such as a hospital or long term care facility where the students are placed for their clinical courses. Similarly clinical according to Bisset (2000) refers to "involving the study or care of actual patients" (p. 174).

Staff: Nurses and other health care members working in the clinical setting where the students complete their clinical experience. Staff according to

Bisset (2000) is defined as: "A person ... that supports or sustains" (p.1021).

Peers: Students in the nursing education program. Bisset adds this definition to peer: "A person who is equal in ability, standing rank or value" (p. 735).

Patient: Patients within the health care agency such as the hospital or long term care facility that the students are assigned to care for during their clinical learning experience.

Significance of the study

This study should hold significance for nursing education and nursing practice and nurses, themselves. At a time when recruitment and retention is a prevailing concern within a highly pressured health care environment, it is important to enhance nurses' commitment to caring, while creating learning environments that enable self-actualization, coping skills and fulfillment (Anonson, Karkanis & MacDonell, 2000). Nurses who care become empowered to promote client health (Dillon & Stines, 1996).

CHAPTER 2

A Selected Review of the Literature

This chapter focuses on a review of the literature related to nursing students' perceptions of caring in their nursing education. This review could not be complete without some reference to caring theories, educational theory and nurses' perceptions of caring within their working environment. However recent research on nursing practice, while emphasizing the views of patient and nurses, has recommended a shift in focus to the perception of caring among student nurses in nursing education (Vincent, Alexander, Money & Patterson, 1996). Within the literature, there are two main approaches: a focus on the theoretical or philosophical views of caring, such as the existential view; and an emphasis on how to operationalize nurses' caring actions or behaviors (Lea, Watson & Deary, 1998).

These two approaches to caring are evident within the literature on nurses' attempts to define caring. Disagreement within nursing about the definition of caring is also acknowledged by Barnum (1998). Barnum (1998) described nurses as having three discreet meanings for caring or care: the activity of taking care of a patient; the attitude or emotion of caring about a patient and caution while caring for a patient, being careful. Perhaps one of the reasons for the ambiguity of the term, caring, is that all three meanings or principles of caring are important within nursing. For example: " A nurse may take care of a patient, with a caring attitude, while being careful to ensure that she does things in a safeguarding manner."(Barnum, 1998, p.66) Some registered nurses attempt to clarify the philosophical views of caring by listing caring behaviors of nurses. This debate is also evident within nursing education research.

Studies exploring the debate between a philosophical viewpoint of caring

and those which list behaviors for nursing students often limit research to segments of the educational experience. For example, one segment of the educational experience studied was student nurses' relationships with teachers. Other components of the educational experience explored were student nurses' relationships with peers and patients. A main recommendation arising out of this work was the need to focus on nursing students within their full learning experience (Kosowski, 1995). Morse, Bottorff, Neander & Solberg (1992) noted the diverse conceptualizations of caring for nursing practice and indicated that a clearer explication of caring as a concept was needed. The literature indicated there is still a growing interest in exploring caring as a concept essential to nursing (Simonson, 1996; Boon, 1998).

Concepts, Philosophy and Theories of Caring

A great deal of discussion about the concept from a philosophical, theological or theoretical point of view was noted while reviewing the literature on caring in nursing. Morse, Solberg, Neander, Bottorff & Johnson (1990) identified five epistemological perspectives of the concept of caring after they performed a comparative analysis of 35 authors' explicit or implicit definitions of caring within the nursing literature. These five conceptualizations were used in the later analysis performed by Morse et al. (1992).

The five categories of caring identified were caring as a human trait, caring as a moral imperative or ideal, caring as an affect, caring as an interpersonal relationship, and caring as a therapeutic intervention. In addition to these, two outcomes that were identified were caring as the subjective experience of the patient and caring as a physical response. (Morse, Solberg, Neander, Bottorff, Johnson, 1990, p.3)

Not all 35 authors or the five perspectives will be discussed in this section

as the focus of the review is on studies performed of student nurses' perspectives of caring. Three of these categories (caring as a human trait, caring as a moral imperative and caring as an affect) relate to the philosophical discussion of caring within the literature reviewed for this study. Among the authors reviewed are Sister M. Simone Roach, Jean Watson and Madeleine Leininger. Leininger's (1991) Theory of Cultural Care Diversity and Universality, the "Five C's" of caring, developed by Roach (1987), and The Theory of Human Caring created by Watson (1985), often referred to within nursing education research, are also reviewed.

Leininger (1991) was categorized as viewing caring as a human trait. She believed that: "Care is the essence of nursing ...[and] essential for well being, health, healing, growth, survival, and to face handicaps and death" (Leininger, 1991, p.44). Her ideas of transcultural nursing, and the theory of Culture Care developed around the mid 1950s and early 1960s. These ideas evolved into her theory of Culture Care Diversity and Universality. Caring, according to her vision, could not be separated from the cultural lived experiences of the people involved.

I envisioned that care was culturally constituted in every culture. All human cultures had some forms, patterns, expressions, and structures of care to know, explain and predict well being, health, or illness status (Leininger, 1967, 1969a,b, 1976a,b,c, 1978). ... Culture and care were synthesized as a construct entity that were tightly embedded into each other in order to explain, interpret and predict phenomena relevant to nursing. (Leininger, 1991, p.24)

As of 1990, 54 cultures in both the Western and non-Western parts of the world have been studied using her theory and the result has been 172 care constructs that give meaning and interpretation to caring. (Leininger, 1991) The list of

cultural care conceptions has enlarged from Leininger's (1984) when 30 cultural views had been investigated.

Roach (1987) was also categorized in the group of authors who view caring as a human trait. While developing her theory she made reference to Milton Mayeroff's philosophical analysis of caring "as that which provides meaning and order to one's life...caring qualifies our relationship with another...caring allows for growth, maturity and development"(Roach, 1987, p.13). She also drew on Gaylin's (1979) viewpoint that the degree to which we feel cared for has a direct impact on our capacity to care.

Roach (1987) identified the attributes of caring in nursing as "Five C's": compassion, competence, confidence, conscience and commitment. She indicated that these elements could serve as a basis for inquiry into the nature and implications of caring, while also noting that this list of attributes was not exhaustive. She described compassion as a "a way of living born out of an awareness of one's relationship to all living creatures...quality of presence which allows one to share with and make room for the other" (Roach, 1987, p. 58). Her explanation of competence referred to a nurse having the knowledge, energy, skill and motivation to perform professional responsibilities. She used the term confidence to refer to "the quality which fosters trusting relationships" (Roach, 1987, p.63). She defined conscience as moral awareness, and finally, she described commitment as:

...a quality of investment of self in a task, a person, a choice, or a career; a quality, which becomes so internalized as a value that what I am obligated to do, is not regarded as a burden. Rather, it is a call, which draws me to a conscious, willing and positive course of action. (Roach, 1987, p. 66 -67)

As an educator, Roach (1987) recommended that nursing educational programs

professionalize the human capacity to care.

Watson's Theory of Human Caring was categorized by Morse et al (1992), as a theory that viewed caring as a moral imperative. The theory was originally developed between 1975-1979, and described caring within nursing in terms of 10 (nursing behaviors) carative factors. While the basic tenets of the original carative factors still hold, her theory is still evolving. In her 1985 revision, Watson described the following 10 carative factors:

Forming and Acting from a Humanistic-Altruistic system of Values

Enabling and Sustaining Faith-Hope

Sensitivity to Self and Others

Developing Helping-Trusting, Caring Relationships (seeking transpersonal connection)

Promoting and Accepting the Expression of Positive and Negative Feelings and Emotions

Engaging in Creative, Individualized, Problem-Solving Caring Process

Promoting Transpersonal Teaching-Learning

Attending to Supportive, Protective, and/or Corrective Mental, Physical, Societal, and Spiritual Environment

Assisting with Gratification of Basic Human Needs, While Preserving Human Dignity and Wholeness

Allowing For, Being Open To, Existential-Phenomenological and Spiritual Dimensions of Caring and Healing Which Cannot Be Fully Explained Scientifically Through the Western Mind of Modern Society (Watson, 1985, p.2)

Caring, Watson believed, could not happen except as an interaction at a metaphysical, transpersonal level between people. This view makes caring a very high ideal and some authors such as Morse et al. (1992) claim that it is unattainable. Barnum (1998) questioned if Watson's later work placed spirituality as central to her theory.

Morse et al. (1990) referred to Bevis as an author who defined caring as an affect. Caring from this perspective arises from an emotional or an empathetic feeling for a patient or a patient's experience.

Bevis considers caring to be a feeling of dedication....It is a response that is primarily focused on increasing intimacy between the nurse and the patient, which in turn enhances mutual self actualization and consists of our developmental stages: attachment, assiduity, intimacy, and confirmation, each with its own tasks to be accomplished. (Morse et al. 1990, p5)

Bevis & Murray (1990) proposed that caring teachers are those who, among other traits, nurture curiosity. They also claim that further inquiry is needed for a nursing curriculum revolution.

Dutil & Bouchard (1993) reviewed the caring theories of Leininger (1984), Noddings (1988), Roach (1987) and Watson (1997) and proposed an explanation for the caring process that occurs when a nurse and client interact. They proposed that the caring process consisted of five integrating phases: co-presence, experience sharing, caring-acts, caring perceptions and mutual care receiving. As well, Dutil & Bouchard (1993) emphasized that nurses need to be aware of how to care for themselves. While developing self-awareness, nurses also become aware of the signals they may send out to prevent them from engaging in a caring process. The caring process is considered essential for human relationships with the world.

Education & Caring Theory

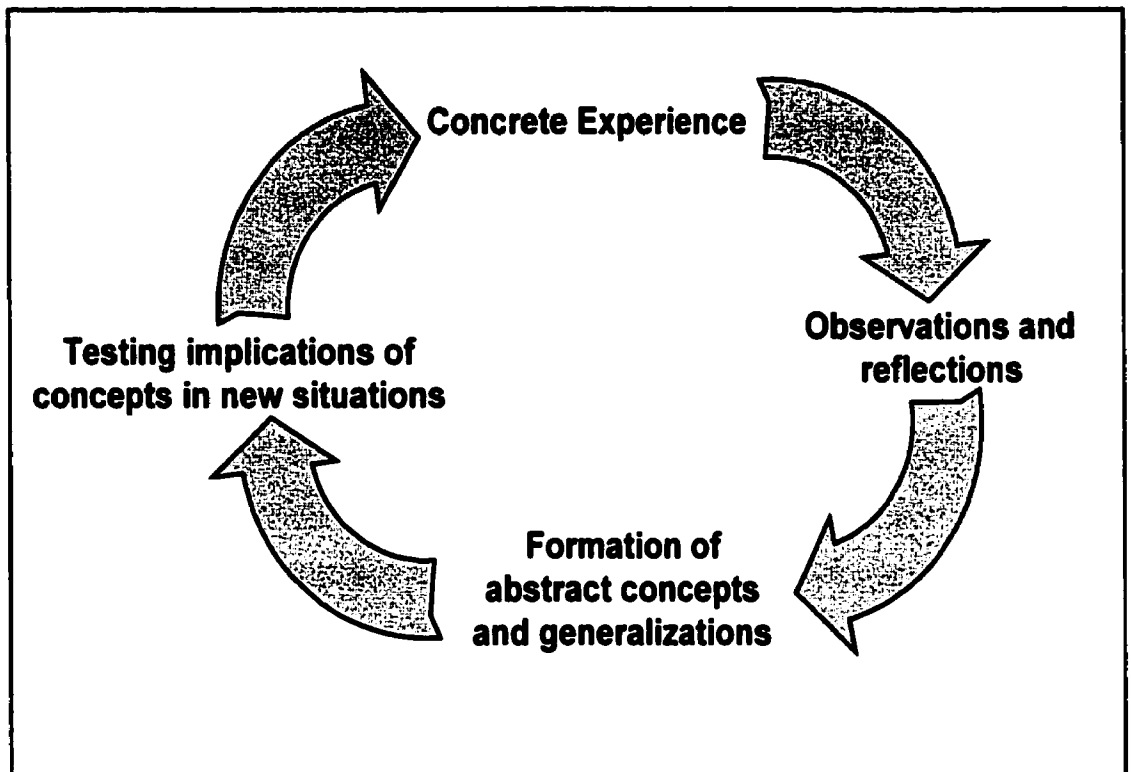
A philosophical interpretation of caring as essential for humans' relationship with the world is referred to in a number of studies including Noddings' (1988) explanation of the ethic of caring in education.

In a classroom dedicated to caring, students are encouraged to support each other; opportunities for peer interaction are provided and the quality of the interaction is as important (to both teacher and students) as the academic outcomes. ...The object is to develop a caring community through modeling, dialogue and practice... and confirmation. (Noddings, 1988, p.223)

She further suggested that teachers and students should spend more time together so that relationships of trust can develop which will foster caring. A number of similar recommendations have been referred to in the nursing education research (Simmons & Cavanaugh, 1996; Appleton, 1990).

Noddings' reference to creating a caring community in education reflected some of Kolb's (1981) theory, which emphasized the importance of experience to learning. Kolb's (1981) Experiential Learning Theory, which is often emphasized in both adult education and nursing education, refers to a four-stage cycle to explain how the learner processes information and behaves in a learning environment (See Figure 1). Initially the learners' immediate concrete experience forms a basis for observation and reflection. Then the individual uses these observations to build an idea, generalization or "theory" from which new implications for action can be deduced. Their implications or hypotheses then serve as guides later in acting to create new experiences.

Figure 1 The Experiential Learning Model



(Adapted from Kolb, 1981, p. 235)

The arrows within the diagram illustrate the major focus of the theory, as learning is a continuous process and based on the individuals' life experiences.

Merriam & Cafferella (1991) reviewed a number of adult learning theories including Kolb's and summed up their key components in the following quote:

At least four components of adult learning can be extracted from these theories: (1) self direction or autonomy as a characteristic or goal of adult learning; (2) breadth and depth of life experience as content triggers to learning; (3) reflection or self-conscious monitoring of changes taking place; and (4) action or some other expression of learning that has occurred. While one theory to explain all adult learning may never emerge, the process does stimulate inquiry...(Merriam & Cafferella, 1991, p. 264 -265)

A number of studies derived from the actions or practices referred to in Merriam & Cafferella's (1991) summary of adult learning theory. Significantly, these particular actions or practices were associated with demonstrating caring.

