A CASE STUDY OF CARING IN NURSING EDUCATION

DISSERTATION

Presented in Partial Fulfillment of the Requirements for

The Degree Doctor of Philosophy in the Graduate

School of The Ohio State University

By

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The Ohio State University
2007

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ABSTRACT

The purpose of this case study was to describe a curriculum that teaches caring in the formal, overt curriculum, that is, where caring has been explicitly operationalized in the content and learning experiences of students. Faculty and student perceptions regarding ways of teaching and learning caring were explored and the lived experiences of the students within the caring curriculum described. The focus of this study was to describe how students learn caring during their nursing education. This qualitative case study described one college of nursing in their efforts to teach caring within the context of nursing. The curricular documents were reviewed and a document analysis was done to explain how caring was threaded throughout the formal written curriculum. Caring was threaded throughout the curriculum and was made manifest in every nursing course. Interviews were conducted with 22 faculty and 20 students to describe how the faculty teach caring and how the students learn caring in this curriculum. The research participants were students and faculty involved with the three years of required nursing courses. The teaching of caring in this curriculum was based on Watson’s caring theory and the carative factors. Faculty provided a supportive, caring learning environment and used both classroom and clinical teaching strategies to teach caring within the context of nursing. Faculty and students link caring with holism, critical thinking, and the nursing process. Students explain how they learn caring theory first in the classroom and then
learn how to implement caring behaviors and the carative factors in their clinical practice. The students’ ability to articulate caring in the role of the nurse increased with each year of study. Students and faculty in this curriculum believed that the role modeling of caring was significant in the teaching and learning of caring. Giving voice to the caring in the overt curriculum was important for the students as they learned, discussed and reflected on their caring experiences.
Dedicated to my family
ACKNOWLEDGMENTS

I am grateful to my advisor, Dr. Beverly Gordon, for her time, support and caring behaviors which have made this dissertation possible.

Many thanks go to Dr. Pamela Salsberry for her interesting discussions and helpful advice about nursing curricula and caring.

I appreciate the efforts of Dr. Douglas Macbeth as a committee member who has raised some interesting issues about qualitative research and descriptive studies.

I wish to thank Dr. Richard Voithofer for his willingness to serve as a committee member.

Thanks and appreciation are extended to the faculty and students who shared their caring voices and made this study possible.

I wish to thank my graduate peer study group for their loyal assistance and support during this year, Denise Fahey, Deborah Kwon, and Beth Miglin.

I also wish to thank Amy Wilson for her help in formatting this dissertation.
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FIELDS OF STUDY

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Area of Emphasis: Nursing Education
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The profession of nursing has considered the concept of caring to be essential to good practice. From the beginning of nursing education the term caring has been used and the art and science of nursing has been summed up as "nursing care." Nightingale's (1859) fabled establishment of nursing as a structured practice to benefit patient recovery was a caring-healing model. This caring-healing model was prophetic for this century as nurse educators continue to pursue the value and development of caring practices within their curricula. According to Monti and Tingen (1999) “the discipline of nursing represents the body of knowledge related to the study of caring in human health that encompasses both the science and art of nursing” (pg.64). Caring is centered around the humanizing and context-dependent nature of nursing. Creativity, critical thinking, and caring are the nurse's link between scientific knowledge and the humanistic practice of patient care.

Watson (1988) states that caring is the moral ideal of nursing which provides for the enhancement and preservation of human dignity. The author has elaborated a theory of nursing as the science of human caring; within the nursing context, caring promotes positive relationships, health and survival. Watson (1988) says that “the practice of caring is central to the nursing profession” (pg.63). The field of nursing is based on scientific
and humanistic knowledge and understanding with the caring process as a central concept. Watson’s (1988) science of caring for nursing practice encompasses multiple areas of knowledge including “biophysical, behavioral, social sciences and the humanities” (pg. 61). According to Watson (1985) caring is needed in both nursing practice and nursing education. She clearly states that “Caring outcomes in practice, research, and theory depend on the teaching of a caring ideology” (Watson, 1985, pg.32). Watson (1985) describes her theory of caring as both scientific and artistic; she combines science with humanism and views the foundation of nursing as a therapeutic interpersonal relationship. This interpersonal aspect is the foundation of the carative factors. Watson uses the term carative rather than the term curative in order to help students understand the differences between the goals of nursing versus medicine. Curative factors would be used to cure the patient which is the goal of medicine; whereas the carative factors reflect the goal of nursing to help patients achieve a healthier state or to assist in a peaceful death. These carative factors are the epistemological foundation for the study and practice of caring within the context of nursing. The carative factors provide a way of studying, learning and understanding the science of caring according to Watson’s (1985) theory of caring. This phenomenological case study examined an undergraduate nursing curriculum that uses Watson's (1988) caring theory as part of their formal, overt curriculum. This study describes the caring curriculum and the lived experiences of the undergraduate students who have experienced a caring curriculum.

In 1987, the National Conference on Nursing Education was devoted entirely to the theme, "Curriculum Revolution: A Mandate for Change" (Tanner, 1990). Nursing educators struggle with content-overloaded curricula that attempts to teach students to
function in a biomedically oriented disease-care system while also trying to educate students to be responsible health-care providers committed to the social changes necessary for health promotion and disease prevention (Tanner, 1990). The rational-technical model of nursing education may no longer be appropriate for educating both caring and critically thinking nurses (Tanner, 1990). The nursing literature of the 80's and 90's has addressed this need to educate nurses to be both competent and caring. The National League of Nursing (NLN) unanimously passed a resolution which calls for "socially responsible curricula" that include the enhancement of caring practices (NLN, 1989). In response, nursing educators have identified the concept of caring as a priority for socializing students into the profession of nursing.

Nursing educators have focused on educating student nurses to care for people in a humanistic way. However, in a survey of NLN-accredited baccalaureate nursing programs only 2.2% indicated that caring was an organizing concept within the legitimate curriculum but 70.7% reported caring as integrated into their curriculum (Simonson, 1996). In some colleges and schools of nursing, caring has become a core value in the overt or formal curriculum. In other colleges the caring continues to be part of the informal curriculum, in other words as part of student nurses’ socialization into the profession of nursing. A critical question for nursing educators is "How can we teach our students to be both competent and caring in their nursing practice?" The undergraduate college under study uses Watson’s caring framework as one of its core concepts that is threaded throughout the overt, formal curriculum. This case study examined how one college of nursing taught the core concept of caring as a central component of professional nursing.
STATEMENT OF THE PROBLEM

Nursing school curricula began transforming in the 80's and 90's to emphasize caring within the curricula in large part due to Jean Watson's work on the Theory of Caring. Watson (1985), who is a recognized authority on caring, advocates the use of her caring theory as a principle of nursing education. Watson (1985) has juxtaposed her "carative” factors as unique to nursing versus the "curative" factors developed by physicians. Nursing curricula that teach caring emphasize the humanistic aspects of nursing as well as the scientific, technical aspects of nursing.

However, it is not clear from the nursing education literature if and how the teaching of caring has changed. It is also unclear whether students are being overtly taught about caring and/or being socialized into the culture of caring in nursing. A gap in the literature exists with few descriptions of how caring theory is taught and/or learned by undergraduate nursing students. This case study of caring reflects the researcher's keen interest in how students learn about caring during their nursing education.

STATEMENT OF THE PURPOSE

The purpose of this case study was to describe a curriculum that teaches caring in the formal, overt curriculum, that is, where caring has been explicitly operationalized in the content and learning experiences of students. Faculty and student perceptions regarding ways of teaching and learning caring were explored as were the lived experiences of the students within the caring curriculum described. The focus of this study was to describe how students learn about caring during their nursing education.
AIMS OF THE STUDY

The aims of this study included:

• to describe a curriculum where caring is part of the formal, overt curriculum,
• to describe student nurses' perception of caring who have experienced a formal, overt curriculum of caring,
• to describe faculty perceptions of caring, faculty who are teaching the formal, overt curriculum of caring,
• to examine students nurses' perceptions regarding effective methods of teaching and learning caring,
• to examine faculty perceptions regarding effective methods of teaching and learning caring, and
• to describe the lived experiences of student nurses who experience the caring curriculum.

CONCEPTUAL ORIENTATION

The conceptual orientation for this qualitative study was the case study method using a phenomenological orientation to describe the teaching and learning of the concept of caring in one college of nursing. This study is a qualitative study using the case study method in order to describe the caring curriculum as well as the faculty’s and student's perceptions of caring. The lived experiences of the students who are learning caring within this curriculum are described. The study describes caring as perceived by faculty who actually teach the caring curriculum and caring as perceived by the student nurses who have experienced a formal, overt curriculum of caring.
This research is based on the qualitative paradigm which uses the inquiry process to understand a particular phenomenon in context. As Creswell (1994) states, qualitative inquiry is used to understand "a social or human problem, based on a complex, holistic picture, formed with words reporting detailed views of informants, and conducted in a natural setting" (pg. 2). This qualitative paradigm has also been called an interpretive framework because it is guided by beliefs and actions about the world and how it is to be understood (Denzin & Lincoln, 2000). The interpretive framework understands the world as a field of meaningful interpretations and actions. Since the phenomenon of interest is caring, this study will describe the meaning it holds for faculty and students as it is encountered in the everyday work of their educational setting.

Phenomenology according to Swanson (1991) involves the four steps of bracketing, intuiting, analysis, and description. Bracketing means that throughout the research process the investigator must be aware of the potential for personal bias and assumptions which "may skew the meanings intended by study participants" (Swanson, 1991, pg. 162). The intuiting refers to the investigator "experiences the meanings (of the phenomenon) as if the informants' reality were his/her own" (Swanson, 1991, pg. 162). The analysis relates to the methods used to gather data about the phenomenon such as interviewing, observation, transcribed transcripts, field notes, meanings and coded processes. This leads to the final step of describing the phenomenon by means of definitions, essential meanings, and presentation of sufficient data to support the conclusions drawn from the research (Swanson, 1991). The concept of caring and how caring is taught and learned by student nurses lends itself to descriptions and narratives rather than numbers and statistics. Therefore, the case study method was used to describe
one college of nursing’s curriculum related to the teaching and learning of caring. Understanding how this caring concept is transmitted in nursing education is the focus of this research. Descriptions from the phenomenological study of caring in nursing education may provide a foundation for further understanding of how caring theory is taught and learned.

The conceptual orientation of the concept of caring for this study revolves around Watson’s (1985) caring theory which is used as the basis of teaching caring at the college of nursing that was studied. This study is not researching whether teaching the caring concept as described by Watson is the best way to teach caring to student nurses but rather how one college of nursing teaches caring using Watson’s caring theory as its central focus. What does a curriculum look like on paper that uses caring as a core concept? How does the faculty describe the curriculum? How do they think the students learn and develop in their ability to care for themselves and others? How do students encounter the curriculum? What experiences have helped them grow and develop their caring abilities as a student nurse? How do the faculty and students define caring? Watson’s theory of caring provides a framework for the knowledge of caring theory and a framework for teaching and learning about the phenomenon of caring within the context of nursing. Clarifying and describing strategies that faculty use to teach caring and students use to learn about caring will contribute to the understanding of how caring is taught and learned within the context of nursing. The case study of this college of nursing describes how the concept of caring appears in the written curriculum and what the faculty and students interviewed perceive as helpful in the teaching and learning of caring.
ASSUMPTIONS OF THIS STUDY

1) Watson’s theory of caring is being taught in the formal, overt curriculum in some colleges of nursing.

2) Reviewing curricular materials will reveal the written content of caring that the faculty is to teach and the students are to learn.

3) Interviewing students and faculty will increase the researcher’s understanding of their lived experiences within a curriculum that teaches caring in the formal, overt curriculum.

LIMITATIONS

This case study involves one college of nursing that uses Watson’s theory of caring and therefore may not be generalizable to other colleges that are teaching a caring curriculum not based on Watson’s theory. The concept of caring is one of this college’s core concepts within the conceptual framework of the curriculum. The descriptive study provides a view of what a caring curriculum looks like in this specific setting. The sample size is limited and may not be generalizable to other populations. The findings will not be generalized to other colleges of nursing that do not include caring as part of their formal, overt curriculum. The researcher’s subjectivity may be a limitation to this study because personal judgments and perspectives may lead the researcher to include or exclude some material or explanations. However, as Stake (2000) states, the purpose of the case study is not to represent the world but to represent the case at hand. With this in mind the researcher described the caring curriculum of one college of nursing and provided a thick description of the curriculum as well as the lived experiences of the student nurses in that educational setting.
DEFINITION OF TERMS

**Watson’s Theory of Caring** will be defined according to Watson's 1985 book entitled *Nursing: the Philosophy and Science of Caring*. Caring consists of the carative factors developed by Watson. Caring is interpersonal and includes the caregiver qualities of congruence, nonpossessive warmth and empathy. Caring promotes growth and health.

**Formal, overt curricula** will be defined as the structured, legitimate curriculum agreed upon and enacted by the faculty.

**Informal, hidden curricula** will be defined as the socialization or enculturation that occurs with students as they enter into nursing.

**Perceptions of caring** will be defined by the faculty and students interviewed as they define and describe the phenomenon of caring.

**Perceptions of the teaching and learning of caring** will be obtained from the faculty and students interviewed regarding how the teaching and learning of caring knowledge is accomplished.

SIGNIFICANCE OF THE STUDY

Although many studies of caring in the nursing profession have been published to date, few of these research studies have focused on how undergraduate nursing students learn about caring and caring theory. Many of the research studies have focused on defining the concept of caring both within and without the context of nursing. Human caring and caring within nursing have been researched to identify the attributes of caring within the nursing context. Content analyses have been published to further help define caring within the profession of nursing since the definition of caring is not unified into one definition, but many variations of the definition exist. Multiple caring paradigms
exist currently in nursing, but Watson’s theory of caring and the carative factors provide an epistemological foundation for the study and practice of caring within the context of nursing. Caring theory has been traditionally introduced at the graduate level of education where many nurse theorist perspectives are presented. Some graduate nursing programs are designed with a deliberate focus on the concept of caring. Undergraduate programs that are based on caring theory do exist but are not solidly grounded in research that explains how caring is taught or learned. To date, no research studies have been found that explain how a baccalaureate nursing program would thread the concept of caring throughout the nursing curriculum and describe the faculty and students’ perceptions of the caring curriculum. The curricular study of this research looks at the mission and philosophy of one college of nursing that teaches caring as a core concept and outlines the concept as it is threaded throughout the entire curriculum. This study provides a description of a caring curriculum, how it is implemented and how it is experienced by students and faculty within this educational setting. The study describes the caring content of the curriculum and how caring is operationalized and implemented. The student and faculty perspectives will be used to describe the caring curriculum as it is experienced by these individuals in this college of nursing.
CHAPTER 2
REVIEW OF THE LITERATURE

INTRODUCTION

From its origin as practice and profession, nursing has centered on the concept of caring. Nightingale's fabled establishment of nursing as a structured undertaking to benefit patient recovery was a caring-healing model (1859). Watson (1985) gave special emphasis to the caring ideal in her declaration that caring is a moral imperative for nursing that enhances and preserves human dignity. Some nurse theorists have described caring as the core or essence of nursing and this concept of caring has had a "profound influence on nursing philosophy, education, and research" (Morse, et al, 1990, pg. 1). Despite countless articles about the concept, caring remains an elusive concept. As many authors have pointed out including Morse et al, (1990), "there is no consensus regarding definitions of caring, components of care, or the process of caring" (pg. 2).

