CARING: PERCEPTIONS OF STUDENTS AND FACULTY IN A
COMMUNITY COLLEGE DIPLOMA NURSING PROGRAM


Karen Doran
Lakehead University
Faculty of Education

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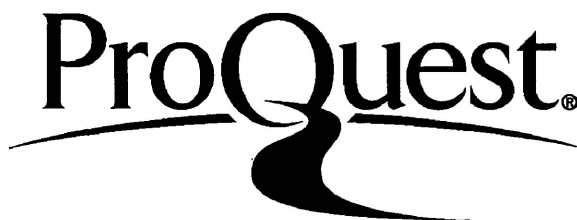
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Abstract

While caring has been a recent focus of nursing and curricula for nursing education, little research exists on student and faculty perspectives of caring. There is a particular lack of research on caring within diploma nursing programs which prepare the majority of Registered Nurses in Ontario. This researcher sought to investigate to what extent a diploma nursing program in an Ontario community college, enables caring among its' students and faculty. What behaviours/practices inhibit and foster caring from student and faculty perspectives? A phenomenological approach was used to gain the student and faculty views of caring and uncaring experiences within the nursing program. Three senior nursing students and three full-time nursing faculty described their experiences of caring and uncaring, and the effects of these experiences on them. The descriptions were analyzed using a modification of Giorgi's method of analysis. Based on the findings, behaviours which inhibit and foster caring were identified. The meaning of caring for each participant and for the whole was described and a visual description of the structure of the meaning of caring is proposed. The visual description illustrates vulnerability as pivotal to the caring experience and the effect of behaviours which inhibit and foster caring on the extent to which caring is enabled. The emergence of the role and importance of the one cared-for and their freedom to be cared-for is discussed. Two categories of caring emerged from this study, day to day caring and caring in a crisis. The two categories of caring are compared to

Noddings' (1984) discussion of 'rule-bound' caring and caring without rules. A question is raised regarding a relationship between faculty caring and the nursing students' apparent conflict with their image of a nurse and their image of themselves. Implications of the research include development of strategies to foster caring in practice and in education and the development of nursing curricula to incorporate theories of caring and qualitative approaches to learning. There are implications for faculty in terms of collegial relationships and as role models for students and each other. Further research on the notion of vulnerability in caring and what influences one to care or not care is suggested. Research focusing on the one cared-for and on the possibility of faculty-student research teams is recommended.

Acknowledgments

I am grateful to Dr. Hope Fennell who chaired my thesis committee and introduced me to Nel Noddings' work. I am particularly grateful for her guidance and encouragement through the final stages. Thanks also to committee member Dr. Rita Irwin whose qualitative research course motivated me to pursue a phenomenological research thesis and who began as my thesis advisor. I truly appreciate her endless support, patience, and her timely advice. To Dr. Juanita Epp, committee member, whose pointed questions stimulated my thoughts and clarified my purpose, I am grateful.

I extend special thanks to those students and colleagues who gave of their time and openly shared their experiences with me. Their interest in and commitment to others and the improvement of nursing and nursing education are reflected in this study.

I also wish to acknowledge my husband Larry and my children Paul and Leigh, who have supported, endured and cared for me through the ups and downs. Thanks to all the above for caring!

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CHAPTER ONE

The Problem

Introduction

A critical issue facing the nursing profession in the next decade is the basic educational preparation of its members. Historically, nursing has changed from an emphasis on the art of caring to an emphasis on science and curricula of diploma nursing programs in Ontario have reflected this change. The shift in emphasis was in response not only to the technological explosion but also the efforts of a female dominated discipline striving for professional status (Baines, Evans & Neysmith, 1991). A discipline based on a scientific body of knowledge was seen as a means to gain professional recognition and credibility. The emphasis on the advancement of scientific knowledge and technology made Ralph Tyler's (1949) model for curriculum development very attractive (Diekelmann, 1988). Nurse educators became experts in behavioural education. However with the explosion of nursing knowledge came an explosion of objectives. Consequently, there was growing concern that time taken to shuffle and add content meant less and less time interacting with students and developing teachers.

The curricular literature of the 1970's began to reflect an interest in reconceptualizing the field of curriculum and "transcending behaviorism in curricular thought to embrace beingness and critical thought" (Diekelmann, 1988, p. 141). It

was the beginning of the curriculum revolution that, at present, has nurse educators and curricular theorists seeking alternative paradigms.

The work of Eisner (1985) and the reconceptualists, Apple (1979), and Friere (1970) have become inspirational to the revolution because of their willingness to challenge existing models and a desire to pursue alternative orientations. Nurse educators would also like to seek a more flexible curriculum that could readily adapt to the many demands made upon it by the changing health care environment, and to move "toward a caring curriculum" (Bevis & Watson, 1989).

In the past decade, a growing number of nurse theorists have turned their attention to "caring as a paradigm unique to nursing" (Morse, 1990, p. 1). Caring has been described as the essence of nursing (Leininger, 1984) and yet the reality of today's health care environment is demanding more specialized nursing knowledge and more technical skills to cope with advances in medical technology. The melding of theoretical and technical knowledge with caring (Baines et al.,1991) is the critical issue for nursing education and practice. In order to provide a curriculum to prepare nurses in a diploma nursing program who value caring and reflect it in their practice, caring needs to be studied from the student and the faculty perspective. From a student/faculty perspective what aspects of a nursing program enable caring? This study seeks to explore this problem using a phenomenological approach.

Purpose of the Study

The purpose of this study was to investigate to what extent a Diploma Nursing Program at an Ontario Community College enables caring among its students and faculty.

Research Questions

The following questions guided the research:

1. What practices/behaviours inhibit caring from a student/faculty perspective?

2. What practices/behaviours foster caring from a student/faculty perspective?

Significance of the Research

We live in a "highly technical culture that seeks technological breakthroughs to provide liberation and disburdenment" (Benner & Wrubel, 1989, p. XV). What society has failed to recognize is the care required to support such a culture. Benner (1989) pointed out the frustration that results when the health care environment does not permit nurses to deliver the best care. An individualistic, technological society currently concerned with cost undervalues caring and thus does not allow nurses to deliver the best possible care. "In the best nursing practice, science and technology are the tools for caring " (p. 372). If we are to prepare nurses who recognize the

'primacy of caring' (Benner, 1989) as well as the technical tools for caring, there needs to be more research into the phenomenon.

The research on caring and nursing education in both the United States and Canada almost exclusively addresses baccalaureate or higher levels of education (Beck, 1991; Komorita, Doehring & Hirchert, 1991; Mangold, 1991). Sixty - seven percent of nurses in the United States have associate degree (AD) preparation (Bevis and Watson, 1989, p. 15). In Ontario diploma schools of nursing (similar to AD in the U.S) prepare the majority of practising nurses in the province, yet research on caring in the diploma curriculum is nonexistent. The educational environment as a "community of care" (Diekelman, 1990, p. 301) needs further exploring.

Literature and research on caring consistently supports the notion that caring needs to be valued and is an essential, integral part of nursing science. Significantly, research on caring in the practice setting is changing to include nurses' and patients' perspectives. However, research from the point of view of nursing students and faculty is scarce.

With the rapid changes in the health care system and medical technology, nursing practice is changing. If we agree that there is a paradigm shift from quantitative to qualitative evident in research and desired in practice, then nursing education must accept responsibility for providing an education in nursing that is consistent with that shift. Knowledge of what is perceived as caring within a nursing program will assist educators in

developing strategies and providing experiences to enable caring in nursing students. Findings from this study may have broader application for nursing faculty in their collegial relationships. The identification of activities and behaviours which inhibit or foster caring in a diploma nursing program could be substantiated in other settings through further research.

> The manner of nurturing students and creating academic environments where caring is valued, experienced, and taught calls for an examination of the process and context in which human care knowledge is actualized. There is no research addressing the meaning and experience of caring in academic institutions that offer programs in nursing (Appleton, 1990, p. 78).

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Personal Ground

</div>

Over the years as a nurse and nurse educator I have felt an increasing dissatisfaction with the emphasis placed on 'skills', technology and 'covering the objectives'. I have felt the pressure of trying to cover the content in a specified amount of time and before the next teacher arrives to do the same. The rigidity of this approach is less than satisfying for the teacher and I can only imagine what it is like for the students.

Creativity, time to interact with fellow students, and personal involvement in the learning process are sacrificed to content objectives and evaluating the student based on the pre-determined objectives. Too often I observe students who are unable to interact effectively with patients if they are not doing something to the patient. Technology has provided the nurse with "an array of tools with which to do things to people, thus

resulting in less and less time to do things **with** people"
(Wexler, in Munhall & Oiler, 1976, p. 86).

Nursing programs to a great extent encourage a scientific
emphasis through curricula with hundreds and thousands of
specific objectives. Allen's (1990) description of nursing
curricula struck a chord in me when he equated nursing education
with "locking students in an auditorium and hosing them down with
microfacts" (p. 314). I began to ask myself, "where do we
emphasize the more nebulous phenomenon such as caring"? All nurse
educators <u>know</u> the students who <u>care</u>. I began to question how we
evaluate caring, pass it on to others, encourage or foster
caring. The whole phenomenon of caring, what develops caring, if
we foster it in our nursing program, and if faculty model caring,
became important considerations. I wondered if a caring teacher
fosters caring in nursing students. The education of nursing
students in the context of today's health care system who value
caring is the problem this study seeks to address.

Methodology

The phenomenological approach was used in an effort to
understand a phenomenon from the point of view of the research
subject or "entering into their field of perception in order to
see life as these individuals see it" (Riemen,1986, p. 89). In
this study the phenomenological approach was used to attempt to
understand the phenomenon of caring and what fosters or inhibits

caring from the point of view of nursing faculty and nursing students.

The setting for the study was a Community College in Ontario. Participants for this study included three full-time second year students in a two and a half year diploma nursing program at a community college and three full-time nursing faculty teaching in the same diploma nursing program who are Registered Nurses in Ontario. The students and faculty became participants by responding to a request for volunteers.

The study involved interviews with each of the participants to collect data on caring and uncaring incidents during their time in the nursing program. A second interview was conducted with selected participants: two of the students and two of the faculty. The second interview took place three weeks after the first interview and provided the means of validation.

Following the initial interviews the tape recordings were transcribed verbatim. The transcribed descriptions were analyzed according to Giorgi's (cited in Parse, Coyne,& Smith, p. 23) modification of procedure for phenomenological analysis as follows:

1. Dwelling with the description,

2. Identifying natural meaning units,

3. Identifying themes or essences through reflection,

4. Identifying focal meaning,

5. Synthesizing of a structural description.

Descriptions of caring and uncaring critical incidents were

analyzed using the same process. The notes taken following each interview as well as follow-up interviews, were utilized to add depth to the descriptions and to determine validity.

Definition of terms

The following terms were defined for the purposes of this study.

Caring – A definition of caring has been attempted by many and escapes a consensual definition. The perspective of those experiencing the caring phenomenon defines that phenomenon. The definition of caring is the participants' response when asked to describe a critical incident that was perceived as caring. Caring is not defined by the researcher but by the subject in his/her verbal or written descriptions of caring critical incidents. Caring, its definitions and attributes as presented by several theorists, researchers and philosophers will be discussed in the literature review in chapter two.

Enable – A dictionary definition of enable is to make able; give power, means, or ability to (Random House Dictionary, 1972, p. 435). Consistent with the dictionary definition and the meaning for this study is Swanson's (1991) description of enabling as one of five processes that characterizes caring. Her definition of "enable" incorporates facilitating another's capacity to grow by providing information, explanations, emotional support and promoting the ability to focus on concerns,

generate alternatives and empower another to problem-solve in a variety of situations.

Inhibit - To restrain, hinder, arrest, or check (Random House, p. 685) are to inhibit. Leininger (1986) defined care resistance factors as those that "limit or curtail ... full discovery" (p. 2), the meaning of the term 'inhibit' as it is used in this study.

Foster - The ability to promote the growth and development of; to further or encourage (Random House, p. 521).

Nursing Student - An individual enroled full-time in the second year of a diploma nursing program at a community college in Ontario.

Faculty - An individual employed full-time at an Ontario community college in the diploma nursing program, who is a registered nurse and whose responsibilities include teaching in both classroom and practice settings.

Overview of the Thesis

In this chapter the context of current nursing education has been described and significance, background and personal motivation for a study on caring and the phenomenological approach used has been discussed.

In the chapters which follow will be a review of the literature on caring from philosophy, nursing education, practice and research, which will expand on the historical and personal

perspectives of caring in nursing that have been introduced. An extensive literature review illuminates the phenomenon from various perspectives and substantiates the importance of studying caring in nursing education.

In chapter three the appropriateness of a phenomenological approach on a study of caring will be presented and the methodology using Giorgi's (1970, 1979) process of analysis will be detailed. The results of this analysis of unstructured interviews with the participants will be presented in chapter four. The discussion of the findings follows in chapter five and the final chapter includes implications of the research and personal reflections on the research process.

CHAPTER TWO

Review of the literature

Introduction

Caring, care for, to care, give care, take care, I care -
these words or phrases are uttered by many, used as slogans or
expressed with emotion yet remain elusive to definition and
ambiguous. Literature and research on caring and specifically
literature on caring in nursing has increased in the past few
years. This review of the literature examines definitions and
descriptions of caring from nursing and non-nursing perspectives
and includes philosophical descriptions of caring, a feminist
perspective and nursing theories of caring. Studies and
literature on caring in nursing practice and a review of the
literature on caring in nursing education will be included.

Philosophical Descriptions of Caring

Noddings' (1984) is a significant work to consider in any
study on caring and particularly caring and education. Noddings'
discussion of caring as a foundation for ethics and moral
education provides a philosophical understanding of nursing -
it's ideal to care, it's ethical dilemmas and it's efforts to
humanize nursing research and education.

Noddings' (1984) work provides a platform from which to
launch alternative models for nursing practice, research and

education that are revolutionary in view of nursing's behaviourist history and patriarchal health care field (Watson, 1990). For Noddings, relation, or the recognition of "human encounter and affective response as a basic fact of human existence"(p. 4), is the basis for a discussion of caring. One party of the relation is the 'one-caring', the second party being the 'one cared-for'. This implies a reciprocity in caring. The meaning of caring is derived from the context of the relation as seen through the eyes of the 'one-caring' and the 'one cared-for' and therefore an understanding of caring requires an understanding of what goes on in both parties.

The notion of natural caring as the desire to care for, as in a mother-child relationship and moral caring, as the obligation to care for another based on ones' value of caring, experiences of caring and being cared-for, are explained by Noddings' (1984) ethic of caring. Moral caring, 'I must' takes more effort than natural caring, or 'I want'. If both exist, then caring comes easily, but there may be conflict between the two and then the moral imperative arises. Noddings emphasized the role of the one cared-for as pivotal to the caring relationship. Noddings suggested that a discussion of "pedagogical caring"(p.70) in a moral education should begin with caring. Moral education in this sense meant meeting students morally, enhancing the ethical ideal of students to enable them to meet others morally. In other words, to engage in a caring relationship. The reciprocity or interaction between the one-

caring and the one cared-for is conceptualized by Noddings through the identification of four interactional processes involved in a moral education for caring: modeling, dialogue, practice, and confirmation.

Modeling describes the role of the teacher as the one caring. The teacher cares for the student and others and the responsiveness of the cared-for completes the caring. When the one caring sees that the caring has been received it gives the one caring the strength and desire to go on caring.

Dialogue is necessary to promote the ethical ideal. It is about talking, listening, sharing and responding between two parties. Dialogue encourages the acceptance of others' beliefs and values as different but equally valid to the individual. True dialogue is a "form of dialectic between feeling and thinking that will lead ... to the basic feeling of genuine caring and the generous thinking that develops in its service" (Noddings, 1984, p. 186).

Noddings (1984) promotes practice in caring in order to nurture the ethical ideal. Noddings advocates an unstructured environment that allows for activities that bring students into relationships with many different people of different ages and vocations and for students to be engaged in a caring apprenticeship in order to foster caring.

Confirmation, the fourth interactional process, is in the reflecting of a positive attainable self-image of the one cared-for. Confirming the cared-for enhances the moral ideal within the

individual which in turn confirms the one-caring.