Clearly, there is a great diversity of individual patients, family members and nurses, to name a few, involved in a nurse's practice experience. The literature on nurse and patient views of caring, also reviewed for this study, discuss developing a list of behaviors of nurses that demonstrate the concept of caring and also provide some qualitative descriptions of caring. These lists of behaviors reflect to some degree Morse et al. (1990) categorization of the concept of caring as an interpersonal interaction or caring as a therapeutic intervention. Nursing competencies and skill related to caring have been associated with these categories. Both of these categories further demonstrate the "list" approach to understanding caring noted in the literature review of Lea Watson & Deary (1998). This listing of caring actions or behaviors of nurses and how they communicate caring is represented in much of the research on nurses' and patients' perceptions of caring.

Nurses' & patients' perception of caring

Much of the research on caring has focused on developing lists of caring behaviors that nurses use to communicate caring to their patient (Greenhalgh, Vanhanen & Kyngas, 1998; Wolf, 1986). Inventories such as the Caring Behavior Inventory (CBI), CARE-Q and the Edinburgh Caring Dimension Inventory (CDI) have been used in the research on the complex concept of caring. In Wolf's (1986) study, American nurses selected words or phrases from the Caring Behavior Inventory (CBI) which in turn were chosen from previous literature descriptions. The American professional nurses involved in Wolf's (1986) study were asked to rank the caring behaviors out of the CBI list of 75

caring words and phrases. They chose the following ten behaviors as the ten highest ranking behaviors: attentive listening, comforting, honesty, patience, responsibility, providing information so that the patient or client can make informed decisions, touch, sensitivity, respect and calling the patient or client by name. Wolf (1986) is an example of the group of authors who Morse et al. (1990) described as perceiving caring as a therapeutic intervention.

The Care-Q Instrument was employed by Greenhalgh, Vanhanen & Kyngas (1998) to add further knowledge to nurses' perceptions of caring behaviors in Finland. Greenhalgh, Vanhanen & Kyngas (1998) grouped assistant nurses' and nursing students' responses in with the nurses' responses. However, Mangold (1991) felt that senior student nurses' perceptions of caring should be compared with those of professional nurses to note differences and agreement between the two groups. Mangold (1991) used the CARE-Q Instrument for this purpose and recommended that future studies should include an assessment of the new junior nursing students as to their insight into caring behaviors. At the same time, she described caring as an abstract concept and therefore difficult to measure in concrete terms. Similarly, Greenhalgh, Vanhanen & Kyngas (1998) acknowledged the value of qualitative approaches and challenged nurse educators to further examine caring behaviors in nursing education.

Gigsby & Megel (1995) employed a qualitative descriptive phenomenological approach to facilitate understanding of caring experiences of nurse educators. The themes they identified were: caring is connection; and caring is a pattern of establishing and maintaining relationships.

Vincent, Alexander, Money & Patterson (1996) explored parents and other family members' descriptions of a caring relationship with the nurse in a pediatric setting. They used a phenomenological approach to interpret and understand the lived experience of ten sets of parents of critically ill children. The parents'

descriptions of caring were clustered into the following four themes: 1) characteristics of the nurse, 2) the needs of their children, 3) meeting the needs of the parents and 4) feelings evoked by caring. The descriptors of the nurse that denoted caring were wonderful, patient, genuine concern, very helpful, nice, professional, confident, knowledgeable, consistent and honest. To meet the needs of the child, the parents described a caring nurse as monitoring, providing comfort and physical care. As well, the parents expected a caring nurse to respond to their questions, explain equipment, provide emotional support and encourage the parents' participation in their child's care. The parents indicated that in a caring environment they felt security, cared for and relief of stress. Vincent, Alexander, Money & Patterson (1996) felt their study had significance for nursing education and encouraged evaluation of nursing students' caring interactions with their patients.

MacDonald (1998) and Boon (1998) addressed factors that influence nurses' ability to care for their patients and themselves. MacDonald (1998) conducted a qualitative study of 9 nurses from diverse cultural backgrounds licensed to practice nursing in Ontario. She asked how nurses who are mothers sustain energy for caring for their children, their clients and themselves. Themes identified in the study included peaceful feelings associated with feeling appreciated, appreciative, lucky, trusting and caring. The experience of caring was expressed by nurses as becoming energized through caring - a giving of themselves to others. The theme of renewing action was expressed by the nurses as escaping (such as relaxing, or a vacation), expanding self (such as attending school or doing art) or fostering rewarding personal relationships with family or colleagues.

In another study, Boon (1998) researched the effect of changes associated with economic pressures such as budget cuts, facility restructuring

and new system management procedures on nurses' ability to care by conducting a number of focus groups with British Columbian nurses. The participants in the study spoke of operating in "survival mode" due to the vast changes. The behaviors which nurses emphasized as demonstrating caring included responding quickly to patients' call bells and spending time with the patients and their families. Two of the themes from the study indicated that nurses' caring was influenced by a caring organizational culture and by the impact of how patients are cared for more generally. It is worth noting that the studies completed by MacDonald (1998) and Boon (1998) were the only studies involving Canadian nurses.

Student nurses' perceptions of caring

Research on the student nurses' perspectives of caring in nursing education regardless of the nationality is limited (Paterson & Crawford, 1994; Kosowski, 1995). A majority of the studies have investigated students' perceptions of specific, isolated, caring relationships such as those with faculty, patients, and peers (Beck, 1993; Halldorsdottir, 1990; Hughes, 1998). Few studies were found that have addressed the student's perspective of caring in the clinical learning environment of their nursing education (Dunn & Hansford, 1997). Two notable exceptions were studies by Appleton (1990) and Redmond & Sorrell (1996).

Students' and faculty members' caring relationships

A large number of studies have focused on caring and uncaring teacher-student interactions in nursing education from the perspective of the student (Beck, 1991; Halldorsdottir, 1990; Hanson & Smith, 1996). Unfortunately, most of these studies are limited by the lack of attention to the concept of learning about

caring within the total nursing educational environment. They list teacher behaviors which are perceived by students and/or faculty as caring or uncaring as a recipe for fostering caring in nursing education.

Halldorsdottir (1990) interviewed nine former nursing students and asked them to reflect on their caring and uncaring encounters with their teachers during their nursing education. The nurses were practicing in Iceland at the time of the study and it was unclear as to the length of time that had transpired since they had graduated. The nurses identified the teachers' professional caring characteristics as demonstrating professional competence, a genuine concern for the student, a positive personality, and a professional commitment. Through the teacher demonstrating the above characteristics a mutual trusting relationship was developed between the teacher and the student. Some of the responses indicated by the nurses to this caring relationship were: a sense of acceptance, role modeling and long-term gratitude. Halldorsdottir's (1990) study has been referred to as a basis for other studies and has contributed to understandings of the long-term impact of a caring and uncaring teacher-student caring relationships (Hansom & Smith, 1996). Further study was recommended (Halldorsdottir, 1990).

Miller, Haber & Byrne (1990) investigated the lived experience of caring teacher-learning interactions from the perspective of 6 nursing faculty and 6 senior nursing students. The study was a phenomenological study conducted at an American college. Essential to caring faculty-student interactions from the participating students' perspective was the faculty's holistic concern for the student, both personally and academically. Students also described caring faculty as nonjudgmental, respectful, patient, available, dependable, flexible, supportive, open, warm and genuine. Faculty described the teacher as a role model mirroring the caring behaviors they expected and the hope that this caring

would be reflected in students' patient interactions. These authors also recommended further research into the phenomena of caring in relation to nursing education.

Beck (1991) referred to Miller, Haber & Byrne's (1990) study prior to conducting phenomenological research to explore caring relationships between students and faculty. She asked 47 junior & senior baccalaureate level American nursing students to describe in writing all thoughts, perceptions and feelings that they could recall related to a situation with a faculty member that they felt was caring. The students' statements were organized into clusters of three themes: attentive presence, sharing selves, and consequences. The junior & senior students were grouped together and their responses were not compared.

Dillon & Stines (1996) replicated Beck's (1991) study with another group of students, Licensed Practical Nurses and nurses' aide's students. Consistent with Beck's (1991) research their study shared some common identified components of a caring student-faculty experience. Both groups identified faculty members' sharing of selves and attentive listening as creating a caring faculty-student experience.

Hansom & Smith (1996) also referred to Beck's (1991) study and noted a need to continue exploring caring student-faculty relationships among persons currently in the student role at a variety of educational institutions. Thirty-two junior nursing students from an American college and state university participated in interviews conducted for their phenomenological study. The themes arising from the content of the interviews were categorized into Recognition, Connection and Confirmation/Affirmation. Hanson & Smith (1996) recommended that research on caring should focus more specifically on baccalaureate students where nursing student-faculty relationships begin. They further recommended that by investigating the connection between faculty and

students, light could be shed on the nurse and patient relationship, which is a critical factor in nursing practice.

Students' and patients' caring relationships

Beck's (1992b, 1993) later studies emphasized the importance of researching American nursing students' caring interactions with their patients. First Beck explored nursing students' perceptions of their caring experience with physically/mentally handicapped children. Beck later studied the meaning of caring between senior nursing students and their patients. Both of these studies repeated the phenomenological method used in Beck's earlier studies asking the students to write down all their perceptions of caring during their interactions with their patient. The essential themes of authentic presence and reciprocal sharing or positive consequences were common to both studies of patient and nursing student caring experiences. Beck also emphasized that faculty need to focus on promoting caring interactions between nursing students and their patients, again indicating the significant influence of the clinical learning environment.

Neither Dunn and Hansford (1997) nor Kosowski (1995) referred to Beck's research; however, they investigated the impact of the clinical environment on student nurses learning to create a caring relationship with their patients. Kosowski (1995) investigated how American nursing students learned professional nurse caring in the clinical context of nursing education. Nursing students began their narration of stories about caring by describing their understanding of how they created caring with their patients.

Dunn and Hansford (1997) researched 229 Australian undergraduate students in the second and third year of their nursing program. Data were collected through the mixed methods of the Clinical Learning Environment Scale and focus groups. The findings showed that staff-student relationships, nurse

manager commitment, patient relationships, student's satisfaction, and hierarchy and ritual were influential in creating a positive clinical learning environment. They also indicated the need for further investigation into how students learn to care.

Teaching caring to student nurses

Nelms, Jones & Gray (1993) investigated undergraduate American nursing students' perceptions of the means by which they learn about caring and whether they learned caring through role modeling by faculty. Data for their study were obtained from open-ended questionnaires completed by 137 Bachelor of Nursing students and Associate Degree Nursing students. The students completed the questionnaires after viewing a videotape of a simulated patient care situation using professional actors. The data were grouped into the categories of connection, relationships and caring. The students identified on their questionnaire a connection with the patient, student nurse and/or nurses in the video. The students also noted that caring requires time, communication and physical and emotional aspects of themselves. The students indicated that they experienced and learned caring through the following relationships: faculty-student, faculty-student-patient, student-nursing staff, student-student, and student to educational program. One of the limitations cited in the study was the fact that the videotape may have been too abstract and not truly reflective of the students' actual experiences. At the end of their study Nelms, Jones & Gray (1993) proposed a number of hypotheses.

There are a variety of relationships through which students experience and learn about caring.... Student's relationships with others facilitated their abilities to engage in caring for others.... Students gain knowledge about caring through experiencing both caring and noncaring. (Nelms,

Jones & Gray, 1993, p.22 -23)

The authors recommended further observation of the students' clinical interactions and debriefing/interviews after these interactions to address these hypotheses.

Simonson (1996) further investigated student nurses along with faculty's caring relationships in order to identify strategies for teaching caring to baccalaureate student nurses. Simonson observed and interviewed 6 faculty members along with 12 nursing students from a variety of levels within a New Mexico nursing education program. The participants were observed and asked about what values they thought were important to nursing and how they were learning these values. Simonson noted that 4 of the themes obtained from the participants' data were congruent with 4 of Watson's carative factors. These themes were: "formation of a humanistic-altruistic system of values", "cultivation of sensitivity to one's self and to other's", "promotion of interpersonal teaching-learning" and "provision for a supportive, protective and (or) corrective mental, physical, sociocultural, and spiritual environment" (Simonson, 1996, p.102 -103)

From (1995) discussed a teaching strategy that would teach caring to nursing students incorporating Watson's Theory of Human Caring. From asked the American nursing students, registered nurses who had returned to the learning environment to complete their baccalaureate of nursing degree, to write in their journals about the connection they made between Watson's Theory of Human Caring and their nursing interventions with their clients. As well, the students were required to note any connection between the carative factors and the provision of home care for dying patients. Further exploration with other baccalaureate students who had not practiced as registered nurses was recommended in relation to creating caring relationships such as relationships with peers.

Students' and peers' caring relationships

Beck (1992a) and Hughes (1993) used qualitative inquiry to investigate caring among nursing students. Hughes (1993) employed a descriptive mode of inquiry using an interview guide while Beck (1992a) used a phenomenological study method. Later, Hughes (1998) and Hughes, Kosowski, Grams & Wilson (1998) explored peer caring interactions using quantitative methods. The sample for Beck's study consisted of 53 undergraduate nursing students, some of whom had practiced as registered nurses and returned to complete a baccalaureate in nursing. Hughes studied 10 junior nursing students who did not possess a license to practice as registered nurses, again reinforcing the need to investigate the distinction between novice nursing students and experienced nurses returning to study.

Beck asked the nursing students to write a description of a situation in which they had experienced caring from another nursing student. The descriptions of caring between students and those described in Beck's (1991) earlier study of caring between faculty and students were similar. The themes identified from the earlier research were attentive presence, sharing of selves and consequences, while the themes noted in her later research were authentic presence, selfless sharing, and enriching effects.

Hughes (1993) study reinforced some of Beck's results. She identified willingness to help, sensitivity, presence and supportiveness as four subcategories of peer group behaviors described as caring by the participating nursing students. Student vulnerability and peer group connections were considered as mediating factors in the student - peer caring relationship. Hughes (1993) developed a pyramid model diagram to represent the students' perceived climate for caring. Sharing of self was the topic component on the pyramid. Thus sharing of self was a key component in all three studies.