Nurse theorists do not agree on one definition of the concept or if caring is a foundational value for all nurses to possess. Buchanan (1995) states that the “average nurse” would have difficulty defining caring even though nurses and the nursing literature use the words “care and caring frequently” (pg. 3).

Watson (1979, 1985, 1988, and 1999), Swanson (1991, 1999) and Leininger (1988, 1993) have been authoring caring literature for years and are some of the most
well known nursing authors regarding caring. Watson proposed her theory of caring in her first published book entitled *Nursing: The Philosophy and Science of Caring* (1979) and has continued to research and write about her grand theory of caring. She states that nurses can help preserve humans by practicing, researching and educating from a caring perspective. Watson (1985) defines caring within the context of nursing to include a commitment to care as well as valuing care, caring knowledge, caring interventions and consequences. Swanson (1991) has derived a middle range theory of caring from Watson’s (1985) grand theory. Swanson (1991) has refined Watson’s theory and developed an overall definition of caring through her phenomenological research. She defines caring “as a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Swanson, 1991, pg. 165).

Another nurse theorist, Leininger (1993) writes about caring as necessary for human growth and development but she states that caring as a nurse must be culturally sensitive which means the nursing care is defined by the individuals’ culture, that caring is a cultural expression. In her 1988 research study Leininger investigated 52 cultures and wrote that “cultural care has more diverse than similar meanings” (pg. 158). The concept of caring is ambiguous at best and Swanson (1991) states that even though caring is central to nursing, the “meaning of caring and the essential components of caring remains unclear” (pg.161).

Within the caring literature most of the authors end by calling for further clarification and development of the concept of caring. The vast majority of articles on caring maintain that there is still much confusion about the definition of caring and lack of agreement in nursing about the concept of caring. Morse, et al (1990) after reviewing
and analyzing 35 authors about the concept of caring state that, "Clearly further conceptual development and refinement of caring are important" (pg. 11). The first step needed according to these authors is the development of a clear conceptualization of caring that speaks to all facets of nursing (Morse, et al, 1990). They state that "theories of care and caring must be debated, queried, and clarified so that the concept, when developed, will be applicable to the art and science of nursing” (pg. 12).

Watson’s (1985) well-known nursing theory, has articulated a definition of caring which applies to the art and science of nursing. She developed carative factors to be used as a foundation for the study and practice of caring. Therefore the review of the literature will focus on Watson’s theory of caring, the concept of caring as a moral imperative, other perspectives of the concept of caring, caring and nursing curriculum, and the related caring research studies.

**WATSON’S THEORY OF CARING**

Watson (1989) has proposed a philosophy of caring that includes ten carative factors that nurses can use with clients in order to promote and restore health. Watson's (1988) theory of caring values mutual, reciprocal, and interpersonal experiences that she believes will promote respect and enhance humanity. She believes the carative factors or interventions will cause positive changes and promote health in both the nurse and the patient (Watson, 1988). Watson describes the nurse's roles as both expressive and instrumental (Watson, 1989). The expressive role is described as the human to human connectedness that occurs within nursing practice and the instrumental role relates to the caring occasion when the nurse undertakes professional action to promote health (Watson, 1989).
The philosophy and science of caring according to Watson (1989) is based on the fact that a caring attitude is not transmitted by genes but by the culture of the profession. Watson’s theory explains what it means to be a caring nurse. She calls her theory Nursing: The Philosophy and Science of Caring (1985) and delineates the reasoning for caring in nursing as well as the therapeutic interventions, actions, relationships and stance needed. Some of the assumptions related to the science of caring include that caring can be effectively implemented by interpersonal methods only, that the use of the carative factors will satisfy certain human needs, and that effective caring promotes health and growth. For Watson (1985) caring responses accept the person as he or she is now and what he or she may become. It is central to nursing, and nurses need to learn to be caring to self before it is possible to care for others.

The carative factors according to Watson(1989) should: be used by the nurse in the delivery of health care; provide a tentative epistemological foundation for the study and practice of human caring; require intention, caring values, knowledge, will, relationships, and action; and become actualized in the human caring process in which the nurse is being with the other person. The ten carative factors which are listed here represent the framework of Watson's (1989) theory for nursing practice and operationally define caring:

1) Formation of a humanistic-altruistic system of values
2) Instillation of faith-hope
3) Cultivation of sensitivity to one's self and to others
4) Development of a helping-trust relationship including congruence, empathy, nonpossessive warmth, and effective communication
5) Promotion and acceptance of the expression of positive and negative feelings
6) Systematic use of scientific problem-solving method for decision making
7) Promotion of interpersonal teaching-learning
8) Provision for a supportive, protective or corrective mental, physical, sociocultural and spiritual environment
9) Assistance with the gratification of human needs
10) Allowance for the existential-phenomenological forces

Watson (1989) believes that caring can be taught and that caring is a moral imperative for nursing since caring is the essence or core of nursing.

Watson’s theory is grounded in the humanities and she draws her theory from her knowledge of psychology and philosophy. According to Cohen (1991) Watson used concepts from transpersonal transaction from the field of psychology as well as phenomenal field from philosophy as she created her theory of caring. In her first book in 1979, Watson describes her coining of the phrase “carative factors” as an evolution of the medical community's sense of curative factors. These carative factors comprise her view of caring within the context of nursing and they represent the science and practice of nursing according to Watson (1979). Watson herself used phenomenology, qualitative methods to gather descriptions of the meaning and experience of caring to develop her theory (Cohen, 1991). The theoretical, abstract nature of Watson’s theory places it within the category of a grand nursing theory.

Using Watson's grand theory of caring, Swanson (1991) has researched the concept of caring and developed a middle-range theory of caring from three research studies. Her theory was inductively derived and validated through these phenomenological studies in three different research studies related to perinatal contexts (Swanson, 1991). She developed five caring processes and an overall definition of caring that she compares with Watson's (1985) carative factors and Benner's (1984) description of the helping role of the nurse (Swanson, 1991). She describes the five caring processes
in nursing as: Knowing; Being With; Doing For; Enabling; and Maintaining Belief (Swanson, 1991). Swanson (1991) defined caring as a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility. Swanson makes strong statements regarding her view of caring and writes "that the therapeutic practices of nurses are grounded in knowledge of nursing, related sciences, and the humanities, as well personal insight and experiential understanding and that the goal of nurse caring is to enhance the well-being of its recipients" (Swanson, 1993, pg. 354). She clarifies the concept of caring within the practice of nursing as unique in that "It is the blend of knowledge/information and the goal of practice that distinguishes nursing from others whose practices include caring" (Swanson, 1993, pg.354).

With all the interest, articles written, and research about caring, there is still no universal definition or commonly acknowledged concept of caring in nursing. Most nurses would agree that caring is central to nursing and that caring should be valued even though the profession of nursing does not agree on the definition of caring. So if caring is truly a moral imperative how do nurses learn what a caring nurse is? What type of valuing and learning must occur for nurses to embrace any form of caring within the context of nursing? Many published works have been written about moral development and according to Gilligan (1982) a caring stance or perspective has been delineated as foundational to her moral development theory. Gilligan’s caring stance and Watson’s caring concept as a moral imperative in nursing share some common ground.

CARING AND MORAL DEVELOPMENT

Watson (1988) and Noddings (1984) both write about caring as a moral imperative for nurses and educators. Theorists who are concerned with caring as a moral
imperative in nursing are focused on maintaining the dignity and respect of patients. Brody (1988) sees caring as the central value in nursing and depicts the nurse as a moral agent, which belies an ethical perspective of caring. The moral development theory of Carol Gilligan (1982) defines caring in terms of one's own moral voice. Her research focused on women's moral development and she challenged Kohlberg's stages of moral development since his original research was based on an all-male population. Her work attempted to explain women's motives, moral commitments and psychological growth. Gilligan (1982) found that as she studied women and their developmental constructs that women perceived moral problems arising from conflicting responsibilities (care) rather than from conflicting rights (justice). She states that "This different construction of the moral problem by women may be seen as the critical reason for their failure to develop within the constraints of Kohlberg's system" (Gilligan, 1982, pg.18).

Kohlberg’s research and theory of moral judgment reflect three stages he calls preconventional, conventional, and postconventional (Kuhmerker, 1994). The preconventional stage is egocentric based on one's needs; the conventional stage is based on group norms and values to which one belongs; and the postconventional stage is based on societal or institutional values and universal principles (Kuhmerker, 1994). Gilligan found that women's moral development centered around the conventional stage as moral dilemmas were seen as problems of care and responsibility. "Thus the logic underlying as ethic to care is a psychological logic of relationships, which contrasts with the formal logic of fairness that informs the justice approach" (Gilligan, 1982, pg.73).

According to Puka (1994), Gilligan's care orientation "expresses an empathetic sense of connectedness to others, of being in-relation with them, actually or potentially"
and as a caring development he says, "Care evolves from an egocentric form of self-care, through a more conventional sort of do-gooder care" (Puka, 1994, pg. 479). Finally he describes the development as a self-chosen, self-reflective, self-affirming mature caring as he writes about Gilligan's highest level of the care voice development (Puka, 1994).

Gilligan's stages differ from Kohlberg's in that her Level I relates to individual survival, Level II maintains a focus on care and needs of others, while Gilligan's Level III, care becomes a self-chosen principle that recognizes the interdependence of self and other (Davis & Aroskar, 1991). Watson in her latest book entitled Postmodern Nursing and Beyond (1999) calls for nurses to deconstruct modern nursing and transform the "caring-healing paradigm" which reconstructs caring as a "moral ideal" that will potentiate healing, preserve human dignity and integrity (Watson, 1999, pg.97). Watson sees caring as "relation rather than separation" and she refers to caring as a "moral starting point" for caring for self and others (Watson, 1999, pg. 97). This relates to Gilligan's work which revealed the care voice of connectedness and relatedness to others as she studied the moral development of women (Belenky et al, 1986). Gilligan emphasizes that the concepts of caring and responsibility must be considered when focusing on the moral development of females. However, while Gilligan has researched and delineated gender differences in moral development, one must realize that she also states that women and men may use both the justice and the care perspective (Davis & Aroskar, 1991). Watson, Leininger, Benner and other nurses have written about the importance of caring. The nursing ethics literature views caring as part of ethical and moral reasoning as well as a core value of nursing.
Gilligan's (1982) research is presented in her book, *In a Different Voice* where she describes the three studies that were foundational to her moral development theory. Her qualitative research used interviewing techniques to obtain data for the college student study, abortion decision study, and finally her rights and responsibility study. The abortion decision study population was all female but the other two studies contained both male and female subjects. Gilligan states that from her research the "moral imperative that emerges repeatedly in the women's interviews are an injunction to care, a responsibility to discern and alleviate the real and recognizable trouble of this world" (Gilligan in Puka, 1994, pg. 511). From Gilligan’s research she describes "care and justice as two moral perspectives that organize both thinking and feelings and empower the self to take different kinds of action" (Gilligan in Puka, pg. 326). She describes her care perspective as neither biologically determined nor unique to women but as a "moral perspective different from that currently embedded in psychological theories and measures", a perspective that she arrived at by listening to both men and women (Gilligan in Puka, 1994, pg.327). Gilligan's research filled a gap in the literature that she identified as she studied Kohlberg's moral development theory and realized that women's voices and women's moral development may be different than that of Kohlberg's all-male research subjects. She found that women scored lower than men on Kohlberg's moral reasoning scale and that women preferred the care-based stages while men tended to prefer the justice-based stages (Gilligan, 1982). Gilligan (1982) found that the care focus spoke to issues of attention and the response to need. She found in her interviews that in general, women's voices spoke of connection, care, responsiveness, and peace while men spoke of justice, rights, equality, and reciprocity (Gilligan, 1982). Her findings have
stimulated much related work as researchers continue to explore the care versus justice orientations of moral development.

Watson’s theory of caring defines caring as first a moral imperative but also as an interpersonal interaction as well as a therapeutic intervention. Watson too calls for caring stance when interacting with others in the role of the nurse. She attempts to explain how her concept of caring has been used by nurses and she proposes her theory of caring as a guide to teach nurses how to be caring in their professional role.

OTHER PERSPECTIVES OF CARING

The phenomenon of caring has been described at length in the literature (Watson, 1989, Leininger, 1993, Noddings, 1984, Mayeroff, 1971). These theorists have described caring as a human process that values authentic presence and connectedness with another. These authors have shaped the current state of the concept of caring within nursing. Watson’s theory of caring has been explained above and the writings of the other three theorists will be described.

Leininger (1993) has studied the concept of caring within the realm of cultural caring and in her cross-cultural caring theory of nursing, caring is the central component. The "theory of cultural care" developed by Leininger predicts that there are "diverse and universal features of human care transculturally-different structural forms, meanings, expressions, beliefs, values, patterns, and practices related to human care, by people of different cultures and among nurses functioning in different health care systems and environmental contexts" (Leininger, 1993 pg.10). Leininger states "In the evolutionary development of the discipline and profession of nursing, nurses are now systematically studying and using human care knowledge as a central and distinct feature in nursing"
(Leininger, 1993, pg.3). According to Leininger (1993) all humans have the need for care and caring but as nurses we need to be aware of cultural norms and meaning in order to provide culturally congruent care to people. Leininger (1988) has studied and has written extensively about various cultures to determine nursing caring interventions specific to cultural groups. Humanistic care is the ideal for nurses and nurses who are compassionate, empathetic, and concerned about people, should be valued (Leininger, 1993). Thus, it is logical for nurse educators to teach the ways in which caring could, or should be, exemplified in nursing practice.

Other fields of study have also contributed to the concept and evolution of caring in nursing. Understanding and learning about the meaning of caring from other theorists in related fields has enhanced nursing's knowledge of caring. Nel Noddings (1984) in her field of general education has described caring as reciprocal. Her concept of caring emphasizes mutuality and recognizes and fosters self-direction by the one cared for (Noddings, 1984). Noddings (1984) develops key concepts in the caring relationship of engrossment (connectedness) and motivational displacement (maintaining interest in the one cared-for) on the part of the one-caring and reciprocity on the part of the cared-for. Caring is presented as a mutual relationship, a process, between the one cared-for and the one-caring growing out of a natural caring. This caring begins with natural caring that she defines as "that relationship in which we respond as one-caring out of love or natural inclination" (Noddings, 1984, pg.5). But what happens if natural caring does not occur or is not possible? Noddings states that one should care out of the desire to be good or virtuous (Noddings, 1984). This "ethic of caring" combined with the sentiments of natural caring are both considered sources of moral behavior (Noddings, 1884, pg.79).
Noddings (1984) discussed caring for self and then shifting that ability to care for
self into caring for others. Noddings discussed the idea of care remembrance or being
thankful for care that a person has received which in turn reminds one to care for others.
It is similar to the idea of pay it forward with care. Her concept of caring relates to
Mayeroff’s (1971) treatment of caring. Mayeroff (1971) defines caring within a personal
relationship which includes truth, patience, trust, honesty, hope, humility, autonomy,
faith, courage and gratitude. Mayeroff (1971) also discusses how that caring between two
people can help both to grow and become actualized. His view of caring reminds nurses
to remember that others have cared for you such as parents and teachers and that caring
for others is a way of being thankful for all the care you have received. In Noddings’s
view, caring is a way of being which may involve action or communication. She too
describes caring as a moral imperative and this general education concept of caring has
relevance to nursing education and practice. She devotes an entire chapter (8) of her book
to Moral Education which covers the one-caring as teacher and how to organize schools
for caring (Noddings, 1984). Nurses must have an obligation to care for clients and that
may come from a natural desire to care and/or from the "ethic of caring" (Noddings,
have described caring as a human process that values authentic presence and
connectedness with another. Contributions from these authors have shaped the
understanding of caring within the context of nursing and some of their observations
include the following: caring can be implemented by interpersonal methods, effective
caring promotes health and growth, caring responses accept the person as he/she is now
and what he/she may become, nurses need to learn to be caring to self in order to care for
others, carative factors will satisfy certain needs, and caring is central to nursing. Some undergraduate schools are trying to teach these very ideas to nursing students.