Mayeroff (1971) also contributes significantly to the philosophy of caring. For Mayeroff (1971) caring is helping another to grow and actualize himself [sic] . Through caring both parties in the relationship experience personal growth. The one being cared for learns about caring from the caring experience and is enabled to care for another. Reinforcement for the one caring comes from the response of the one being cared for and caring is nurtured. Mayeroff, however, does not believe that caring is always reciprocated. According to Mayeroff there are eight ingredients of caring. Knowing as in knowing self and how to respond to another's needs, is the first ingredient. The second, alternating rhythms or changing, is the maintenance or modification of behaviour in order to better help the other. Next is patience or the giving fully of ourselves. Honesty is the fourth ingredient of caring. The fifth ingredient is trust, the ability to let go and the ability to risk. Humility is the ingredient of caring which enables one to recognize that there is always more to learn and to be responsive to another's growth. Hope is the ingredient of caring which expresses the sense of what the one cared for can become. The final ingredient is courage, " trust in the other to grow and in my own ability to care gives me courage to go into the unknown, but it is also true that without the courage to go into the unknown such trust would be impossible " (Mayeroff, p. 20).

Noddings (1984) and Mayeroff (1971) provide a philosophical

base for the study of caring. Feminist philosophies also expand the perspective on caring and nursing.

A Feminist Perspective

Caring and nursing have been linked with feminism (Gordon, 1991; Smith, 1991; Watson, 1990) and the view has been expressed that caring as women's work "has become a negative standard against which we measure our [women's] progress" (Gordon, 1991, p. 46). The consequence of this view is the devaluation of caring and the caring professions within what many consider to be a patriarchal health care system (Watson, 1990). Watson writes "as it stands now, caring is either women's work, and therefore invisible, or it is something to fear because it reminds us that we are all equally human" (p. 63). Watson refers to feminist writers such as Anne Hudson Jones and Leslie Fiedler (1990) who emphasized the "nurse-equals-woman-equals-nurse" (Watson, 1989, p. 46) syndrome that predominates a male-oriented world.

Feminist philosophy is increasingly visible in nursing. Anderson (1991) discussed a paradigm shift based on feminist theories and subsequent feminist research methods. Noddings (1984) expressed the view that caring arises from the experiences of women and discusses caring as a feminine ethic. Because nursing is a women's discipline despite increasing numbers of male nurses, and caring is the essence of nursing (Leininger, 1986), there is appeal in Noddings' work and its applicability to

nursing education. Fry (1989) reflected Noddings' philosophy and feminine point-of-view when she proposed a model for nursing ethics based on a moral-point-of-view theory that had its foundations in the phenomenon of human caring. She believed this type of theory supports a feminist medical ethic as a more appropriate alternative to the masculine medical ethics model (Fry, 1989).

Fry argued that the masculine medical ethics model assumes a logical hierarchy of ethical principles to arrive at an ethical decision. The masculine model does not acknowledge the context within which an ethical decision is made. It does not acknowledge the existential perspective. A feminine medical ethics model for nursing would be grounded in "the existential phenomenon of human caring within the nurse/patient relationship" (p. 88). According to Noddings (1984), most women prefer to approach ethical problems in terms of context or situations rather than as intellectual problems to be solved through abstract reasoning.

Women's approaches to moral problems are founded in caring. The feminist philosophies of caring lead naturally to an application in a female discipline such as nursing. It is not surprising that it has influenced nursing theories of caring and nursing curriculum models based on caring. An awareness of the feminine element is essential to an understanding of current nursing theories.

Theories of Caring in Nursing

Whereas Noddings (1984) views caring from a feminine morality and Mayeroff (1971) views it as the way of living that gives meaning to life, Watson (1985) regards the caring phenomenon in nursing from a human science perspective. Human caring is the:

> moral ideal of nursing whereby the end is protection, enhancement, and preservation of human dignity. Human caring involves values, a will and a commitment to care, knowledge, caring actions, and consequences. All of human caring is related to intersubjective human responses to health-illness conditions; a knowledge of health-illness, environmental-personal interactions; a knowledge of the nurse caring process; self-knowledge, knowledge of one's power and transaction limitations (p. 29).

Central to Watson's theory of nursing is the dimension of transpersonal caring which refers to the intersubjective human responses in a relationship in which the nurse as one party in a relationship affects and is affected by the other party. There is a sense of connectedness as they experience together, as co-participants, an episode of reality which influences their present and how they will be in the future.

Watson (1985) identifies ten carative factors (p. 75) which are a combination of interventions related to the human care process which "affirms the subjectivity of persons and leads to positive change for the welfare of others, but also allows the nurse to benefit and grow" (p. 75). Watson's ideal of caring is consistent with Noddings' (1984) notion of reciprocity and with

Mayeroff's (1971) caring as growth through the response of both parties to each other.

Gendron (1984) described an expressive form of caring in her monograph developed from various accounts of caring behaviours. She viewed caring as "a feeling that has a sensory pattern or form. This pattern can be manifested in behaviour by the nurse" (p. 5). Using orchestral music as a metaphor with which to conceptualize an expressive form of caring, Gendron described the harmony dimension in terms of "congruence within the caregiver and matching of the caregiver's behavior with the context and with the patient's perspective and needs" (p. 46). The melody dimension describes the nurse-patient relationship across time in terms of dynamic characteristics such as temperature (warm), force (gentle), texture (soft), and shape (smooth). Gendron described nurses' caring as holistic artistic interaction and emphasized the uniqueness of each interaction because of the qualities that the nurse and the patient bring to the caring occasion, much like the differences between various musicians' performances of the same piece.

Roach (1988) explores caring within the context of anthropology, philosophy and theology. She maintained that caring was essentially the human mode of being; that to be truly human was to care. Recognizing that caring was not unique to nursing Roach emphasized that caring was unique in nursing. "All the attributes to describe nursing have their locus in caring" (p. 47). Roach categorized caring behaviours into the "FIVE C's"

which are the attributes of caring behaviour - compassion, competence, confidence, conscience and commitment. She suggested that the "FIVE C's" could be used as key components of a model for professional education.

Benner (1989) examined the relationship between caring, stress and coping. To her caring means that "persons, events, projects, and things matter to people" (p. 1). This perspective of caring means concern and, therefore, vulnerability in the 'one-caring'. The devaluation of caring in today's society is seen by Benner as the problem which creates stress and, therefore, caring is the essential requisite for coping.

Leininger (1984) a nurse-anthropologist and leader in the study of caring across cultures, defines caring as:

> the direct (or indirect) nurturant and skillful
> activities, processes, and decisions related to
> assisting people in such a manner that reflects
> behavioural attributes which are empathic, supportive,
> compassionate, protective, succorant, educational, and
> others dependent upon the needs, problems, values, and
> goals of the individual or group being assisted (p. 4).

Leininger differentiated between scientific caring and humanistic caring. Scientific caring is judging or acting based on verified or tested knowledge; whereas humanistic caring is creative, intuitive helping based on philosophy, phenomenology and the lived experiences of caregivers and those cared-for or assisted. Structural elements and functions of caregivers and those cared-for, according to Leininger, are important considerations in any caring context in order to realize what happens in caring situations and, therefore, to have predictive value in how care

becomes institutionalized. How care has been institutionalized in the context of nursing education is a concept that requires further investigation.

Swanson (1991), through three phenomenological studies, identified and described five caring processes which made up her "Middle Range Theory of Caring". Knowing, being with, doing for, enabling, and maintaining belief, are the five caring processes that lead to the following definition of caring; "Caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility" (p. 165).

These definitions and descriptions of caring from nursing and non-nursing perspectives have been presented as a context. Studies involving nursing practice and education will add clarity to the subject.

Research on Nursing Practice

Others have studied caring in nursing practice. The structure of institutional care, specifically the hospital, as studied by Ray (in Leininger, Ed., 1984, pp.95-112), emphasized the connectedness of individuals and their environments. Ray stated that "meaning [of caring] is always within context and context incorporates meaning" (p. 107). Ray used a study of hospital personnel's responses to the research question regarding the definition of caring to develop a caring classification system. Ray categorized responses into psychological, practical, interactive, and philosophic. Under each category subcategories

were formed to complete the taxonomy. The respondents ranked the psychologic category with its subcategories of affective and cognitive, highest in terms of caring responses. Ray found that "although the "humanistic" dimensions of caring were declared by nurses and others to be the highest-ranking category, participant - observation research strategies revealed that the technologic, political, economic, and legal systems were dominating the hospital caring culture" (p. 109).

In another quantitative study, Larson (1984) devised the Caring Assessment Instrument (CARE-Q) which consists of 50 behavioural items ordered in six subscales of caring and ranked by importance that measured patient and nurse perceptions of nurse caring behaviours. In her study of 57 cancer patients and nurses, the majority of patients ranked "demonstrated competency of skills" higher than "being listened to by the nurse". "Listening and talking, psychosocial skills highly valued by nurses, appeared to become important to these patients only after their basic 'getting better' needs were met" (p. 50). Komorita, Doehring and Hirchert (1991) studied 110 nurse faculty, managers, and clinical specialists/practitioners (all with graduate degrees or graduate students). The CARE-Q was used to identify the most and least important caring behaviours that made patients feel cared for from the nurse educators' perspective. This study, like the Larson study, found a discrepancy between the patients' perceptions of caring and the nurses'. Both studies used the CARE-Q instrument.

Mangold (1991) also used the CARE-Q instrument to identify and compare student nurses' and professional nurses' perceptions of effective caring behaviours. The study of 30 baccalaureate nursing students and 30 professional nurses with 1 or more years of experience resulted in agreement between the students and the nurses in all categories except "trusting relationship" which the nurses ranked somewhat higher than the students. Both groups agreed that the most important behaviour was listening to the patient. In their discussion of implications of this study they emphasized the need for further research on student nurses' perceptions of effective caring behaviours.

Larson (1984), Mangold (1991) and Komorita, Doehring and Hirchert (1991) were concerned with the discrepancy between nurses', nursing students', and nurse educators' perceptions of most important caring behaviours and patients' perceptions. All of these studies indicated the need to understand caring from a patient perspective so that nursing practice can be more effective.

Riemen (1986) addressed such empirical research and expressed the opinion that "to objectively study only empirical indicators of caring from the nurse's perspective would not get at the essential structure of the caring interaction as experienced by the client" (p. 86). Riemen studied the phenomenon of caring through clients' verbal descriptions of their perceptions of caring and non-caring interactions with nurses. The study sought to understand the client's way of being-in-a-

situation as it was actually lived and experienced by the client in interaction with the nurse. An exhaustive description of a caring nurse-client interaction and a noncaring nurse-client interaction were produced from the analysis. From this, Riemen concluded that "being existentially present or available, showing genuine interest in the client as a valued individual by really listening is considered by clients to be one of the most important aspects of caring" (p. 103). This finding was in contrast to that of the quantitative studies by Larson and Kormorita, Doehring and Hirchert.

Chipman (1991) found that perceptions of second year diploma nursing students in the practice setting described caring in humanistic terms which included; giving of self, meeting patients' needs in a timely fashion, and providing comfort measures for patients and their families. None of the students mentioned technical competence as a caring nurse behaviour.

Forest (1989) conducted a qualitative study to investigate caring from the perspective of 17 Canadian hospital nurses. Forest identified seven categories from thirty theme clusters that fit under two broad headings; 'what is caring' and 'what affects caring'. The categories under 'what is caring' were involvement and interacting. Five categories under 'what affects caring' were oneself, the patient, frustrations, coping, comfort and support. The essential structure of caring was formulated as follows " for practising staff nurses, caring was first and foremost a mental and emotional presence that evolves from deep

feelings for the patient's experience" (p. 818). The findings from this study, according to Forest, implied that modelling by nurse educators of empathic involvement and interactions with patients have a profound influence on students adoption of caring values.

These quantitative and qualitative studies were concerned with caring in the practice setting from the perspective of practitioners, students, educators and administrators. Other studies addressed the caring phenomenon in nursing education.

Caring Phenomenon in Nursing Education

Current nursing education literature abounds with revolutionary thoughts and ideas regarding nursing curricula that would reflect a more relaxed and humanistic approach to nursing education (Allen, 1990; Bevis & Murray, 1990; Diekelmann, 1990; Tanner, 1990; Virginia, 1990; Watson, 1985, 1989). The curriculum revolution in nursing education is gaining momentum in Canada. The revolution is a backlash against the natural science model and is a call for a more balanced curriculum model that reflects the phenomenon of human caring. Diekelmann (1990) discussed the need to create "communities of care" (p. 301) and extended this notion to include not only nursing practice but nursing research and education as well.

Several studies compared nursing students' perceptions with those of experienced nurses and others compared students' and

patients' perceptions, but few studies on caring dealt
specifically with nursing students and nursing faculty and caring
in the educational setting. Watson (1989) stated that "the
educational setting is where caring theory can be first applied
and later translated from pedagogical practices into the clinical
world of nursing practice" (p. 56).

Implications for nursing education have been expressed by
several researchers following studies in practice settings.
Riemen (1986) stated "if caring is valued as a base for nursing
practice, the nursing educators have the responsibility to
provide access to existential philosophical ways of thinking. If
caring is a valued attribute for nurses, then the demonstration
of this attribute must be evident for nursing students to see in
nursing educators" (p. 104).

In a discussion of nursing education Watson (1989)
illuminated the feminist context of nursing and the patriarchal
thinking which has created a pedagogy of oppression.

> Nursing has a continuing history of oppressing its
> young, thereby socializing a new generation into a
> system of oppression and control that often perpetuates
> adaptation to the status quo. Thus, oppressive acts of
> socialization are transmitted from one generation to
> another (p. 45).

What is needed, according to Watson (1989), is an approach to
nursing education that frees human potential to do the work of
human caring.

> A model of curriculum development that is philosophically
> and morally consistent with phenomenon and practices of
> human caring in nursing's clinical world is now called for
> in nursing education and professional curricula (p. 53).

Beck (1991) conducted a phenomenological study of nursing students' perceptions of faculty caring in a University in Southeastern United States. Students reported sharing joy and despair, trust, giving their time and being valued as a person to describe caring faculty members. Beck found the caring behaviours of faculty identified by students reflected the five characteristics ("Cs") of caring by Roach (1987).

One of the most extensive qualitative studies on caring in nursing education was conducted by Bauer (1988). She collected data in the form of descriptions of caring content and experiences in their curriculum as perceived by 26 faculty and 32 senior nursing students from 5 baccalaureate schools of nursing in the United States that used caring as a component of their conceptual framework. Eight themes were identified reflecting caring content; "content labelled as caring, caring about self and others, holistic care, attributes of caring, skills emphasizing caring component, nursing process, research on caring, and scope of nurse caring role" (p. 111).

Hughes (1992) used Noddings'(1984) concept of four interactional processes for a moral education: modeling, dialogue, practice, and confirmation, as a conceptual framework for her study. The study was conducted to describe a climate of caring as perceived by 10 junior nursing students from 5 baccalaureate schools of nursing in the United States. "Behaviours that convey the meaning of presence, personal interest in students, sensitivity, professional credibility, and

ethical responsibility as a teacher" (p. 69) emerged from this study as caring behaviours and support Noddings' conceptualization of a moral education. These behaviours have been identified as caring in other studies (Bauer, 1988; Appleton, 1990). Hughes emphasized the sense of vulnerability as a recurring theme in the descriptions of the participants. The intensity of the participants' responses to interactions with faculty "might seem disproportionate when not considered within the context of student vulnerability" (p. 70). Students described caring interactions with faculty as "uplifting" (p. 70) and non-caring episodes as "devastating" (p. 70). Nursing students' sense of vulnerability has not been explicitly documented in other studies investigating nursing students' perceptions of caring.

Hughes (1993) in a more recent study focuses on the perceptions of junior nursing students as they experience a climate of caring in the context of peer group interactions. This study was conducted with ten junior nursing students at five baccalaureate schools of nursing in the United States. Hughes found that the climate for caring was "experienced through the enactment of behaviours that were perceived to be caring and during interactional episodes through which the meaning of giving assistance was conveyed" (p. 80). Those behaviours perceived as caring and those perceived as giving assistance are reported by the participants and a descriptive model was developed by Hughes (p. 80).

Appleton (1990) developed a pedagogical caring model from

her phenomenological study to describe the meaning of human

caring from the experience of two doctoral students in nursing.

She summarizes her study as follows;

> This study portrayed the magnitude of caring for the
> transformation of personal potential. Expressions of
> caring transpired within the personal, relational,
> situational, and environmental dimensions of being. The
> interconnectedness of these dimensions created and
> influenced a sense of belonging. Belonging gave meaning
> to the process of education and coming to know. Knowing
> one is cared for and about was essential for self-
> growth and stemmed from a feeling of belonging (p. 89)

Elements of Noddings and Mayeroff are again evident in Appleton's

description of caring.

In recent years more nursing researchers and educators

(Beck, 1991; Cohen, 1991; Forest, 1989; Holden, 1991; Smith,

1991) have focused on the caring phenomenon in their work. Most

of the studies on caring related to nursing education have been

done in baccalaureate schools of nursing. Although significant

Canadian contributions to literature on caring in nursing exists

(Gendron, 1984; Roach, 1987), there is little research on the

phenomenon of caring in Canadian nursing education and

specifically in diploma schools of nursing (Horsburgh and

Foley,1990; Morse et al.1991).