Hughes (1998) later developed a quantitative instrument called the Peer Group Caring Interaction Scale (PGCIS) to measure caring during informal undergraduate nursing students' peer interactions. The themes from Hughes' previous study were influential in designing the questions for PGCIS and she felt that the findings from this study began to provide support for the use of the PGCIS instrument to measure caring within peer relationships. Further study was recommended to investigate the variables that either facilitate or hinder students' ability to experience caring in schools of nursing.

Hughes, Kosowski, Grams & Wilson (1998) later used the PGCIS to study first year and second year students in 2 associate degree nursing schools located in Georgia, USA. The study compared the level of caring reported by a group of students enrolled in a school of nursing that offered a group experience in caring with the responses from another group of students who were not offered this caring group opportunity. Students who were enrolled in the school with the caring group opportunity indicated they experienced more caring in their peer interactions than those students enrolled at the school that did not offer this component. Further research was recommended to investigate the effect of caring groups on the academic community and students' practice with clients.

Caring within the overall learning environment

Appleton's (1990) phenomenological study researched 2 doctoral students' meaning of caring and their experience of caring within an American university school of nursing. The analysis of the doctoral students' interviews revealed three significant aspects of caring: caring was expressive, a process and had an environmental dimension. The students referred to caring characteristics of respect, understanding their independence, helping them to grow and allowing them to become caring nurses. The environmental influences

of organizational bureaucracy and providing sufficient time to engage in and express caring were also considered significant.

Redmond & Sorrell (1996) later, using a Heideggerian hermeneutic approach in data analysis and interviews, investigated creating a caring learning environment for diploma, associate degree and baccalaureate nursing students. The learning environment or nursing curriculum was broadly defined as all the formal and informal experiences that the students had in both the classroom and clinical practice with faculty, staff nurses and peers. The power of the faculty in creating a caring learning environment in the teacher- student caring relationship was emphasized in the discussion of results.

Research about "the climate of caring" has emphasized the concept that the overall nursing educational experience is important in studying the nursing students' perception of caring. Simmons & Cavanaugh (1996) investigated the predictors of caring ability in nursing students and concluded that maternal and paternal care during the first 16 years of life, the climate of caring within the school of nursing and demographic effects were the most pertinent predictors of caring ability. Studying 350 female senior nursing students within United States baccalaureate nursing programs, Simmons & Cavanaugh (1996) used a quantitative method of a questionnaire booklet composed of a number of instruments. Caring ability was measured using the Caring Ability Inventory. Maternal and paternal care was measured using the Parental Bonding Instrument and School Climate was measured using the Charles F. Kettering School Climate Inventory; additional questions were included by the researchers to measure demographic data. Simmons & Cavanaugh reported that a caring school climate is the strongest predictor of caring ability.

Conclusion

Even though a caring school climate was identified in 1996 as a strong predictor of caring ability little has been found in the literature to describe what constitutes a caring school climate for nursing students. Caring has been central to nursing literature since Florence Nightingale's time. However within this wide expanse of time diverse conceptualizations of caring within nursing practice have arisen. Morse, Botteroff, Neander & Solberg (1992) noted along with Barum (1998) that caring needed a clearer explanation.

Part of the lack of clarity regarding caring could be explained by the desire by most previous researchers to narrow the study to segments of the educational environment, for example, studies of the students' relationship with faculty or peers. With some notable exceptions i.e., Appleton (1990) and Redmond & Sorrell (1996), few studies have emphasized the significance of students' perspectives of caring within the full learning environment. What is needed, then, is more Canadian research which focuses on the full learning environment, including the influences of faculty, peers, patients and the curriculum itself.

CHAPTER 3

Methodology

This was a qualitative study using a phenomenological approach. Interviews were conducted with 10 nursing students who had completed the second year of a Bachelor of Nursing program at a School of Nursing in Newfoundland. The students were asked to explore how they perceive caring in their learning environment of nursing education. Prior to data collection, the Memorial University of Newfoundland Faculty of Education Ethical Review Committee and the Director of the selected School of Nursing granted approval to conduct the study (Appendices C & D). Table 1, below, contains the schedule of data collection and analysis.

Table 1: Schedule for Data Collection and Analysis

Date	Task
March 1998	Permission to conduct study granted by both Memorial University of NF, Faculty of Education Ethical Review Committee and the Director of the School of Nursing where the study was conducted.
March 1998	Presented proposed study to a second year nursing class. Left blank consents at back of classroom to be completed by those who wished to participate.
April 1998	12 students volunteered for the study. Contacted all students who volunteered to arrange interview.
July 1998 – October 1998	Arranged 12 interviews. Conducted 10 interviews.

Date	Task
October 1998	Letters were sent to the two remaining students who volunteered. These two students did not continue to participate.
October 1998	Taped interviews were transcribed. Each transcript was placed in the mailbox of the student who participated in the interview. Transcripts were edited by the student and returned to the researcher.
October 1998 – February 1998	Data Analysis period.
February 1998 – November 2000	Writing and further data analysis continued.

As noted above, the study employed a qualitative phenomenological approach, which was well suited to its focus on experience and perspective.

Qualitative methodology permits the researcher to address science from a human perspective and to discover what it means to be human by analyzing the descriptions of human experience. One qualitative method used to study the meaning of human experience (phenomena) is phenomenology (Appleton, 1990, 79).

Moustakas (1994) referred to phenomenology as both the first method of knowledge and the final court of appeal. Phenomenology, as a method of research, focuses on descriptions just as they are given in the natural world of everyday living. "Phenomenology, step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions...[influenced] by

habit of the natural world or by knowledge based on reflected everyday experience" (Moustakas, 1994, 41). For this study, descriptions of the whole experience, which contain the person's perceptions of experience, were regarded as the primary source of knowledge. The study sought out the personal knowledge and experiences of caring as described by the nursing students. Morse (1992) indicated "The phenomenological method is one of direct inquiry in which constant questioning provides further insights into the lived experience (p.91)."

Previous and recent literature has strongly recommended qualitative phenomenology as a method of studying caring. For example, as noted, Leininger (1984) stated: " Qualitative research provides data on the meanings, attributes, essences and, other understandable features of care to make it a meaningful concept for nurses and the public"(p.14). Roach (1987) added her description of caring as affirming ontological and qualitative values such as esthetic, spiritual, moral or intellectual. Dillon & Stines (1996) concurred, stating that: "Caring cannot be solely measured quantitatively because it is relational and involves self-interpreting subjects (researchers) who are studying self-interpreting subjects (participants) who are capable of change"(p.115). Hitchcock, Schubert & Thomas (1999) also recommended the use of phenomenology as it "enables nurses to appreciate the lived experience of others within the context of such things as culture, time and place" (p. 275).

Participants and Procedures

Network selection was the sampling method used to select the class of second year nursing students who would receive information about the study. "Network selection is a strategy in which each successive participant or group is named by a preceding group or individual (LeCompte & Preissle, 1993, p.73).

The researcher began by speaking with the director of the School of Nursing regarding the study and she in turn suggested speaking with the faculty member responsible for the Professional Development course in second year. The researcher gave the faculty member an explanation as to the purpose of this study. Permission was granted for a presentation to the second year nursing class. The second year nursing class was given a broad introduction to the purpose of the study during a class period. After the introduction, interested students were invited to fill out a consent form (Appendix B) left at the back of the classroom, if they wished to volunteer to participate in the study. The students who agreed to volunteer were asked to place the forms in a mailbox at the School of Nursing.

The selection of second year nursing students through networking proved useful since they had more experience in the clinical setting than those in first year. Twelve, second year students indicated agreement to participate in the study through placing their completed consent form in the mailbox. All twelve self-selected participants were included as the sample. The limited amount of research on second year students and the lack of studies of Canadian nursing students overall, indicated that research of this kind could add to the knowledge on nursing students and caring.

All 12 student nurses were contacted by phone in April, 1998 once all the consents were received. The participants requested their interview to be arranged for the summer or the beginning of the fall semester. The reason given for this request was that during spring semester they were writing final exams and dispersed throughout the clinical agencies completing their clinical course. Once they were finished this course some were leaving to go home or to go to work in summer jobs. Ten out of the twelve participated in the interview process.

The two students who voluntarily withdrew from the study were given

several dates to participate in the interviews. However, the students called to cancel because of transportation and scheduling problems. The two students were thanked for their consideration of the study and asked to commit by phone or mail by the end of October 1998. Neither student indicated they wished to continue, so contact was discontinued at that time. As Siedman stated: "It does little good to try to persuade such a person to participate in an interview she or he would rather not do." (Seidman, 1991, 44)

The data collection involved open-ended interviews guided by the research questions. Moustakas (1994) said: "Evidence from phenomenological research is derived from first-person reports of life experiences."(84) Therefore the best method to obtain this evidence was to encourage the nursing students to describe their experiences in the first person through open-ended interviews. According to Glesne & Peshkin (1992) the open-ended interviewing technique allows the researcher to follow unexpected leads that arise in the course of the interview. The interview also provided opportunities for the students to express their experiences and perceptions of caring in their own words. This method of inquiry was unlike a number of other studies cited where the research was focused on a specific caring or uncaring relationship/interaction within the students' learning environment such as a student's relationship with faculty (Beck, 1991; Dillon, Stines, 1996; Halldorsdottir, 1990; Hanson & Smith, 1996) or patients (Beck,1992b;1993). The interview guide (Appendix A) was developed following Patton's (1990) categories of:

1. Experience/behavior,
2. Knowledge of subject,
3. Opinion/value,
4. Sensory description,

5. Feeling, and

6. Background /demographic. (LeCompte & Preissle, 1993,173).

The interviews were conducted in a reserved quiet study room at the school of nursing away from the lounges or classrooms and faculty offices. Interviews were audio taped and field notes were kept of the researcher's observations and reflections after the interviews.

The procedure for each interview involved giving a broad introduction to the study, ensuring confidentiality and verifying the participant's previously signed consent form. The students were asked if they were comfortable within the setting prior to beginning the interview. The setting of the interview provided privacy, quiet and was free of distractions. All participants agreed to have their interview audio recorded. The participants were informed that the audio recording would be stopped any time they indicated. The interview guide provided consistent direction for the open-ended questions.

The open-ended nature of the questions and an effort to facilitate an attentive atmosphere appeared to encourage generous sharing of thoughts and experiences as illustrated in chapter 4. All the students within the broad age range of 19 - 30 years, with a majority 24 years or younger, gave very detailed descriptions of their caring and uncaring educational experiences. They freely shared information regarding their background such as where they resided and length of time at university prior to entering nursing school. To protect their identity this information is presented in chapter 4 as either urban or rural areas of residence within the province and broad ranges of time attending other educational institutions are given if applicable. Most intertwined their very reasons for choosing nursing as a career with their descriptions of their experiences. If at the beginning of the interview the student demonstrated any

nervous feelings he or she was reminded they only needed to share those experiences they wished to share. As the interviewed progressed an aura of sharing was felt with in the room. The length of the interviews ranged from 30 - 90 minutes with the average length of time being 45 minutes. The length of time of the interviews was a surprise to a number of the students' as they indicated that the time flew by while they were sharing their stories.

Follow-up occurred after four of the interviews were completed and transcribed. Follow-up involved placing the transcribed copy of the interview along with a letter in a sealed envelope in the participant's mailbox. The letter from the researcher asked the participants to read and think about the interview and to make any changes or comments they wished to make. They were also asked to edit the transcript and to add additional information if they wished. Follow-up feedback was received on all ten interviews. The students commented that the transcripts truly represented their experiences overall and any edited changes they made were included in the final data analysis.

Data analysis

Preparation for data analysis involved tagging the interviews by date and transcribing the audio recordings of the student interviews on to computer discs. Later a printed copy was produced. The follow-up interview transcript copies that the students returned with their changes and comments were used as the final version of the interview. Asking the students to review the transcripts was a form of the member check method discussed by Kosowski (1995). Member checking assisted in ascertaining congruency between what the participants in the study said and their interpretation of their meaning. The thesis supervisor read the initial interviews and compared the transcripts with the research question. The data collected and the guide used to collect the data were determined in this way

to be responsive to the research questions. Triangulation of the data occurred through analysis of the verbatim interviews, follow-up with the participants' review of the interview and comparison with the researcher's field notes.

The open ended interview transcripts generated a vast array of text, which needed to be reduced to what was of most importance and interest. This phase in the data analysis Moustakas (1994) referred to as phenomenological reduction. As he described it:

To summarize, the steps of Phenomenological Reduction include: Bracketing, in which the focus of the research is placed in brackets, everything else is set aside so that the entire research process is rooted solely on the topic and question: Horizontalizing, every statement initially is treated as having equal value. Later, statements irrelevant to the topic and questions well as those that are repetitive or overlapping are deleted, leaving only the Horizons (the textual meanings and invariant constituents of the phenomenon) (Moustakas, 1994,97)

Moustakas (1994) referred to bracketing the focus of the research as the first step. Therefore, as part of analyzing the data it was important that the researcher be aware of assumptions their researcher previously had in relation to the phenomena of the study.

The researcher must come to the transcript with an open attitude seeking what emerges as important and of interest from the text... It is important that the researcher identifies his or her interest in the subject and examines it to make sure that the interest is neither unhealthy nor infused with anger, bias or prejudice. The interviewer must come prepared to let the interview breathe and speak for itself. (Seidman, 1991, 89)

The following research assumptions were considered:

Caring is primarily taught through modeling and students should be

treated with the same care that they will be expected to give to their patients.

Warmth, genuineness, openness, taking time, touching, listening, and demonstrating concern for the well-being of the student are all components of caring the students will likely report. These assumptions were considered by the researcher while investigating the research questions in order to allow the transcripts to speak for themselves.

Moustakas (1994) described the phenomenological data analysis procedures employed. The procedures involved viewing every statement relevant to the topic and research question within the data. From the statements, the meanings are listed and are clustered into common themes removing overlapping or repetitive statements. The clustered themes are used to develop descriptions of the meaning and essence of the phenomenon.