Nursing education has changed over the years and caring has been included in some undergraduate nursing programs. Watson’s curriculum of caring bring the unique carative factors to students and has the potential to help students construct a nursing practice based on competent nursing care.

CARING AND CURRICULUM

Historically nursing has used the Tyler (1949) curriculum development model which advocates behavioral objectives, a well defined method of how and what to teach, as well as what the products of curriculum development should be. According to Bevis and Clayton (1988) the Tyler curriculum adapted by Taba's and Beauchamp's use of conceptual frameworks, has been widely accepted and is used for nursing education's state and national accreditation. Following World War II nursing education needed a practical focus, structure, increased educational quality, and congruence which the Tyler-type model provided (Bevis & Clayton, 1988). Behavioral objectives were developed and instituted for nursing education and the focus turned to the end product rather than the process involved (Bevis & Clayton, 1988). According to Bevis & Clayton (1988) using only one model for nursing education “especially one that emphasizes such restrictive and behaviorist learning theory products is too limiting for professional nursing” (pg. 15). Bevis and Clayton (1988) state that nursing needed no research evidence "to institutionalize the Tyler rationale, but we will be called upon to produce substantial evidence to replace it" (pg. 14).
Nursing education is undergoing a curriculum revolution that began in the 1980's and continues today. Nurse educators continue to struggle to refocus nursing curricula to help students learn caring philosophy, knowledge, and caring behaviors. In response to this challenge some nurse educators have expressed the need to move from the behaviorist model (Tyler, 1949) to an emancipatory-educative-caring model (Bevis & Murray, 1990; Bevis & Watson, 1989). According to Tanner (1990) this revolution called for a new commitment to moral consciousness and to reclaim caring as a central concept of nursing. The National League of Nursing (NLN) conference in the 1980’s passed a resolution calling for curricular changes in nursing which included egalitarian relationships that enhance caring among faculty and students. Caring was also a separate theme for the curriculum revolution and was viewed as central to the nursing process. Another theme that emerged during this NLN conference was the use of interpretation to understand, criticize beliefs and assumption, and uncover new possibilities (Tanner, 1990). Emancipation from the Tyler behaviorist model was called for and nursing educators were encouraged to consider other approaches such as the reconceptualist and emancipatory perspective (Tanner, 1990) The notions of inquiry, caring, critical thinking, and creativity were prominent in this call for curriculum reform. According to Tanner (1990) the solution to the issues facing health-care and nursing education requires reflection regarding current practices, experimentation, and openness to multiple theoretical perspectives.

The reconceptualists such as Freire, Pinar, Anyon, and Apple write about authenticity, liberation, emancipation, hermeneutics, hegemony, praxis, and demystification. In Grundy's *Curriculum: Product or Praxis* (1987) the emancipatory
perspective is described as self-reflective, liberating, empowering, producing praxis, and demystifying. The reconceptualist/emacipatory perspective provides a different lens for nurse educators that would address the need for liberation and empowerment in educational and practice settings.

Critical pedagogy calls for a transformation of consciousness where the educators and students need to take a critical look at the current curriculum and question their methods, content, evaluation and ideology that guide their practice (Grundy, 1987). Critical pedagogy may be uncomfortable for a nurse educator as it is far easier to just maintain the status quo and teach as nursing has historically been taught using traditional and practical perspectives. Looking into the curricular mirror and examining one's educational practices may be unsettling. Wink's (1997) idea of a caring heart and critical eye encompass her framework for critical pedagogy. As Wink (1997) states "caring counts" (pg.5). When teachers use collaboration, generative, and transformative methods, a caring stance is necessary to foster the work and cooperation of learning (Wink, 1997). Quoted in Wink's (1997) book one teacher states "As I care more, the students learn more" (pg.136). Nurse educators, in keeping with the nursing curriculum revolution, are calling for a critical examination of the educational processes in nursing and restructuring of these processes (Bevis & Murray, 1990). Toward a Caring Curriculum: A New Pedagogy for Nursing by Bevis & Murray (1989) propose curriculum reforms using critical, reconceptualist/emancipatory, and feminist perspectives which they call an emancipatory-educative-caring model of education. Bevis (1989) challenges nurse educators to study theories of caring, read about caring in the literature and above all to practice caring, to put that caring into action.
Even if we understand the importance of the concept of caring in nursing, still the difficult question remains, “How can caring be taught?” Tanner (1990) believes that caring is learned when students experience caring practices from faculty. Bevis (1989) states that every school has three types of curricula: 1) the legitimate curriculum—the one that faculty agree on, that is written, enacted and is approved by accreditation bodies; 2) the illegitimate curriculum—this one is kept in the closet, that is taught openly but cannot be graded since this curriculum of patterns, insights, and understandings does not fit under the behavioral objectives; and 3) the hidden curriculum—the one that appears in the way one teaches, the curriculum of subtle socialization into how one feels and thinks as a nurse. Tanner believes "the hidden curriculum plays out in the teacher’s relationships with students and may be the most important in terms of what students learn" (Tanner, 1990, pg. 71).

In the article "The Wisdom of Our Practice" Benner (2000) discusses the way in which nurses practice and learn about caring. This nursing author believes that our nursing practice "contains within its tradition historical exemplars" but she encourages nurses to continue to develop theories of practice and share exemplars of caring practices (Benner, 2000, pg. 99). Benner (2000) says "Nurses must continue to tell their stories so that the hidden bedrock of caring practices for a healthy and good society will become more apparent to all" (pg. 102). By writing and sharing caring exemplars this author believes that "the intangible can become tangible and the artfulness of good nursing practice can be rescued from the margins" (Benner, 2000, pg. 102). She believes that caring practice is learned by education as well as socialization by caring nurses and caring exemplars that illuminate the best of our practice (Benner, 2000).
In reviewing the nursing education literature nurse scholars are challenging educators to refocus curriculum so that student nurses will learn caring philosophy as well as gain the knowledge necessary to practice caring behaviors and interventions. The curriculum revolution in nursing which began in the 1980's continues today as nurse scholars continue to write about the need to transform nursing education from using the behaviorist model to using an emancipatory-educative-caring model (Bevis & Watson, 1989; Bevis & Murray, 1990; Kosowski, 1995). According to Kosowski (1995) "contemporary nursing educational philosophies announced a renewed emphasis of nursing's essential role, mission, philosophies announced a renewed emphasis of nursing's essential role, mission, commitment, and function of human caring, and a return to the human aspect of nursing and a moral-based educational perspective" (pg. 236). This author also stated that historically the teaching of caring theory receives less emphasis than disease processes, treatment, drug therapy, and medical technology (Kosowski, 1995).

Nurse scholars have developed new paradigms for nursing education and Bevis & Watson's 1989 text entitled Toward a Caring Curriculum: a New Pedagogy for Nursing presents a comprehensive curriculum reconceptualization for nursing education which includes ideas from critical theory, feminist theory and hermeneutic phenomenology. This curricular guide calls for transformations within nursing education to enable nursing students to be more caring, compassionate, insightful about ethical and moral issues, as well as encouraging students to be creative, critical thinkers (Bevis & Watson, 1989). This book argues for a new paradigm in curriculum development and encourages readers to review the history, philosophy, framework and content of past nursing curricula. Some
of the arguments for their educative-emancipatory-caring paradigm for nursing include:

liberating students and faculty from the authoritarian restraints of the empiricist/behaviorist model, acknowledging students as equal partners in the educational process, encouraging interactions between the faculty and students in order for learning to take place, structure learning so the student is actively engaged, humanize the educational process, and support students in their scholarly endeavors (Bevis & Watson, 1989). Content and learning activities are described in the text and the concepts of training versus education are described in detail (Bevis & Watson, 1989). Bevis proposes that teaching nursing is a moral activity just as nursing is a moral activity. She states that "Nursing is intensely intimate and touches people at the time in their lives when they are most vulnerable; when they are threatened, in pain, afraid, hopeless, and often isolated from friends, family, and familiar environments and routines" (Bevis & Watson, 1989, pg. 183). Bevis (1989) continues that teachers of nurses need to prepare nurses to act in moral and caring ways that will positively impact the vulnerable individuals and families in their care. Bevis concludes that nurse educator have a moral obligation to "study theories of caring, read literature on caring, and practice caring, making it as natural to their lives as breathing" (Bevis & Watson, 1989, pg. 183). These are powerful words from nurse scholars who have spent much of their time and effort to humanize nursing education and the profession with the concept of caring.

The American Association of Colleges of Nursing (AACN) is an accrediting body for nursing curricula and has written a guide for essential practices of undergraduate nursing education. Caring is presented in this publication as a professional value and concept essential to the practice of nursing. The concept of caring is defined as the
connection with the patient and the ability to provide “compassionate, sensitive, appropriate care” (AACN, 1998, pg.8). The AACN calls caring a value that guides nurses to demonstrate caring behaviors when providing safe, competent humanistic nursing care. Caring values according to the AACN include: altruism, autonomy, human dignity, integrity, and social justice. This essential document instructs nursing faculty to design educational opportunities that support caring behaviors for individuals, groups, and communities. The educational learning strategies and socialization are listed as the strategies to teach caring as part of the undergraduate education.

Scotto (2003) in her article “A New View of Caring” calls for a new perspective of caring as she defines caring and discusses the teaching of caring to student nurses. This author simply states “caring should be defined as offering of self” (Scotto, 2003, pg. 290). Scotto (2003) further explains that the giving or offering of oneself involves four aspects: intellectual, psychological, physical and spiritual in order to help patients attain a goal.

These are the four identified aspects nurses need according to Scotto (2003) to be competent when giving care. She states that caring requires self-awareness and self-development as well as a strong nursing knowledge base and reasoning skills. Scotto (2003) says that caring defined her way “clarifies the action that must be taken and provides a framework for teaching and evaluating the process” yet her article lacks substance as to how the teaching and learning of caring occur (pg.291).

Cook and Cullen (2003) wrote an article describing how an associate degree nursing program carried the value of caring throughout their courses. Watson’s theory of caring was integrated into the courses with the ultimate goal of students valuing the
concept of caring. The graduate competencies that this program promoted included the
student nurses learning and implementation of Watson’s caring theory in order to
promote health and healing in their patients as they moved from student to graduate nurse
(Cook and Cullen, 2003). The main teaching-learning strategies described by the authors
were: faculty role modeling caring to students, mentoring students in caring practices
with patients, exploring within nursing courses the meaning of caring using Watson’s
caring theory and the carative factors, teaching approaches of caring in specific
situations, implementation of caring practices within the clinical setting, reflecting upon
caring through journaling and nursing care plans, and written papers (Cook and Cullen,
2003). This article based on a curriculum review offers one of the few examples of how
one associate degree nursing program has woven caring into their curriculum.

REVIEW OF CARING RESEARCH

No universal definition of caring exists in nursing. According to Morse, et al
(1990) caring has five epistemological perspectives which are based on their review of
thirty five authors' definitions of caring: caring as a human trait, caring as a moral
imperative, caring as an affect, caring as an interpersonal interaction, and caring as a
therapeutic intervention. Morse et al (1990) states that nurses "are caught in a dilemma
created by a mandate to care in a society that does not value caring" (pg.5). These authors
continue to question the ability of nurses to care when they are not given the right to
control their own practice or may not be given the time or resources in order to provide

Cohen's (1991) article compares the portraits of caring by Watson and Leininger
in which the author identifies the concept of caring as the essence and unifying,
humanistic domain of nursing (Cohen, 1991). This article describes these two nursing theorist who have devoted their nursing careers to developing their perspectives and theory of caring. Both Watson and Leininger agree that caring is part of nursing’s humanistic science but each has studied and researched caring to develop differing perspectives of the meaning of caring in nursing. Leininger takes a cultural approach and focuses on cultural patterns to implement caring strategies whereas Watson primarily focuses on the philosophical, moral and ethical aspect of caring.

In the *Journal of Advanced Nursing*, Sourial (1997) wrote an article analyzing the concept of caring. She found eight common uses of the concept of caring in the literature: ethics; instrumental and affective; traits; patient's and nurses' perceptions of caring; holism; humanism; organizational; and quality (Sourial, 1997). Sourial's review of the literature revealed that one aspect of the caring concept relates to a moral stance which both Watson's and Noddings' concepts support. Words such as respect, dignity and moral virtue represent the concepts used by this category of theorists (Sourial, 1997).

Competence was another area important to the caring behaviors and the author cites research studies that support the fact that physical care and nurse competence were more important to patients whereas nurses cited psychosocial competence and relationships as the most important caring behaviors. (Sourial, 1997).

Swanson (1991) based her research on Watson's (1988) Caring Theory. Swanson used a phenomenological approach to her investigations about caring with women who miscarried (Study 1), parents and professional in the newborn ICU (Study 2), and socially at-risk mothers who have received long-term, intensive public health nursing intervention (Study 3) (Swanson, 1991). During each of these studies she asked open ended questions
about caring - receiving and/or giving care. Swanson used the techniques of bracketing, intuiting, analyzing, and describing as she studied the concept of caring. From her research she developed a theory of caring which includes five processes essential to caring: knowing, being with, doing for, enabling, and maintaining belief (Swanson, 1991). Swanson went on to relate her five processes to Watson's carative factors (1985) and Benner's helping role of the nurse (1984), and showed that both of these authors' work can be cross-validated by Swanson's findings (Swanson, 1991). Swanson (1991) defined caring following her three phenomenological studies as “a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (pg.165). Swanson states that the convergence of Watson’s caring processes and Benner’s helping role as well as her own research point out that caring is a unifying nursing phenomenon but that does not necessarily make caring unique to nursing. She calls for further research to document that caring nursing interventions enhance healing and health (Swanson, 1991).

Dyson (1996) examined nurses in her pilot study to determine nine nurses' conceptualizations of caring attitudes and caring behaviors. Using a repertory grid technique Dyson (1996) identified nine themes: consideration and sensitivity; giving of self; work style; motivation; communication; knowledge and learning; individual approach; general approach/person; honesty and sincerity (Dyson, 1996). She concluded that her study largely supported the findings of previous research and that nurses tend to emphasize the humanistic and psychosocial aspects of caring (Dyson, 1996) Her study and others cited in her article are still searching for clarification in regards to the elusive concept of caring. In her final sentence she states "It is clear that additional empirical
work is needed to clarify further nurses' conceptualizations of care and to match these against their professional practice so that a relevant and useful theory of care can be developed to provide a foundation for nursing practice, education and research" (Dyson, 1996, pg. 1268).