A study describing research activities of Canadian nursing

schools and faculty for 1988-89 (O'Connor & Bouchard, 1991)

summarized the characteristics of all projects. The predominant

area of study was the clinical practice setting. Studies in

education ranked third out of five areas and none related to

caring was reported.

In this literature review, philosophical descriptions of caring, nursing theories of caring and research on the caring phenomenon in practice and education settings were presented. The feminist perspective on caring was included because of the obvious influence on and linkage with nursing both historically and currently. Clearly there is a wealth of literature on caring but a need for further research exists in the context of Canadian nursing education from the perspective of nursing students and faculty. The need to enable nursing students to care inspired this study of the phenomenon within the 'community' that is responsible for preparing nurses for the practice of nursing.

The trend in nursing research is away from the empirical and toward the naturalistic. Nursing research over the past decade has gone from 25% qualitative studies in 1980 to 45% qualitative studies in 1986 (Moody et al. 1988), indicating less reliance on empirical data and a recognition of the value of studies describing human situations and experiences. This study of caring as experienced in a nursing program uses a qualitative methodology which will be described in chapter three.

CHAPTER THREE

Methodology

<u>Introduction</u>

"Selecting the appropriate method is the most important decision in the research process" (Field & Morse, 1985, p. 29). Of the various qualitative approaches Ray (1990) believes phenomenology is the most valid approach to the study of human science and caring. Boyd (1988) agrees: "phenomenology is critical to nursing to the extent that its concepts and theories need to be an accurate reflection of human living, if nursing is a human science" (p. 18). Phenomenological research is discussed in this chapter as the appropriate method for a study on caring. The setting, participants, and method of data collection and data analysis will also be described.

<u>Philosophical Foundation of the Research Methodology</u>

Nursing and education involve human situations and experiences. These rather complex phenomena require a research method that can gather data about human experiences as lived by individuals being studied and attempt to describe a phenomenon as they experience it (Stinson & Kerr, 1986).

"Phenomenology, which attempts to study the human experience as it is lived, is not just a research method but it is also a philosophy and an approach (Omery, 1983, p. 50). The nature of

reality for the qualitative researcher is through the lived experience. Person - world are inseparable. The person gives meaning to the experience. The phenomenological method flows from the qualitative researcher's view of the nature of reality, in that it is directed toward uncovering the meaning of a phenomenon as humanly experienced.

Interviewing and written descriptions are the main tools for data collection in a phenomenological study. Because phenomenology is about uncovering meaning in the individuals' experiences of a particular phenomenon, in this case caring, it is an inductive approach. Meaning and generalizations emerge from the data. Descriptions which are detailed and rich, relating individuals' experiences are thoughtfully and reflectively analyzed to identify elements and examine relationships between the elements. Uncovering themes in the descriptions provides the foundation for the researcher's descriptive structure of the meaning of the experience of the phenomenon. Through intuition the researcher arrives at the essential meaning or essence of the phenomenon.

In order to arrive at the phenomenal level the researcher must attend to the lived experience of a phenomenon not the simple awareness of things as they appear. In other words "we open up a phenomenal field because we observe the 'experience of the living thing' rather than the thing" (Giorgi, 1970, p. 149). The phenomenological approach requires the use of a procedure known as 'bracketing' - the holding in abeyance of what we think

we already know. 'Bracketing' is a means to control bias and allow the meaning of the phenomenon to emerge from an individual's experience.

There are certain principles observed when designing a phenomenological research study (Oiler, 1982), which illustrate the appropriateness of this approach to a study on caring in nursing education. They are subject matter, which is the subjects' realities; holistic approach which requires the researcher to go to the subjects in their situations; researcher involvement which must be recognized as he or she lives in the world also. Because of this involvement "empathic and intuitive awareness ...[can be] deliberately and purposefully employed" (p. 179) in data collection. The final principle is the qualitative expression of findings. The understanding of human behaviour is in terms of the subject's orientation in the world. In this study, from a phenomenological view, caring is understood as the students and faculty experience it in the world of nursing education.

The method used evolved from Giorgi's (1970, 1979) description of phenomenological analysis. Giorgi's method begins with a naive description of the experience being studied and requires the researcher to allow the subject's description to evolve without direction or bias from the researcher. The researcher must attempt to bring the experience into sharper focus. By allowing oneself to wonder, to feel confused or uncertain the researcher can practice bracketing. To genuinely

want to hear the subject's perceptions facilitates an unbiased, naive description without layers of interpretation. Data are gathered in lengthy interviews that may continue into more than one session. Due to the length and detail of the complete description, the sample size is usually small.

Participant Selection

The population for this study consisted of three senior nursing students and three full time faculty. Senior nursing students have completed two years of a two and one-half year program. Second year students were chosen because of the longer period of time in the nursing program and therefore more potential for experiences related to caring within the program.

The study was announced to all second year students and faculty involved in the diploma nursing program. A brief description of the study and what would be required of participants was given. Those interested in participating were invited to contact the researcher. The first three students and the first three faculty to respond received further information (Appendix A) and were apprised of ethics considerations (Appendix B).

The student participants consisted of one male and two female students. The selection of participants and data collection occurred when the researcher would no longer be involved with the students in a faculty capacity and all

evaluations had been completed. The faculty participants consisted of one male and two female faculty members.

The sample size was determined based on the time required for transcribing the interviews and analyzing the volume of data obtained in this type of study.

Setting

The site for the audiotape interviews was arranged at the convenience of the participants. Four of the interviews took place in a private room in the college that was familiar to the participants. Five of the interviews took place in a private residence which provided privacy and uninterrupted interviews. The remaining interview was conducted in the practice setting in a small private office away from active patient areas.

Description of the Participants

The participants were given fictitious names to maintain confidentiality. They were: Emma (S1), a female nursing student in the second year of a diploma nursing program. Emma completed one year of marketing at a community college and worked as a manager in a retail clothing store prior to entering nursing.

John (S2), a male nursing student in the second year of a diploma nursing program. This participant is a Registered Nursing Assistant who has worked for five years, three years full-time

prior to entering the diploma nursing program.

Sara (S3), a female nursing student in the second year of the same diploma program. She also is a Registered Nursing Assistant who has worked for ten years as an RNA and in retail prior to entering the diploma nursing program. Sara has a diploma in marketing and sales management from a community college as well as some university credits.

Judy (F1), a full-time faculty member in the diploma nursing program. She has four years teaching experience. In addition to a B.Sc.N she has six of the ten courses required for a M.Ed. degree. Judy has worked as an RN in various clinical settings for eight years prior to teaching.

Geoff (F2), a full-time faculty member in the same diploma nursing program. He has twenty-two years of teaching experience. Geoff worked as an RN in various clinical settings for five years prior to teaching. In addition to a B.Sc.N. he has two courses toward an M.Ed. degree.

Joanne (F3), also a full-time faculty member in the diploma nursing program. She has twenty-three years of teaching experience. Joanne worked for two years as an RN prior to teaching. She has a B.Sc.N. as well as a M.Ed. degree.

Data Collection

Initially the researcher met each participant separately in order to describe the purpose of the study. It was explained that

an initial tape-recorded interview of approximately one hour would be required and scheduled at the convenience of the participant. Individuals were informed that a follow-up tape-recorded interview may be required approximately three weeks after the initial interview.

Participants were advised that the interviews would require descriptions of 'critical incidents' that the participant felt were caring or uncaring. It was further explained that 'critical incidents' may be interactions (student-student, student-faculty or faculty-faculty), learning experiences, teaching strategies or the witnessing of caring/uncaring occasions.

At the initial interview participants were invited to submit written descriptions of critical caring/uncaring incidents that were experienced within the context of the nursing program, in the time period between interviews. Participants were asked to write down any thoughts, feelings or details related to the incidents described in the interview that may occur to them. Written descriptions were invited in order to accommodate the possibility that further reflection on the part of the subjects may elicit richer descriptions and valuable data.

Interviews were unstructured but questioning and exploring techniques were used to encourage depth of description and to elicit data that may reveal the subjects perceptions of what inhibits or fosters caring. Written informed consent forms were obtained from the participants for permission to tape-record interviews, and to use data from the interviews and any written

descriptions in the completed research report. Participants were also assured that the findings of the study would be available to them at their request, their confidentiality would be maintained, and that they could withdraw from the study at any time.

Following each interview notes were made on aspects of body language, the setting, and impressions during the interview. The data from initial and follow-up interviews were collected over a two month period. This time period was required to allow for the number of schedules involved with all participants on various shifts and in different clinical locations. The two months also provided the necessary time to read initial transcripts, checking for accuracy and identifying areas for clarification, and for validation of initial descriptions. There were approximately three weeks between the initial interviews and the follow-up interviews. During this three week period the first set of interviews were transcribed. To ensure the most accuracy, the tapes were reviewed three or four times and compared to the typed transcription. Any corrections were then made. Each interview was coded and the lines of each transcription were numbered. Four hard copies of each interview were made and computer disks with backup saved. A preliminary scrutiny or 'dwelling with the data' was done in order to identify areas for follow-up. Of the six participants, four had second interviews; two students and two faculty. Analysis of the data ensued.

Data Analysis

The data were analyzed using a modification of the process developed by Giorgi (1970, 1979). The descriptions of caring and uncaring experiences, from the six subjects, were read in their entirety several times. This dwelling with the data was done in order to gain a sense of the whole. The researcher then read the transcriptions more slowly each time and identified when transitions in meaning occurred. Words and phrases that reflected the phenomenon under study were highlighted. This procedure resulted in a series of natural meaning units for each naive description. Redundancies were eliminated and the data returned to for more reflection and scrutiny in order to gain the essence of the units. Notations were made in the margin as individual units that related to other units in the description were recognized. By relating each meaning unit to other units in the description and to the whole, themes or essences were extracted and expressed essentially in the concrete language of the subjects. More than one meaning unit expressed the same theme. The themes were then transferred onto file cards. Different coloured cards were used for each participant and the page and line codes from the raw data were included. The cards were then sorted into the categories of caring experience, uncaring experience, effects of caring experience, and effects of uncaring experience, then placed in large envelopes. Other themes which did not fit with these categories but which were felt to be

significant and these were placed in a separate envelope for
further scrutiny. Each theme was systematically interrogated for
what it revealed about caring/uncaring in that situation for that
subject. Cards expressing the same theme were clustered together.
This resulted in a number of envelopes each containing multiple
cards but the same theme. Each of these theme clusters (in small
envelopes) was then transformed into their focal meaning through
reflection and concepts from the literature. The naive
descriptions were returned to in order to ensure that the focal
meanings accounted for everything in them but did not suggest
that which was not in the original data. The focal meanings were
then integrated into a general description of the structure of
the meaning of caring as experienced by the participants.

Kahn (1993) suggests validity in qualitative research is
grounded in a "language of relationship" (p. 124) and should be
"constructed around three key relationships in qualitative
research: relationship of investigator with informants, data, and
reader "(p. 124). Kahn beleives that through a discourse of the
things other than the verbatim dialogue, the researcher opens up
and offers for scrutiny those elements which are not talked about
in the interviews but which reflect the research's use of self in
the process. Data in the form of field notes and impressions
during the interviews were used to provide context and in order
to enhance awareness of the role of the researcher. This
combination of field notes and dialogue between researcher and
the participants addresses validity as discussed by Kahn (1993).

Further validity was assured by follow-up interviews with participants where the essence of the descriptions from the the initial interviews were confirmed.

Summary

The purpose of this study was to investigate to what extent a diploma nursing program in a community college in Ontario enables caring among its students and faculty. Data describing caring and uncaring as experienced by the participants was collected through taped interview as is consistent with the phenomenological method. The analysis, using a modification of the process as described by Giorgi (1970, 1979), enabled the researcher to open up the phenomenal field and observe the lived experiences of the participants and thus formulate a general description which responds to the research questions.

Presented in chapter four are the findings for each participant, followed by the general description of the structure of the meaning of caring. A discussion of the findings will follow in chapter five and the final chapter will present the implications of the research and personal reflections.

CHAPTER FOUR

Findings

<u>Introduction</u>

This chapter outlines the perceptions of caring and uncaring
as experienced by nursings students and faculty in a diploma
nursing program. The data collected addressed the two research
questions concerning caring.

1. What practices/behaviours inhibit caring from a
   student/faculty perspective?

2. What practices/behaviours foster caring from a student/faculty
   perspective?

In order to convey the relationships between researcher and
participants, as well as providing data that would be lacking in
the transcripts, brief descriptions of each interview have been
included. The analysis of the data from the verbatim transcripts
of each participant will follow the description of the
corresponding interview. A synthesis of all the focal meanings
which emerged will be presented in the form of a general
description of the structure of the meaning of caring as
experienced by the participants.

<u>Emma</u>

My first interview took place with Emma in a small seminar
room within the college. The room was bright and quiet with the

door closed. Emma and I sat at right angles to a desk with the tape recorder between us. Emma appeared relaxed and we conversed easily. She had been a student of mine earlier in the year. Emma had arranged the interview time to fit with her program schedule which involved an extensive clinical placement at the end of this second year. When asked to describe an experience or occasion that she perceived as caring within the nursing program, Emma readily recalled a caring experience. With hand gestures and leaning forward toward me she described her experience with nursing staff and teacher following the death of a patient on the unit where she was in her first clinical rotation of the nursing program. Emma conveyed some ambivalence between her image of a nurse and how she felt she behaved in this situation. She was genuinely surprised by the caring of the staff around her and would close her eyes and recall details of the experience.

She described another caring experience involving a teacher which made a lasting impact on her. There was an element of surprise or wonder when she described this teacher taking time to talk to her, to listen and be interested in her. Caring experiences were recalled by Emma involving her clinical group and the closeness and support that develops.

One uncaring experience was described by Emma which occurred in the clinical area involving herself, another student and a staff nurse. Emma was shocked by behaviours of the staff nurse that Emma perceived as uncaring. The lack of respect and privacy were repeatedly referred to. Emma described the effect this

experience had on her.

Development of Categories, Themes and Focal Meanings

From the transcript descriptions of caring and uncaring experiences were dwelled with and divided into naturally occurring units of meaning or 'meaning units'. The essence of each unit was described in a reduced form but still in the participants language and will be referred to as a theme. These themes were sorted into categories: caring experience, uncaring experience, effects of caring experience, and effects of uncaring experience. Themes deemed significant but not fitting into the above categories were separated. Themes from each category were grouped into theme clusters. The theme clusters were transformed into focal meanings. A total of forty-three themes were identified from Emma's naive description. From twenty-six themes in the category, caring experience, five focal meanings were identified. In the uncaring experience category four themes resulted in a single focal meaning. In the category, effects of caring experience, two focal meanings were formed from nine themes. The final category, effects of uncaring experience, revealed two focal meanings from four themes. To illustrate the conceptual shifts from raw data to focal meaning, examples of meaning units and corresponding themes will be shown. An example of the transformation of a number of themes (theme cluster) into one focal meaning will be presented to aid understanding of that process. A sample of meaning units identified in Emma's

description and the corresponding themes are presented in Table 1

and constitute <u>one</u> theme cluster.

Table 1. Caring Experience S1: Data sample of meaning units and
themes for one theme cluster.

MEANING UNIT	THEME
"They [teachers] are there if you need them. When I've needed them and you know, gone to their office, they've been more than happy to open up the door and let me sit and talk".	They [teachers] are there if you need them and open their doors and let me sit and talk
"She [nurse] sat down and you know literally comforted me".	She sat down and comforted me.
"They [staff nurses] were really really sensitive to how I felt and they sat with me for I bet you at least a half hour or forty-five minutes talking to me".	They were sensitive and sat and talked with me for at least a half hour.
"They [staff nurses] let me talk and express how I felt".	They listened to me.
"She [nurse] was really good. She sat down with the two of us".	She sat with us.
"She [nurse] came and put her arm right around me and said, you know, "come with me" and we went into the conference room and she sat down right beside me with a box of kleenex and she put her hand on my knee. I felt comforted".	She put her arm around me and took me to a room and sat with me and I felt comforted.
They [teachers] took their own time out to form that {workshop} and it wasn't something they had to do. They didn't have to offer that to us. It was something on their own time".	They took their own time. It wasn't something they had to do. They did it on their own time.

"She [teacher] just sat there and she helped me through. She didn't say, "Don't go back, leave him". She didn't offer any opinion like that. She was basically there just listening. I was overwhelmed by that".	She helped me. She didn't offer any opinion. She listened.