Miles' and Huberman's (1994) approach was also considered during the data analysis. They referred to data analysis as coding the data, clustering, making metaphors, and connecting the data to build a logical chain of evidence. The data collected in this study was analyzed and separated out into meaningful units, units representing the students' perceptions of caring, referred to as horizontalized statements by Moustakas (1994) or codes as Miles & Huberman (1994) indicated. These meaningful units of data were clustered as both Moustakas (1994) and Miles & Huberman (1994) recommended into common themes representing the students' perceptions of caring, which will be identified in Chapter 4. Finally the themes were used to illustrate how the student nurses perceived and experienced caring in their nursing education program.

Analytical induction and constant comparison were other terms identified in the methodological literature to describe the data analysis. LeCompte & Preissle (1993) referred to analytical induction as involving scanning the data for categories of phenomena. LeCompte & Preissle (1993) describe constant

comparison in this way: "... [it] begins with the analysis of initial observations, undergoes continuous refinement throughout the data collection and analysis process and continuously feeds back into the process of category coding"(p.256). These data analysis methods were used to analyze the data according to categories of phenomena, or themes indicating their relationships.

Protection of Participants

Protection of participants in this study involved ensuring the following criteria were followed.

Participation in the study was voluntary.

Written informed consent was obtained from those participants who volunteered for the study prior to data collection.

Ensuring that the researcher would not be involved in instructing or evaluating any students who volunteered for this study.

Appendix C contains an information letter and consent form from the School of Nursing. Appendix B contains an information letter and consent form for the participating students. The participants' consent was obtained prior to tape-recording interviews and information obtained was kept confidential and stored in a locked filing cabinet. The participants are identified in this thesis by fictitious names. Transcripts and interviews will be destroyed one and a half years following publication of this work.

Limitations of the study

Since this study involved 10 nursing students in one school of nursing and since the sample was not randomly chosen there is no attempt to generalize the findings to the wider population. The researcher was dauntless in representing the themes that emerge from this study as authentic representation of the

nursing students participating in this study. However it cannot be assumed that they will be reflective of all nursing students' perceptions of caring. The findings are presented in chapter 4 so that others can determine if they are transferable to similar groups of students.

CHAPTER 4

Findings

The presentation and discussion of findings of this study will begin first by briefly introducing the students. Then the themes that emerged from the phenomenological analysis of the students' voices regarding caring in their nursing education programs will be discussed. Reference to the literature reviewed for this study and its relationship to the findings will occur throughout the presentation.

The Nursing Students

Dan, Emily, Inez, Olivia, Elsie, Leela, Sophie, Farida, Clara, and Ethan intertwined information about their roots with their stories about their caring or uncaring experiences within their nursing education program. These ten enthusiastic nursing students who agreed to participate in this study had completed their second year of a Bachelor of Nursing (Collaborative) Program in the Canadian province of Newfoundland. They ranged in age from 19 - 30 years. Fictitious names were given to them to ensure confidentiality while they imparted their interesting stories.

Dan ventured into the nursing program after a semester in another undergraduate program of study. Growing up in a rural area of Newfoundland had a great impact on Dan's perceptions of caring prior to nursing school.

At home, my whole area where I lived is all elderly people; there's few young people around. Just the way they're treated in my community is very helpful. There is always someone that is willing to help free of charge. If someone in a family is sick the neighbors always call to see how they are and what they can do to help. (Dan)

Dan also indicated that his mother's occupation as a health care worker and the

caring environment she worked in influenced both his perceptions of caring and his career choice.

Emily who also grew up in rural Newfoundland, attended an undergraduate program at university for approximately two years prior to entering nursing school. Her mother was a health care professional and influential in her career choice. However it was the atmosphere at the school of nursing which kept her there.

That's one thing I love about nursing school. Everyone cares. I find when you're at [another institution of study] nobody cared, but here everyone cares. Today, for example I met three or four classmates in the line up and we were just talking [about] how was your summer. Everyone is so interested in everyone else. There is a large network of friends, people and instructors [who] really care and that's what I love about nursing school (Emily).

Inez also spoke of attending another undergraduate program prior to entering nursing school. The atmosphere at the school of nursing had an impact on her learning and her desire to remain as it did on Emily.

I went to [another post secondary institution] for three years before I came to the school of nursing and nobody knew my name. I was a number and I can remember not being motivated at all to go to class, or to put anytime in, which is probably why I didn't do too hot over there. But when I got accepted into nursing [school] the instructors made an effort to know my name. They would ask you how were things going outside of school, it made a big difference, and motivation sky-rocketed. (Inez)

As well, Inez spoke of the importance of her traveling experiences and her "very loving" family, who still resides in a rural area of Newfoundland.

Olivia entered the nursing education program fresh from a rural high

school setting. A nursing career was a dream she always wanted to fulfill. She said that caring actions and her religious background had a great impact on her.

A big part of my personality including my definition of caring stems from my religious background. ... I learned that God loves everyone equally and that we should love our neighbor as ourselves. By striving to follow Jesus' example I also strive to be compassionate putting others before myself. This continues to be an important contribution to my definition of caring (Olivia).

Elsie, indicating that working in the health field was something she had always wanted to do since kindergarten, attended another undergraduate program for about two years prior to entering nursing school. She spoke strongly about the importance of caring in her learning environment and of the influence of her family who still resides in an urban area of Newfoundland.

Oh, caring is definitely a positive thing, you have to [care], I think it enhances your ability to learn. Going back to my family I feel that the reason I've gotten as far as I have has been because of the caring environment that I grew up in. (Elsie)

Leela who attended another post-secondary program prior to entering nursing school and resided in an urban area of Newfoundland also emphasized the influence of family on her ideas of caring.

I guess [I developed some ideas on caring] from my family. My family is very supportive of each other, helpful, and we pull together in bad times. We're not outwardly demonstrative but we know it's there and our family is very gelled. (Leela)

Sophie described the nursing care of an ill family member as motivating her decision to pursue nursing as a career and to develop a caring attitude. She

later discussed the impact of being from rural Newfoundland and her previous year in another undergraduate program.

I'm from a small community so you know everybody. You care for everybody, and you do everything possible [for the people of the community] so in that way you're geographical location could influence you. [However] in bigger cities you probably know two or three people next door. ... I think the more education you have [helps your understanding]. I've got some courses done, and every course seems to touch on caring. I think the more education you have the more you get information about different aspects of caring. (Sophie)

Farida also indicated that her interactions with her parents influenced her interpretation of caring, saying: "I find the nursing profession more than anything brings out a caring attitude. But how you were raised, your values and beliefs come into play in how you view caring." She did not say why she had chosen nursing as her career. She entered nursing school directly from a rural high school.

Clara, who was from an urban area of Newfoundland, completed a couple of years in another undergraduate program prior to entering nursing school. She said that her own life experiences as well as her family influenced both her career choice and her definition of caring.

I think a lot of my definition, some of it I've adopted since I've started nursing, but I think a lot of it has come from my own experience. My own experiences in the hospital setting as the patient and having students myself look after me. Just the way I've seen my family work.... They are very well thought of and what makes them so well thought of, their community work. (Clara)

Ethan also emphasized that his life experiences were influential in his

nursing education. He said that he had completed a number of courses in another undergraduate program prior to entering nursing school. These courses along with his very interesting life experiences, he felt, impacted greatly on his understanding of caring, his career choice and his nursing education.

Before, I'd ever heard of the term experiential learning, I was a firm believer and that's one of the reasons I choose nursing at this point in my life.... Just every life experience that I've had has helped. Like my volunteer work has helped, work has helped, studies has helped my definition of caring. Even though I chose nursing as a career there's nobody in my family who's a nurse... a nursing figure. I know for a lot of people in my class that is certainly the way so I can certainly see how a child or adolescent experience or knowing another nurse helps in the development of a caring definition. However I didn't just happen to have that experience (Ethan).

Interestingly, most of the students discussed the reasons for entering nursing as an integral part of their conversations about caring without a specific question being asked.

What is Caring? : Emergent Themes

In keeping with a phenomenological approach, data analysis began with sorting and coding student descriptions. It soon became clear that caring within nursing is perhaps not as simple as the word "care" suggests. In fact, teasing out the various aspects of caring and the influences on the students' ability to care proved to be a complicated process. Nevertheless it was immediately clear that the quality of the relationships which students develop over the course of their nursing education was the most significant basic social process. These relationships included individuals in the roles of patients, instructors/faculty,

peers, staff and parents. The relationship with the curriculum content of the educational program was also described during the students' stories about caring. However, the development of these relationships with respect to the concept of caring within nursing seemed to depend largely on the "genuine presence" of the individuals involved and the supportive/helping nature of the social situation. Relationships were also largely influenced by the time taken for caring and reciprocity between the various roles engaged in by those involved with the students' education. Gender, educational background and place of origin were also considered by some of the students as having some influence on their perceptions of relationships.

A variety of relationships create a caring learning environment

Elsie articulated clearly the significance of relationships by saying:

When I think about caring I think about respect and I think about love and I think you have to have some sort of a relationship whether it be personal or social or you have to have some connection I think to really care about somebody (Elsie).

The complexity of the concept of caring was evident by identifying the numerous relationships in which caring could occur. For the students in this study caring relationships with patients, essential in the professional nurses' practice, was considered key. Other relationships of importance included instructors or faculty in the nursing program, the staff in the health care setting whom the students encountered during their clinical experiences, and of course their peers. Interestingly, student's perceptions also involved a relationship with the curriculum.

Grigsby & Erickson (1995), from their study of nurse educators, also

identified the relational aspect of caring. The nurse educators emphasized that a "connection" with somebody was necessary to create caring which was similar to Elsie's description.

Two themes are evident when faculty describe their experiences of caring and uncaring: 1) Caring is Connection; and 2) Caring is a Pattern of Establishing and Maintaining Relationships. ...When nursing faculty experience caring within their work environments, the overriding theme they decried was the experience of feeling connected to others.... When caring occurs with nursing faculty, they are motivated to develop and maintain relationships with others. (Grigsby & Megel, 1995, 413-415)

Patients

During the interviews, stories of caring often began with the students describing their "connections" or relationships with patients. Dealing with patients at times could be very exciting especially when the student described having a hand in bringing forth a new life. Ethan, for example, said:

Well, there's been a lot, I think in every hospital I've been in I'm sure I could think of an example. The maternity rotation in particular, assisting someone through the birthing process was just amazing, completely amazing. I don't know how to describe it but knowing that my being there made a difference to her and it did and it helped the process.(Ethan)

Farida also indicated the powerful impact of interacting with patients.

I've had many caring experiences; my most caring experience was on (a floor of the hospital) my patient there had a powerful effect on me. ...She shared her life stories with me and told me about her illness. Even though she was really, really sick she would try and be up to see me in the morning (Farida).

These students' descriptions revealed the exciting and powerful influence that their relationships with their patients had on their educational experience. Further examples illustrating the importance of students' relationships with patients were revealed within the presentation of themes such as "genuine presence" which they concluded were necessary to develop a caring relationship.

Kosowski (1995) noted in her study of junior and senior baccalaureate nursing students at an American college that all the participants recalled details of patient care experiences as a spring board for describing their experiences of learning about caring. Interestingly, she did not specifically ask about the students' relationships with their patients during the unstructured interviews. In the same way the students in the present study also launched into their interviews by describing their relationships with their patients.

Faculty/instructors

After describing their relationships with patients, all the students considered relationships with instructors/faculty as contributing to a caring or uncaring learning environment. A majority of the students referred to experiencing caring during their interactions with their instructors. Dan said that once he feared lack of guidance from faculty/clinical instructor prior to caring for a patient. He indicated that the presence of the instructor while caring for his assigned patient alleviated his fear.

I figured that we were going to be placed in the hospital just with the staff. I didn't know there were clinical instructors. ...Then I was very frightened at that idea. But with the instructors out there with us, that fear is gone (Dan).

However Clara along with two other students spoke of uncaring experiences related to the unapproachable nature of the faculty member involved. Clara further emphasized the need for constructive feedback from faculty to make the relationship a caring one.

To a student we need feedback. We need to know somebody is there that if we're in trouble that we can feel comfortable to talk to them. I've had a couple of instructors [that] I've been scared to death of. I would go to other instructors to talk to them. I don't think that is right. (Clara)

Students' relationships with faculty are emphasized in the literature (Beck, 1991; Dillon & Stines, 1996; Halldorsdottir, 1990; Hanson & Smith, 1996). Kosowski (1995) spoke of students learning to care for and about patients through role modeling by both the clinical nursing instructors' and the staff nurses' relationships with patients. Appleton (1990) also indicated that students spoke of their relationships with faculty while describing their meaning of caring.

Peers

A caring environment for all ten students was described as being composed of faculty and interestingly enough peers as well who were helping and supportive. Emily expressed being "really close" to peers as important in her learning environment.

Well a lot of it I think you get as a group when you get in clinical groups...The six students you get [together with become] really close over the semester. I find that you really have a caring environment from each other because you become really good friends. (Emily)

Inez referred to her peers "being there" during her descriptions of caring.

I can be very empathetic with all my student friends because I know

exactly what they're going through... I know even this past week that I'm becoming very frustrated with the amount of work I have to do and I know my friends are there for me if I need them (Inez).

Relationships with peers were described in the literature as key to a caring learning environment. Appleton (1990), Beck (1992a) and Hughes (1993) qualitative findings were consistent with the idea that a climate for caring is experienced through peer interactions. Similarly, Nelms, Jones & Gray (1993) described students' relationships with fellow students as an opportunity to learn caring, however little elaboration was present as to how this occurred.

Staff

After recounting their relationships with patients, faculty and peers the students discussed their relationships with staff (health care workers and professionals within a nursing home or hospital setting) only briefly. Interestingly, only a third of the students referred to examples of caring relationships with these workers or professionals. Dan, for instance, spoke of the impact of viewing his mother and other health care professionals at work.

I'd always experienced being out, going and visiting the floor when we would go to pick her, my mother, up from work. So just seeing her and [the staff], I knew the staff on the floor she worked in. Just seeing them interact that was also a caring environment (Dan).

By contrast, half of the students recalled uncaring relationships with staff (the particular staff occupation was not always divulged) within the health care environment. Dan gave the following example of his experience.