Qualitative research has been done to identify faculty-student nurse caring interactions. The following studies interviewed faculty and nursing students about their views on caring. These articles used simple open-ended questions to solicit both caring and uncaring experiences. In Beck’s 1991 research study, the author interviewed 47 BSN students and used descriptive phenomenology to describe her findings. This study described how students perceived faculty–to-student caring with themes of attentive presence and sharing of shelves being the components of caring (Beck, 1991). The outcome of the faculty-student caring behaviors included feeling respected and valued, with the desire to reach out to patients with caring behaviors (Beck, 1991). Hughes (1992) completed interviews with ten junior nursing students to identify their student-perceived climate of caring. The findings from this qualitative study suggest that modeling, dialogue, practice, and confirmation were the faculty-student interactions through which these students experienced a climate of caring (Hughes, 1992). Dillon and Stines (1996) replicated the research study by Beck (1991) and found theme clusters of faculty-student caring interaction including: 1) sharing and giving of self; 2) respecting the student as a unique individual; and 3) positive role-modeling. These researchers call for nursing faculty to become aware of caring behaviors as perceived by students and to establish a "hidden curriculum with caring as its defining philosophy" (Dillon & Stines, 1996, pg. 117).
Another study by Hanson and Smith (1996) described caring and not-so-caring interactions with faculty from the students' perspective. These authors state that "nurse educators are becoming more concerned about effective ways to prepare students to be caring practitioners. There are assumptions that understanding and practicing caring are related not only to knowledge, but also to experiences gleaned during nursing education" (pg. 105). This phenomenological study based on interviews from 32 baccalaureate nursing students described the meaning of caring in student-faculty interactions. The main caring themes that emerged were recognition (attending, initiating, and responding), connection (connecting and empathizing) and confirmation (affirming and motivating) (Hanson & Smith, 1996). These authors believed that many of the significant statements regarding caring interactions they identified were related to various carative factors from Watson's (1989) theory of caring (Hanson & Smith, 1996). Students need to form meaningful connections and these authors believe that "knowing how students perceive caring will help maintain the connectedness between faculty and student that ultimately develops into the connectedness between nurse and patient-a critical factor in nursing practice" (Hanson & Smith, 1996, pg. 111). All of these research studies focus on faculty to student caring with the assumption that students who are cared for will then be caring with patients.

In Simonson's (1996) qualitative, descriptive research study "Teaching Caring to Nursing Students" she called for descriptions of actual caring teaching behaviors to increase our understanding of how to teach caring effectively (Simonson, 1996). Using Watson's caring theory, she found four major themes that faculty and students related as ways to learn about caring. Watson's first, third, seventh and eighth carative factors were
the dominant themes of caring (Simonson, 1996). These dominant themes are: the formation of a humanistic-altruistic system of values, being sensitive to self and others, promoting interpersonal teaching-learning, and providing a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment (Watson, 1985). Implications from this study include the need for faculty to "exhibit caring as a way of being if they wish to teach nursing students caring as the essence of nursing", teaching caring concepts and Watson's theory was important but the caring interactions among faculty and students were perceived as most important (Simonson, 1996, pg.104).

Senior nursing students' and nurses' perceptions of caring were studied by Mangold (1991). This study was a quantitative study that used The Caring Assessment Report Evaluation Q-sort (CARE-Q) to obtain data from thirty senior students and thirty practicing nurses (Mangold, 1991). The findings indicated the nurses and students agreed on specific behaviors of caring and they agreed on the most important (listening to patients) and the least important (be professional in appearance) caring behaviors (Mangold, 1991).

Looking for relationships among childhood care, school climate and student nurse caring abilities was the focus of Simmons and Cavanaugh's (1996) quantitative research using a mailed random-sample survey with 350 senior nursing students who completed The Caring Ability Inventory, Parental Bonding Instrument, and School Climate Inventory (Simmons & Cavanaugh, 1996). These researchers found that the caring school climate was the best predictor of caring ability (Simmons & Cavanaugh, 1996).

Swanson (1999) wrote a chapter entitled "What is Known about Caring in Nursing Science" in the Handbook of clinical nursing research. As she reviewed the
caring literature she said "it became apparent that nursing dialogue about caring could still best be characterized as a modern-day Tower of Babel" (Swanson, 1999, pg.31). The purpose of the chapter was to summarize the caring nursing research into a literary meta-analysis and to build a framework of the current state of caring knowledge. Swanson (1999) states, that this review of caring literature does not include arguments for the importance of caring or any philosophical discussion about caring because as she reports, "the importance is assumed" (pg.32).

Swanson (1999) reviewed published research literature that was data-based investigations about the concept of caring which included 130 publications of articles, chapters or books most of which were written between 1980 and 1996. The findings of the literature were reviewed and placed into inductively derived categories. The categories that emerged from this research were five categories of caring: the capacity for caring, concerns/commitments, conditions, caring actions, and caring consequences (Swanson, 1999). The five categories are listed as levels with Level I being the characteristics of a caring person such as compassion, empathy, being knowledgeable, being positive, and reflective. Level II was concerns/commitments which focuses on the values and belief system related to caring such as respecting the dignity and worth of the other person, being sensitive to the person, and focusing and connecting with the other person. Level III represents the conditions that enhance or impede caring such as the nurse-patient relationship, the patient's health problems and needs as well as the nurse's personal and professional resources, constraints and demands. These first three categories of caring were developed from qualitative research publications.
Level IV comprises the category of caring actions that represent caring behaviors as rated by nurses and patients. In this category both qualitative and quantitative research studies were reviewed. Patients first valued competence and technical ability as caring behaviors whereas 100% of nurses surveyed first valued listening. 93% of the patients responded that technical skills were important with only 7% of the nurses listing this in their top five responses for important caring behaviors (Swanson, 1999). The 67 research articles reviewed that were qualitative in nature in this caring action, Level IV area were correlated to Swanson's middle range theory. Swanson placed the caring actions from the research articles into her five categories that she developed for her middle range theory based on Watson's theory of caring which was discussed earlier. Swanson (1999) stated that this section of her chapter provides "validation for the generalizability of Swanson's middle-range theory of caring beyond the clinical contexts from which it was originally generated" (pg. 49).

Level V or caring consequences were derived from mainly qualitative research studies with Swanson pointing out only three quantitative studies could be found related to this area. The consequences of caring were listed as either client outcomes of caring or nurses outcomes of caring. The client caring included families, patients and student nurses and was related to emotional-spiritual, physical or social uplifting or enhancing outcomes. The caring consequences related to support for increasing the health and well-being of the client. The nurse caring promoted the well-being and self-esteem of the nurse and the sense of connection with the patient and with the profession of nursing. These caring consequences validate the reciprocal relationship of caring between the one being cared for and the one caring.
Swanson’s chapter is a summary/survey of the caring literature with the addition of the categories provided by the author. If Swanson’s conclusions about the hierarchical nature of the categories are valid then this information could be used to educate students and nurses about caring. Swanson (1999) does suggest that “this chapter was a theoretical framework for categorizing therapeutic, caring interventions based on Swanson’s middle range theory of caring” (pg. 56). Swanson (1999) ends her chapter by saying that nursing knows much about caring but she says more quantitative research studies are needed as well as psychometrically sound measures to examine each level of caring. Little is written in this chapter about how student nurses learn about this caring process except by faculty being caring to students so that they in turn will be caring to patients. This researcher’s concern with Swanson’s chapter about what is known about caring in nursing is the gaping hole of how to educate and academically prepare students to be knowledgeable in caring theory. Of interest is that in this 29 page chapter about caring within the context of nursing the author fails to discuss how the findings of this extensive review could be used for educating students about caring theory or calling for more research in the area of caring education.

Smith (2004) published a review of research related to Watson’s caring theory which included forty research studies from 1988 to 2003. The research studies were from mainly the United States with 7 studies reviewed from 4 other countries. Most of the studies (32) were published in the 1990’s with only 5 published in the 2000’s and they were related to measuring the outcomes of caring. Four major categories were developed from Smith’s (2004) analysis including: the nature of nurse caring, nurse caring behaviors perceived by nurses and patients, human experiences and caring needs, and
outcomes of caring in practice and education. All four categories related closely related to Watson’s essences of caring, nurse caring behaviors, the meaning of caring and theory of caring. The fourth category identified related to nursing curricula with two studies reviewed. Updike et al (2000) evaluated a curriculum based on Watson’s theory for practicing nurses with participants stating they were more present with patients and felt that their caring skills were enhanced. The other educational study by Coates (1997) was a quantitative survey using the Caring Efficacy Scale given to students, alumni and preceptors of students to assess caring competence. The findings reported correlations between the graduates’ ratings of caring efficacy and the preceptors’ competence ratings and the alumni ratings of clinical competence and caring efficacy (Coates, 1997). Neither of these studies discusses how the students or nurses specifically learn about Watson’s theory of caring or how a caring curriculum is actually implemented. So even though Smith’s (2004) analysis of publications related to Watson’s caring theory mentions curricula and nursing education, many questions remain as to how this teaching and learning of caring takes place.

In 2001, Beck reviewed 14 qualitative research studies in an article titled “Caring within Nursing Education: A Metasynthesis.” In her analysis she searched for themes or metaphors about caring in nursing education. This research review revealed five metaphors or themes related to the “reciprocal connecting that consisted of presencing, sharing, supporting, competence, and uplifting effects of caring” (Beck, 2001, pg. 101). The method of metasynthesis was used to increase understanding and promote generalization of qualitative research. Beck (2001) states that this is the first metasynthesis of caring within nursing education and that she undertook this project to
“serve as a basis for developing teaching strategies to promote caring among faculty, students and patients” (pg. 102). Of the fourteen studies reviewed, two were focused on caring among faculty, six related to caring between faculty and students, two related to caring among students and four studies related to caring between nursing students and patients. No matter whom the participants of the research studies were, the same five themes emerged as previously stated. Beck (2001) further divided the themes into two main categories labeled components of caring and the effects of caring. The components of caring were the presencing, supporting, sharing, and competence while the effects of caring were the uplifting effects such as respect, sense of belonging and growth.

In Beck’s (2001) discussion of her findings she offers the essentials gleaned from her research to teach caring to students. First she emphasizes that creating a caring learning environment in nursing schools is essential. Secondly Beck (2001) believes that caring from faculty to students promotes the students desire to care for others. She states, “The data suggest a trickling down effect starting with faculty caring for each other, then moving on to faculty caring for students, students caring for each other, and finally students caring for their patients” (Beck, 2001, pg. 108). She calls for further research with nursing students from associate degree to doctoral education to increase knowledge of how caring is taught and learned (Beck, 2001).

SUMMARY

The selected caring literature and research has been summarized and reviewed in an effort to describe the state of caring within the context of nursing. In addition, the review of the selected literature describes how caring and caring theory has evolved from other disciplines as well as nursing.
Watson’s (1985) theory of caring was explained as a grand theory and theoretical framework for caring in nursing. Swanson’s (1991) research was discussed as evolving Watson’s grand theory of caring into a middle-range theory of caring as Swanson applied the caring theory to her clinical area of expertise. Leininger’s (1988) theory of cultural care was also presented as another theoretical framework for caring. The idea of caring as a moral imperative, which appears in Watson’s (1985), Swanson’s (1991) and Leininger’s (1988) theories of caring, was explored via the literature. The evolution of caring from other disciplines was examined with a focus on Mayerhoff (1971) and Noddings’ (1984) publications, which contributed to caring within the context of nursing.

Caring and nursing curricula were explored as important concepts for this research study. Literature was reviewed to connect these two concepts and to discover what is known about the teaching and learning of caring in nursing education. And finally, selected research of caring was reviewed that explored the meaning of caring within nursing from faculty, student, nurses and patient perspectives.

Reviewing the caring educational literature revealed a gap in research into how undergraduate student nurses are actually taught and/or learn about caring in their program of study. Most of the education literature discusses a caring environment, faculty caring and role modeling, but there is little information on the student perspective of learning how to be caring or how one constructs a curriculum, formal or informal, to teach it. This review of literature has not uncovered any research studies that both relate a description of a baccalaureate degree nursing program that uses a caring curriculum and describes how caring knowledge is taught by the faculty and learned by the students.
CHAPTER 3

METHODOLOGICAL FRAMEWORK

INTRODUCTION

This study is a qualitative study using the case study method in order to describe the caring curriculum in one college of nursing. The study describes caring as perceived by faculty who actually teach the caring undergraduate curriculum and student nurses who have experienced a formal, overt curriculum of caring. Several methods were used throughout the research, including observation, interview and document analysis of written materials. While the observations were used to assess caring interactions by faculty and students, the interviews were used to describe their perceptions of the teaching and learning of caring and caring theory, and the document analysis was used to describe the formal, overt, written caring curriculum. The phenomenon of caring was studied in the context of undergraduate nursing education. The case study was used as an effective way to describe the caring curriculum in one college of nursing.

USE OF QUALITATIVE METHODOLOGY

This study is based on the qualitative paradigm which uses the inquiry process to understand a particular phenomenon in the context of it’s meaning for the participants. As Creswell (1994) states, qualitative inquiry is used to understand "a social or human problem, based on a complex, holistic picture, formed with words reporting detailed
views of informants, and conducted in a natural setting" (pg. 2). This qualitative paradigm has also been called an interpretive framework by Denzin & Lincoln (2000). These authors call research interpretive whenever it addresses meaningful social worlds. The research becomes interpretive because meaning is understood. (Denzin & Lincoln, 2000). Because this study locates a specific phenomenon, caring, in a nursing context and aims to understand what caring and a caring curriculum means to faculty and students, the qualitative method was used.

Phenomenology according to Swanson (1991) involves the four steps of bracketing, intuiting, analysis, and description. Bracketing means that throughout the research process the investigator must be aware of the potential for personal bias and assumptions which "may skew the meanings intended by study participants" (Swanson, 1991, pg. 162). The intuiting refers to how the investigator "experiences the meanings (of the phenomenon) as if the informants' reality were his/her own" (Swanson, 1991, pg. 162). The analysis relates to the methods used to gather data about the phenomenon such as interviewing, observation, transcribed transcripts, field notes, meanings and coded processes. This leads to the final step of describing the phenomenon by means of definitions, essential meanings, and presentation of sufficient data to support the conclusions drawn from the research (Swanson, 1991).

Merriam (1998) defines basic assumptions that underlie this qualitative, interpretive mode of research inquiry: qualitative researchers are interested in meaning-making and use themselves primarily for the data collection; the research involves fieldwork as the researcher goes to the natural setting to observe and interact with the people involved in the study; and thick description is the aim of describing the
phenomenon within context, which may include thoroughly describing the educational environment, the social atmosphere, and the words and actions noted during the research process. The description should document or portray the educational experiences of the students and faculty. The qualitative researcher hopes to better understand the experiences of the phenomenon. And the process of induction is used to build concepts, theories, and abstractions (Merriam, 1998).

These assumptions are based on the ontology that reality is constructed as one looks for meaning and understanding within the natural setting. The epistemology values knowledge that is constructed and interpreted by both the researcher and the participants. Knowledge is fluid and multiple realities may exist as one observes and learns about the environment, context, and relationships within the area of study. This includes looking, listening, and hearing with a holistic, interpretive lens. Within this interpretive approach to qualitative research the context, text, and a holistic view of the data observed and collected are important in the attempt to arrive at in-depth, thick data. Qualitative researchers "are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in the world" (Merriam, 1998, pg. 6). This interpretive lens was used to describe what a caring curriculum looks like through document review as well as through learning about the lived experiences of students and faculty who participate in the caring curriculum.