Caring Experience

Five focal meanings: engrossment, genuineness, personal interest, vulnerability, and connectedness were formed from the themes in Emma's description of a caring experience.

Engrossment. Noddings(1984) describes engrossment as an attitude which "pervades the situational time-space" (p. 19), that comforts and warms another with ones presence and active listening. Emma was overwhelmed by time taken by her teacher to just sit with her and listen, "She [teacher] just sat there and she helped me through. She didn't say, 'Don't go back, leave him'. She didn't offer any opinion like that. She was basically there just listening. I was overwhelmed by that". Time taken by staff nurses to comfort Emma following the death of a patient, had an impact on her, "They [staff nurses] were really really sensitive to how I felt and they sat with me for I bet at least a half hour or forty-five minutes, talking to me".

Genuineness. Emma described as caring those behaviours which conveyed being 'real'; "[teachers] let them [students] know they are human. That they [teachers] write exams, study, run a house

and have children". Emma perceived teachers as being `real' when they willingly shared their experiences and were without artifice. Sincerity was a prominent theme in Emma's description; "I thought they [teachers] really do care. It's not just a pay cheque to them [teachers]". In describing a staff nurse Emma states, "She wasn't just talking. She was sincere". Emma explains, "She [staff nurse] gave specific times. Not just call me if you need me." The focal meaning of genuineness was formed from these themes which convey sincerity and lack of artifice.

Personal interest. A teacher's concern for Emma as an individual with a life other than as a student, had an impact on Emma. She describes the experience as overwhelming and recalled, "She [teacher] said she saw something happening to me. She stepped in when she saw my marks. I didn't know her very well but for her to take me in and talk with me ...[was overwhelming]".

Vulnerability. Vulnerability was expressed in Emma's description. In Emma's description of a caring experience following the death of a patient, she commented on her behaviour as a first year nursing student and her very real conflict between how she perceived her behaviour and how she felt she should behave as a nurse and how others perceive her behaviour. She states, "I was ready to quit the program" [when patient died and she cried] and then when the staff nurse who was comforting her cried also Emma thought "I don't feel so bad. She's crying too. She's a nurse, I'm only a student, first year, don't know anything". The essence of vulnerability was intertwined with her

description of a caring experience. This theme was identified three times in Emmas description of a caring experience and is thus included here as having significant meaning for Emma as she experienced caring.

Connectedness. Emma describes the bond between students especially when times get stressful and particularly in a clinical group that has been together for some time. She perceived caring behaviours among the students. Emma states, "I would say 90% of the students support each other. You help, you tutor or take notes if they (fellow students] are absent". Emma recalls the commitment of a fellow student; "He just threw everything aside and said I'm coming right over". The sense of connectedness as caring was experienced by Emma.

From the category, Caring experience, five focal meanings emerged as described above. Table 2 presents a sample theme from each theme cluster and the focal meanings that were formed. Engrossment was derived from nine themes, genuineness from seven themes, personal interest from four, vulnerability from four, and connectedness from three themes.

Table 2. Caring Experience S1: Sample themes and focal meanings.

THEME SAMPLE	FOCAL MEANING
"She helped me. She didn't offer any opinion. She listened. I was overwhelmed by that".	Engrossment: Behaviour which conveys a readiness to offer oneself to another and to receive another unconditionally (Noddings, 1984)

"It wasn't a typical lecture. They [teachers] pulled on their life skills; being a mother, bride, student. Sharing experiences of how they felt when they went through it [nursing program]. It made them seem more real".	Genuineness: Behaviour which reflects the capacity to relate to another truthfully and without pretence.
"She [teacher] wanted to talk to me about what was going on in my life".	Personal Interest: Behaviour which conveys "concern for and a responsiveness to another as a holistic being" (Hughes, 1992, p. 65).
"Maybe I felt guilty. I felt like an idiot because I couldn't handle my emotions. I felt like they [staff nurses] are all looking at me and thinking, "Typical first year student", or "incompetent".	Vulnerability: Behaviour which conveys a sense of susceptibility to rejection and/or criticism by another.
"I find most students bond together, when you get down or want to quit. You form study groups. Some of us have been together so long".	Connectedness: Behaviour which reflects "a sense of belonging, commitment and a shared identity" (Hughes, 1993, p. 82).

Uncaring Experience

The analysis of Emma's description of an uncaring experience proceeded in the same manner as for a caring experience. One focal meaning was formed from the themes. A sample theme and the focal meaning is presented in Table 3.

Table 3. Uncaring Experience S1: Sample theme and focal meaning.

THEME SAMPLE	FOCAL MEANING

"The nurse was yelling at the patient, didn't provide privacy or dignity at all"	Disrespect: Behaviour which conveys lack of regard for another's worth.

Disrespect. Emma's description of an uncaring experience involved herself, a patient, another student and a staff nurse. Emma described as uncaring those behaviours which are conveyed by the meaning disrespect. Emma recalls this scene; "She [staff nurse] didn't give him [patient] any privacy. It was a two bed room, his wife was standing there, he's got just this gown on. She didn't give him any dignity, any privacy and she started yelling at myself and at the other student, yelling at the patient". Emma expressed her feelings at the time; "I kept thinking, oh my God. I feel like I'm going to be sick because this primary [nurse] has got us jumping. We don't know what we're doing now". The lack of regard for the patient's and the students' self worth was a prominent perception in Emma's description of an uncaring experience.

Effects of Caring and Uncaring Experiences

Emma described three caring experiences which had two identifiable effects: obligation and modelling.

Obligation. Noddings (1984) expresses the notion of moral caring as the obligation to care based on ones' value of caring, experiences of caring and being cared-for. The effects of experiencing teachers' perceived caring behaviours were described by Emma: "It makes me feel if I fail I'll make them look bad",

"it makes me study hard". There was the sense of obligation to the teachers as ones caring. Obligation is not as duty but as a desire to meet expectations.

Modelling. Modelling as used in this study means to model ones behaviour after another who shows oneself as caring. Modelling was expressed by Emma in this example: "It [caring experience] has enabled me to deal with family in other experiences with a dying patient", and she describes "I sat down and talked to her (daughter of a dying patient] and relayed my story". Emma says of one nurse from her caring experience, "I learned from watching that particular primary [nurse]". In response to the caring experience following the death of her patient Emma states "They [staff nurses] made me realize the natural side of being a caregiver and it's alright to let go".

From Emma's uncaring experience, two effects were identified: avoidance and compensation.

Avoidance. One effect of Emma's uncaring experience in which she was being yelled at and made to feel "these students don't know what they are doing", is avoidance. Emma states, "I think I would refuse to work with this R.N again".

Compensation. This effect or response to uncaring is similar to modelling but in reverse. It is not modelling because that would be showing oneself to another as uncaring when the effect is the opposite. Emma describes it as follows:"I'm very conscious of maintaining privacy and dignity now". Observing uncaring behaviour, as disrespect, in another heightened Emma's awareness

of maintaining privacy and dignity.

Description of the Structure of the Meaning
of Caring for Emma

Emma perceives caring as conveying readiness to offer
oneself to another and to receive another unconditionally,
reflecting a capacity to relate truthfully and without pretence.
There is a concern for and a responsiveness to another as a
holistic being and a sense of connectedness in a caring
relationship. A certain vulnerability exists with one's response
to caring and being cared for.

John

Interviews with John took place in the same seminar room as
Emma's interviews. John had also been a student of mine earlier
in the year. John was very reflective and took time to articulate
his experiences accurately. The researcher came away from the
interview with the impression that the interview was a period of
discovery for John. He seemed almost in awe of the experiences he
was describing to me. John spoke initially about his experience
with caring among the students in his clinical group and the
closeness that develops. He described experience in the classroom
that he perceived as caring in terms of teacher's approach and
attitude.

John described an uncaring experience which involved a
teacher and a fellow student which he referred to as a "horror

story". He also referred to teacher attitude that he perceived as uncaring.

The general impression from John's interview was the importance to him of being treated as an intelligent individual with a personal as well as an academic life and the recognition of this by others was perceived by John as caring. The student point-of-view that became accessible to the researcher through this interview was impressive.

Caring Experience

Following the analysis of John's transcripts twenty-one themes emerged from the caring experience category. In the uncaring experience category five themes were identified. In the effects of caring experience category nine themes emerged and only one from the effects of uncaring experience category.

From the twenty-one themes in the caring experience category, five focal meanings were formed. Of the five focal meanings, four were consistent with those making up Emma's experience; engrossment, genuineness, personal interest, and connectedness. The focal meaning of vulnerability that was formed from Emma's description was not identified in John's description of caring but was noted in his description of an uncaring experience. The fifth focal meaning formed from John's description is intersubjective equality.

Intersubjective Equality. A recurrent theme in John's description of caring by teachers in the classroom conveyed this

focal meaning of equality between teacher and student. John feels, "You can tell by the way they [teachers] act in class when teaching that they care about their students". "They're [teachers] not setting themselves above you. They are somebody who is more knowledgeable in this area and discussing it <u>with</u> you". In John's description of a teacher perceived as caring in the classroom, he recalls, "Some [teachers] change themselves and get into their 'teaching role'. If [the teacher] acts more human, on your level and you are on their level {they are caring]. Attempting to explain how he perceives a teacher as caring, John recalls "She {caring teacher] is more of a guider. They [caring teachers] guide you through their personal knowledge but they aren't saying they're infallible". Intersubjective equality goes beyond genuineness to meeting another in a nonpaternalistic manner.

<u>Engrossment.</u> As in Emma's description of caring experiences, engrossment is a recurring theme in John's description. six of the twenty themes in the caring experience category expressed the meaning of engrossment. John recalls an experience in which he is caring for a dying patient and how he behaved and felt that he perceived as caring. "I always tried especially to recognize his rights and what he wanted. He wanted to die and he didn't want to eat or anything. I would make sure he had his favourite juice and rub his back and talk to him. I tried to spend extra time with him because I felt sad to see him alone. He didn't have many visitors". John recalls, "He [patient] wasn't about to say I want

this or that and he could easily have been overlooked and quietly lie in bed not eating or drinking". John's engrossment in his patient is illustrated by this expression of his thoughts; "I try to put myself in the other person's position as often as possible because it helps me to do my job better. If I was in his [dying patient] position I would like to have had those little extras". Offering self by, "spending extra time with him [patient] and making him as comfortable as possible", is perceived as caring by John.

John also recalls caring experience with teachers that illustrate engrossment. "Being available for students after hours, spending extra time with them, going out of their way to answer questions - things like that demonstrate caring".

At the end of John's interview John expresses this thought about what caring means to him. "I've been thinking about what caring is. It would be when somebody does something that benefits another but there's no actual positive gain for that person other than just doing it for the sake of doing it. Its just for the sake of the person. Like something with patients in clinical that you don't have to do. You could go ahead and not do it and you find you do it just for the sake of the person". Engrossment as the readiness to offer oneself to another and to receive another unconditionally emerges from John's description.

Genuineness. Five themes expressed genuineness, behaviours that reflect the capacity to relate to another truthfully and without pretence. When describing caring teachers John recalls,

"It seems that they [teachers] don't have a front. They are real people". Relating truthfully is expressed by John in this description of teachers perceived as caring; "To be able to admit to shortcomings and faults and say 'I don't know' and then look it up". John describes a teacher perceived as caring this way, "She is sincere not phoney or fake". "There are a lot of faculty here who demonstrate caring. Things like humour, admitting they're human, knowing they're not infallible". John describes, "Acting more human I feel makes the teacher [caring]". The focal meaning of genuineness is a strong theme in John's description of caring experience with teachers.

Personal Interest. Although only one theme in John's description expressed the focal meaning of personal interest, it had meaning for him. John describes his teacher, "She is very caring of students. She associates with us more, like at coffee. She will come over and say things and show an interest in our activities outside of school". This interest in John as a holistic being is important to him and perceived as caring.

Connectedness. The sense of belonging, commitment and shared identity that is the meaning of connectedness in this study, was expressed in John's description of caring within his clinical group. Five themes were identified that formed this focal meaning. Similar to themes identified in Emma's description of caring within the clinical group, John describes this scene, "In my group, a very, very sweet person would stop things and say something that was really meant from the bottom of her heart.

Something that was supportive." When first asked to describe a caring incident in the nursing program John responded, "One thing that strikes me is the closeness you get within the clinical group. There was a lot of caring between the eight of us". John describes the sense of shared identity experienced in the group, "We all came from different backgrounds and they [clinical group members] accepted where they [each individual] was coming from". the sense of belonging John expresses as "Being able to talk openly and with humour" in the group. John describes the support that comes from the group shared identity; "When we had our conference at the end of the day with patients going sour and dying, we [clinical group] would come together and talk about it in the group. I found it very helpful to talk about it".

The five focal meanings, intersubjective equality, engrossment, genuineness, personal interest, and connectedness, which were formed from John's description of caring experiences, are summarized in Table 4. A sample theme from each cluster will be shown with the focal meaning for each.

Table 4. Caring Experience S2: Sample themes and focal meanings.

THEME SAMPLE	FOCAL MEANING
"They're [teacher] not setting themselves above you. They are somebody who is more knowledgeable in this area and discussing it <u>with</u> you".	Intersubjective Equality: Behaviours which convey a nonpaternalistic attitude toward another.

"I always tried especially to recognize his rights and what he wanted. He wanted to die and he didn't want to eat or anything. I would make sure he had his favourite juice and rub his back and talk to him. I tried to spend extra time with him because I felt sad to see him alone. He didn't have many visitors".	Engrossment
"She [teacher] is sincere not phoney or fake".	Genuineness
"She is very caring of students. She associates with us more, like at coffee. She will come over and say things and show an interest in our activities outside school".	Personal Interest
"One thing that strikes me [as caring] is the closeness you get within the clinical group".	Connectedness

Uncaring Experience

The analysis of John's description of an uncaring experience will be presented in Table 5. Of five themes in this category, two focal meanings were formed. The focal meaning of disrespect expressed in Emma's description was also expressed in John's. In addition to disrespect the focal meaning of paternalism emerged from John's description of an uncaring experience.

Table 5. Uncaring Experience S2: Sample themes and focal
meanings.

SAMPLE THEME	FOCAL MEANING
"[being called] kids, boys and girls - that's a pet peeve of mine".	Paternalism: Behaviour which conveys greater maturity and authority over another.
"The instructor was rude and ridiculed them [student] in front of everybody".	Disrespect

Disrespect. John describes an incident he perceived as
uncaring that involved a teacher and a fellow student; "The
instructor was rude and ridiculed them [student] in front of
everybody". The lack of regard for the student's worth as
another human being is expressed in John's description. John
referred to that experience as "one of the horror stories" which
conveys the impact the teacher's behaviour had on the students.
John reflects, "There are a lot of people out there who feel
belittled by teachers and the whole college process".

Paternalism. One of John's "pet peeves" and one which he
perceives as uncaring, is a paternalistic attitude; behaviours
which convey a paternalistic manner by teachers toward students.
Along with being referred to as "kids" by teachers, John
describes this experience in the classroom; "Some teachers you
can follow them word for word from your text for three hours. Its
like, 'Why did I get up at eight to come to this class'. I could
sit and read it myself in half an hour". John also describes a
teacher who "stops to spell every third or fourth word" as

condescending and conveys a paternalism which John perceives as uncaring.

Effects of Caring and Uncaring Experiences

Three effects of a caring experience were identified from John's description; obligation, modelling, and intrinsic reward. Obligation and modelling were effects of caring that were expressed by Emma also. Intrinsic reward was expressed by John in five themes from which this focal meaning was formed.

Intrinsic Reward. The affirmation of one's goodness and promotion of one's self-esteem is the focal meaning of intrinsic reward. John describes the effect that a caring experience has had on him in which he is the one caring. "It made me feel good because people would come to me even a year later. They [fellow students] still seek me out and ask me questions"; "It makes me feel great to know there was something [between other students and myself] other than just school". In describing the effects of caring for his patient John recalls, "It feels good. I don't recall being especially recognized for them {perceived caring behaviours]". In reference to a caring experience in which he demonstrated behaviours he perceived as caring, John states, "You do get some positive rewards but they aren't initial and they're not tangible". John is expressing the intrinsic reward that affirmed his feelings about himself as a good person and boosted his self-esteem. John makes this observation, "When you see it [caring behaviour] it reminds you of your self and you think

that's what it is all about, that's why I'm here".

Obligation. Similar to the obligation felt by Emma as an
effect of a caring experience, John also expressed this sense of
obligation. The experience of being cared for by teachers elicits
this statement from John; "There are expectations or perceived
expectations and you try to live up to them". A caring occasion,
in which John and his teacher shared thoughts about future goals
and concerns, had this effect on John; "Once you have a bit of
self-disclosure you get closer to that person and myself I don't
want to let them [teacher] down". Following a caring experience
with fellow students in which John perceived himself as caring,
he feels "It made me try to excel and be good myself because I
think people were looking up to me". John felt this sense of
obligation from caring experiences that involved himself as the
one caring as well as the one being cared for.