We learned some of our pharmacology but we weren't yet approved to use it on our own. A couple of the nurses were really upset and angry ...There is only one instructor for so many students and you have to wait

your turn. They got really angry and said some harsh words. ...For the rest of the rotation we were kind of tiptoeing around everywhere. It put a damper on our whole situation. You didn't look forward to interacting with them or interacting with the patients. (Dan)

Interestingly with the exception of studies by (Dunn & Hansford,1997; Kosowski, 1995; Nelms, Jones & Gray's,1993) there is very little discussion of student- staff relationships. The few researchers who do deal with this issue focus on uncaring staff relationships. Nelms, Jones & Gray (1993) referred to the paradoxical nature of caring with regard to students learning caring through observing hospital staff being uncaring to patients and families. Kosowski (1995) labeled this as a learning caring through reversing the negative behaviors of noncaring staff in order to learn the positive aspects of caring.

Student-staff relationships were a subclass on the Clinical Learning Environment Scale (CLES) used in Dunn & Hansford's (1997) study. Dunn & Hansford (1997) found that students described good staff relationships as a warm and supportive relationship between staff and students. The attitudes of the Registered Nurses toward patient care were emphasized by participants in this study and in Dunn & Hansford's study as important to the students' perceptions of the clinical learning environment. The staff needed to provide access to learning experiences and they needed to be willing to engage in a teaching relationship with the students in order for caring relationships to occur. Dunn & Hansford study also identified that staff other than the Registered Nurses such as pharmacists or physicians had an impact on the learning environment.

Curriculum

Interestingly, the students spoke more of their relationships with the

curriculum than they did of their relationship with staff. They were very forthright with their description of the curriculum as they were with those descriptions of their relationships with patients, faculty, and peers. Leela gave an interesting interpretation of her first encounters with the concept of caring in the curriculum.

I remember first year when all this caring (was discussed) and I remember thinking [laugh] I don't want to be sitting here listening to this. I thought it was kind of stupid because, you can't teach people how to care, ...because I thought that was just innate. In a nursing course we did this activity where there were different types of people on an island and there was a tidal wave coming. We had to decide who was going to get on the helicopter and who had to stay. That was really interesting. ...When I actually got into the environment (clinical area) I realized that, yea, there are techniques that we need to learn that I didn't know. Like communication techniques that might be better (Leela).

Dan said that his learning about caring began in one course and continued on into other courses.

Caring...probably in our communication course in first year, I was kind of a shy person, before, but as nurses we have to be involved with clients more than on a physical level, and then throughout every other course. I guess Holistic is a big word around here, so focusing in and learning about what that was all about helped me and [also] from being in the clinical area. The instructors seem to have an instant rapport with clients, they are very good role models. I think that's where it all came about for me (Dan).

Ethan added:

The therapeutic communication course in first year taught me an awful lot. Like verbal and nonverbal cues are big things. I did have some awareness

of them even before I started the program.... I've done psychology courses and I've found the science of human interaction interesting.
(Ethan)

Caring has been identified as a "thread" in many nursing curricula (Gamling & Nugent, 1998 ; Higgins, 1996). The curriculum revolution referred to in the literature implied the significance of making caring a core component of the nursing education curriculum and a core value within it (Bevis & Hills, 1993; Higgins, 1996; Tanner, 1990). Clearly, these students agree.

Parents

Along with the curriculum the students also referred to their relationships with their parents prior to entering nursing school as important to their caring encounters. Reference to parental relationships often arose when responding to the question. How did you develop your definition of caring? Emily gave the following example of the importance of her parental relationship.

I guess your experiences as a child growing up, when you are cared about, you learn that is what caring and love and these feelings are all about. So I guess that's mainly where it's from, your parents and family and friends later on (Emily).

Some students combined their relationships with their parent and other influential relationships in their description of their development of their definition. For example Sophie spoke about the influence of both the nursing profession and her parents in the following statements.

Not only in the nursing profession but ever since I was a little girl my mom and dad were very active in the community and from them I learned to care about everybody and do things for them. My grandmother had.[an illness] at a very young age so we spent more of our time just being with her. I think caring feelings developed from that because you saw nurses

with her and you saw what they did. I knew that when I came into nursing school the first thing I had to do was develop this caring attitude...I think almost all clinical experiences I've been blessed with [included] caring for and getting appreciation from someone else (Sophie).

Clara discussed her personal experiences along with the influence of other relationships.

I think a lot of my definition, some of it I've adopted since I've started nursing but I think a lot of it has come from my own experiences, my own experiences in the hospital setting as a patient and having students look after me. You know just the way I've seen my family work.... [The performance of] my mom's interactions.(Clara).

Previous experiences with parents and others were discussed by Simmons & Cavanaugh's (1996) who investigated the relationships among childhood parental care, professional school climate and nursing student caring ability. Their quantitative study of senior nursing students in the United States indicated that school climate was the strongest linear predictor of students' caring abilities when comparing the three areas. They also added, however, that some individuals from homes characterized by gross lack of parental care can become very caring persons. By contrast a large number of the Canadian students from this study indicated that their childhood relationship with their parents was very influential on their ability to care. Interestingly enough Leininger (1984) revealed in her discussion of her studies of 40 cultures that more differences than similarities arose around the findings related to cross-cultural care.

Other relationships not mentioned by students

Appleton's (1990) participants, who were studying at the doctoral level,

specifically referred to a relationship with the organization or the bureaucracy, which the baccalaureate students did not refer to in this study. However the relationships they focused most on were their relationships with faculty and peers. The fact that the students in this study were in the second year of their program (and not at the doctoral level) likely influenced the amount of interaction they would have had with the hospital bureaucracy and nursing school.

Caring involves establishing a genuine presence within the relationship

While the students emphasized the significant role of the people within the learning environment such as a patient or an instructor it seemed clear that the quality of these relationships related in varied complex ways to the "genuine presence" of those individuals. The overriding theme of "genuine presence" suggested that having people in place was not enough. They must be genuinely involved. Some students described this phenomenon as "they're there". Genuine thought and ethical communication skills that indicated authentic caring were articulated during interviews with participating students. Genuine experience or actual physical presence within the educational environment was important to their perceptions and learning about caring.

The students spoke of demonstrating genuine presence as essential to the caring relationships. Emily said:

When there are people around who care and you know they care. They're there, even if they don't say it you know. They're there if you really need to talk to someone then you can talk your way through it and you'll be fine.

(Emily)

Elsie continued with this perception of "I was just there" as an indicator of an authentic caring presence.

It was a really sad situation. Basically I was there with her [wife]. I said ...I was just there to say besides the psychomotor skills that I had to do for him [husband and patient]; I was also there to say that if she [wife] needed me and if she wanted me to sit with him [patient] I would. If she wanted to grab a coffee she could and I would wait with him... (Elsie)

Clara gave another example of how a student nurse's genuine presence brought comfort to a patient.

He was in his fifties this gentleman and terrified, terrified of having this operation he wanted me to go down to the area with him to wait. I got down there and he said you're coming in aren't you and so I called up and checked my instructor said go ahead, well he was squeezing my hand I was sure he was going to break it. (Clara)

Genuine presence was a prevailing theme in the literature. Noddings (1988) who emphasized the necessity of the "total" presence of the caregiver said:

The first member of the relational dyad (the carer or "one caring") responds to the needs, wants, initiations of the second. Her mode of response is characterized by engrossment (nonselective attention or total presence to the other for the duration of the caring interval and displacement of motivation (her motive energy flows in the direction of the other's needs and projects). She feels with the other and acts on his behalf. (Noddings, 1988, 219-220)

Beck's (1992b & 1993) studies emphasized authentic presence of the nursing student while caring for a patient. Miller, Haber & Byrne (1990) spoke of the presence of the teacher or the student in terms of "teacher ways of being" and "students ways of being" as two of the major themes within their findings. Some of the literature on caring identified the necessity of presence in a caring

relationship but did not add the descriptor genuine or authentic to the theme or theory (Hughes, 1993 ; Hughes, 1998). In this study, however, a number of the students indicated that the terms genuine or authentic was very important to them.

Genuine presence through thought

In terms of demonstrating genuine presence, the students spoke of the importance of thought in a caring relationship with a patient. Emily described genuine thought in the following manner.

I think it's just the way you think inside, like you just feel that you want to do stuff and you really care for the person and about them. You do different things for the person, so you're not only just caring in your head, but you're doing things to show that you care about them. (Emily)

Emily expanded the concept of genuine thought by adding the term affection and concern to the description of a caring relationship.

Caring means that you're concerned, that you're interested, that you feel a strong affection or liking towards someone, that you're interested in their well being. If you care about someone, [you're]not just interested, you're more than interested you really want them to do well and be happy, you're concerned for them. (Emily)

Farida observed that the patient as well looks for a nurse to "really care" about and for them.

Well, before I came into the program obviously I had my own perceptions of what caring is and what caring meant when dealing with other people whether it be family, friends, peers whatever but when I came into the program I learned a different aspect of caring. I learned what patients are especially looking for in a caring environment when they interact with the

nurse. Not just that it be a friendly trustworthy relationship... but that you really genuinely do actually care for these patients and how they're going through the course of their illness or how they are going through their course of getting well. (Farida)

The students' description of genuine thought seemed consistent with Watson's (1997) first carative factor: Forming and Acting from a Humanistic-Altruistic system of Values. The references to "really caring" also provided evidence for Roach's (1987) reference to conscience and commitment; two of the 5 C's in her caring theory¹. Similarly Appleton (1990) refers to commitment as a theme and genuine as a sub theme of the research on the process of caring with graduate nursing students. Halldorsdottir (1990) identified that caring behaviors of faculty from a student's perspective included genuine concern for the student.

Communication of genuine presence

Also significant for these students was the importance of communication to establishing genuine presence in a caring relationship particularly in descriptions of relationships with patients. Farida and Dan's descriptions of their relationships with patients were rich with reference to communication. Farida said: "To create a caring environment, a caring relationship through therapeutic communication, the interaction is genuine, empathetic and shows positive regard towards the client at all times."

Their nonverbal communication is something I always look for; it's not just what's on the surface I think. The little touch, I always if the patient doesn't mind, when I'm in talking to them, I hold their hand, I learned that a lot

¹ Chapter 2 contains a description of Watson (1997) and Roach's (1987) caring theories.

with kids that kind of thing, because that was my favorite rotation so far.

(Dan)

I really enjoyed that at the Janeway when the mom and dad wanted to go for a coffee and they were there all night, just to go in and say I'm here if you want to pop out. Not just changing the dressing and everything, all the other, the interacting with the patient, talking and listening, that's the most important thing to me. (Dan)

Many of the students in this study referred to their communication course and noted that it had contributed to their caring perceptions. These students described their caring student-instructor relationships in terms of the instructor being available, approachable or genuinely present and listening to them. Olivia agreed that approachable and genuine were characteristics of a caring nursing instructor.

I've found since I've come here that the majority of the instructors have been excellent, very approachable, you can go and talk to them when you are having a problem and of course our counselor's fantastic... you know that when they say come and see me my door is open. They mean it.

(Olivia)

Farida felt that practicing confidentiality while communicating with patients demonstrated caring. "Being a patient advocate, I find, [is important] in a caring environment. The whole confidentiality aspect of the code of ethics is very important in a caring relationship with an individual." Clara echoed Farida with these comments.

It's all caring about the patients and realizing that the ethics are a part of the profession you're getting into you have to really watch what you say and how you say it. I mean your confidentiality is always a big thing but you have to care enough about the patients to realize listen if you spill the

beans somewhere, there's such a stigma attached to mental health that this could ruin them. (Clara)

Other studies referred to the importance of genuine presence and communication in caring behaviors. Nelms, Jones & Grey (1993) identified communication of caring as a theme of teaching caring to nurse students. Ninety-seven of the nurses in Wolf's (1986) study ranked "attentive listening" as the highest caring behavior. Mangold's (1991) research revealed that the professional nurse and the student nurses agreed that the most important caring behavior was listening to the patient.

Genuine physical presence in the clinical setting

Genuine presence was also described as actual practice in the clinical learning environment. Farida indicated that the course which required her physical presence in the clinical setting affected her perceptions of caring the most.

I found every course and every text book for the course actually I read dealt with some aspect of caring but mostly I'd have to say it came through, really came through when we went and did the clinical experiences and we had our clinical conferences afterwards. When you got patient feedback you actually felt really good about how you did care for that individual. So that's where most of the caring that you learn came from.(Farida)

Ethan also emphasized that actual practice in the clinical setting greatly influenced his perception of caring.

Certainly I learn more by doing. I mean I do get information from the course obviously but it's the actual practice that makes me feel competent and it gives me confidence to continue...Feedback is good either way.

Because if people are telling me, what you did right now, that really meant a lot or I wish you didn't say something like that, either way, you know it will help me recognize in myself how to be more caring. (Ethan)

As well, Emily felt that she learned the most about caring from the clinical setting.

Oh, I think caring comes through in your clinical component. That's where you really have to bring it out because it's more than sitting down and taking notes in a classroom. Where I really use it myself is mostly in clinical, well, you do use it in personal experiences, but I think it teaches you to be a caring person. (Emily)

The student's views echo Kolb's (1981) Experiential Learning Theory,² which is often referred to in both adult and nursing education literature. The students referred to the concrete or genuine clinical experience followed by reflection on it in post clinical conference and feedback from patients as leading to the formation of their abstract concepts of caring. They described applying these concepts of caring to clinical experiences which is consistent with Nelms, Jones & Grey (1993) statement of the importance of the students being present in the clinical area and applying course theory while communicating with the patients, peers, staff and/or instructors.

Effects of lack of genuine presence

A lack of genuine presence contributed to poor communication and lack of caring in the relationship. The students who spoke of an uncaring student - patient relationship described a nonverbal barrier between themselves and their patient, a barrier which seems to prevent the development of a close relationship with these patients. Sophie gave an example of how the lack of verbalization by

² Refer to Chapter 2 for further explanation of Kolb's Experiential Learning Theory

the patient further contributes to this uncaring relationship. "She sort of had a barrier and that was it, she didn't talk or anything like that and I never did get her to warm up to me. It was difficult." Similarly, the uncaring relationship that Ethan experienced with his instructor also illustrated a lack of genuineness in communication.