Having reviewed the rationale for the qualitative research perspective, the overall framework for this research study includes the researcher's view of philosophy, ontology, epistemology, and paradigm. For the foundation of the research, one must consider the researcher's beliefs, assumptions and values related to the research. In order for the
research to cohere in a meaningful way, the framework needs to be part of the study that relates to the purpose and intent of the research. The underlying philosophy and framework will influence and guide the researcher in choosing methods of data collection, description, analysis and interpretation. The philosophy of this researcher includes that reality is constructed and that multiple realities may exist as one searches for meaning and understanding. The researcher also believes that valuable knowledge may be attained through many ways of knowing and that qualitative research is the best way to learn about the topic of interest, caring, by assessing the relationships between faculty and students within a curriculum of caring. Within this study a caring curriculum is described with a holistic and interpretive lens. This researcher believes whether it is stated or not, theoretical underpinnings guide the researcher.

The researcher's own history and understanding of the research process will influence his/her actions. Merriam (1998) discusses the researcher as needing to be tolerant of ambiguity since there really are no set guidelines or formulas for conducting qualitative research: "Qualitative research thus places the investigator in a largely uncharted ocean" (Merriam, 1998, pg.21). In an effort to navigate this “largely uncharted ocean,” the use of the case study will organize the research.

USE OF CASE STUDY

Case study may be defined as the researcher's exploration of a single entity or phenomenon (the case), which is bounded by time and activity, and from which the researcher collects detailed information by using a variety of data collection procedures (Creswell, 1994). Merriam (1998) defines the qualitative case study as an intensive, holistic description and analysis of one instance, phenomenon, or social unit. Yin (1994)
states that the case study is an "empirical inquiry that investigates a contemporary
phenomenon within its real-life context (Pg. 13).

First, the case must be identified; some researchers call this process boundedness
(Stake, 2000). That is, the case is a phenomenon that contains boundaries; it may be a
person, a class, a program, a school, or a community, but there must be some limit to the
people involved and the time needed to complete the research (Merriam, 1998).

Secondly, case studies can not claim any specific methods for data collection or analysis.
Any research method may be used during the research process. Typically qualitative
research case studies are chosen to provide insight, discovery, description, and
interpretation rather than hypothesis testing (Merriam, 1998).

In the *Handbook of Qualitative Research*, one type of case study identified is
intrinsic (Stake, 2000). The intrinsic case study promotes understanding of a particular
case. The study is done because of an intrinsic interest such as a particular patient,
student, or curriculum. The author wrote, "The researcher at least temporarily
subordinates other curiosities so that the stories of those 'living the case' will be teased
out" (Stake, 2000, pg.437). It is not undertaken to come to some abstract construct or to
develop theory but for the interest in the case itself (Stake, 2000). This researcher is
interested in the caring curriculum and has attempted to describe one caring curriculum in
depth. Therefore this study may be further defined as a qualitative, intrinsic case study as
defined by Stake (2000). In researching this dissertation topic the researcher has
identified and described: the nature of the case (caring curriculum); the case's historical
background; the setting in which it takes place; and the participants through which the
case can be known, such as students and faculty.
The tension concerning generalizability needs to be addressed within every case study. According to Stake (2000), most case studies are done by researchers with intrinsic interests in the case, and their designs aim the inquiry toward understanding the phenomenon in context. The design used develops what is perceived as the particular case's issues, context, interpretation and its own thick description. The issue of triangulation within the case study method also serves as a tension that the researcher must deal with in order to reduce the likelihood of misrepresentation. Stake (2000) proposes that redundancy of data gathering and procedural challenges to explanations are the two most commonly used measures. Triangulation works to "clarify meaning by identifying different ways phenomenon is being seen" (Stake, 2000, pg. 444).

In this study the researcher used what Stake (2000) outlines as major conceptual responsibilities for the qualitative case study researcher, which include: bounding the case, selecting the phenomenon (the research question), seeking patterns of data, triangulating key observations, selecting alternative interpretations, and developing assertions about the case. He also states that "The more the researcher has intrinsic interest in the case, the more the focus of study will be on the case's uniqueness, particular context, issues and story" (Stake, 2000, pg.448).

SETTING

The setting for this research study is a college of nursing located in a large urban city in the Midwest. The college is a private, religiously affiliated program that offers a National League of Nursing accredited undergraduate nursing program. Entrance to the setting was obtained by sending a query letter to the Deans and Directors of undergraduate nursing programs in this Midwest state (Appendix A). Criteria for
participation in the research study included: a baccalaureate program of nursing, caring as a core concept in the written curriculum, and consent to participate in the study. One Dean responded by phone and e-mail to volunteer to participate in the research study. The Dean who responded confirmed that her college was the only college of nursing in the area that used caring as a core, curricular concept that is written into the curriculum. This college uses Watson’s caring theory to teach nursing students about caring. The Dean of the college agreed to participate in the study and sent a letter of support (Appendix B). In the letter of support the Dean gave permission for access to all the college of nursing’s curricular materials. In a cover letter the Dean also gave the researcher the date of the next College Assembly when the entire faculty would be meeting, so that the research proposal could be presented.

SAMPLE POPULATION

The population in this research included both faculty and students from this college of nursing. Nursing faculty and student nurses from all three years of the nursing curriculum were represented. The first year of study at this college consists of non-nursing courses. Therefore, only sophomore, junior, and senior faculty and students are involved with the caring curriculum and participated in this study.

At the College Assembly, which is the monthly faculty meeting for this college, the researcher briefly presented the research proposal and requested that the faculty consider participating in the study. Faculty level coordinators or key faculty members for each level (sophomore, junior, and senior) were informed that the researcher would be contacting them to talk briefly either before or after classes with students, so the researcher could personally solicit participation from the students. The faculty was
informed that they would be sent a follow-up letter asking them to participate. Faculty were also informed that all sophomore, junior, and senior students would be sent a letter explaining the research and requesting their participation.

The letters to the faculty and students included: information about the research, information about participation, and a request for participation in the study (Appendix C). The researcher’s doctoral status and focus of the researcher’s educational coursework was included along with contact information. Many faculty members responded, and individual interviews were scheduled at a time and place convenient for the participant. Twenty-two participants made up the faculty sample population. The faculty participants were from all three educational levels and included minority members. All of the faculty who participated were female. Male nursing faculty members were recontacted but chose not to participate in this study.

After sending each student the letter requesting research participation, the researcher attended nursing classes at the college and briefly spoke about the research study. A sign-up sheet was distributed for students willing to participate in the research, and students willing to be interviewed submitted their name and contact information. All of the students that participated came from this personal invitation to be part of the research. The interviews were arranged at a time and place convenient for the students. Twenty students agreed to participate in the study and represented all three educational levels. Five sophomore, nine juniors and six seniors comprised the student sample population. The students who participated in this study represented both genders as well as minority students. The total sample population was forty-two, and included faculty and
students. The sample size was large and allowed for many perspectives, a variety of
descriptions and examples of the phenomenon of caring, and some redundancy of data.

PROTECTION OF RESEARCH SUBJECTS

Many safeguards were implemented to protect the sample population for this research study. The Institutional Review Board (IRB) of The Ohio State University (OSU) reviewed the research proposal and determined that this research was approved and could begin as of February, 2003 (Appendix D). As stated earlier, the Dean of the college of nursing under study consented to the research after she reviewed the research proposal.

The faculty and students were sent individual letters asking for voluntary participation in the research study. A brief description of the study’s purpose, procedures and participant’s involvement were included. Once a faculty member or student contacted the researcher either by phone or e-mail they were informed that there would be a written consent form to sign prior to the audio-taped interview (Appendix E). The researcher told the subjects that if at any time they did not want to answer a particular question they would not have to do so. Subjects were also told that they could stop the interview at any time or drop out of the study altogether at any time. Subjects were informed that the information they gave during the study would be held in strict confidence and that their name would not appear on the interview, tape or final written dissertation. Additionally subjects were informed that the information and tapes would be kept in a secure place and the tapes would be used for transcription purposes only. Each faculty member and student who participated signed the written consent form prior to the audio taped interview.
All of the students and faculty at the college were over the age of 18, and field observations were made in public areas of the college such as classrooms, lounges and common rooms. These observations were made during the data collection as another way to see the concept of caring in action between and among faculty and students. During these observations the researcher only observed and did not interact with the faculty or students in any way. Notes were written during observations and have been kept confidential and in a secure location to be used only for purposes of this research.

METHODS FOR GATHERING DATA

After reviewing the literature about qualitative research with an emphasis on case study, the researcher decided the case study method was most appropriate to the task of describing a curriculum that teaches caring to undergraduate student nurses. This intrinsic case study focused on describing the faculty and students’ perspective of a caring curriculum as well as describing what a formal, overt curriculum of caring looks like within a college of nursing. Merriam and Simpson (1995) write "A wide range of data collection techniques can be used…observation, interviewing, and document analysis are probably the most common" (pg.109). The researcher used these methods in this study, but always attempted to take Stake's (2000) advice that the researcher needs to "Place [his/her] best intellect into the thick of what is going on" and remember "the work is reflective" (pg. 445).

For this study the researcher has; 1) observed the lived experiences of students and recorded the information, 2) interviewed students and faculty using audiotapes and subsequent transcriptions, and 3) gathered curricular materials to conduct a document analysis. The researcher spent on average four to six hours a day, three days a week, over
the four months of data collection, being present at the college under study. The time was spent with various activities inside and outside the classroom and labs, doing observations, conducting interviews, and just becoming familiar with the daily rhythms of the college.

The researcher’s first task was to "hang out" at the college and from observations and interactions with faculty and students, further determine the exact course of action for gathering data for this qualitative case study. Descriptions of the college, faculty, students, and environment helped provide a thick description of the context. Observations of faculty-student, faculty-faculty, and student-student interactions were made and recorded in field notes. Observations were made throughout the research process for the presence or absence of caring. The researcher kept a journal with reflections on the observations and the actual progression of the research.

Interviews were arranged with faculty and students at a time and location convenient and often suggested by the participant. Faculty members were usually interviewed in their offices or a private conference room in the college of nursing. Students were interviewed for the most part in private conference rooms at the college, before or after class or clinical. The data was collected by using two interview guides which the researcher developed: the demographic data sheet and the benchmark interview questions.

Following the written consent procedures described earlier and a brief introduction of the research study and confidentiality procedures, the faculty and student participants were interviewed for demographic information such as age, gender, family, education and employment (Appendix F). This proved to be an effective way to begin the
interview with questions about the participant and seemed to put the participant at ease. During this demographic data collection there was an easy exchange of questions and answers. The demographic data sheet was developed and used to describe the characteristics of the sample population.

After the demographic data was obtained, open-ended questions were used for the audio taped interviews of students and faculty. The format for the interviews was semi-structured in order to focus the students and faculty on caring within the curriculum. These benchmark questions were developed in order to assess the participants’ perceptions of the teaching and learning of caring within their curriculum. The audiotapes of the interviews were reviewed for themes and patterns of caring as told by students and faculty. The benchmark questions are listed below.

**BENCHMARK INTERVIEW QUESTIONS**

**Student Nurse Interviews**

1) What have you learned about caring in nursing?
2) What does caring mean to you?
3) How have you learned about caring?
4) How do you express caring?
5) Where have you learned about caring?
6) Who has taught you about caring?
7) Can student nurses be taught caring?
8) What ways have been most effective in teaching you about caring?
9) Can you relate some examples of caring?
10) Why are student nurses taught about caring?
11) Have your ideas about caring changed during your education?

**BENCHMARK INTERVIEW QUESTIONS**

**Faculty Interviews**

1) What have you taught about caring to nursing students?
2) What does caring mean to you? How do you define caring?
3) What does caring mean in this college of nursing?
4) How have you learned about caring?
5) How do you express caring?
6) Where have you learned about caring?
7) Who has taught you about caring?
8) Can you teach students caring?
9) How do you teach the caring concept to students?
10) What ways are most effective to teach students about caring?
11) Can you relate some examples of caring?
12) Why do you think student nurses are taught about caring?
13) Have your ideas about caring changed since your formal education?
14) How do you evaluate caring in students?

Further questions were used to clarify the participants’ responses and elicit further information. During the interview the researcher would frequently restate the participants’ answers to validate their meaning and responses. The researcher asked for clarification during the interviews and often summarized the respondents’ answers in an effort to understand their responses. The interview lasted usually 40 to 60 minutes depending on the length of the participants’ responses.

The description of the caring curriculum was written following the analysis of the related nursing documents. The college chosen for this case study uses the caring concept as part of its overt, formal, or legitimate curriculum which is the curriculum that is agreed upon by the faculty, written into their documents, and implemented within the content and learning activities as well as clinical practice. According to Yin (1994) the documents are important in a case study to "corroborate and augment evidence from other sources (pg. 81). The document analysis was used to answer questions about the philosophy of the school of nursing and how the faculty views caring within the curriculum. Defining the actual content that the researcher is investigating is important, and in this case study the relevant categories that will be assessed revolve around caring and caring theory. As Fraenkel and Wallen (1993) state the essence of document analysis
is making the content explicit and formulating relevant categories so that another researcher could use them and find the same material within the documents. This researcher reviewed the college catalog, the philosophy, and conceptual framework, program goals for the college, faculty and student objectives, course outlines and course content. The written curricular materials were assessed for the evidence of the concept of caring, Watson's Theory of Caring, other nurse scholars’ concepts of caring, research studies on caring, and caring interventions and practices.

**METHODS FOR DATA ANALYSIS**

With the overwhelming volume of data that was obtained, it was necessary to develop a useful method of categorizing and analyzing information. Glesne and Peshkin (1992) talk about maintaining control over voluminous data by selecting and sorting data and rereading field notes and other observations to search for patterns and themes. The interview tapes were transcribed and analyzed. Inductive analysis was used and the categories or assertions and themes were developed based on the actual data and themes that emerged during the research process. These themes were developed out of the thick descriptions from the interviews. The researcher tried to be attentive to serendipitous findings or findings that lie outside the realm of the aims of the study and include them in the study. Preconceived ideas about the categories were not the foundation of the categories used or how they will be named. Intersubject review and peer review were helpful as the categories and themes were developed.

This researcher used the adapted Giorgi method of data analysis that was described by Hanson & Smith (1996) in their research on perspectives of caring which includes five steps to analyze qualitative data:
1) Read the entire description to get a sense of the whole,
2) Re-read the description to identify themes from the individual meanings,
3) Look at the meanings for clarification, redundancy, or elaboration by relating the meanings to each other and the whole,
4) Reflect on the meanings and try to extrapolate the essence of the experience for each subject, and
5) Integrate and synthesize the insights from the steps above into a general structural description of the phenomenon under study.

Early in the data analysis following the transcription of the interviews the researcher enrolled in a qualitative research course entitled Analyzing Qualitative Data from the College of Education and was introduced to a qualitative research computer program called NUDist which can be used to organize data. The course was only given once a year so the researcher had to wait a year to take the course following my spring 2003 data collection. The researcher took the course in Spring quarter 2004 and then tried to work with the program for several months. After importing the interview transcripts and demographic data the researcher was able to develop categories for some of the themes and patterns that emerged from the data during the analysis process. However after trying to manipulate the data and categories one computer screen at a time and then try to move from area to area this researcher found the program cumbersome and ineffective. Working with typed and written notes on paper allowed this researcher to be more efficient, stay focused on the overall patterns and themes, and allowed for the visualization of the whole rather than one tiny segment on the computer screen. The
researcher was able to find data and review the typed interview transcripts and field notes with greater ease and was more confident analyzing the data.