Modelling. There were fewer themes from which to form this
focal meaning in John's description of effects of caring
experience than in Emma's description. However John expressed
this meaning using an analogy; "It [caring behaviour] spills over
on to others. Its like if somebody smiles then just being around
that person makes you smile".

John's experience with uncaring had two identifiable
effects. The effect of an uncaring experience as described by
John was a sense of frustration from the perceived uncaring
approach by teachers in the classroom. The second effect was a
sense of vulnerability as a response to the uncaring experience

involving a fellow student and teacher in which the teacher's behaviour showed disrespect for another.

Frustration. John recalls, "You get very frustrated in a class where the teacher stops every third or fourth word and it's coming verbatim from the textbook. I don't know, maybe you can't learn very well when you're frustrated".

Vulnerability. The focal meaning of vulnerability was discussed earlier with regard to Emma's experience with caring. Vulnerability was identified in Hughes' (1992) study involving nursing students and their response to faculty behaviours. Vulnerability expressed in John's experience is similar to that identified by Hughes. The sense of uncertainty and vulnerability a student feels in interactions with faculty, and in this case uncaring. John describes his fellow student after being ridiculed by a teacher in front of others; "The student was very upset by it". "I felt empathy for this student and was glad it wasn't me". "I really don't know what I would do if I was in that position".

Description of the Structure of the Meaning of Caring for John

John perceives caring as conveying a readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence. There is a concern for and a responsiveness to another as a holistic being and a sense of connectedness and an intersubjective equality in a caring relationship.

Sara

The interview with Sara took place in a private home over coffee. Sara was a student of the researcher earlier in the year. Sara expressed herself strongly throughout the interview. She recalled two caring experiences, one involved a teacher and herself, and the other involved her clinical group and one classmate specifically. Sara also recalled an uncaring experience in which she observed an incident between a teacher and a fellow student.

The impression at the end of the interview was that the experience with her clinical group and teacher which revolved around a crisis in Sara's life, was an overwhelming experience for her and left a lasting impression of caring. Just as the caring experiences were overwhelming, the uncaring experience was perceived by Sara as devastating to the student involved. As in the previous participants' descriptions, a sense of student vulnerability was perceived in Sara's description.

Caring Experience

The analysis of Sara's transcript revealed twelve themes in the caring experience category. In the uncaring experience category three themes were identified. Five themes expressing effects of caring experience were extracted from the description. Effects of uncaring experience revealed three themes.

Four focal meanings, all of which were formed from the

previous student participants' descriptions, emerged from Sara's description. The four focal meanings are genuineness, engrossment, personal interest and connectedness. No new focal meanings emerged from Sara's description.

Engrossment. Five of the twelve themes in the caring experience category expressed the focal meaning of engrossment. The unconditional acceptance that is part of engrossment is illustrated in Sara's description of her experience with a fellow student. Sara was undergoing a crisis in her personal life and recalls, "I phoned her [fellow student] and I admitted it [crisis] to her and the tears started. She supported me and reinforced everything. I'd have died without her". The meaning of engrossment is conveyed by this theme from a description of a caring experience involving a teacher. "I sat in her [teacher] office and poured everything out and she was so empathetic and I thought they do care, teachers really care". Describing her teacher Sara recalls, "She noticed the little things". Noticing the little things was perceived by Sara as caring and an example of the readiness to offer oneself that is part of engrossment.

Genuineness. Sara refers to a classroom situation in which the teachers share their experiences through skits for the students. She describes, "They [teachers] went to all that work. They must care, they are trying something different. It's nice to know [them]". This theme is repeated in Sara's description of the caring experience with a teacher when the teacher opened her office to her and sat with her and listened. Sara recalls, "I

thought, they [teachers] do care, teachers really care". The realization of the genuineness of the teachers involvement is perceived by Sara as caring.

Personal Interest. "Teachers have shown a lot of caring. Because of my [crisis] they ask, 'How are you doing? Do you have time for yourself?'". Although not a frequent theme in Sara's description, it is strongly conveyed that personal interest is perceived as caring in Sara's experience.

Connectedness. The focal meaning of connectedness was formed from four of the twelve themes related to a caring experience in Sara's description. The importance of the sense of belonging and support from the clinical group is expressed in Sara's description. "I think between the students you feel a lot when you get so close to students in the group". Sara describes the sense of commitment; "If you see somebody is beginning to fail, you talk among yourselves and say 'we've got to help', see where she's falling down". Sara recalls, "At one point I was to be moved from the group and people didn't know what I was going through in my personal life. I went to the teacher and said I can't do that [leave the group] and she let me stay. I mean because we all care about each other". Sara uses this analogy to describe her feelings about the group which expresses the meaning of connectedness; "It [the clinical group] was a constant - like an umbilical card that was connected".

The focal meanings formed from Sara's description of caring experiences are presented in Table 6 with a sample theme.

Table 6. Caring Experience S3: Sample themes and focal meanings.

THEME SAMPLE	FOCAL MEANING
"I sat in her [teacher] office and poured everything out and she was so empathetic".	Engrossment
"I thought they [teachers] do care, they really care".	Genuineness
"Teachers have shown a lot of caring. Because of my [crisis] they ask, 'How are you doing? Do you have time for yourself?'".	Personal Interest
" It [the clinical group] was a constant - like an umbilical card that was connected".	Connectedness

Uncaring Experience

The analysis of Sara's description of uncaring revealed two focal meanings; disrespect and vulnerability. Table 7 below presents sample themes and focal meanings for this category.

Table 7. Uncaring Experience S3: Sample themes and focal meanings.

THEME SAMPLE	FOCAL MEANING
"I saw a teacher dress a student down to the point of tears".	Disrespect
"It was to do with care plans. This girl had every space covered because she was afraid to mess up".	Vulnerability

Disrespect. Sara describes an incident she observed between

a teacher and a fellow student that was perceived as uncaring and made a lasting impression. The meaning of disrespect, lack of regard for another's worth, is reflected in this description; "I saw a teacher dress a student down to the point of tears". The words convey the sense of decreased worth and the devastating effect of this on the student. Sara continues, "The student came to coffee and her hands were shaking and she had her head back so the tears wouldn't fall". The incident involved an assignment and the teacher criticized the student in front of others and in a manner which Sara perceived as uncaring and which conveys disrespect.

Vulnerability. The sense of student vulnerability is again evident in Sara's description. "She [fellow student] was afraid to mess up", and in the response of the student to the uncaring incident "She was hurt, she had never been so embarrassed. She cried". As with John's description of a similar incident, and consistent with Hughes' (1992) findings, student vulnerability, the susceptibility to rejection and/or criticism by another exists in these themes from Sara's experience.

Effects of Caring and Uncaring Experiences

Three effects of a caring experience were expressed by Sara; modelling, intrinsic reward and connectedness.

Modelling. Sara reflects on caring and feels that, "The way people have been brought up has a lot to do with it [perceived caring behaviour]". She describes a staff nurses who she

perceives as caring because "she always thinks of the patient first" and "she looked at the little things". Sara expresses this effect from observing this caring nurse; "if I could be any kind of nurse in the world I'd be like her". Observing one who exhibits caring provides a model for caring in others, according to Sara's description.

Intrinsic Reward. In response to those occasions when students in a clinical group help one another Sara recalls, "We all go around patting ourselves on our backs". Sara's description is a metaphorical way of expressing the affirmation of one's goodness and self-esteem that results from perceived caring behaviour.

Connectedness. The "sense of belonging, commitment and a shared identity" (Hughes, 1993, p. 82) conveyed by students in a clinical group has been expressed by Emma, John and Sara in their descriptions of caring experiences. It was also expressed by Sara as an effect of a caring experience. She recalls, "She [fellow student] showed me a lot of caring and that brought us even closer".

Only one effect of an uncaring experience was revealed from Sara's description. The response to observing an uncaring incident had the effect of avoidance.

Avoidance. Sara describes the effect that the uncaring incident between a fellow student and a teacher, had on her. She states, "I observed it [uncaring] and I took off out of fear. I didn't want to be there". Sara describes this effect of an

uncaring experience; "I was resentful. I didn't want to be there. Like, if you don't care I don't want to deal with you".

Description of the Structure of the Meaning of Caring for Sara

Sara perceives caring as conveying readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence. There is a concern for and a responsiveness to another as a holistic being and a sense of connectedness in a caring relationship.

Judy

Judy's interview also took place in a private home. Judy is a colleague of the researcher and has been for three years. It was noted that Judy used 'unkind' interchangeably with uncaring and 'kind' interchangeably with caring. When brought to Judy's attention to validate the impression she confirmed, "When someone does something unkind that's uncaring to me".

When asked to describe an uncaring experience Judy related one involving herself and a student in which Judy felt she was unkind. Judy readily described a caring experience and could give a detailed description of how she felt and what behaviours were exhibited that she perceived as caring.

It was interesting to note the change in behaviour over time which Judy describes in relation to her interactions with

students. She used to have a very open, receptive manner and many students would come to her and talk and she would listen. She admits to being more sceptical now about some of the 'stories' students tell her and less likely to give the benefit of the doubt. It was expressed this way "I think maybe people don't come to me as often especially in the clinical group where I used to spend hours listening to them [students]. Now maybe they [students] get the impression right off the bat that 'I can't run to her so I'm not going to. So whether that's unkind or not I don't know".

Another impression that was perceived by the researcher during the interview with Judy was the overwhelming feelings she had regarding a caring experience with other faculty and in particular her two supervisors. Taking time figured prominently in her description.

The honesty and integrity with which Judy described her behaviour reflected a genuine desire to look at her behaviour which she perceived as uncaring and learn from it. This was impressive.

Caring Experience

The analysis of Judy's verbatim transcripts revealed ten themes in the caring experience category which transformed into three focal meanings. In the uncaring experience category seven themes were identified, resulting in two focal meanings. Three effects of a caring experience emerged from the description and

one effect of an uncaring experience could be identified.

The three focal meanings formed from the themes in the description of the caring experience are engrossment, genuineness, and personal interest.

Engrossment. Judy was overwhelmed by the behaviour of her supervisors when she experienced a death in the family. She describes, "When I came back [from the funeral] she [supervisor] called me to her office and talked to me about my [family member]. I was crying and she hugged me. I talked and she just sat there and let me talk and talk". Judy recalls her other supervisor, "All she really did was talk to me for one half hour to forty-five minutes. For her to do this I thought was really caring on the supervisor's part". "I was really impressed when [supervisor] called me. I remember she sat there and I told her about [my family]". The impact of her supervisors offering themselves, taking the time and listening was expressed by Judy in this statement, "Who can believe that just talking about [family member] ... that was probably one of the most caring things".

Genuineness. Relating to another truthfully and without pretence involves letting another see the real person as described by Emma and John in their descriptions of caring teachers. Similarly Judy's supervisor demonstrated genuineness by sharing; "She talked a bit about her family and I thought it was really nice". Judy describes, "That's when [following family crisis] I found out a bit about her. I didn't know she didn't

have kids. It was interesting for her to ask about my children because I find people who don't have kids really don't have the same concern. I remember going home and telling my husband". Judy felt the sincerity of her supervisors, "I think there is genuine concern there".

Personal Interest. Judy's description of experiencing caring contained themes that conveyed a concern for and a responsiveness to another as a holistic being. Personal interest as caring is reflected in this theme, "I hadn't been on faculty that long and she [supervisor] asked about my family and how was my dad and ever since then I get lots of comments like 'How's your dad?'". Referring to her other supervisor Judy states, "She asked me about things. I talked about my children and my mother". Judy concludes "People really do care about your personal problems".

The three focal meanings derived from Judy's description of a caring experience are summarized in Table 8. A sample theme and corresponding focal meaning are presented.

Table 8. Caring Experience F1; Sample themes and focal meanings.

SAMPLE THEME	FOCAL MEANING
"She [supervisor] just sat there and let me talk and talk".	Engrossment
"I think there is genuine concern there".	Genuineness
"People really do care about your personal problems".	Personal Interest

Uncaring Experience

Judy's uncaring experiences involved herself and a student in which she sees herself as uncaring. The two focal meanings formed from the themes are disrespect and mistrust. Disrespect was formed from previous participants descriptions of uncaring. Mistrust was not revealed in previous descriptions.

Disrespect. Judy describes this scene; "It was one [student] that was always late and missed a lot of classes. She asked a question about something we had been discussing all week". Judy describes her response to the student as insulting, " I made a sarcastic comment to her like, 'If you would show up for class you wouldn't be asking this'". Judy recalls, "I saw on her face that I really did insult her and that she was offended by it".

Mistrust. The lack of faith in another's ability and in another's truthfulness describes the focal meaning for mistrust. In Judy's experience she perceives herself as uncaring by not trusting a student. "I guess I wonder how much of what the student is saying is truth and how much isn't". Judy describes the experience, "I talked to her [student] on the phone about somebody sick or dying and I was really unkind because I was sick of hearing these stories. Then I thought what if she was telling the truth and I was being callous about a relative that was dying". Table 9 summarizes the focal meanings formed from the themes in Judy's description of an uncaring experience.

Table 9. Uncaring Experience F1: Sample themes and focal
          meanings.

SAMPLE THEME	FOCAL MEANING
"I was in class and I was being my usual sarcastic self and I insulted a student".	Disrespect
"I guess I wonder how much of what the student is saying is the truth and how much isn't".	Mistrust: Behaviour which conveys lack of faith in another's ability and in another's truthfulness.

Effects of Caring and Uncaring Experiences

Three effects of a caring experience were identified in Judy's description; connectedness, modelling, and vulnerability. Modelling has been expressed by previous participants as an effect of experiencing caring. Connectedness has emerged as a focal meaning of a caring experience as with Emma and John. It has been revealed as an effect of a caring experience in the situation of Sara and her fellow student. In Judy's experience of caring, connectedness was also in response to the experience or an effect of the caring experience.

Connectedness. Judy describes the meaning of connectedness when she recalls how she felt after experiencing caring with her supervisors. "I thought now I'm going to stay here. This is great. I feel my bosses are very supportive. I feel much more a part of the faculty. I just feel more a part of the group".

Modelling. As an effect of being cared for by her supervisors Judy expresses the essence of modelling; "It [caring experience] made me think of a situation in the past when

someone's mother died and what I should have said because they [supervisors] made me feel good". "I think in future I'll know how to talk to people [in similar situations]".

Vulnerability. I chose to include vulnerability here although it was not expressed in Judy's description of caring following a family crisis but rather as background to her description of uncaring with students. I include it here because it seems to me that it is a result or effect of caring in the past. Several themes are presented together here in order to convey the sense of vulnerability as I perceived it from the dialogue. "I used to sit down with students a lot, who were having problems, abusive relationships, no money, or having to work all the time. Then I started thinking sometimes people take advantage of you and so now I find I don't usually spend time with students about personal problems. I say I'm sorry but we can't make exceptions for everyone". There is a sense of susceptibility or risk in this description especially strong with the words "sometimes people take advantage of you".

Description of the Structure of the Meaning of Caring for Judy

Judy perceives caring as conveying a readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence, and with concern for and responsiveness to another as a holistic being.

<div align="center"><u>Geoff</u></div>

The initial interview with Geoff took place in a small office in a hospital away from active patient areas. The follow-up interview took place in a private home. Geoff, also a colleague of mine, took some time at the beginning of the interview to reflect about caring. He described initially a caring experience which involved one of his students and her dying patient and family. Geoff also described faculty caring experience. His experience of uncaring involved two students and a patient.

Helping or assisting others was a prominent theme in Geoff's description of caring among faculty. In his description of students in a clinical group Geoff describes the support the students give each other.

<u>Caring Experience</u>

The four focal meanings which were formed from Geoff's themes of a caring experience are engrossment, genuineness, connectedness, and trust. Trust as a focal meaning was not revealed in the previous participants' descriptions.

<u>Trust.</u> Behaviours which convey belief in another's integrity and abilities with expectation of growth is the focal meaning of trust. Trust was reflected in Geoff's description of his perceived caring experience with students. "Treating them [students] as mature individuals who have something to offer,

encouraging and valuing their contributions [is caring]". Geoff recalls "They [students] enjoyed the fact they were able to contribute". When Geoff described a caring experience in the classroom he attempts to articulate the experience; "You have expectations, you care about them and know they are capable of accomplishing a particular level of performance - confidence in their ability".