I had one uncaring instructor who was just not very nice at all and berated me in front of students and nurses who were working on the unit.... She later apologized to me, but I don't think to this day she did it because she cared. (Ethan)

Emily emphasized that the lack of presence and poor communication contributed to a bad relationship with staff.

Some staff just ignore you, you'll ask them a question and they won't even answer you. Hello, I'm human, I might not know the answer, but you had to learn in nursing school too sometime. That's the way I feel and they should help out. If they don't have time, fine at least tell me.(Emily)

Halldorsdottir's (1990) study of nursing students identified the following similar uncaring behaviors of instructors towards students: detachment or emotional distance and lack of concern for the student. Nelms, Jones & Grey (1993) pointed out that a lack of listening among nurses was uncaring. King & Murphy (1999) also emphasized that listening was very important to the health of a group of patients living with anorexia nervosa. The patients in King and Murphy's (1999) study described experiencing feelings of rejection when no one listened to them and they in turn rejected their treatments for their illness. These nursing students along with nurses and patients described in the literature believe that uncaring relationships can be created by lack of genuine presence and poor communication in relationships within the learning environment.

Caring relationships often provide support or help

Genuine presence can lead to supportive/helping relationships, according to the students in this study. Developing a supportive and helping relationship was described in a variety of ways such as demonstrating empathy and considering the students as individuals.

Supportive/ helping relationships were also considered key to caring and coping with anxieties and frustrations associated with being in the student role. Emily indicated that even when the program was difficult the support network kept her motivated.

Sometimes there's times I'm ready to pull my hair out like before exams and big papers and you just want to quit but you feel you have a whole network behind you to support you. Well probably it's caring.... When you have people to support you, especially in here, they know exactly what you're doing, all your peers do. They'll say come on we'll get this done and as soon as you need a motivational speech you can get one so that helps you to stay here. (Emily)

Ethan echoed some of Emily's feelings about anxiety and frustration. He felt that the support he received from his instructors helped him to work through his anxieties and frustrations. He needed their help to establish realistic expectations of himself within his education program.

She cares and she listens and she's supportive but many of the instructors here are also the same way... Especially when I first started nursing I had to always be perfect and that was a self imposed ideal certainly and so it would be really frustrating if I attempted something and I didn't get it 100% right. I've had instructors who were there at those times and kind of helped me through by helping me realize that you are a

first year student. You don't have to behave like a fourth year student, so that's been very appreciated. They brought you to where your expectations you felt should have been.(Ethan)

Farida echoed Emily's comments.

I would have to say the most important thing that showed caring to me would be the peer interaction, maybe it's the age, maybe it's going through the same thing at the same time and everybody understands. They know how much work you have to do. The support that you get from classmates is really good like everybody is willing to help you with anything that you have a problem with.(Farida)

Olivia noted that most of the students had formed support networks.

I came into this program knowing no one, everyone was a stranger and I've developed some really close friendships and we're only half way through the program. There's a lot of support, I think. Most people I think have support networks formed. They've formed them throughout the period of study. (Olivia)

The students described the sharing of stories about their experiences as demonstrating support. Ethan added that his peers reduced his feeling of isolation.

...Whatever nursing function is happening outside of school, conversation always turns around to the clinical rotation and instructors and courses. So there's always room for catharses, to kind of get everything out in the open so everybody can support each other.... You've shared your stories. ...Knowing you're not alone certainly [provides] the sense of comradery. (Ethan)

Leela discovered that patients found sharing stories with each other supportive and helpful through their recovery period.

All of these women [were] discussing their problems. They all really came together and I was sort of in the middle of it watching. I was getting them together. By the end of it they'd all gone through crying, I was crying, while telling their stories and then we were all laughing. It was really cool because everyone was sort of helping each other out. (Leela)

Watson (1997) identified "Developing a helping trusting caring relationship (seeking transpersonal connection)" as one of 10 carative factors. Supportive relationships were identified as important as well by Hughes (1993) during her study of nursing students and peers caring interactions. Miller, Haber & Byrne (1990) referred to the necessity of a "pervasive climate of support".

Within the climate of support, the process of caring develops. ...Students identify caring teachers as being nonjudgmental, respectful, patient, available, dependable, flexible, supportive, open, warm and genuine. They perceive that the teacher reaches out to them in an empathetic way offering a constant presence. (Miller, Haber, Byrne, 1990,128 -129)

Empathy

Olivia, Clara and Farida linked support and empathy during their interviews. Olivia described in the following statement how she perceived that people could be helped through empathic behaviors such as walking "in the other person's shoes." "Well it's kind of like putting yourself in the other persons shoes more or less and trying to help them. You kind of try to understand how they feel." Farida included their level of wellness with her description of empathy.

I guess as a nurse being caring towards a client or anybody I interact with during the course of the program would be to show them that I was empathetic and very genuine and help them achieve their optimal level of wellness.(Farida)

Clara added that all the instructors needed to do to be supportive was to

practice empathy and remember their own student days. "A big thing you need to be empathetic, especially instructors, they have to realize that at one point in time they were students too and they didn't know everything." Hanson & Smith (1996) also spoke of empathy in their study of caring nursing student and faculty relationships. Similarly, Leininger (1984) referred to empathy as a key caring component while researching 30 cultural views of caring.

Recognizing individuality

The students felt supported by being considered as valuable individuals who were placed in the role of learners. Ethan stated that, "respecting you and valuing you as an individual," was an important aspect of caring. Beck (1991) identified that a student feeling respected and valued as an individual was important to developing a student-faculty caring experience.

Recognizing individuality through addressing students by name was very important to a number of students in forming supportive relationships. Clara strongly indicated the importance of knowing a person's name.

I don't know if anybody else would see it as caring, but the instructors knew your name. You're not a student number to them. You're an individual and after having attended [another post secondary school] I had instructors who never knew who I was. They said well it's a big class. Well, our class is a big class there's a hundred odd students in it. Not as many now as when we started but still it's a large class and they still know our name....You are an individual you're not just one of a flock. They call you by name. (Clara)

Inez echoed that knowing the student's name was an indicator of support from a faculty member.

I came here and the instructors made an effort to know my name. I

remember one example in class. She [the instructor] knew my name and it really took me back. We were talking in a group and she said that's a good point. I just looked at her, you know my name I'm not a number to you. All the instructors knew my name. They would ask how are things going? My motivation skyrocketed. (Inez)

This is consistent with Wolf's (1986) results, which showed that calling the patient by name was one of the top ten caring behaviors.

Recognition of individuality through noting differences in life experiences was emphasized by some of the students in this study. Olivia shared the following example.

Some people [students] already had degrees or been in school so long. [These students] had their experiences, so it was nice our counselor recognized us [high school students]. [The counselor] sort of brought us together as a group and spoke with us. ... Just the fact alone that we were recognized as our experiences would be different and we would have sort of different stresses showed caring. (Olivia)

Inez added consideration of the individual's personal financial situation.

I'm finding as we go further and further into the program, we have less and less books to buy. Believe it or not that makes a difference because you have less money to spend. It's less of a financial burden, which does show that your instructors care. They do realize there's more to it than just school and school is expensive. (Inez)

She added that supportive means that the individual personal touch is part of students' relationships with their instructors. Inez illustrated this sentiment through this statement: "They really show they care about you and they're interested in even personal things that will affect your school and anything that's going on." Similarly, participants in the study of Nelms, Jones & Grey (1993)

related that an uncaring relationship would be to not care about the student's individual financial situation.

Dunn & Hansford (1997) reported that students attached great importance to registered nursing (R.N.) staff willingness to engage in a teaching relationship and accept the student as a learner as an individual with a legitimate role on the team. The following description by Emily of an uncaring student-staff relationship reflected the perceptions of some of the students in this study. She gave the following example to illustrate her relationship with staff member who did not accept her as a learner on the health care team.

I said, the person's name, [staff member] and I said when you're ready I need to report off to you. [Then] I stood there for about literally five minutes, no exaggeration and waited and waited. [Then] she [staff member] said 'Okay, you can go now'. I said I didn't tell you anything yet. She said, 'that's okay you can go.' I was just thinking, thanks, you know, you really need to know. All of my twelve-hour shift [I spent here] you might need to know something that I've done. That kind of stuff is hard because it certainly shows they don't care. (Emily)

Time is required for caring

Time was needed to demonstrate genuineness and to develop helping/supportive relationships. The students repeatedly stated how important time was to them in developing a caring relationship with their patients. Students also referred to comments made by their patients on how important time was to their patients' feelings of being cared for. An optimum caring learning environment for the students also consisted of a school where the instructors provided time for interactions with the students and time was also allotted for peer learning.

Time for care of patients

The students clearly articulated that time was needed to develop caring student-patient relationships. Emily emphasized time to care, and consistency of client care assignment:

She was a new mom. You really got really close to them because we were there and we had the same patient two days in a row. Then the next week I even went to check on her ... I got to know her (Emily).

Dan said that time was needed to provide patients opportunities to communicate their concerns and feelings.

We talked a lot about how he coped with his arthritis. He opened up more each time and I had him for a full week...for five days straight. So, I think for me the interaction, the talking, the listening that was really caring (Dan).

Olivia's example further supported the theme of the importance of time.

First semester, when we were just going into [the hospital] for four hours a week. [the patient we were assigned to] was someone different each time. You're more or less just going in and doing the basic care. Now, sure you still, you care about the person [patient] and you're looking after them. But you don't really know the person. Okay this is a client, a patient in the hospital just like everybody else. But when you get to know the person you can individualize and you can care about them. It comes through more.(Olivia)

Olivia later in conversation added these statements.

So last year in this experience I'm talking about I got to know the client. You really get to meet their family and I find that makes a big difference. When you get to meet their children, if it's an older person, or again if it's a younger person you get to meet their parent's ...you get the whole

[experience]. How they care for their family member, the client. So you're caring not only for the client but the family too. ...The more you know a person the more you can care about the person. (Olivia)

Time was not only important to the students but also to patients. Sophie described her patient's face as "lit up" after she spent time talking and helping her with her grooming.

She was a patient who was completely bed ridden. She couldn't do much [hygienic care] for herself. The first day I met her, her hair was really cruddy and she didn't look clean. She came from [a place]...and she wasn't really given the attention she needed [prior to admission to hospital] so I just talked to her. I asked her would you like your hair washed and curled. You should have seen her face it lit right up. We got at it and washed and curled her hair. [To] anybody that came in the room after, [the patient said]: 'look at me, look how I look.' This shows you a little something made a world of difference. ...I felt I did something and I cared enough to make her look presentable. I had the time to do it so why not! (Sophie)

Emily noted that time is needed for caring in patient teaching.

She [the patient] was just so happy to have you there she found the staff were so busy. She didn't want to bother them. However she knew that with students I was just assigned to her and no other patient that day. She asked me a lot of questions and I taught her. So you really had a good relationship.(Emily)

Elsie emphasized that time is needed to develop relationships with patients who are at a vulnerable period in their lives.

A caring experience in the clinical area was with a family.... The husband [patient] had recently gotten cancer and he was basically on his last days. The family came in and you know the wife was really upset. He [patient]

was on pain medication... [I was] just trying my best. The floor is so busy and the nurses are wonderful. However as I was only assigned probably two patients that day, I had a lot of time to give to that family. (Elsie)

Inez further emphasized the need for time to provide comfort.

I was assigned to this lady [patient] and it was suspected she had cancer... There was a shortage of nurses on the floor and they didn't have the time to sit down and talk to her like I did. I was only assigned two patients, so I could go and spend most of the day with her and just comfort her.(Inez)

Instructor and peer learning both need time

Going beyond patient care, Emily noted that instructors providing time for the student contributes to caring relationships. Emily stated: "If anybody showed me a caring attitude starting off it would be her [instructor]. Her ability to be open. Her ability to help me out, anytime of the day. She made time for me." Ethan echoes this theme of time and caring.

I think every assignment. We've had some, not strange per se, but unusual new types of educational tools that we've had to use. .. Certainly everybody [students] had lots of questions. [For example] how do you do a journal, or how do you do a seminar, or how do you do debates. Every instructor who has ever given us those assignments has spent much time discussing and answering any questions. Meeting one on one with people [students] to keep them on the right track. and That certainly makes a big difference. If it was more impersonal ...learning wouldn't be very effective at all.(Ethan)

This seemed consistent with Beck's (1991) finding that the faculty members' time was viewed by the students as a precious gift.

Clara and Leela emphasized that time was needed for peer learning

which can also be caring. Clara's example emphasized the importance of time in helping with a course.

There are a couple of courses I don't think I would have gotten through had a classmate not helped me.... I've got to do this. What am I supposed to be doing? I can't remember right now because I'm panicked and your peer will take the time, whatever they're doing. They'll take the time and they'll spell it out. (Clara)

Leela gave the following example: "Just studying, people [students] will help each other out, we'll spend hours at a time making someone understand something. You know sitting down with them [students] and going over things. Everyone just sort of pulled together in class." Clara clearly stated that lack of time is detrimental: "Some nurses just don't have time for you, I guess that's pretty uncaring of them. I can think of one instructor who would never give you the time of day and they are few and far between." Results of Nelms, Jones & Grey's (1993) study revealed a similar theme: When time is limited, so is caring. Appleton (1990), from her study of doctoral students, developed a model of pedagogical caring in which she referred to the environmental phenomena needed for caring. Sufficient time to express and engage in a process of caring was an aspect of this environmental phenomenon. Only a few other studies focus on time as a theme (Grigsby,1995; Hansom & Smith,1996; Redmond & Sorrell, 1996).

Reciprocity is often a result of caring

According to the students involved in this study if the individuals involved in the learning relationships were genuinely present, supportive and provided time for interactions reciprocal caring relationships could occur. The reciprocal nature of the caring relationship could be demonstrated through increased

learning or understanding, a feeling generated by caring, a gift or a kind word. The students along with registered nurses within the literature described reciprocity as a benefit as well as an important component of forming caring relationships.

Increased understanding

Sophie emphasized the benefits of sharing in peers' learning and the resulting reciprocity of increased understanding.

We use to study together. Even if I knew the concept we'd sit down and I'd go through it with her. It worked both ways she understood it more by me explaining it and I understood it more because it was a refresher. It was a caring experience. (Sophie)

Dan added: "The students, my peers, you learn from them and they can learn from you. Anything you might have missed they might be able to help you out with."