Once all the data was collected, reviewed, and analyzed, the researcher assessed it for the trustworthiness of the descriptions or meaning making. Guba's (1981) criterion for trustworthiness includes credibility, transferability, dependability, and confirmability. Credibility may be achieved through prolonged engagement with multiple observations, which this researcher accomplished during the four month interaction at the research site. Peer debriefing, member checks, and triangulation of information sources were helpful in producing plausible, credible research.

According to Swanson (1991), in phenomenological research, internal validity comes from the subjects' quotes while the study is externally validated through comparisons to other literature and research articles. For Swanson (1991) the ultimate test of validity occurs when those who have experienced the phenomenon recognize their own reality within the research description.

Glesne and Peshkin (1992) state that time is a major factor in establishing trustworthiness. This means time at the site, time interviewing and observing, and time to establish relationships with the participants. The time commitment was met within this research study to establish trustworthiness as four months were spent at the college of nursing observing, interviewing, and interacting with students and faculty. Triangulation, using several sources and varied means to collect data can enhance meaning making. Triangulation for this study included interviews, observations, document analysis, review of audio-visual tapes, and gathering data from various groups of participants. Being alert to the researcher’s subjectivity further enhanced the trustworthiness of the study. Glesne
and Peshkin (1992) hold the view that the researcher's subjectivity operates throughout
the entire research process, and calls for the researcher to identify as best they can, their
subjectivity. Ethical principles such as confidentiality, privacy and truth telling also
enhanced the trustworthiness of this research.

Some qualitative researchers believe that considerations of reliability and validity
represent the traditional positivist approach and need not be a concern for qualitative
researchers. When these tensions arose formerly, qualitative researchers addressed the
issue of reliability and validity by criteria related to trustworthiness as described above in
Guba's (1981) four ways to establish trustworthiness. Lincoln and Guba have revisited
this issue in Denzin and Lincoln's (2000) *Handbook of Qualitative Research* and have
replaced the traditional terms of internal and external validity with trustworthiness and
authenticity. They ask: "Are we interpretively vigorous? Can our co-created constructions
be trusted to provide some purchase on some more important human phenomenon?"
(Denzin & Lincoln, 2000, pg.179). Authenticity criteria, which are the hallmark of
authentic, rigorous inquiry, include: fairness, ontological and educative authenticity,
catalytic and tactical authenticity (Denzin & Lincoln, 2000). Fairness represents all
stakeholders’ views and voices, educative and ontological authenticity reflect the
participants increased level of awareness and catalytical and tactical authenticity reflect
the participants’ ability to move to action with the researcher for positive social or
community change (Denzin & Lincoln, 2000). This interpretation of the validity question
in qualitative research varies greatly from the former attempt to fulfill similar criteria that
is expected from quantitative researchers. Just as there is no set plan for designing and
implementing qualitative research, there are no set criteria to evaluate the issues of trustworthiness and authenticity in qualitative research.

In this research on caring, several techniques were used in order to establish trustworthiness and authenticity. The researcher spent extended time at the college of nursing becoming familiar with the environment and the participants. To establish credibility the researcher conducted multiple observations and interviews over a four-month time period and has done an extensive review of the curriculum and related documents. Member checks occurred both during and following the observations and interviews. Clarification, rephrasing and repeating back the words of the participants were used to make sure that the researcher grasped their meaning. Also during the interviews, observations, and document analysis, the researcher asked for peer review using advisors, other faculty and fellow graduate students to review the field notes, transcriptions, analysis, and interpretation to validate the researcher’s perceptions of the data collection.

The researcher’s subjectivity needed to be addressed, as this researcher holds definite views and opinions regarding the value and worth of teaching caring theory and practicing caring behaviors with students and clients. The researcher was aware of her own philosophical stance and bias that may have influenced this study. The researcher tried to be reflexive and explain beliefs and assumptions in the research notes, analysis and the final report. Ethical conduct also helps establish trustworthiness and authenticity, and the researcher believes that ethical behavior involves sharing one’s own subjectivity throughout the study. This researcher strived to be an ethical during this study by using
overt methods, obtaining informed consent, establishing rapport with participants, maintaining confidentiality, privacy, and truth telling.
CHAPTER 4
PRESENTATION OF THE DATA

The data will be presented with an overview of the written curriculum in an effort to first establish the college’s mission, goals, philosophy, objectives and core concepts that form the basis of the caring curriculum. Once the written guiding framework has been established, the setting of the learning environment will be presented. The setting for the data collection will be discussed and the demographic data of the faculty and student samples will be presented. The three levels of the nursing program, sophomore, junior, and senior years, will be presented with a summary of the written caring curriculum, followed by a summary of the faculty and student interviews. The data was organized in this manner to describe the progression of the students as they move through the sequential years of their nursing education and increase in their knowledge and experience. The sophomore and junior students are considered to be in the formative years, and the seniors who were interviewed just weeks before their graduation were considered to be in the summative stage of their undergraduate educational experience.

ORGANIZING FRAMEWORK OF WRITTEN CARING CURRICULUM

The written curricular documents were collected, reviewed, and read several times to identify the caring concept and how that concept was developed in the written curriculum. The mission statement, college goals, philosophy of the nursing program,
program objectives, and core concepts will be presented as the organizing framework for
the curriculum. There were two curricula during this study as changes were being
implemented according to the students’ academic year. There was an older curriculum for
freshman students in the 2000-2001 class or before and a revised curriculum for those
freshman students who entered the 2001-2002 class and after. The mission statement and
goals for the college remained the same but the philosophy, program objectives and
courses were revised. The sophomore students interviewed were the first class of the
revised curriculum and the junior and senior classes were part of the older curriculum.
Freshman students were not interviewed for this study because the freshman year
contains no nursing courses.

MISSION AND COLLEGE GOALS

The college of nursing has a mission statement and goals that include the concept
of caring. Caring environment is an element of the mission statement, the document that
appears in the beginning of the college bulletin, and that emphasizes this institution as a
Catholic institution which “provides exceptional opportunities” for students seeking
degrees in professional nursing. The mission statement further states that this institution
is committed to: “respect for all persons, holistic development of individuals, and
encouragement of social responsibility.” It also declares that “The College fosters a
caring environment and promotes health and well-being within the community it serves”
(Appendix G). One of the four college goals also speaks to a caring environment and
fostering Judeo-Christian values (Appendix G). The mission statement is based on a
religious framework that values respect toward others, attention to the holistic
development of individuals, and social responsibility. The college goals flow from the
mission statement and charge the faculty with promoting excellence in teaching and fostering a caring environment. Both these documents reflect Judeo-Christian values of respecting all persons and both use the word caring only in conjunction with fostering a caring environment. Here the caring environment is the context in which the college hopes to educate students.

ORIGINAL PHILOSOPHY AND PROGRAM OBJECTIVES

At the time of this data collection the junior and senior nursing students were experiencing the curriculum based on this philosophy and these program objectives. The philosophy of the college speaks to the dignity and worth of each person and describes nursing as “an interactional process of human-to-human caring which influences the health of persons throughout the life span.” (Appendix H) The goal of nursing is also couched with caring as stated in the college philosophy: “the goal of nursing is to assist persons to maximize their health potential and this goal is accomplished through caring interactions which are inherent in the nursing process.” (Appendix H) The philosophy also states the importance of ethical and professional behaviors “as well as a commitment to human caring” (Appendix-H). Learning is addressed in terms of being “best accomplished in a caring environment” (Appendix -H) The written philosophy that the junior and senior students were experiencing speaks to the caring interventions, the interactional nature of the human-to human caring experience, learning occurring best in a caring environment, and valuing caring. The program objectives for the juniors and seniors also speak to professional nursing practice based on knowledge which includes nursing theory and advocates caring as the basis for nursing practice. (Appendix-I)
REVISED PHILOSOPHY AND PROGRAM OBJECTIVES

Following curricular revisions, which were in effect for the sophomore students at the time of the study, the revised philosophy strongly states “Caring is integral to nursing, valuing the dignity and worth of persons, service to others, social justice, altruism, autonomy, and integrity. Nursing is a practice of caring behaviors founded upon the integration of general education and professional studies.” This revised philosophy focuses on valuing caring, caring as foundational and caring behaviors that are action-oriented.

The revised program objectives for the sophomore students state that students should “practice caring behaviors” and they should display “the values of dignity of persons, service to others, social justice, altruism, autonomy, and integrity in the care of clients.” (Appendix-I) The revised program objectives call for applying knowledge from the physical and social sciences as well as the humanities as a foundation for nursing. Caring is specifically listed in an objective that calls for practicing caring behaviors and valuing the “dignity of persons, service to others, social justice, altruism, autonomy, and integrity in the care of others.” (Appendix-I) Both the older and revised objectives discuss integrating or implementing critical thinking. The revised program objectives add an objective that relates to demonstrating “clinical competence in a variety of settings” (Appendix-I).

Overall, the mission statement, college goals, philosophy, and program objectives reflect a commitment to the concept of caring within the role of a professional nurse. These curricular documents are the basis of the organizational framework from which the courses and learning progress. The concept of caring is an overt, planned core concept in
this curriculum which values the dignity and worth of persons as well as caring action or interventions when delivering nursing care to others. The curricular documents discuss the foundational aspects of caring as it relates to professional nursing practice.

CORE CONCEPTS OF THE CURRICULUM

The core concepts of the organizing framework at this college of nursing are: client, caring, professional nursing, nursing process, critical thinking, communication, teaching/learning, and health promotion. The college defines the core concept of caring as “the concept central to the practice of professional nursing. Caring encompasses the nurse’s empathy for and connection with the patient as well as the ability to deliver competent care. Caring includes the spirituality and dignity of persons, service to others, social justice, altruism, and integrity.” (Appendix -J) The program objectives related to this caring concept are identified as: a) practicing caring behaviors, and b) implementing the nursing process to maximize health. (Appendix -J) For each of the eight core concepts the curriculum documents identify objectives for each year of study as well as the related theoretical knowledge and behavioral outcomes. The sophomore, junior, and senior level objectives, theoretical knowledge, and behavioral outcomes for the concept of caring will be reviewed with the presentation of the research data, which is organized and presented by level.

SUMMARY OF ORGANIZING FRAMEWORK DOCUMENTS

The mission statement, college goals, philosophy of the nursing program, program objectives, and core concepts of the organizing framework all speak to the concept of caring as part of the formal, overt curriculum which was designed, revised, and approved by the faculty of the college. The definition of caring places this concept as
central to professional nursing practice and speaks to the professional nursing role of connecting with clients in order to give competent care. The valuing of caring is also included in the definition, which promotes the dignity and worth of individuals, service to others, integrity, autonomy, social justice, and altruism. The concept according to the curricular documents is both value-laden and action-oriented. With an emphasis on a caring learning environment, observations of the college’s educational environment were made prior to the interviews for this research study.

SETTING AND OBSERVATION OF COLLEGE ENVIRONMENT

The setting for this project was one College of Nursing located in a large urban Mid-Western city, west of the downtown. Observations were made of the environment of the college under study and field notes in the form of journaling were recorded. The following discussion of the learning environment in this college was developed from the field notes in the researcher’s journal. This college has a long tradition of educating student nurses first as a School of Nursing, a three year diploma granting institution of nursing which began educating nurses in 1903. As nursing education has evolved so has this School of Nursing. This College of Nursing was formally established in 1988 and offers a Bachelor of Science in Nursing (BSN) as well as a RN completion degree for nurses seeking a four-year college degree after their associate or diploma degree nursing programs.

The college is self-contained in one building with classrooms, faculty offices, student areas, administrative offices, dormitory, and laboratories. The building is in close proximity with the hospital where students experience some of their clinical rotations. This urban area is surrounded by buildings, medical offices as well as the hospital and
long-term care facilities, parking lots and parking garages. There is far more concrete
than flowers, bushes, or grass. Attractive as it may be for a hospital area, it is not the
typical college campus setting.

This single degree granting institution is totally focused on preparing nurses. This
intense focus seems to be reflected in the physical structure of the buildings that are also
totally focused on the business of health care. There is no student union, sports fields, or
open spaces. The physical presence of the total hospital complex including the College of
Nursing is business-like, focused, and devoid of any entertainment or sports-like
atmosphere. To say the physical campus appears to be a serious one would be accurate.

The inside of the college has the appearance of a newly renovated building with
updated classroom areas, common student areas, dormitory rooms and faculty offices.
The receptionist, at the front desk within the entrance area of the college, addresses
students, faculty, and staff by first name. Faculty and students stop and visit near the mail
boxes when they enter and leave the college.

The administrative offices are located on the first floor and when the researcher
walked by it was noted that the President/Dean’s office and the Dean of Academic
Affairs office doors were open. Near the elevators on the first floor it was noted that the
Campus Ministry group was collecting blankets in a large box for the homeless in this
city. In that same area an electronic flashing sign was congratulating the sophomores and
gave information about their upcoming pinning ceremony and it had graduation
information flashing with congratulations for the senior nursing students. The first floor
lounge used by faculty, staff and students was decorated with comfortable furniture much
like a large living room area and the room had pictures of each of the graduating classes of nurses, school nursing pins, medals and other memorabilia.

While walking to the classroom area, the researcher noticed the bulletin boards that line the hallways to the classrooms. The bulletin boards displayed information about various nursing organizations, volunteer opportunities such as caring for the needs of the aged, the Native American Indians, people with AIDS, and caring for the needs of a diverse and multicultural population, job opportunities, housing options, and a calendar of extra-curricular activities sponsored by the college. And finally there was a large bulletin board with academic information including support services available for students, scholarship information, financial aid, more job opportunities, and information about learning strategy classes offered at the college.

The faculty offices were down the hall from the classroom area and one faculty member said that she kept her door open during her office hours as a sign that students were always welcome to enter, and that she was available to them. The researcher observed several faculty open doors, posted office hours, and sign up sheets for conference times. These observations were overwhelmingly linked to one theme- the college was student focused. Wandering these halls allowed this researcher to think how it would feel to be a student in this warm, caring, and student-centered environment.

Observations of the college revealed several interesting rooms and environmental signs of caring. In the lower level was a large student recreation room with kitchen, in house phone with faculty members’ phone numbers and the Medical Center phone numbers, vending machines, game tables, pool and bumper tables, study tables, booths, piano, chairs, couches, and TV. The kitchen has free coffee, tea and snacks for students
all day. Students were in small groups in this room, studying with one another and talking about an upcoming skills lab test.

The student’s computer lab screen savers all flashed the words “Love, Honor, Serve” which is the screen saver for all computers at this health care system, the parent institution for the college. The Nursing Learning Center also had computers, reference books, and textbooks including Watson’s 1985 book “Nursing: The philosophy and science of caring.” The students and faculty also have access to an exercise room with weight equipment, exercise bicycles, and treadmills. The Nursing Skills Laboratory was fully equipped with several hospital beds set up with hospital equipment, mannequins, and supplies to simulate the care of a hospitalized person. Pictures of Florence Nightingale, Harriet Tubman and other nurses were hung about the classroom portion of the skills laboratory with titles such as innovation, dignity and care of the sick.