Engrossment. The focal meaning of engrossment was revealed in ten themes from Geoff's description. It was the most frequently expressed meaning in his description of a caring experience. Engrossment emerges from themes related to faculty and student caring experiences. He describes engrossment between fellow students, "She [student] was involved and would take her [fellow student] to counselling and wait for her". Geoff recalls, "She [student] was prepared to go the whole route for her friend". Describing a student in his clinical group Geoff remembers "She [student] was very loving, a great listener and took her time to talk [to her patients]".

The first caring experience that came to Geoff's mind when asked to describe a caring experience within the nursing program, was of a student and a dying patient. "When the gentleman expired she]student] was with him. She didn't run off and escape the situation but participated with the family. She was visibly upset and crying but stayed with the family to give words of comfort". Geoff reflects on this caring occasion, "All I could think was how strong she [student] was to stay. She took her time, talked

to the patient - it was probably one of the most heartwarming experiences I've had". The unconditional giving of self to this patient and family had a profound effect on Geoff.

Geoff reflects on caring experiences among faculty. "Many faculty have gone out of their way to [help] others who are experiencing a crisis in their situation or family". "I have seen faculty spend time over, above and beyond the call of duty to assist them [students] with clinical skills".

Genuineness. The ability to relate to another sincerely or genuinely, without artifice or pretence is perceived as caring by Geoff. The student who cared for the dying patient expressed this meaning. "She [student] really felt. She felt pain, what the family was experiencing even though she was feeling pain herself". In another experience involving faculty Geoff expresses genuineness as caring from his point of view. "They [faculty] actually are concerned about other people. They have a feeling, a sensitivity to what the other individual is experiencing".
The perception of a behaviour or attitude as being genuine describes caring in Geoff's experience.

Connectedness. Geoff describes the meaning of connectedness involving the clinical group as has been revealed in previous descriptions. He describes the sense of commitment and shared identity; "They [students] are looking out for each other". Geoff also reveals this connectedness as caring involving faculty. "She [faculty] has gone out of her way to share notes. If people go out of their way without being asked - that makes a difference

and I think that is caring". "I can think when other faculty are ill and three or four people will help out setting up the lab for example". "I had this lab and [colleague] said 'I did this lab last year, how about I go through it with you', and of course it takes the load off you because you have somebody to bounce things off and get their ideas. I think there are a lot of examples of caring".

The four focal meanings, trust, engrossment, genuineness, and connectedness were formed from seventeen themes. A sample theme and the focal meanings are presented in Table 10.

Table 10. Caring Experience F2: Sample themes and focal meanings.

THEME SAMPLE	FOCAL MEANING
"You have expectations that you care about them and know they are capable of accomplishing a particular level of performance - confidence in their ability".	Trust: Behaviour which conveys belief in another's integrity and abilities with expectation of growth.
"She [student] spent time talking to him [patient]. She got to know the family".	Engrossment
"They [faculty] actually are concerned about other people. They have a feeling, a sensitivity to what the other is experiencing".	Genuineness
"They [students in a clinical group] are looking out for each other".	Connectedness

<u>Uncaring Experience</u>

Geoff described two experiences he perceived as uncaring. One experience was involving two students and a patient, in which Geoff perceived the students conveyed uncaring through their behaviour. The second experience involved Geoff and a student in the classroom in which Geoff perceived his own behaviour as uncaring. One focal meaning, disrespect, was formed from the themes describing the uncaring experiences.

<u>Disrespect.</u> This is Geoff's description of the uncaring experience involving two students and a patient which conveys the meaning of disrespect. "One student was coming to get another student for coffee. The student was assisting her patient back to bed. The other student helped her so they could go to coffee. The patient is put into the bed very quickly and looks uncomfortable. The priority was to get off the floor for coffee and for one to have a cigarette. The patient's legs were banged against the bedrail. I arrive on the scene and the patient is in poor alignment, her head is extended and the pillow is improperly placed behind her head. The patient was disabled, she'd had a CVA. The covers were up to the patient's waist and one bedside rail was up. The students were going to leave the room. I stopped them. They didn't seem overly concerned. They hadn't spoken to the patient. The dialogue had been entirely between the students". A lack of regard for another's worth is revealed in the above themes from Geoff's naive description.

Geoff reflects on behaviour perceived as uncaring and

describes this experience with a student. "They [student] felt I had centred them out and diminished them in the eyes of their classmates and their contribution". Disrespect is conveyed as the lack of regard for the student and for the students contribution.

Effects of Caring and Uncaring Experiences

The effect on Geoff of the caring experiences he described was one of modelling. Uncaring experience had the effect of compensation.

Modelling. Geoff describes his response to the caring experience involving a student and her dying patient. "It [observing caring student] makes me stop and think that maybe we have a lot to learn, that we often avoid situations that make us uncomfortable. When you see someone perform in that manner, it reinforces for me that I can learn something here [from my student]". The notion that showing oneself as caring supports others caring, is reflected in Geoff's description of the effect of the caring experience. Related to faculty caring Geoff reflects, "I think it [observing caring among faculty] affects the students absolutely. That is part of the role model". Geoff articulates his response to experiencing caring that conveys modelling; "After [a caring experience] you go home and you're better to your kids, your're better in your relationship with your spouse".

Compensation. This focal meaning was previously revealed in Emma's description of an uncaring experience between patient and

staff nurse. In response to the uncaring experience described by Geoff involving students and patient, he recalls, "That did affect me. I go back and try to make up to the patient for what happened as a result of the student. I'm embarrassed because I'm responsible for the students. I'm concerned that she [patient] didn't get the care she should have"; "I would pop in a little more often I think because of my own embarrassment and concern". Observing the uncaring behaviour resulted in Geoff trying to compensate.

Description of the Structure of the Meaning of Caring for Geoff

Geoff perceives caring as conveying readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence. Belief in another's integrity and abilities with expectation of growth combine with a sense of connectedness in a caring relationship.

Joanne

Joanne was the last participant interviewed. She also had been a colleague of mine for the past three years. Both interviews with Joanne took place in a private home. An expressive, enthusiastic individual, Joanne discussed her beliefs and philosophy about teaching, nursing and caring gleaned from

twenty-three years of experience in nursing education.

The most memorable caring experience described by Joanne was the perceived caring of her colleagues following the death of a family member. As the one cared-for, Joanne describes it as an overwhelming experience and quite passionately at times she related how she experienced the caring of her colleagues. An interesting aspect of the interview was the effect this experience had on Joanne. It seemed to reinforce caring behaviour in herself and "faith in humanity" but at the same time she seemed to have difficulty accepting the caring without a sense of indebtedness. In her words "I felt I owed them [colleagues] something" and "what are they going to expect in return"? Joanne was confused and uncomfortable with this response.

Joanne described uncaring involving herself and a student and herself and two colleagues. The impression following the time with Joanne is that she views herself as a very caring person who finds it easier to care for than <u>be</u> cared for.

Caring Experience

Four focal meanings were formed from themes in Joanne's caring experience. The meanings of engrossment, genuineness, personal interest, and trust were revealed in descriptions of previous participants. More themes expressed the focal meaning of trust than of any of the other focal meanings in Joanne's description.

<u>Engrossment.</u> The focal meaning of engrossment has been

revealed in every one of the participants' descriptions of caring experiences. Engrossment is prominent in Joanne's description also, having been formed from four of the fourteen themes identified in her description of caring. Joanne recalls, "This was an extremely overwhelming experience - the kind of support I got from my colleagues". She refers to the caring of colleagues following the illness and death of a family member. "That they [colleagues] would take the time and care enough to do that made me feel special". "There was someone with me every evening [in hospital]. Somebody [colleague] always came". The offering of oneself readily, is conveyed in these themes. This engrossment perceived by Joanne as caring is also evident in this statement; "There is a group [of colleagues] who have demonstrated caring behaviour with students who have a crisis and they [colleagues] spend hours helping them to work out problems". Taking time, offering self by giving of one's time figures prominently in Joanne's description.

Genuineness. "It was unselfish and you can tell what they [colleagues] did was genuine and I guess that is what tugged at the heart strings". Joanne felt the genuineness of her colleagues and was moved by this as caring behaviour. She describes, "Not just sitting with me, really concerned about how I was feeling and doing. They [colleagues] were patient and tolerant". Joanne later explains, "They [colleagues] weren't just doing nice kind of things, they really meant what they were doing ".

Personal Interest. Joanne describes how her colleagues

demonstrated a concern for and responsiveness to her. "They [colleagues] saw the stress level in meetings, there was always somebody there". "When [family member] died they [colleagues] just took over. They gave something in memory to the church and something for me because they wanted me to have something for me". The attention to her as a holistic being was perceived as caring by Joanne.

Trust. All of the themes which contributed to the formation of this focal meaning, came from a caring experience described by Joanne involving teacher and students. Joanne describes, "It meant something to have somebody [teacher] really take the time out to care and believe them [students] and make the exception for them". Joanne recalls "I've had students who have experienced catastrophes when I have made exceptions about due assignments. I've been caught where I believed a student, to find out they lied. That kind of experience can make you not want to believe anybody but there is always the person who is genuine and the genuine person shouldn't suffer for the other. You've got to give them [students] the benefit of the doubt". The belief in the integrity of the students, giving the benefit of the doubt, is perceived as caring by Joanne. Joanne shared with me the written feedback from a student, an experience which had a lot of meaning for Joanne. The student wrote, "You [Joanne] made me feel smart. You were there when I needed you. I knew the support was there. I could give only the best I had because you expected nothing but the best". This communication between Joanne and her student

expresses the meaning of trust and Joanne's perception that

conveying trust is caring. The focal meanings with sample themes

from Joanne's description of caring experiences is presented in

Table 11.

Table 11. Caring Experience F3: Sample themes and focal
meanings.

THEME SAMPLE	FOCAL MEANING
"That they [colleagues] would take the time and care enough to do that made me feel special".	Engrossment
"Not just sitting with me, really concerned about how I was feeling and doing".	Genuineness
"When [family member] died they [colleague] just took over. They gave something in memory to the church and something for me because they wanted me to have something for me".	Personal Interest
"You [teacher] made me feel as if you trusted me, you allowed me to do things and weren't on my back all the time. I felt important".	Trust

Uncaring Experience

Joanne's descriptions of uncaring experiences revealed only

one focal meaning, disrespect.

Disrespect In describing an uncaring incident Joanne

describes some of the "uncaring kinds of things, negative

comments, put downs or being made to feel stupid" that have

occurred among faculty. Joanne recalls, " another situation that was uncaring and treating each other with disrespect". Joanne recounts a situation in which two colleagues confront her about a situation that arose over clinical placement of faculty. "These are my colleagues, professional people! They tore a strip off me. They are my colleagues who are supposed to be professional and respected".

An experience which involved Joanne and a student in which she views her behaviour as uncaring, is described; "I raised my voice, was obviously angry, my hands going. I screeched at him [student]. I actually told him 'you jerk'". Lack of regard for the worth of another individual is expressed in these themes and perceived by Joanne as uncaring.

Effects of Caring and Uncaring Experiences

Joanne, upon reflection, described several effects of her caring experience. In response to her experience of caring Joanne revealed vulnerability, intrinsic reward, and modelling.

Vulnerability. The sense of vulnerability in previous descriptions emerged from themes of caring experiences, uncaring experiences, and as the effect of an uncaring experience. In Joanne's description vulnerability is in response to or effect of a caring experience. Referring to her caring experience Joanne expresses her feelings. "It [caring experience] made me feel very indebted. I give readily but I don't receive as readily without feeling indebted. I felt like I owed them something". "When I

give I don't do it to see if I can benefit from it, and yet when somebody gives [to me] - I don't know - is that selfish? I hate to think it's selfish". Joanne's vulnerability differs from obligation as used in this study. Whereas obligation is a desire to meet expectations and grow, vulnerability in Joanne's experience is a discomfort, uneasiness with the caring. Joanne reflects, "I felt like I owed them [colleagues] and how am I going to repay them. I shouldn't have felt that way. It was a little negative. If they did it lovingly and genuinely then I shouldn't feel that they expect things in return". There is a certain susceptibility expressed as an effect of the caring experience on Joanne.

Intrinsic Reward. At the time of Joanne's crisis involving a family member Joanne recalls the effect of caring students, "I felt good because the students cared enough to come and tell me that they were concerned. These students really cared, and were interested". The effect of the caring by faculty left Joanne feeling special. "I thought this [perceived caring behaviours of faculty] must be a real tribute to me, this tells me something about myself". The affirmation of one's goodness and boost to self-esteem comes through in Joanne's description of the effect caring experiences had on her.

Modelling. Following the experience of caring from faculty Joanne describes' "I have been even more kind and giving to other people since then [caring experience]". Joanne gives this example, "When [colleague's] husband was in hospital I spent time

with her and did the same things and she appreciated that".
Joanne feels when "people who come through a death in the family
or admitted to hospital, medical problems or problems with kids -
I feel I should be more giving". "People who are warm and caring
and take the time appeal to me because that is what I like. It's
what I think I should give". Others showed themselves as caring
to Joanne and in response it has supported her own caring
behaviours.

Joanne's experiencing uncaring had two effects identified in
her description. Avoidance is one effect and has been identified
in previous descriptions as a response to uncaring behaviour.
Guilt, the second effect, is unique to Joanne's experience as she
described the effects of uncaring.

Avoidance. Following Joanne's perceived uncaring behaviour
with her student she describes the atmosphere in the classroom.
"I don't think they [students] really learned or listened [after
that]. They were too scared, busy taking notes and not asking any
questions". In a sense the students were avoiding interaction
with Joanne.

The uncaring incident involving two colleagues affected
Joanne this way; "I was so upset. I went to my office. I felt
angry. I was hurt, tremendously hurt because they are my
colleagues who are supposed to be professional. I wanted no part
of them, so I just avoided them". Both the students and Joanne
responded to uncaring behaviour with avoidance.

Guilt. The sense of remorse and responsibility for a

perceived offense is the focal meaning of guilt. Joanne describes a guilt response as the effect of exhibiting uncaring behaviour. Following the experience with her student in which Joanne perceived herself as uncaring she states, "It [uncaring behaviour] goes against my style. It's the one thing I don't feel good about". "I felt guilty because of my behaviour". Joanne describes the class after the incident, "The human element, the warmth was gone and I think that I destroyed the whole business of caring about students and the atmosphere you set up for them".

Description of the Structure of the Meaning of Caring for Joanne

Joanne perceives caring as conveying a readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence. In a caring relationship there is a concern for and a responsiveness to another as a holistic being and belief in another's integrity and abilities with expectation of growth.

Summary of Findings for All Participants

The findings from the notes and the transcripts of the participants have been presented for each individual. Themes, focal meanings and descriptions of the structure of the meaning of caring for each participant were given. Summarized in Table 12 are the focal meanings in each category for all six of the

participants in the study. A general description of the structure of the meaning of caring for the whole, will conclude the chapter.

Table 12. Summary of focal meanings in each category.

CATEGORY	FOCAL MEANING
CARING EXPERIENCE	Engrossment
	Genuineness
	Personal Interest
	Connectedness
	Intersubjective Equality
	Trust
	Vulnerability
UNCARING EXPERIENCE	Disrespect
	Paternalism
	Mistrust
	Vulnerability
EFFECTS OF CARING EXPERIENCE	Modelling
	Obligation
	Intrinsic Reward
	Connectedness
	Vulnerability
EFFECTS OF UNCARING EXPERIENCE	Avoidance
	Compensation
	Frustration
	Guilt
	Vulnerability

General Description of the Structure of the Meaning of Caring

The nursing students and faculty in this study perceive caring as a readiness to offer oneself to another and to receive another unconditionally, reflecting a capacity to relate truthfully and without pretence. Caring is a concern for and a responsiveness to another as a holistic being. There is a sense of connectedness, intersubjective equality, and vulnerability in a caring relationship. Caring conveys a belief in another's integrity and abilities with expectation of growth.

Summary

The findings, from the analysis of the descriptions of caring and uncaring experiences of the participants, have been presented in this chapter. The effects of these experiences on the participants have been shown. The presentation of findings utilized description and tables to illustrate the process of moving from raw data to descriptions of the structure of the meaning of caring. The findings from each participant's descriptions have been shown separately and then as a group. The findings will be discussed in chapter five. This discussion will include those themes which were put aside because they were not consistent with any of the categories but were deemed significant in that they raised questions and/or expressed intriguing notions.