The instructor's or patient's sharing of themselves through stories was identified by the students as beneficial to their learning and indicative of a caring relationship. Dan gave the following example of his experience: "All instructors share some stories of their experiences they've had. To me it's good to hear someone else's problems or successes and that can sometimes help you, if you run into a similar problem." Farida also presented an example of shared life stories.

I've had many caring experiences. My most caring experience was [with] a patient that had a very powerful effect on me. She was always concerned about me getting a good [learning] experience from being with her. She shared her life stories with me and told me all about her illness (Farida).

Nurses within Morse's (1992) study described the patients' sharing of stories about their illnesses and lives with their student nurses as giving them a feeling of being able to reciprocate caring by making the work of teaching students easier for nurses. Similarly, Dutil & Buchard (1993) identified sharing as part of the caring process. Beck (1991) also referred to sharing of selves in her study of how students perceive faculty as caring. Beck (October, 1992b) later identified reciprocal sharing as a central concept within her study of nursing students relationships with physically and or mentally handicapped children.

Gifts of gratitude for caring

Farida and Sophie spoke of reciprocity achieved through patients' expressions of gratitude for their actions through gifts and kind words. Farida stated: "We developed a great therapeutic relationship and actually after I was finished she gave me a big thank you note and a little present." Sophie gave the following example.

I had a patient who whenever I came into the room she just brightened up and she'd say, you're such a good nursing student. You're going to make a wonderful nurse. You keep it up. Just that attitude made me think if it's a rough day, well maybe I will be [a good nurse] just because of this one person.(Sophie)

Sophie added that appreciation by peers was also reciprocity for caring actions. "That was a caring experience and she [a peer] really appreciated it and told me time and again. She [a peer] even sent me a letter saying how much she appreciated me reviewing that with her." Other than the present study, research was not obtained on student nurses' perceptions of caring and reciprocity with regard to the complex phenomenon of gift giving. Morse (1992) within her study of gift giving in the registered nurse - patient relationship

indicated that reciprocal gifts of gratitude were necessary for the patient's healthy recovery and highly valued by the registered nurses. By giving the gift of a letter a card or other item the patient had the opportunity to reciprocate for the care received and move out of a dependent role into an independent role. Nurses indicated that it did not matter what the gift was. Rather, it was the look in the patients' eyes or the kind words on the letter they received that gave them a feeling that nursing was worthwhile.

Feelings generated by caring

For Emily, Clara and Sophie, reciprocity seemed to mean having a "good feeling" after caring for a patient which was also alluded to by the registered nurses in Morse's (1992) study. Emily spoke of a "good feeling" after demonstrating caring for a patient.

She [patient] asked me a lot of questions. I did a bit of teaching, so we really had a good relationship. I found she really expressed a lot of gratitude. I went home that night and I felt so good because you really got close, especially to the mom [patient]. [I was] teaching new stuff about the baby.(Emily)

Clara also gave an example of the "good feeling" truly caring for a patient gave her.

He [patient] was just totally terrified about it[surgery]. He was my patient anyway I didn't mind going down [to the operating room]. It gave me the opportunity to see another surgery that I wouldn't have seen at that point in time. Afterwards and you know he made me lean down so he could give me a kiss on the cheek and he said thank you my love. I had him the next day and he really appreciated that I had gone with him. I mean that made me feel good and it was a learning opportunity.(Clara)

Sophie indicated that she felt this "good feeling" also assisted in the learning process.

It's like you could come home in the daytime and say: Wow, everything went great. I care for them and they return the demonstration and show she really cared about me. It makes a world of difference. But an uncaring experience, even if you see a nurse showing uncaring or if I did it [was uncaring] this puts the gloom on the atmosphere ... It's something you'll be reminded of and the next time it happens you'll know that well, I did this last time and felt bad. (Sophie)

Hansom & Smith (1996) called this good feeling confirmation; affirming that they felt good about being a nurse. Similarly, Beck's (1991) study identified consequences such as feeling good and capable as an essential theme of caring experiences between nursing students and faculty. Beck (1993) later re-named this theme to positive consequences while investigating caring relationships of student-nurses and patients. Farida emphasized that if the student felt cared for within the learning environment she would demonstrate caring with in her relationships with patients.

I think basically first when you go into a clinical setting you want to be welcomed. Greeted by a staff that's going to help you and show that they care for you. Like you're getting the most experience out of the clinical rotation as possible. I think that's where the caring initially begins and then by them being caring to you, you in turn, get a better experience out of it. You go to interact with your patient. You have a great caring environment there. Especially when you have a really good instructor with you in the clinical setting who shows that she's caring too (Farida).

Hansom & Smith (1996) referred to a professor who demonstrated a caring behavior toward a student by encouraging the student in turn to develop a

caring relationship with a patient. Nelms, Jones & Grey (1993) also identified that the students' different relationships facilitated their abilities to engage in caring for others. Marck (1990) referred to the power that caring could provide to enrich both nurses' and clients' lives. The nurses in MacDonald's (1998) study also referred to reciprocal action in terms of feeling energized through caring and giving of themselves. MacDonald's (1998) study echoed some of Farida's perceptions that a peaceful feeling such as caring was important to maintain the high energy needed for caring as registered nurses. All nurses within MacDonald's (1998) study were women so caring as a mother was one of the many faceted roles that demanded these nurses attention. Interestingly, a number of the studies reviewed selected only female participants and therefore did not consider the male nurse or nursing students' point of view. (Grigsby & Erickson, 1995)

Gender, educational background & place of origin

Gender, educational background and place of origin were influences which seemed to color some of the student's perceptions of caring. Limited research was obtained during the literature review on these influences. However, half of the students in this study indicated their belief that gender does not have an impact on caring in their nursing education program. Farida stated:

I think that male and female nurses really get that caring attitude and it sticks with you whether you are male or female. I don't think gender really would make a difference in terms of the experience I have. (Farida)

Ethan added: "I don't really think that gender really would make a difference in terms of the marks I get or the references or the experiences I have." Leela further elaborated:

I think we, as a society, always assume that woman are going to be more caring than men. But I don't necessarily believe that at all. ... I think it's just totally the individual. Male or female, it doesn't matter [in regard to caring ability]. (Leela)

By contrast, Olivia offered a different opinion of gender influences on caring. Olivia stated: "Girls are taught to be nurturing role models and mothering, girls are taught to be caring. Society has brought us up that way." She felt that from an early age the nurturing role of women was fostered more by society.

Greenhalgh, Vanhanen & Kyngas' (1998) study agreed with Olivia by stating that gender not age or qualifications appeared to have the greatest influence on nurses decisions regarding what caring behaviors were important. This was the only study found that examined whether gender, age or qualifications related to caring. Further study into researching differences between caring behaviors of men and women along with the difference between senior and junior nursing students was recommended.

Educational background, referred to as qualifications in the above study, along with maturity or experience was considered to be significant by some of the participants. Clara declared: "I think the more education the better you care, the more you learn about caring and you can put it into practice. I think experience plays a big role in caring." Emily expressed a different opinion: "I don't think education predetermines your caring ability. I don't think if I go to school longer I'm going to care more or less." Clara also referred to the role maturity has to play in caring.

I've had a few years to get use to what's expected of me in university, nursing is still a totally different thing and you still have to learn expectations. [However] at least I'm familiar with the [university] atmosphere. The maturity level is important. (Clara)

Inez added: "Immaturity can affect people's caring [because] it affects the time they're willing to give, maybe their priorities are a little different. They probably need a little time to mature so they can get their priorities straight."

Mangold's (1991) and Greenhalgh, Vanhanen, Kyngas (1998) were two studies which considered educational background as a possible factor which influence caring. Mangold (1991) concentrated on years of experience and compared nursing students with nurses with one or more years of experience. Three males participated in the study however gender was not referred to as influencing the findings. Mangold's (1991) study indicated that there was little difference between the inexperienced nurses' perceptions of caring and the senior nursing students. The quantitative study completed by Greenhalgh, Vanhanen & Kyngas (1998) was the only study found that examined whether gender, age or qualifications related to caring. Qualifications were considered highly by the male nurses.

Interestingly, a majority of the students voiced the opinion that geographical residence or origin does impact on your perceptions of caring. All the students compared living in a rural area of Newfoundland with living in an urban part of Newfoundland and this impact on perceptions of caring. This quote from Olivia expressed their point of view.

In a small community you got closer to people and in a closer knit sort of environment the caring really comes out. When you meet more people of course the circle gets bigger but the caring aspects are still there. (Olivia)

However, Farida voiced the following statement indicating she felt that where you are from has no impact on caring.

I think that whether you come from an outport or whether you come from the main city of St. John's, caring is universal. However people have

different views of what caring is but it all generalizes around the same definition. (Farida)

One student referred briefly to culture and its impact on perceptions of caring as she discussed the influence of rural versus urban living on perceptions of caring. The majority of the students indicated their belief that the rural or urban communities they have lived in prior to attending their educational program did influence their perceptions of caring.

Impact of a caring learning environment

The majority of the students in the study referred to some of the ways a caring learning environment improved their learning. Emily stated: "Everyone has a caring attitude and that really is what teaches us to be that type of person." Dan, Ethan and Leela supported Emily's example of how learning to model caring can occur through being in a caring learning environment. Dan's statement further illustrated the impact of modeling caring for him.

I'd say the caring environment [I felt] was when I was at the [children's] hospital. It's just everyone thinks, poor little sick kids, usually everyone is loving towards them. If you see that on the floor then I kind of think that's going to reflect in your care. (Dan)

Both Dan and Clara referred to the effects of a relaxed caring learning environment. Clara stated: "If you are in a relaxed learning environment the mind will be open to trigger new ideas." Leela referred to the motivational affect of a caring learning environment and Inez gave the following example which supported the impact of caring on her motivation.

All the instructors knew my name. [They] would ask you about personal [concerns], not personal deep down, but how things were going outside of school. It made a big difference [and] motivation just skyrocketed. (Inez)

A caring learning environment for the participating students had the impact of assisting them to model caring in their relationships and created a relaxed open mind and provided them with motivation to learn.

Conclusion

The student nurses viewed caring as essential to their educational environment just as registered nurses in previous studies indicated it was essential to their nursing practice. The educational environment for the students included a variety of people such as patients, peers, staff, and faculty/instructors with whom they developed relationships throughout their educational program. The power of interpersonal relationships within the learning environment was also emphasized by some of the literature such as Dunn & Hansford (1997) and Nelms, Jones & Gray (1993) to name a few. However most previous research examined each relationship individually such as the students' relationship with the faculty. The students in this study did not focus in on one type of relationship to describe their perceptions of caring. Instead, they discussed a range of relationships within the learning environment; they also referred to family and community relationships as influencing their learning to care. Most important was the quality of those relationships. The genuine presence of the individuals involved in these relationships with the students and the supportive nature of the individuals were key characteristics to them of a caring learning environment. As Dutil & Buchard (1993) proposed, patient – nurse caring involved co-presence or genuine presence and caring acts along with caring perceptions or thoughts.

Time was emphasized as important in establishing genuine connection and to provide support in a relationship. As well, reciprocity was often identified as a valuable benefit of a caring educational program. Peterson & Crawford (1994) and Roach (1987) agreed with a number of the students views that in

order for students to truly implement caring practices in their relationships with their patients they must experience caring within their learning environment.

CHAPTER 5

Implications and Recommendations

In the previous chapter, the findings of the study were presented and discussed in relation to the literature. This chapter outlines some implications of the current study in relation to post secondary and nursing education, along with implications for nursing practice. Recommendations for practice and further research are also included.

Implications

Although this study is a qualitative investigation of a small sample of 10 Canadian nursing students, it has significant implications for caring for post secondary education and especially for the nursing education segment of post secondary education. This study underlines the idea that students believe caring should take a central focus within their educational environment. However caring was not present in all of the students' descriptions, a situation which has implications for how and what caring theory and practices are included in nursing education.

The study revealed that theorizing about caring and attempting to draw up lists of behaviors that demonstrate caring, the two approaches to caring that Lea, Watson, & Deary (1998) referred to as evident in the literature, must be connected. Developing a relationship with a variety of people within the learning environment, committing to a genuine presence within that relationship and providing help and support were needs expressed by these students. They also emphasized that time was necessary to develop these relationships and that often they in turn felt caring from others. Thus, like Dutil & Bouchard (1993), they focused on the overall caring process. Practical implications are also evident,

since this study raises questions about the extent to which caring is actually demonstrated within nursing education and nursing practice.

Implications for the theory of caring and adult learning theory

The relational aspect of caring seemed central to the students' descriptions, implying that caring theories need to focus on explanations of how caring relationships are developed. Central to developing these caring relationships are life experiences and opportunities to practice these relationships within nursing education programs. Caring theories and adult education theories appropriately implemented in post secondary education have clear implications in relation to developing relationships.

Students' emphasis on the relational aspect of caring is consistent with some of the components of theories proposed by Noddings (1988), Roach (1987), Watson (1985) and Dutil & Bouchard (1993). For example, Elsie offered this description to accentuate the importance of relationships to caring.

When I think about caring I think about respect and I think about love and I think and travel experiences on his views of caring. You have to have some sort of a relationship whether it be personal or social or you have to have some connection I think to really care about somebody. (Elsie)

Roach (1987) indicated that "caring qualifies our relationship with another" (p.13). The descriptors which the students felt qualified a connection or a caring relationship with another were a genuine presence of the people involved and a feeling of being supported or helped. Dutil & Bouchard (1993) used a similar term for genuine presence, co-presence, to describe beginning the process of caring. As Watson (1985) indicated, "Developing Helping-Trusting Caring relationships (seeking transpersonal connection)"(p.2) was a carative factor for

the theorist and the students.

Students also felt that developing caring relationships took time. This related to Dutil & Bouchard's (1993) reference to circumstances that can foster a caring environment within the practice setting. Noddings (1998) also indicated that teachers and students should spend more time together so that relationships of trust can develop which will foster caring.

In order to describe how they fostered a caring relationship a number of the students drew on past life experiences underlining the significance of Kolb's (1981) Experiential Learning Theory, referred to in discussions of adult learning theory. They revealed that life experiences had an influence on their perceptions of caring and their learning of caring. For example, Farida emphasized the influence of the experience of caring for a patient in the clinical area on her perceptions and learning of caring.