The classrooms had various pictures and sayings about nursing and framed posters of the parent health care system mission statement, which includes caring for all people with respect and fairness. The classrooms were well lit, some with tables and chairs and others with right and left-handed desks. Even the chemistry lab had inspirational pictures of scientists and the health care system mission statement.

During the walking tour four faculty members in various hallways asked if the researcher needed help and one faculty member suggested locations in which the research interviews could be done. Another part-time faculty member said her office would be available and offered the use of her office for the research interviews. These four faculty members went out of their way to offer help and give suggestions. Some remembered the researcher from the College Assembly meeting and others needed reminding however the
researcher believes these individuals would have interacted and helped anyone who was walking down those halls.

The learning environment appeared to be student-focused and geared toward enhancing learning. Even the bulletin boards were totally student focused with information and helpful ideas for students to enhance their learning, obtain financial aid and resources for counseling as well as information for community outreach projects and service. The researcher experienced caring interactions from the receptionist at the front desk, from the dean outside the administrative offices, and from the faculty who interacted with the researcher in the hallways of the faculty offices. From the classrooms, halls, lounges, study areas, computer lab, skills lab, hallways, and faculty and administrative offices, many signs of caring in the physical environment were present. This learning environment provides the context in which the caring curriculum was implemented.

SETTING FOR THE FACULTY INTERVIEWS

The faculty interviews for this research took place usually in a faculty office. This was chosen by the participant as a convenient place where privacy and confidentiality could be maintained. One faculty member requested a coffee shop in the hospital following her clinical experience with students as a convenient time and place for the interview. The afternoon timeframe was such that the coffee shop was sparsely populated so a quiet corner table was used for the interview. One other faculty member who shares an office requested that a conference room in the college be used for the interview since her office mate needed the office at the time the participant chose for the interview. The only people in the office at the time of the interview were the participant and the
researcher. The faculty participants seemed comfortable in their offices which provided a quiet, private space for the interviews. The faculty offices had extra chairs and sometimes a small table that was used for the interviewing but most frequently the participant sat at their desk with the researcher across from the faculty member with the tape recorder between the duo but off to the side. When the conference room and coffee shop were used the researcher and participant sat across from each other diagonally with the tape recorder off to the side. The first faculty member interviewed said that the presence of the tape recorded was intimidating which was directly between the participant and the researcher so the researcher moved the tape recorder to the side.

SETTING FOR THE STUDENT INTERVIEWS

Student interviews were conducted for the most part in the conference rooms in the college that were reserved by the researcher at a time convenient for the student participant. The researcher and student sat next to one another on the diagonal and the tape recorder was once again placed to the side so that it wasn’t directly between the duo in an effort to minimize the focus on the recording. The conference rooms provided privacy and confidentiality during the interviews. None of the students voiced concerns over the audio-taping of the interview, but a few students said they hoped they were saying what the researcher wanted to hear. The researcher replied to those type statements that whatever they said in response to the interview questions or discussion was what the researcher wanted to hear. One student requested the interview at a coffee shop near the hospital of her final senior clinical experience. The shop was not busy, and the researcher and student were the only people present other than the employees of the shop.
GENERAL DESCRIPTION OF THE SAMPLE

The purposive, convenience sample participants are drawn from one college of nursing, located in a large Mid-Western urban setting, that has implemented Watson's (1985) theory of caring as part of the formal, overt curriculum. Faculty participants were from all three levels of this program, and teach the nursing courses that include caring as a core, curricular concept. Student participants were from the three levels and were interviewed at the end of their sophomore, junior and senior years of nursing. As stated earlier, freshman students were taking all non-nursing courses and therefore were not included in this study. Sophomore students were completing two years of their nursing program and experienced their foundational nursing courses during the sophomore year of study; these students were beginning the process of learning about nursing and were considered to be in a formative stage. Junior students had more clinical experiences and coursework than the sophomore students but were also considered to be in the formative part of their educational experience. Senior students near the end of their formal college education were considered to be in the summative stage of their college experience. Students were asked and encouraged to volunteer for the study at the end of their sophomore, junior, or senior year. Faculty members and nursing students who represented the entire nursing program were included in this study and were used to describe caring and their perceptions of how caring was taught and learned.

DESCRIPTION OF THE FACULTY SAMPLE

Twenty-two out of twenty-seven nursing faculty volunteered and participated in the research study. All of the faculty participants were female. The nursing faculty had two male nursing faculty members at the time of the study. The nursing faculty was
overwhelmingly European American, with only one African-American and one faculty member from India. Both these minority faculty members did volunteer for this study.

Five out of six sophomore faculty members were included in the study; all participants were female with an age range of 44 to 69 years of age. This sophomore faculty had the oldest faculty members with the most years of nursing experience. The sophomore faculty had 11 – 43 years of total nursing work experiences and ranged from 1-23 years of nursing education experience. Four of these sophomore faculty participants had a master’s degree and one participant held a Ph.D. Teaching experience at the college under study included one faculty member who taught there slightly over one year, but the other four participants taught at this college for five to ten years.

The junior faculty participants included ten out of the twelve faculty members. Once again all were female and their ages ranged from 30-60 years of age. The range of nursing experience in this group was from 8 years to 42 years of work experience and teaching nursing ranged from 2–42 years of experience. The 60-year-old nursing faculty participant began teaching as her first job and has continued teaching student nurses for her entire career. All of the other faculty participants held various nursing positions, usually in a hospital setting, before becoming nurse educators. One junior faculty participant held a Ph.D. and another junior faculty participant was currently studying for a Ph.D., so nine of the ten faculty members were masters’ prepared nursing faculty. Current teaching at the college under study had two faculty members who had been at the college less than 2 years, three faculty members who had taught two to three years, and five faculty members who had taught ten years.
Only the senior faculty at this college had male faculty members, two out of the nine senior nursing faculty members. As stated earlier, these men were contacted and recontacted to volunteer for this study but declined to participate. Seven out of the nine senior nursing faculty members did volunteer, and their ages ranged from 36-61 years of age. This senior faculty had 13-35 years total nursing work experience and 3-27 years in nursing education. Six of the senior faculty participants were master’s prepared nurses, and one had a Ph.D. Teaching at the college under study for this senior faculty revealed two participants who taught for less than 2 years, three participants who taught for 5-9 years, and two participants who taught for ten years.

The faculty participants were experienced nurses and educators with the majority of the sample population with extensive nursing experience and teaching experience. All of the sample population except one faculty member had worked as a nurse, nursing supervisor, nurse administrator, or nurse educator in a hospital or community health center in a variety of clinical areas of expertise prior to teaching nursing. The one faculty member who did not have nursing work experiences in a hospital or health care setting had entered nursing education directly following her own nursing program and has taught nurses her entire career. All of these participants held some type of graduate degree, nineteen with a master’s degree and three participants at the Ph.D. level.

DESCRIPTION OF THE STUDENT SAMPLE

The student sample for this research consisted of 20 student volunteers that represented all three levels of the nursing curriculum. Five sophomore, nine junior and six senior students participated. The majority of the students were female and European-American; however, four male European-American students and two female African-
American students volunteered. During the academic year of the research study the total student population at the college under study for the sophomore through senior years was 282. The sophomore class had 79 students, 5 male and 74 female, with 5 students volunteering for this study. The junior class was comprised of 117 students, 101 female and 16 male, with 9 volunteering for this study; and the senior class had 86 students, 80 female and 6 male, with 6 volunteering for this study.

The five sophomore students who were interviewed were all female and European-American. The ages of these student nurses (SN) ranged from 20-26. Three were single, two were married, and one student had a single child. Three of the students were the oldest children in their family and two were the youngest. Two students work part-time as patient care assistants (PCAs), one works at a warehouse part-time, and two are not currently employed. Three had previously worked in retail or an office, and the two who were currently working as PCAs were previously employed in healthcare-related positions. Only two of the five students had previous experience with healthcare employment where they could observe the role of the nurse in a work setting. All but one student had post-high school education, ranging from one quarter to 3 years at other colleges. Only the 20-year-old student had entered the institution under study directly following high school.

The nine junior level sample students ranged in age from 22-32, with 7 female students and 2 male students. Except for the student who was 32, the remainder of this sample group was 22-27. One of the female students from this group was African-American, and the rest were European American. Only one of the junior participants was married with no children, and of the 8 single students, one student had two children at
home. Five of the participants were the oldest child in their family, 3 were the youngest, and 1 was a middle child. At the time of the interview, five of the junior participants were working part-time, and all were in health-related jobs. Three worked as medical assistants in a physician’s office, one worked as a patient care assistant (PCA) in the emergency room, and the one was a PCA on a general hospital unit. The other four students were not currently employed. Three of the junior students had no previous experience in health care related employment and had worked in retail and business prior to entering the nursing program under study. Six of the junior students were either currently working, or had previously worked, in a healthcare setting where they could observe the role of the nurse. Two of the nine students already held bachelor’s degrees in other fields, one in exercise physiology and one in political science. The other seven junior students all had 2-4 years of college courses at other colleges in various fields such as pharmacy, pre-nursing, agriculture, Russian, and liberal arts. More junior students volunteered for this research study than sophomores or seniors.

The senior-level sample group included six students with ages ranging from 22-54. All of the senior students were 22-27 years old, except for one student who was 54 years of age. Four of the students were single and two were married with 1 child each. Four of the students were female and two were male. One of the female students was African-American and the rest of the sample was European-American. Three of these students were the oldest child in their families, two were the middle child, and one was the youngest. Five of the six students were currently employed part-time, and all were in health care related positions. Four of the seniors worked as PCAs in a hospital setting, and one worked as a PCA in a home health care agency. The one senior student who was
not currently working had worked as a medical assistant for 25 years. Previous employment for this group included retail, data entry, and fast food. All of the senior participants had worked in a health care setting where they could observe the role of the nurse. One student had an associate’s degree before entering this college, and the other five students all had prior college experiences ranging from 2-4 years. Business, medical assisting, liberal arts, and pre-requisites for nursing were the areas of study for this sample group.

Overall the typical student from this sample population was a single woman in her 20’s who had previous college experience and had worked in a health care related job either before or during her nursing program. Twelve students were currently working part-time as well as going to school full-time. Of the twenty volunteers, four were male nursing students, two were African-American nursing students, and two were older than 27 years of age, with one male student nurse being 32 and one female student nurse being 54. The two oldest student participants held college degrees and one other nursing student had a college degree in a non-nursing field. Only five of the participants were married, and four had children. None of the student sample was an only child; all grew up in families with siblings, and the majority of the sample was the oldest child in their nuclear family. As stated earlier, only one student in this sample group entered this nursing program directly out of high school. All other students had previous college experiences before entering this college of nursing.
At the sophomore level the core concept of caring is taught in the fall semester in Nursing 204: Foundations of Health Assessment in Caring Practices and in the winter semester in Nursing 205: Foundations of Caring Health Practices. These courses both have theory hour and clinical hour components. The Nursing 204 course has two and a half theory hours and four and a half clinical hours per week and the Nursing 205 course has two and a half hours of theory, three and a half hours of lab, and seven hours of clinical each week.

The beginning nursing course, Nursing 204, teaches the nursing process “with an emphasis on holistic assessment across the life-span” (Appendix K). The clinical hours are used to implement the caring practices of nursing in a variety of settings. This course is focused on the assessment and promotion of health in individuals. In the second nursing course, Nursing 205, the emphasis shifts to health interventions implemented with caring practices. The focus is on health interventions and health teaching. The level objective related to caring that the students are to achieve by the end of the sophomore year is “practices caring behaviors to promote the health of individuals” (Appendix J).

The theoretical knowledge listed in the curricular documents related to caring includes: caring theories, culture and gender sensitive caring, self care, therapeutic caring strategies and behaviors, human needs, holism, and spirituality. The behavioral outcomes from this caring, theoretical knowledge include the students’ ability to use caring theory and strategies when caring for individuals, provide gender- and culture-sensitive care to meet the basic needs of individuals, and use a holistic approach when providing care for
individuals. This holistic approach includes consideration of the multiple dimensions of human beings including: intellectual, spiritual, cultural, emotional, social and physical aspects.

The Nursing 204 course objectives list the “use of caring in the holistic assessment process” as the knowledge of the caring concept that the student is to achieve. Students in this course were introduced to the concept of caring and then they were taught about Watson’s caring theory in more detail. In this first nursing course that students take, Watson’s caring theory is identified as the theory that the students at this college of nursing will learn and be expected to use in their clinical practice. Watson’s caring theory is identified in the course content calendar and outline of specific content and assignments for this course. Watson’s (1985) book entitled *Nursing: The philosophy and science of caring* was assigned reading for this foundational course.

The objective for the Nursing 205 course related to caring calls for students to “apply the nursing process from a caring perspective to promote the health of individuals.” This course teaches the students to use the nursing processes of assessment, nursing diagnosis, outcomes/goals, nursing action/interventions, and evaluation. Watson’s (1985) caring theory is presented during the first week of this course and is listed in the course content calendar which contains the course content outline and specific assignments for the course. Watson’s caring theory is integrated throughout the course in the lab sessions and clinical component of the course.

In summary, the concept of caring is woven throughout the written curricular documents for the sophomore level from the level objectives, course objectives, course content, labs, and clinical and post-clinical/lab evaluation tools. Students at this level are
expected to learn Watson’s (1985) caring theory and the carative factors, and begin to apply their knowledge in their laboratory and clinical nursing practice.

SOPHOMORE FACULTY INTERVIEW PARTICIPANTS

The five sophomore faculty participants were each assigned a fictitious name for the study to protect their identity and for confidentiality purposes. Joan was a 62-year-old master’s prepared educator with ten years at this college, ten previous years at a diploma school of nursing, and 20 years hospital experience as a medical-surgical nurse. May, a 53-year-old master’s prepared faculty member had been at this college for 9 years and had 20 years of prior experience as a hospital nurse in various areas such as labor and delivery, medical-surgical and critical care. The oldest nursing faculty member was Carol, 69, at the time of the interview was also prepared at the master’s degree level. Carol had 5 years of teaching experience at this college and another 16 years at the former diploma school of nursing plus 2 other years of teaching experience for a total of 23 years in nursing education. Carol also had 20 years of previous nursing hospital experience in critical care. Kathy was 44 years old, held a master’s degree and had the least teaching experience, 1 year, with 10 prior years of experience as a nurse practitioner at a Veterans Administration hospital. The final sophomore faculty participant was Lori, the only sophomore faculty member interviewed with a Ph.D., who was 47 years old and had been at the college for 6 years, with 7 years of prior teaching experience at the college level and 13 years of nursing experience as a cardiac care nurse, research associate, and as the director of education for a hospital.
DESCRIPTION OF SOPHOMORE FACULTY INTERVIEWS

Faculty: Teaching Caring

Of the five sophomore faculty interviewed, three people said they specifically teach Watson’s caring theory. All three of these faculty members, Joan, May, and Lori, teach both in the classroom and clinical areas. Joan said that in the student’s first nursing course, “we teach the perspectives of the client about caring and the perspectives of the nurses.” Joan also stated, “it is hard to be taught caring- it’s more like something that they have to experience.” May discussed teaching students about “Watson’s theory of carative factors primarily and the philosophy of caring.” She said she starts with Mayerhoff and Carl Rogers and then moves on to Watson. May discussed the fact that Watson “pulls information from those two people.” May said this was her official statement but that the “unofficial is modeling caring.” She said that she role models for her students: “I try really hard to make that my interaction with the students.” Lori said her classroom teaching revolves around “the carative factors that are based on Watson.” Students are taught the theory in the classroom and then implementation of caring theory in clinical. Lori emphasized that the carative factors and Watson’s theory “are not just words on paper but its how you have to implement those in the clinical setting.” According to these three faculty members Watson’s caring theory must be learned and understood by students and then made real through caring actions and caring experiences.