CHAPTER FIVE

Discussion of the Findings

<u>Introduction</u>

The effort to form focal meanings and thus descriptions of the structure of the meaning of caring, is reflective of the nature of phenomenological research. Absorbing the experiences as the participants lived them and reflectively and intuitively finding meaning in them has been rigorous as well as exciting. This study sought to reveal the behaviours/practices which foster and inhibit caring as perceived by nursing students and faculty and therefore the extent to which caring is enabled in a diploma nursing program. The research questions will be addressed through a discussion of the focal meanings formed from the participants descriptions of caring and uncaring experiences and the effects of these experiences on the participants. Several focal meanings were evident in more than one participant's experience and some focal meanings were revealed in different categories. Each focal meaning will to be discussed here, drawing on the literature to enhance understanding. <u>Connectedness</u> was expressed as part of the caring experience and also an effect of a caring experience. This pattern requires further discussion. The focal meaning of <u>vulnerability</u> was expressed in all four categories and begs closer scrutiny.

Included in this chapter is a visual description (figure 1) of caring and the behaviours which foster and inhibit caring for

the participants in this study. As well as the themes and focal meanings presented in chapter four, there are themes which were set aside and not formed into focal meanings. A discussion of these is necessary and believed significant with implications of their own to be discussed in the final chapter.

Behaviours which Foster Caring

The recognition of caring behaviours in another had the effect of a role model on the participants. Modelling was considered an effect of or a response to a caring experience by all of the participants in this study. The modelling of caring behaviours was an effect of experiencing caring whether the participant was the one cared-for or whether the participant observed the caring behaviour, as with Geoff, Sara and Emma. Modelling as an effect of caring is supported in other studies on caring. Hughes (1992) found role modeling emerged as a category in her study and participants described their response to observing caring behaviours as "the desire to emulate [those nurses enacting caring behaviours] in their future practice" (p. 64). Halldorsdottir (1989) reported role-modeling as a major theme which emerged from her study on caring. She states, "professional caring not only results in a deep appreciation but also gives students a desire to model themselves on the caring teacher" (p. 101). Because modelling was perceived as an effect of experiencing caring by all the participants in this study, the

behaviours perceived as caring which emerged from this study
foster caring.

Engrossment

In studies on caring (Beck, 1991; Benner, 1989;
Halldorsdottir, 1989; Hughes, 1992; MIller, Haber, and Byrne,
1990) engrossment or another term with a similar meaning, has
emerged as a prominent part of a caring experience. Noddings
(1984) states "The one-caring is sufficiently engrossed in the
other to listen to him [sic] and to take pleasure or pain in what
he recounts". Engrossment is more than being physically present.
Hughes (1992) acknowledged Noddings in her study and used
'presence' to mean "behaviours which convey a readiness to make
oneself available to another and to generously invest oneself in
another" (p.65). In Hughes' study of faculty-student interactions
and student-perceived climate of caring, faculty behaviours
described as caring, that conveyed the meaning of presence,
emerged as the dominant subcategory. This 'presence' is similar
to engrossment noted in this study, and applies to behaviours
which convey a readiness to offer oneself to another and to
receive another unconditionally. Engrossment was the focal
meaning most frequently expressed in themes from the
participants' descriptions. It was revealed by all six
participants. Thirty-eight themes describing behaviours which
convey the meaning of engrossment emerged from the experiences of
caring.

A prominent element of these themes is taking time. The references to time however were not simply being physically present but being in tune with another, being receptive and aware of each others humanity. In Beck's (1991) study on how students perceived faculty caring, she writes, "One of the most precious caring gifts faculty members can give their students is their time" (p. 22). In this study engrossment was the behaviour most frequently perceived as caring along with genuineness.

Genuineness

The meaning of genuineness is in behaviours which reflect the capacity to relate to another truthfully and without pretence. Genuineness involves sincerity, being 'real', and presenting oneself honestly. This focal meaning was as frequently revealed in the descriptions of all participants as engrossment. Genuineness was particularly meaningful to Emma and John, who perceived teachers who conveyed the meaning of genuineness, as caring. Other participants described the sincerity with which others behaved in perceived caring experiences. The emphasis on genuineness was expressed by tone of voice as well as words. The findings of this study regarding genuineness are consistent with Halldorsdottir (1989) in which "Genuine concern for the student as a studying person" (p. 99) was discussed as an element of the professional caring teacher approach. Appleton (1990) also found being genuine as part of the caring process in her study on caring in a university school of nursing. Genuineness in this

study was found to be a part of the caring experience for all participants, describing a variety of experiences involving classmates, colleagues, students and patients. Genuineness is perceived as caring and therefore fosters caring behaviours in others.

Personal Interest

The meaning of personal interest is conveyed by behaviours which reflect "concern for and a responsiveness to another as a holistic being" (Hughes, 1992, p. 65). As found by Hughes and described by Appleton (1990) under conscience, treating others as valued individuals and not as a role (teacher, student) or case, was perceived as caring. Acknowledging another's personhood, their life experiences and their place as a contributing member of society, describe personal interest as it emerged from descriptions of caring experiences of students and faculty. Personal interest emerged from the descriptions of five of the six participants, and as a perceived caring behaviour, fosters caring.

Intersubjective Equality

Behaviour which conveys a nonpaternalistic attitude is very important to John and is closely linked with personal interest and engrossment. Intersubjective was used to describe the equality perceived as caring that was revealed in John's description. He was not saying that teachers and students come

together equal in all things. In fact John specifically describes
the expert knowledge of the teacher and the teacher's role as
guide because of that knowledge in a particular area. It is the
equality of person, the equal value of two unique beings that is
the meaning that emerged from John's experience of caring.
Noddings (1984) discusses "meetings between teacher as teacher
and student as student are necessarily and generously unequal"
(p. 67). She explains that it is necessary for the teacher as the
one caring to see from the perspective of the student in order to
meet the student's needs. For the teacher to be engrossed in the
student frees the student to pursue his learning without
considering the personal development of the teacher. Therefore
there is equality in the sense of intersubjective equality,
equality of persons but not equivalent in all things. John
recognized this differentiation and perceived intersubjective
equality as caring. Intersubjective equality emerged from John's
description only. However it was alluded to by most of the
participants as opinion. It is closely linked with genuineness
and personal interest.

Trust

The meaning of trust as expressed in Joanne's description is
to do with empowering or nurturing growth in another. By
conveying a belief in the student's integrity and abilities with
expectation of growth, Joanne enabled the student to grow. In
Joanne's experience it was a student who described her: "You made

me feel as if you trusted me, you allowed me to do things and weren't on my back all the time. I felt important".

Mayeroff (1971) states, "Trusting the other is to let go; it includes an element of risk and a leap into the unknown, both of which take courage" (p.20). Trust describes a relationship that is not one of dominance or control, but is a "mutual nurturing of possibilities" (Andre, 1985, p. 121). Geoff described trust as having expectations of students, confidence in their abilities and valuing their contributions. Wolf (1986) described trust as a major ingredient of caring in her study on nurse identified caring behaviours. "Trusting that the person being cared for will grow in time and in his or her own way, letting go when appropriate" (p. 88). Trust as revealed in this study is consistent with Mayeroff and Wolf. Trust not only fosters caring but has the effect of obligation - meaning a desire to meet expectations of the one caring. Trust, therefore fosters caring and nurtures the cared-for. Motivation to meet the expectations of one caring results in growth.

<u>Compensation</u>

Interestingly, behaviour perceived as uncaring when it is observed, as with Emma and Geoff, has the effect of compensation - that is increased caring behaviour and commitment to care as the participants' response to observations of perceived uncaring by another. Uncaring behaviour as perceived by the participants, when observed actually had the effect of

fostering caring in those observing.

Connectedness

All of the student participants and two of the three faculty participants revealed "the sense of belonging, commitment and shared identity" (Hughes, 1993, p. 82) that is connectedness, in their descriptions of caring. In all but one case connectedness emerged from descriptions of caring experiences among students in a clinical group. It was also described by one faculty participant. Connectedness as caring and as an effect of caring suggests the reciprocity described by Noddings (1984) that exists with a caring relationship. The effect of connectedness reinforces the caring experienced and suggests a completion of a cyclical pattern, 'coming full circle'.

The meaning of connectedness is prominent in the research on caring (Appleton, 1990; Hughes, 1992, 1993; Watson, 1985). Appleton (1990) found, from experiences of two graduate students that "Caring was known through sensing being in place and feeling belonging. When this happened, a perspective of growth of being, referred to as becoming occurred" (p. 86).

Unique to this study is the expression of connectedness from a faculty perspective as an effect of caring experience involving faculty. Connectedness and the clinical group is significant in fostering caring in the nursing program. The findings suggest connectedness may also foster caring among faculty groups.

Behaviours which Inhibit Caring

Those behaviours which inhibit caring are those which influence a person to <u>not</u> act in a caring manner. Uncaring experiences described in this study were characterized by behaviours conveying disrespect, mistrust and paternalism.

Disrespect was experienced as uncaring by all of the participants. The effects of an uncaring experience were avoidance, guilt and frustration, avoidance being the behaviour most frequently expressed as a response to uncaring. Avoidance was a response to uncaring by the participants experiencing the perceived uncaring behaviour. Guilt was the response of the participants who perceived themselves as demonstrating uncaring behaviour. It would seem that behaviour conveying disrespect, mistrust and paternalism inhibit caring in those who are experiencing the uncaring. That is, they avoid further opportunities to care. This is in direct contrast to the effects of an observation of an uncaring experience which leads to compensation.

Vulnerability and Caring

As the transcripts were read over and over and the data truly dwelled with, a certain vulnerability was sensed. It was more a sense, a feeling or an impression and although it was expressed in different ways it emerged in all categories of the

study from five of the six participants and seems pivotal to the whole caring experience. Benner writes, "Caring (having things matter) puts the person in a place of risk and vulnerability" (p. 1). Studies on caring in nursing education have focused on students as the ones cared-for and student vulnerability in relationship to faculty (Hughes, 1992). What was found, which was not found in other studies on caring was faculty vulnerability in caring and uncaring experiences. Faculty also experience vulnerability in caring.

In this study it became clear that all potential caring situations (opportunities to care), come about in a variety of circumstances and interactions between students, teachers and students and involving patients. Each coming together provides an opportunity for one to be caring and one to be cared-for. There is vulnerability present in every opportunity. In every caring opportunity the vulnerability is sensed and a risk is consciously or unconsciously recognized. It is at this point that caring becomes action or does not become action. There is a decision point and the behaviours/practices which inhibit and foster influence that decision to act in a caring manner or to not act. Those behaviours which foster caring are those which influence an individual to take the risk and demonstrate perceived caring behaviours. Behaviours which inhibit caring may influence one to not act as one caring. Participants may feel that they care or perhaps should care, but caring requires action to convey that caring.

Caring is reactive and responsive (Noddings, 1984). Consider these two descriptions from faculty. Judy expresses a concern that students may "take advantage of you" with their stories and thus Judy no longer gets as involved or spends as much time with students outside of class and clinical. Judy has decided to not act, to not become engrossed in her students, yet engrossment emerged as the dominant focal meaning in this study. In another experience, Joanne describes a student lying to her but has decided to continue to be very open, spend extra time with students and in her own words "give them the benefit of the doubt". Joanne, when faced with risk and being vulnerable chose to take the risk and continued to be engrossed.

In an opportunity to care the care giver chooses to acknowledge the vulnerability and take the risk, then the one cared for chooses whether or not to reciprocate. The decision to take the risk is influenced by the behaviours that foster caring as they emerged in this study. If the cared-for reciprocates caring is completed (Noddings, 1984) and there is growth. What if the cared-for does not complete the caring? Joanne describes this situation when she expressed her guilt and discomfort with feeling as if she owed her colleagues something for their caring behaviour. The decision to take the risk to care may be conscious or unconscious as is the decision to receive the caring. If the one cared-for does not complete the caring, the extent to which caring is enabled is restricted.

Visual Description of Caring

Figure 1 presents a visual description of caring as perceived by the participants and the behaviours which foster and inhibit caring among students and faculty in this study. From a point of vulnerability within a caring opportunity the choice to care or to not care exists. The caring opportunity arises when two parties come together as the one caring and the one cared-for. The two way arrow with broken lines between the one caring and the one cared-for illustrates the potential for reciprocity and the potential for the one caring to become the one cared-for and the cared-for to become the one caring given other caring opportunities. The inner circle represents a caring opportunity in which caring is inhibited and is therefore small and closed to growth. Mistrust, disrespect and paternalism inhibit caring and result in guilt, frustration and avoidance as shown by the arrow turning away from the caring opportunity. The second circle moving outward represents a caring opportunity in which one takes the risk to act in a caring manner but the caring is not received, the one cared-for is not free to be cared-for and the caring is not completed, as illustrated by the dotted curve. Caring exists in this situation but it is restricted because it is not completed.

The outer circle illustrates caring completed and therefore enables caring in both the cared-for and the one caring. The large arrow spiralling off of the outer circle demonstrates
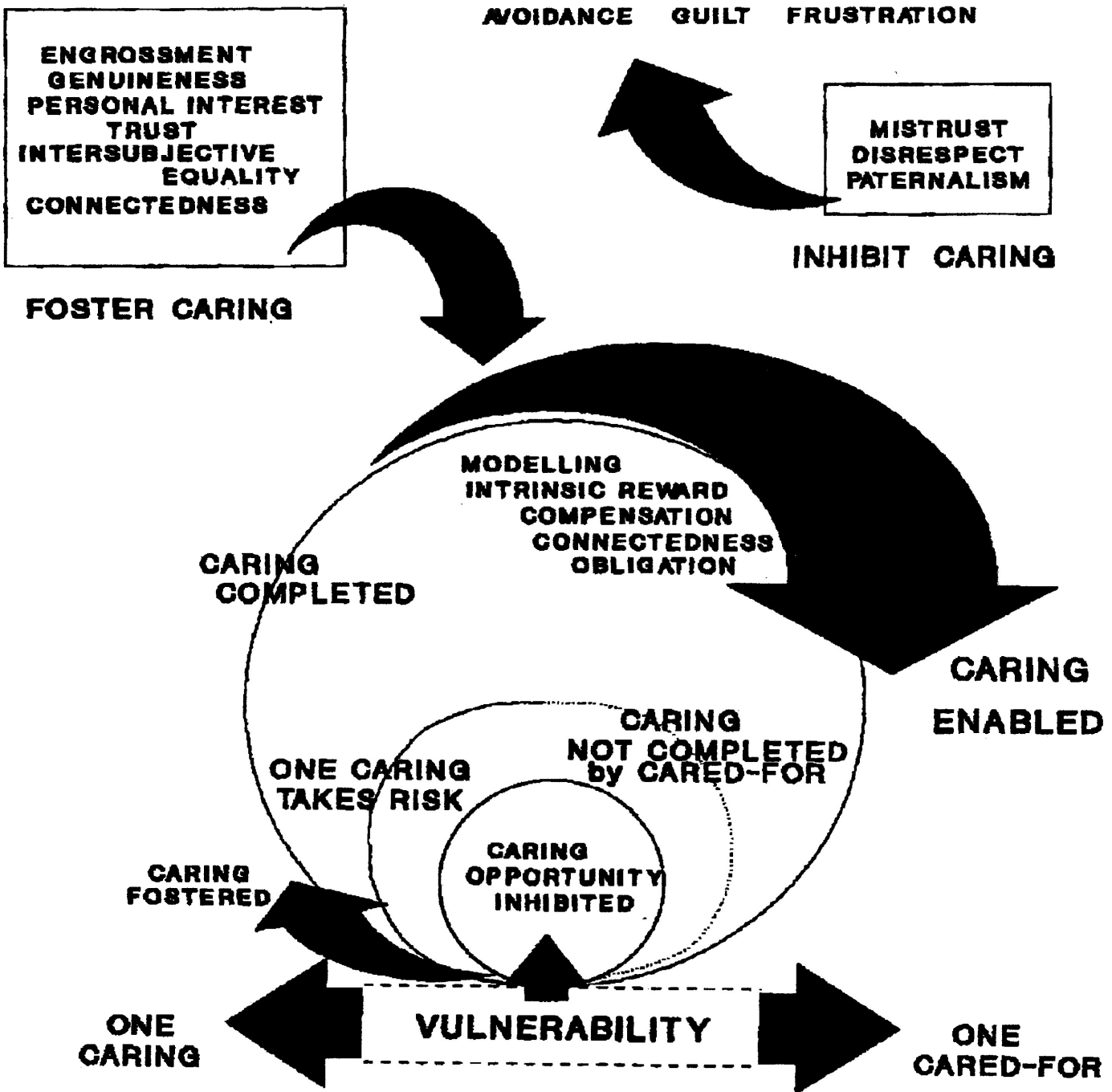
Figure 1: Visual description of caring with behaviours which foster and inhibit caring among students and faculty

growth in both parties and the enabling of caring. Caring is fostered through engrossment, genuineness, personal interest, trust, intersubjective equality and connectedness. It is reinforced and enabled through modelling, intrinsic reward, connectedness, obligation and compensation.