I found every course and every text book for the course actually I read dealt with some aspect of caring but mostly I'd have to say it came through, really came through, when we went and did the clinical experiences and we had our clinical conferences afterwards. When you got patient feedback you actually felt really good about how you did care for that individual. So that's where most of the caring that you learn came from. (Farida)

This description has implications for how life experiences are viewed or valued within the nursing program and raises questions about the extent to which they are truly valued or just given lip service.

By emphasizing that past life experiences and time is needed to develop caring relationships, the students revealed that Experiential Learning Theory should be evident in the practice of nursing education. Admission criteria reflecting assessment of applicants' past experiences and their caring potential

would seem necessary. As well, the clinical experience the students are placed in during their program and the time devoted to these placements provide the experience necessary to perceive and learn caring.

This in turn has other implications for admission criteria for nursing education. Should nursing school applicants be assessed for their caring potential and if so, how might this be done? Would nursing schools, which expound caring theory as a core component of the program, still use the students' grade point average as the most significant admission criteria? Should volunteer work, for instance, be considered an admission criteria for nursing students?

Another question in relation to experience is how much exposure the student nurses should have within the practice environment, whether in hospital or community? This has implications for how clinical experiences should be included within the nursing program. Is caring evident in the clinical practice of the nursing education program?

Self evaluation

Merriam & Cafferella (1991) also emphasized life experience as a trigger for adult learning along with self-direction, autonomy and reflection on changes produced by learning. In order for the students to meet these goals, student nurses are encouraged to self evaluate their exposure to the clinical area. What this study implies is that self-evaluations, which are conducted in a caring environment, should influence how the students evaluate their performance.

Self evaluation is found not only in the domain of nursing education but also is found in the overall higher educational institutions as Moustakas (1991) indicated.

In the schools of higher education in which I have been involved in recent years -the Centre for Humanistic Studies, The Graduate School of The Union Institute and the University College of Cape Breton (Family Life Institute) - throughout the educational programs of these schools the emphasis and focus is on individual knowledge, freedom to explore and make choices and validity of personal vision, discovery and self-assessment....Emphasis regarding personal knowledge and self-discovery permeated John Stuart Mill's On Liberty (1956), published more than 125 years ago. (Moustakas, 1994, 62)

Research such as has been conducted in this study contributes to our understanding of the students' personal knowledge of caring i.e., how students view the concept or phenomena of caring in their self discovery/ self evaluations. This research can assist educators in aiding the students in their self-evaluative and self-discovery journey. This is important because registered nurses are also expected to complete self-evaluations of their clinical experience. The Canadian Nurses Association (1997) recommends that the Code of Ethics for Registered Nurse be used as a guide b; nurses for self-evaluation and reflection regarding ethical decisions in their everyday nursing practice.

The values articulated in this code are grounded in the professional nursing relationship with clients and indicate what nurses care about in that relationship. For example, to identify health and well-being as a value is to say that nurses care for and about the health and well-being of their clients. (CNA, 1997,5)

Implications for nursing practice

Boon (1998) emphasized caring as the essence of nursing and noted that financial restraints have put nurses' abilities to continue caring practices for patients as well as themselves and their peers at risk. Boon's (1998) study and

the students in this study indicated that there is public awareness that nurses are working harder and faster with fewer resources providing care for a greater number of sicker patients. Emily gave this example of patient awareness of nurses' working environment.

She was just so happy to have you there, especially because of the students, she found the staff were so busy and she didn't want to bother them, but where she knew that with the students, I was just assigned to her and her baby, she asked me a lot of questions and I taught her, so you really had a good relationship. (Emily)

The nurses in Boon's (1998) study indicated some factors which were important to nurses' caring and the impact of budget restraints on these factors and the nurses.

For these nurses, caring nursing behaviors-the essence of nursing-included responding quickly to call bells and spending time with patients and families to explain conditions and procedures. A strong sense of responsibility for, and commitment to excellent patient care permeated the participants' concept of what it meant to be a nurse. When budget constraints meant that nurses were too busy to provide those caring activities consistently, their self-satisfaction and self-esteem as nurses were deeply injured. (Boon, 1998, p.30)

Public opinion polls conducted in both the United States and Canada have indicated that the public appreciate caring values of honesty and integrity which nurses feel are so important in their relationships with their patients. A November 1999 Gallop public opinion poll was cited by the Association of Registered Nurses of Newfoundland and Labrador (1999) as indicating that 73% of Americans viewed nurses as honest and ethical. Haines (2000) presented the results of Pollara's Public Trust Index which polled the Canadian public and

concluded that nurses are seen to be altruistic. However, how long can these values be upheld if nurses are experiencing low self-esteem and self-satisfaction as Boon (1998) indicated within the present bureaucratic health care system? These nurses, as Barnum (1998) indicated, are drawn to the profession by the very fact that they highly value caring.

How can nurses and nursing students, such as Emily, practice interconnected relationships with their patients and the health care team in the present bureaucratic health system? Few nurses, despite their legal status as a profession, contract directly with patients. As Parker (1990) aptly put it "the majority of nurses still practice in a bureaucratic hospital systems that advocate teamwork but function as a traditional hierarchy of contractual relationships (p.39)". These findings have great implications for the organizational structure of health care system especially in relation to providing resources and supports for caring. Clearly the retention and recruitment of future nurses depend on understanding and support for caring as a care value.

Recruitment and retention of nurses and nursing students.

After reviewing statistics released by the Canadian Institute for Health Information, Baird (2000) quantified the shortage of nurses by saying: "The overall number of Canadian nurses declined by 6,000 in the last five years and the drop in hospital nurses has been much greater" (p.10)

In the early to mid 1990's, efforts by the Alberta government to balance its budget led to huge cutbacks. Health services were hit hard, and thousands of nursing jobs were lost. The resulting nursing shortage was one of the first areas addressed when money began returning to the province's health care system. Nonetheless, nursing shortages are predicted to continue, not only in Alberta but across the country.

(Anonson, Karkanis & MacDonnell, 2000, p.31)

According to Miller, Haber & Byrne (1990); Bauer (1990) and a study by Byrne (1988), "caring" nursing education can be critical to recruitment and retention of nursing students. As well, Bauer (1990) stated " In our highly technological society greater emphasis is being place on person- to- person relationships (p.265)" This study emphasize the significance of fostering a caring learning environment and emphasizing the caring attributes of nursing.

Implications for Further Research

An implication arising from this study is the need to encourage and support further research in this area, particularly qualitative, phenomenological research. Some further questions requiring study follow:

1. How central is the student nurse -patient relationship to the students learning and perceptions of caring for patients? This study and Kosowski's (1995) research noted that the central focal point for narratives about caring was the students' interactions with their patients. Nursing students began their descriptions of caring by indicating how they created caring relationships with their patients. Further investigation is recommended, first to discover if this can be generalized to more of the Canadian student nursing population, and then to see if it is a common focal point internationally.
2. How much exposure to the clinical area or practice area is recommended to develop competence and confidence and create a caring learning and health care environment?
3. Do students' perceptions of caring change over time between initial and follow-up studies? Appleton (1990) indicated that the doctoral students' relationships with hierarchy or administration were also important in their perceptions of caring. However, the second year students in this study did not

emphasize this relationship in their interviews. Mangold (1991) referred also to a need for further study of the different program levels of students during the comparative study of senior nursing students and professional nurses.

4. Does the student /parent relationship prior to, and while in nursing school, influence the student's perceptions of caring within the learning environment? A number of the students participating in the study referred to their parental relationship. This influence needs to be further explored. Simmons & Cavanaugh (1996) was the only study found which addressed the influence of parenting.

Recommendations

This research demonstrates that there is consistency among the participating students with regard to some of their caring perceptions and experiences. Nurses need to know what is universal about care and what is culture-bound in their practice, and nurse educators need to continue to encourage caring learning environments with curricula that emphasize caring practices. Nurses need to continue to analyze their personal caring abilities and increase their knowledge of caring and caring skills. Management courses need to include the study of caring theories and foster humanistic leadership which in turn can minimize organizational barriers, such as time for caring.

As Boon (1998) recommended, nurses' caring role in practice must be supported by management and by each other. The students within this study indicated the impact of a genuine presence with their patients and supportive /helping relationships of role models such as nursing instructors or staff or peers on their caring practice. As one student described it:

When you get in clinical groups of six or five students you get really close ... and you have a caring environment from each other. ...The instructors are really good in clinical. If you have any problems they will ask, how do you feel, do you feel comfortable, so that makes you feel cared for, and a

lot of staff are really good, come on I'll take you under my wing. ...That makes you feel like they are interested, that they want you there [and] that you are doing some good. I find the patients so happy to see me. It is because they're all nurses and nurses really care,... they really show , everyone has a caring attitude and that is really what brings it out and that's really, what teaches us too, to be that type of person. (Emily)

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APPENDIX A

Interview Guide

Interview Guide

- 1. Tell me about a caring experience during your patient care interactions in the clinical area.**

- 2. Tell me about a caring experience anywhere within your program of study.**

- 3. Tell me about a uncaring experience anywhere within your program of study.**

- 4. What does caring mean to you?**

- 5. How did you develop your definition of caring?**

- 6. How can a caring or uncaring learning environment affect your learning?**

- 7. Writers have suggested that gender could have an impact on caring learning environments. What do you think?**

- 8. Researchers indicate that place of residence or educational background could have an impact on students' perceptions of caring learning environments. What do you think?**

APPENDIX B

Consent Form (Student)

Consent Form

Dear Nursing Student:

I am a Master of Education student candidate at Memorial University of Newfoundland and a nursing instructor. I am interviewing nursing students at the Centre for Nursing Studies to obtain research on nursing students' perceptions of their learning environment. This research will contribute to nursing education knowledge and assist me in attaining the requirements for a Master of Education Degree. Please consider participating in this valuable study.

The interview will be approximately between 30 - 45 minutes in length. It will be conducted in a informal format in a study room at the Centre for Nursing Studies. You will be asked open ended questions related to your perceptions of the learning environment in the nursing education program. The interview will be taped. However the taping of the interview will be stopped if you request at any point during the interview. The audiotapes will be securely stored and disposed of in 1 1/2 years publication of the final report.

All information gathered in this study is strictly confidential and at no time will individuals be identified. Participation in this study is voluntary and you may withdraw at any time. This study has received approval of the Faculty of Education Ethics Review Committee and the Centre for Nursing Studies. The results of my research will be made available upon request.

If you wish to participate in this study please sign and return one copy to my mailbox at the Centre for Nursing Studies. The other copy of this letter and consent form is for you, the participant. If you have any questions

please do not hesitate to contact me at the Centre for Nursing Studies, 737-3693. If you wish to speak with my supervisor for this study, Dr. Rosonna Tite she can be reached at 737-3322. If at any time you wish to speak with a resource person not associated with this study please contact, Dr. Linda Philips, Associate Dean Graduate Programs and Research.

I would appreciate it if you would return this consent form to me by _____.

Sincerely,

Gladys Schofield

I _____ hereby give my permission to be a participant in this research study on nursing students' perceptions of their learning environment. I understand that participation is entirely voluntary and that I can withdraw permission at any time. All information is strictly confidential and no individuals will be identified.

Date

Signature

APPENDIX C
Consent Form (School of Nursing)

Consent Form

Dear _____ (Director of the School of Nursing)

I am presently a Master of Education student candidate at Memorial University of Newfoundland. After receiving your permission, I will be interviewing nursing students in their second year of study, at the School of Nursing, to obtain research on nursing students' perceptions of their learning environment. This research will contribute to nursing education knowledge and assist me in attaining the requirements for a Master of Education degree. Please consider granting permission for this valuable study to be conducted at the Centre for Nursing Studies.

The nursing student's interview will be approximately between 30 - 45 minutes. The interview will be conducted in an informal format in a study room at the Centre for Nursing Studies. The participants will be asked open ended questions related to their perceptions of the learning environment in their nursing education program. The interview will be taped. However the taping of the interview will be stopped if requested at any point during the interview. The audiotapes will be securely stored and disposed of 1 1/2 years following publication of the final report.

All information gathered in this study is strictly confidential and at no time will individuals be identified. Participation in this study is voluntary and participants may withdraw at any time. This study has received approval from the Faculty of Education Ethics Review committee. The results of my research will be made available to you upon request.

If you wish to participate in this study please sign below. The other copy of the letter is for you, the participant. If you have any questions or concerns please do not hesitate to contact me at the Centre for Nursing Studies, 737-3693. If you wish to speak with my supervisor for this study, Dr. Rosonna Tite, she can be reached at 737-3322. If at any time you wish to speak with a

resource person not associated with this study please contact Dr. Linda Philips, Associate Dean of Graduate Programs and Research. I would appreciate it if you would return this consent to me by _____.

Thank you for your consideration of this request.

Sincerely,

Gladys Schofield.

I _____ hereby give permission to allow this research study on nursing students' perceptions of their learning environment to be conducted at the Centre for Nursing Studies. I understand that participation is entirely voluntary and that the students can withdraw permission at any time. All information is strictly confidential and no individual will be identified.

Date

Signature

Title

APPENDIX D

Approval from Ethics Review Committee



Memorial

University of Newfoundland

Faculty of Education

March 4, 1998

Dear Gladys,

After reviewing your submission, the Ethics Review Committee has concluded that your submission meets the guidelines of the University and Faculty for research, conditional upon the following minor modifications to your letters of consent:

- state the name and telephone number of your supervisor
- state that the audio tapes will be securely stored and disposed of

We also suggest that you consider changing the wording of the last sentence in the first paragraph of the letters of consent.

We wish you all the best in your work.

Sincerely,

T. Seifert
Ethics Review Committee

SUPPORT



Faculty of Education

March 25, 1998

Ms. Gladys Schofield
9 Abraham Street
St. John's, NF
A1B 2P7

Dear Ms. Schofield:

After reviewing your resubmission I am satisfied that you have addressed the concerns of the Ethics Review Committee. We wish you all the best in your research.

Sincerely,


for T. Seifert
Ethics Review Committee

cc: Dr. Tite