Two Categories of Care

Noddings (1984) distinguishes between caring action as routine or rule-bound and caring action "with affection and regard" (p. 24). This distinction was revealed in this study. Consider connectedness and all of the behaviours perceived as caring described among students in a clinical group such as sharing, supporting, helping with studying and notes etc. - these behaviours were refered to as day-to-day caring. They are the "little things" referred to several times in themes expressing engrossment.

Being engrossed in another by doing and noticing little things is day-to-day caring. Five of the six participants revealed connectedness in their descriptions of caring experiences and all but one of them referred to it in the context of the clinical group. One faculty referred to the meaning of connectedness as an effect of her supervisor's caring, feeling more a sense of belonging and part of the team.

The majority of caring experiences described by faculty related to crisis situations and were called caring in a crisis.

These descriptions led to a consideration of two categories of caring described in this study: day-to-day caring and caring in a crisis. The possibility of two categories of caring and the notion of vulnerability were reflected upon and what has emerged in this study reflects Noddings (1984) notion of rule-bound caring (caring in a crisis) and caring, "not by fixed rules but by affection and regard" (p. 24), or day-to-day caring. While there is data to suggest students demonstrate day-to-day caring among themselves, faculty in this study describe caring in a crisis. There was one experience of uncaring between faculty described and no uncaring experiences between students described in this study. Hughes found (1993) that with the nursing students in her study "the desire to establish harmonious peer relationships was motivated by the recognition that their access to other sources of support was limited" (p. 82). The students stick together because if they don't they may lose their support system.

It was wondered if the notion of two categories of caring that emerged from the data in this study, may be related to the apparent conflict with the students' image of a nurse and their image of themselves. For example Emma felt conflict over showing emotion when her patient died and repeatedly said "what kind of nurse am I?". Sara in her descriptions of a staff nurse whom she perceived as caring uses the words "They [staff nurses] were very professional but very caring. Not so professional that they [staff nurses] didn't get involved". This suggests a perception

that to be a very professional nurse is to not be too involved or caring. Again there is evidence of conflict or dissonance between the professional image and demonstrating caring behaviours like engrossment.

Perhaps the rule-bound caring demonstrated by faculty is not in harmony with day-to-day caring among students. Two of the student participants expressed the meaning of genuineness to include teachers being 'real' and not putting on a front as perceived caring behaviour. The participants Emma and John perceived that getting into their teacher role and being phoney or fake was uncaring. Noddings (1984) describes rule-bound caring as caring by rule with the focus on obtaining credit for caring and acting routinely. If one really cares her actions will be varied rather than routine. To care and truly be engrossed in another requires variation because the "engrossment is in the variable and never fully understood other" (p. 24). Thus Noddings' discussion has significance for this discussion of two categories of caring. The possible link with the image conflict discussed above is in the differences between day-to-day caring and rule-bound caring (caring in a crisis). If modelling is an effect of a caring experience as has been revealed in this study, then persons model caring behaviours. If students observe caring as rule-bound in faculty who are professional nurses and experience day-to-day caring among each other there is potential for conflict in the expression of caring.

Freedom to be Cared-For

The emergence of vulnerability and conflict or dissonance
from the descriptions reminded me of Benner's (1989) discussion
of 'freedom to care'. The behaviours which foster caring create a
climate in which students and faculty are free to care or which
enables caring. Although freedom to care has been addressed in
the literature freedom to be cared-for has not. There is a need
to be free to be cared-for expressed in this study. Joanne said,
"I give readily but I don't receive as readily without feeling
indebted ... I shouldn't have felt this way it was a little
negative". Other participants expressed extreme reactions to
caring experiences as if surprised and at times uncomfortable.
This response compels one to consider not only the creating of an
environment which enables caring, in which students and faculty
feel free to care, but an environment in which they feel free to
be cared-for.

Studies on caring have focused on students as the ones
cared-for and faculty as the ones caring. Perceptions of the ones
cared-for on what is caring have been studied but their is a
paucity of research on what influences one to receive caring or
feel free to be cared-for. There is a particular lack of research
on faculty as the ones cared-for. The behaviour of faculty
experiencing caring as the one cared-for has implications for
them as role models in caring occasions.

Knowing and Caring

The significant themes which did not seem to form a focal meaning or fit with any of the four categories created questions. Emma's description of caring experiences contained words or phrases about knowing the person being cared-for. She said "they [caring nurses] didn't even know me" and "we really didn't know each other " referring to caring students in her first clinical group. These phrases give the impression that caring does not require knowing. In Wolf's (1986) study knowing was considered a major ingredient of caring; "Knowing - who the other is, what his powers and limitations are, what his needs are, what is conducive to his growth, how to respond to his need, and what are the caring person's powers and limitations" (p. 88). Noddings (1984) describes the moral imperative, the "I must" as applying to strangers as well as those known to us. This is an area for further study. If knowing is required for caring or if it is perceived to be required for caring then it has implications for nursing practice in which nurse and client usually do not know one another.

Summary

Dwelling with the data and reflecting on the experiences allowed each focal meaning to be discussed making links with the literature. Vulnerability was identified as pivotal to the caring

experience. The factors that inhibit and foster caring were placed in to the structure of the meaning of caring. Two categories of caring emerged - day-today caring and caring in a crisis - and the notion of freedom to care and freedom to be cared-for evolved.

The research questions, were reflected in a visual description (figure 1) of the structure of the meaning of caring and the behaviours which inhibit and foster caring. The extent to which the nursing program enables caring is the extent to which the behaviours which foster caring exist and are received in the ones cared-for. In this study the caring among students in a clinical group and faculty engrossment in students and modelling enables caring. The lack of faculty day-to-day caring limits the extent to which caring is enabled and perhaps leads to dissonance in students in terms of their image of the professional nurse and their own caring behaviours and responses to caring.

Particular to this study and not found in the literature is the notion of faculty vulnerability and the pivotal nature of vulnerability in caring. This ties with the notion of freedom to be cared-for and its' significance for completing caring and the extent to which caring is enabled. The identification of two categories of caring and the effects of this dichotomy on enabling caring are believed to be unique to this study and requires further research.

CHAPTER SIX

Implications

<u>Introduction</u>

Caring still defies definition. Caring is experiential, unique to persons and situations, and therein lies not only its fascination but its significance and power. Caring is powerful. It was felt in the participants' descriptions of their experiences. Although definitions of caring remain nebulous, it is not a definition which is sought, but an awareness, an understanding and a direction to provide a climate of caring in a nursing program which enables students and faculty to care and nurture caring in others.

Despite the current focus on caring in nursing there is limited research on caring in nursing education, particularly in Canada and specifically Ontario community colleges which prepare the majority of practising RNs. Watson (1988) offered this criticism of nursing education, "More energy is now expended in the acquisition of scientific knowledge than of understanding" (p. 3). This study contributes to a deeper understanding. The data obtained here provided instances of caring and uncaring as experienced by nursing students and faculty in the educational setting. The findings may have implications for nursing practice, education and future research.

Implications for Practice

Connectedness as it enables caring may be extended to the practice setting through group sessions which allow sharing of feelings and experiences. This is similar to the experiences described by nursing students in their clinical group conferences. The opportunity to develop connectedness may foster day-to-day caring among practising nurses for each other as well as patients. If caring is fostered in educational settings, the future care providers may offer more caring and less uncaring in practice. New graduates who have learning experiences in a climate of caring and who have been free to care and be cared-for would increase the caring occasions in practice through modelling.

Implications for Education

Modelling caring behaviours would seem to be a way of fostering caring in education. This requires knowledge of behaviours which are perceived as caring. The inclusion, therefore, of caring literature such as Noddings, Watson and Leininger, would sensitize faculty and students to the caring phenomenon and stimulate inquiry. This study contributes to the body of knowledge about caring and what is perceived as caring and uncaring by students and faculty.

The notion of rule-bound caring discussed in chapter four

and the suggestion that freedom to be cared-for needs fostering, has implications for collegial relationships among faculty. Reflection by faculty on caring experiences and sharing those reflections may foster day-to-day caring among faculty.

Engrossment and taking time are prominent in caring experiences. The modelling of behaviours which convey engrossment can contribute to a climate of caring. The emergence of genuineness as caring suggests increased sharing by faculty with students and a shedding of the teacher persona fosters caring. Genuineness has implications for nursing faculty in their interactions with students and in creating a climate of caring in the classroom.

Connectedness, especially as expressed in clinical groups implies that allowing students to remain in the same clinical group over time could foster caring and provide a support system for the students. The organization of student clinical groups and placement needs to be considered in view of the importance the group has in fostering caring and in providing student support. Connectedness as an effect of a caring experience was described by a faculty participant and has implications for fostering caring among faculty groups.

The reflection that took place among the participants as they relived their experiences suggests the incorporation of qualitative approaches in education may encourage reflection and understanding of caring and uncaring. The use of journals to record thoughts and experiences and personal reflections should

benefit both faculty and students in seeking a greater
understanding of many human situations particularly the caring
phenomenon.

Implications for Research

There is a need for further research on caring in nursing
education. Studies of the different caring opportunities that
arise in nursing education, such as faculty - faculty
interactions perceived as caring or as Hughes (1993) has done
student - student interactions, could further understanding. The
area of collegial caring is in need of study. Faculty are in a
position to provide role models for caring. We know modelling is
a response to caring behaviour. Do we fully appreciate what
behaviour faculty demonstrate? Student clinical groups express
connectedness, what of faculty groups?

Further research into the sense of vulnerability found in
caring would be of value to nursing education. What influences
ones' degree of vulnerability in caring and does the degree of
vulnerability effect the decision to act caring or to not act?
Freedom to be cared-for is an aspect of the caring experience
that further research should also address. What influences being
cared-for and how is being cared-for enabled?

The phenomenological research approach is one that could be
used by students and faculty in a diploma nursing program. The
emphasis being on the reflective nature of the approach. The

students and faculty in this study were visibly in awe and wonderment at times as they reflected on their experiences. They uncovered meaning for themselves from their caring and uncaring experiences. Carrying out phenomenological research by faculty or by faculty and students together, could increase understanding of caring and of the research process. Faculty and student research 'teams' could enable caring through connectedness.

Personal Reflections on the Research Process

The impetus to do a study on caring in nursing education came from a personal concern regarding the increased emphasis on technology in nursing and the effect of that technology on nursing education. It was frustrating to experience the direct and indirect encouragement of the technical aspects of nursing in nursing education. Students and teachers often seemed more concerned with keeping a record of how many and which skills students 'got', than in keeping a journal of experiences and the response of people to their situations as they experience health and illness. Caring seemed to be devalued as Benner (1989) suggests. There was a need to investigate the caring phenomenon in nursing education in order to attempt to gain a better balance of technology and caring in education and practice. Phenomenological research held a fascination for the researcher and seemed the most appropriate approach to study caring.

The phenomenological approach used in this study had a

profound effect on the researcher. The process was exciting and revealing. It revealed a better understanding of the student perspective and also that of colleagues. It was a privilege to have had the opportunity to relive their experiences with them. Each interview left the researcher with a sense of enrichment.

The research involved almost two years and during most of that time the researcher also carried out full-time employment responsibilities. The exposure to research and writing, and the effects of entering the phenomenal field benefited the work experience. The most interesting and rewarding part of doing this study was experiencing the reflections of the participants and observing their 'becoming aware'. Each participant gained from this experience as did the researcher. The notion of being free to be cared-for was an exciting one which was not encountered in the review of literature and which would be worthwhile to pursue in future research. Two categories of caring in a nursing education setting and the existence of faculty as well as student vulnerability in caring are also new and exciting notions to research further.

The findings of this study will contribute to a better understanding of caring in nursing education and contribute to the growing body of knowledge about the phenomenon. The findings of this research suggests we can enable caring in our nursing programs to a greater extent. "Caring for and about people cannot be dismissed as merely intuitive" (Diers, cited in Burnside, 1988, p. 111).

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Appendix A

Ethics Information Package

Purpose of the Research

The purpose of this study is to investigate to what extent a diploma nursing program enables caring among its' students and faculty. Caring experiences of nursing students and faculty in a diploma nursing program will be explored. Through analysis of the data, activities and behaviours which foster and inhibit caring will be identified. Information gained from this study may be used to generate further research, assist nurse educators in developing curricula which fosters caring and add to the growing body of knowledge about the caring phenomenon.

Process for Obtaining Informed Consent

Examination of the Academic Policy and Procedure Manual of the Community College of applied Arts and Technology which provides the setting for this study led to the discovery that no policy exists to cover research being conducted in that institution. A policy regarding the administration of surveys and questionnaires is being written however this would not cover the qualitative nature of the study proposed here. In discussions with the Dean of Applied Arts and the assistant to the college President in charge of Policy and Procedure it was confirmed that no policy covering research exists at this time. They both suggested that individual informed consent from the subjects would suffice. I intend to appeal to the President's assistant for written confirmation of the above when my research proposal has been approved.

The researcher will meet with each participant individually and explain the purpose of the study. A cover letter (attachment "A") will be given to each participant which explains the nature and purpose of the study. A consent to participate (attachment "B") has been developed for each participant to sign indicating their willingness to participate.

Research Instrument

Unstructured interviews will be the method for collecting data. The participants will be invited to submit written descriptions also. The following statements typify the direction the interviews and request for written submissions would take.

Describe a personal interaction you have had with a nursing student/faculty who you felt was caring.

Try to describe how you felt during the interaction.

Describe a personal interaction you have had with a nursing student/faculty which you felt was non-caring.

Try to describe how you felt during the interaction.

Attempt to be as complete and honest as you can in your descriptions.

Describe any interactions you observed which seemed to you to be of a caring or non-caring.

Procedure for Ensuring Confidentiality

All interviews will be conducted in a private location at the convenience of the participants and between the researcher

and individual participant only. No names of participants or the college will be used in the written report. Where necessary pseudonyms will be used. All tapes, transcripts and written data will be destroyed upon final approval of the research.

Means of Discussing Risks/Benefits with the Participants

There is no physical risk to participants in this study. The initial meeting with each participant at which time they receive the cover letter and consent form, will allow participants to ask questions and to clarify any concerns they may have regarding participation in this study. Benefits include reflection on caring and non-caring experiences which will benefit future nursing practice and all interactions.

Process of Dissemination of Research Results to Participants

Each participant will have access to the results through the researcher. The phone number where the researcher may be contacted is on the cover letter given to each participant. A copy of the study would be given on request for the interested participants to read and the researcher would be available to discuss the findings in person if so desired by a participant.

Dear Participant:

Thank you for agreeing to participate in a study concerning caring.

I am conducting this study in partial fulfilment for thesis requirements for the degree Master of Education.

The purpose of this study is to explore the caring phenomenon from the point of view of senior nursing students and nursing faculty in a diploma nursing program. The information gained from this study will provide nurse educators with data that could be used to develop nursing curricula, teaching strategies and learning experiences for nursing students that would foster caring in their nursing practice.

During the first phase of the study you will be asked for a private, taped interview which will take approximately one hour. You may be asked for a follow-up interview approximately three weeks after the initial interview and/or to submit a written description of your experience.

The interviews will be unstructured but would include questions regarding feelings and observations related to caring situations you have experienced while in the nursing program.

All information you provide will remain confidential. The findings of this study will be made available to you at your request upon completion. If you have any questions please feel free to call the number listed below.

Thank you for your cooperation.
Yours respectfully,

Researcher - Karen Doran RN, BScN.
344-7956

CONSENT TO PARTICIPATE

I, _____ am a student/faculty in the diploma
nursing program at a community college of applied arts and
technology. I have read and understood the covering letter of the
study entitled "Caring: Perceptions of Students and Faculty in a
Community College Diploma Nursing Program", by Karen Doran and I
agree to participate. I am aware that I will be asked to
participate in a taped interview and that I may be required to
participate in a second taped interview and/or submit a written
description. I am aware that I may withdraw from the study at any
time and that a report of the findings may be requested from the
researcher on completion of the study.

Signature: _____

Date: _____

Attachment "C'

LETTER FROM THE ETHICS COMMITTEE

Appendix B

Participant Profile

PARTICIPANT PROFILE

Code: _____   Date of interview: _____
                               Length of interview: _____

Written description: if yes, Code: _____

Years of teaching experience/time in nursing program _____

F _____   M _____   Age category: under 20 ____
                                            20 - 25 ____
                                            26 - 30 ____
                                            31 - 35 ____
                                            36 - 40 ____
                                            41 - 50 ____
                                            over 50 ____

Marital status: _____   Dependents: _____

FACULTY:

past clinical experience: _____

_____

_____

educational background: _____

_____

_____

STUDENTS:

past work experience: _____

_____

_____

educational background (other degrees, certificates or diplomas):

_____

_____