The other two sophomore faculty, Carol and Kathy, discussed what they teach about caring in their role as clinical instructors. Carol said she tries to teach students to respect the patients and “look at their patients as if they were family members… and you have to be a caring nurse to be a good nurse.” She also said she uses role modeling to
teach students how to “deal in a calming, caring manner with patients.” In her clinical
sections, Kathy tries to teach students “it’s not about just doing the right skills in the right
way, but you need to think about how you convey an individual connection.”

In sum, caring is taught to the students in the classroom setting using Watson’s
caring theory and carative factors. In addition, laboratory simulations of caring when
practicing assessment and other basic skills are taught. And finally, faculty model caring
practices with students in their role of instructor. Faculty members use role modeling to
demonstrate caring when teaching students in both the classroom and clinical settings.

Faculty: Can You Teach Students Caring?

Faculty responses varied when they were asked if they could teach students
caring. Each of the sophomore faculty discussed their belief in the importance of being a
caring nurse, yet each also discussed the difficulty in teaching the concept. Joan
discussed her efforts to teach students about Watson’s theory of caring, but she qualified
her statements saying that you can’t teach students anything they don’t want to learn. She
said, “I can teach them the steps of caring, I can teach them how to show caring, but I
can’t teach them to care or to feel caring.” This faculty member acknowledges her
limitations with students and articulates the fact that the students do have a choice in how
they want to be as a student nurse and ultimately as a professional nurse. May also
expressed the fact that she “can teach the words” but identified “a maturity issue” in the
sophomore year. She said, “If they hear the words now and see some of the modeling
then hopefully later on there’ll be some ‘ah ha’s as they go along.” May also talked about
students “bringing” caring with them from their own experiences in childhood: “I’m
convinced that some of them bring, some of them bring it with them.” May was the only
sophomore faculty participant to discuss caring in terms of caring both as a nurse, and within the context of upbringing and family.

Faculty: Best Method to Teach Caring

When responding to the question what is the most effective way to teach students about caring, the sophomore faculty all stated that role modeling is the best and most effective way to teach a student caring. The role modeling Joan discussed was faculty focused: “I teach them how to show caring” and “how caring can be a fulfilling and reasonable approach to nursing care.” May talked about modeling caring with students in clinical and then “having the student experience it…caring is an experiential type of learning.” She said, “the role modeling is the most important thing.” Carol simply stated that “I’d say role modeling [is] probably number one!” Kathy said she has students “observe my caring behaviors [you] offer yourself, they watch you.” Lori said “I go in with them (students) and we assess the patient together so that they can see how I interact with the patient.” She believes her role as an instructor is “showing students how you care” through teaching and mentoring caring.

The faculty all said that the students learn caring by watching them care for patients. These faculty said that the most effective teaching strategy that they used was the observation of faculty-based caring.

Faculty: Teachers of the Teachers of Caring

When asked who taught these sophomore faculty about caring they all responded that they learned from other nurses, either directly through Watson’s nursing theory of caring or through observing their former instructors or nurses that they had worked with.
For Joan, reading Jean Watson’s book about the theory of caring put words to her already-formed ideas of caring and provided a framework for her caring.

Four out of five of the sophomore faculty said they learned from nursing role models, either their own nursing instructors or other nurses they worked with and observed. May described her own sophomore nursing instructor as “so supportive and gentle, but yet she was firm about things too.” She said, “I often think back to her and, you know, try to model the things she did too.” Carol said she had worked in four different states and said that role models were in each one of them. She said she met caring people: “I’ve met very caring people and people that I want to emulate in some way.” One faculty member, Lori, also said she learned caring from patients and their response to her care.

With further questioning about who taught the faculty about caring, four of the five sophomore faculty related family history as the foundation of their caring. Joan said “I was raised in a caring family.” May stated that she learned caring “going back to my childhood” when she had to assume her mother’s role when her mother became sick. May continued, “I didn’t recognize it as caring at that point, but everything that I’ve read as a grown-up about caring goes back to those experiences that I shared with my mother at the time.” Carol said her mother was instrumental in teaching her caring and that she tries to teach her students to be respectful and develop their caring interactions with patients, families, staff members and other students.

Kathy said that she learned caring from “my nursing education, research and from my faith.” Kathy also related an incident about caring that greatly affected her. This negative experience occurred when a close family member was ill and dying. She said the
nursing staff during this experience “really didn’t have a caring attitude or caring behaviors and I just woke up to the fact that I don’t want to be like that.” This was the only sophomore faculty member who related a negative experience with uncaring nurses. Her family experience with the illness and death of a close relative deeply affected her resolve to be a caring nurse and to teach student nurses to be caring.

For the majority of this sophomore faculty, family taught them about caring. The family was foundational for learning to be a caring person. Education, life experiences, religion, nursing, health care experiences and role models furthered their understanding of caring and ability to be caring in the professional nurse role.

Faculty: Definition of Caring

When asked the open-ended question “How do you define caring?” the sophomore faculty defined caring in their own words, from their own experiences. None of the faculty members defined caring by stating Watson’s caring theory or the carative factors, but each faculty member shared her own personal definition. Each of these faculty members are experienced nurses, and when speaking about their concept of caring they were confident and thoughtful. May discussed both the value of caring as well as the action or practice of caring for someone. May said her definition of caring included being “genuinely interested in the other person. It’s being honest with them, being present in the situation.” She defines caring as being authentic and showing interest or concern but also action oriented to help the person with their problems “not doing it for them- but facilitating the action so that they can help themselves.” This statement once again reflects the action needed in a caring encounter. Kathy defines caring as the connection she develops with people and “showing compassion, true interest in what they need or
what they’re experiencing.” She said that “listening just listening is the best thing you can do.” This caring definition is action-oriented and includes listening, being authentic, and compassionate. Lori said that caring is “being there,” and related that “patients say to me ‘You changed my life’ from things I thought were pretty miniscule, but they were so appreciative of listening to them, or just standing there, or being with them when they were scared.” Lori’s definition is action-oriented and explains how patients have reacted to her when she implemented caring.

This faculty defined caring with their own words, examples and statements. Within their definitions of caring both the value and action of caring was discussed as essential for the nurse. The sophomore faculty as a group defined caring to include: concern, compassion, putting someone else’s need before your own, authentic or genuine interest in another, addressing and meeting the patient’s needs, encouraging the patient to help meet their own needs, presence, showing respect for the individual, being honest, listening, doing the little things, and comfort measures.

Faculty: Meaning of Caring in this Curriculum

The majority of the sophomore faculty discussed Watson’s caring theory and the related carative factors as the meaning of caring within this curriculum. Joan discussed teaching Watson’s theory and the carative factors in the students’ first nursing course in their sophomore year. For Joan, this meant putting words to her ideas of caring through Watson’s 1985 caring theory, which she learned in order to “formally teach it” to the students. Joan also said that Watson’s theory and carative factors helps guide students in their written care plans for patients and in the students’ “thinking so that it just becomes second nature.” Kathy said she was new to this curriculum and that
I’ve been impressed, you know, just the philosophy here about loving, honoring, and serving. I mean the logo is everywhere. It’s just a constant reminder. I feel like I’ve seen it demonstrated here at the college as well as in the hospital.

Lori discussed Watson, saying, “Well, I think Watson is very, very strong, her principles, the first version of Watson.” She talked about working at other universities and said, “this school more than any that I’ve taught at really espouses caring. The students really talk about her theory and when reviewers come in they say that the students really know the philosophical base.”

The philosophy of caring was discussed by all four of these sophomore faculty as being representative of caring in the curriculum. Watson’s carative factors, which represent application of the caring theory, were discussed by three of the faculty members. The faculty all stated the importance of the philosophy of caring and most of them also related the importance of putting the caring theory into practice.

Faculty: Rationale for teaching Caring

When asked, “Why teach students caring?”, the sophomore faculty gave multiple answers, with two faculty members centering their answers around the religious affiliation of the institution and the fact that caring meshes with the philosophy of the overall mission of the college’s Health Care Agency parent organization. Self care was discussed by two faculty members as a rationale for teaching caring, with the focus on the individual student nurses needing to be able to care for themselves before being able to care for patients. One faculty member discussed her rationale for teaching caring as part of teaching holistic nursing care. Joan said, “It’s in our philosophy where our framework is caring. And of course, our Judeo-Christian background also, you know, you equate it
with the philosophical ideas in your religion.” This faculty member continued discussing
the Catholic institution, which, according to her, “lends itself better to teach caring then
say a state school.” May, too, spoke about the religious affiliation when she said,

not all programs are based on, have a caring philosophy as their
background. They’re taught here about it because as I say because
this facility, as a higher educational institution, has decided and
adopted caring as their basic philosophy- going along with the
Catholic background.

Carol talked about self-care with students as foundational to caring for others.
Carol gave a typical scenario about one of her current students who is a mother and a
wife, who is in school full time and working 20-35 hour per week as well: “But the
problem is she doesn’t have time for really caring for herself. And I think a lot of times
we have to be cared for to be able to care for someone else.” Carol continues, saying,
“nurses are notorious for that- are notorious, I mean they care for everybody else but they
don’t care for themselves.”

Kathy stated she teaches caring because

It’s part of providing holistic nursing. I think we can teach all the
technical things, ICU and all the equipment you work with, and if
you don’t have the caring for that individual they won’t heal or get
well. I feel it’s the little things in nursing that can really help and
the things unique to nursing, we’re not just focusing on that cure,
as nurses we need to focus on the whole person.

This faculty member strongly states that it is the holistic nursing care which includes
caring that will assist patients with their overall return to health. Kathy’s rationale for
teaching caring was that nurses need both the technical skills and the caring skills in
order to assist the patient to return to a healthy state.

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Two of the sophomore faculty gave rationale for teaching caring related to curricular issues of congruence between the religious affiliation of the school and congruence with the overall mission of the parent institution. Two faculty spoke of self-care as necessary for students to learn before they can care for other which reflects an emphasis on the process and development of learning caring. And one faculty member discussed the outcomes of caring in the professional role of the nurse to promote patient healing and a return to a healthy state. The faculty as a group covered the philosophical stance of the institution related to the curriculum as well as the process of learning caring and the outcome that is to be achieved by that caring. The concept of theory into practice was voiced when all of the sophomore faculty members reflected on why they teach caring to students.

Faculty: Caring Development

The following discussion reflects the faculty participants’ perceptions regarding their caring development. Joan said her caring ability has “intensified.” She discussed young nurses focusing on learning something new, “and it doesn’t occur to them that there’s more behind it.” She also talked about new nurses getting “out in the real world” and realizing what is valuable and meaningful in their nursing practice. She said caring develops and matures with experience.

May stated her ideas of caring have not so much changed but “just become crystallized and, you know, a more formal—being able to articulate it and recognize it a little bit better on a conscious level.” She said in her undergraduate program she learned about interpersonal relationships through Hildegard Peplau and, “I mean, to me that was caring- I’d say probably was some early caring although she didn’t identify it as such-
nobody called it caring in that term, nobody called it that.” She continued to discuss the fact that she did not learn about caring “to the extent we teach it here because Jean Watson obviously wasn’t around and the other people who wrote about, have written about caring were not around then.” May learned some caring interactions from her undergraduate program but they were not labeled as “caring.” She was later able to reflect back on her own education and see what fit into Watson’s theory of caring. May discussed being able to articulate the caring she now teaches to her students.

Kathy said that right after she graduated in the 1980’s, “I had so much to learn, so much of the hands-on skills and I was so focused on the hands-on skills that I probably wasn’t a very good nurse.” She discussed her belief that “caring develops with experience and as we mature. At least that’s been my experience.” This faculty member discussed herself and the beginning nurse’s development as being focused on learning and being competent with the technical skills involved with nursing but then realizing after years of practice that the caring focus and the holistic view of the patient and their situation was the way to be a “very good nurse.” She summed it up by saying “The light bulb goes on!”

Three of these faculty members discussed the maturational process of becoming an experienced, caring nurse, and a fourth faculty member discussed her increased ability to give voice to her ideas about caring as she has matured as a nurse. The technical and hands-on skills were important to master according to the majority of these faculty members when they were beginning their nursing practices, but each said as they matured and gained experience that they realized the caring component was important too as one strives to become a “good nurse.”
Faculty: Evaluating Caring in Student Nurses

How do these faculty members recognize or assess caring in their students?

Joan said she can tell her students care if they prepare themselves to take care of their patient. She said “If you care about something you can always make time to do what you really care about doing.” She continued by saying,

If they’re not prepared it tells me one of two things about their caring and that is they don’t care enough to get the material in, they have no curiosity or inquiry of any kind or they are so stressed and overwhelmed that they can’t prepare and care.

She then said that the latter situation throws the onus on her to find out what is stressing and overwhelming the student, causing him or her to come to clinical unprepared to care for his or her patient.

May talked about identifying caring behaviors that she sees her students demonstrating with patients, and she said,

formally what we do with the paperwork with the students clinically is that they are to identify every week how they cared for their patients and identify specific actions that they did that would be examples of Watson’s carative factors.

She said that each week following the clinical experience her students have a post-conference, and during that time the students discuss caring behaviors and how they implemented specific carative factors. This faculty member also said that during post-conference she points out caring behaviors she observed when she was with students and patients in clinical.

Carol said she observes the students as they interact with their patients to assess caring. She said
If I see they are caring, that they are working with a patient and doing an exceptional job, I will pull that student aside and let them know that I would want them to take care of me and that’s the greatest compliment I can say.

Carol also stated that when she sees students who are not caring, she explains her expectations to those students and then she works with them and role models caring with the their patient. She said, “hopefully that will turn them around and they will work on it.”

Being prepared to care for the patient in clinical was the thrust of Kathy’s response to assessing caring in her students. Kathy observes her students in clinical and talks to them about their patients. She cited the pre-clinical conference as being important:

> Pre-conference, we always go through the technical aspects of their care and the patient situation and I ask them about what they need to provide for that individual and we obviously include the physical needs as well as the social and emotional needs. So I really try to push them to see the whole picture.

Preparation prior to clinical, assessing the patient holistically, observations during the clinical experience, talking with patients and students, and pre and post-conference discussions are the ways this sophomore faculty assess caring in their students. The sophomore students have to write about the carative factors and caring that they used each week with their patient on the evaluation tool following the clinical experience, and the faculty member can use this evaluation tool to comment on each student’s use of caring.
SOPHOMORE STUDENT NURSE INTERVIEW PARTICIPANTS

Five sophomore students were interviewed and all were female, European American between the ages of 20-26. Each student was given a fictitious name to protect their identity and confidentiality.

Sara was a 22-year-old nursing student who had two previous years of college at another state university before transferring to this college of nursing. This student was single and lived at home with her nuclear family. She had worked in retail prior to her current part-time job at a warehouse.

Jane was also single and 22 years old. Jane was currently working part-time as a PCA at the college’s affiliated hospital. This student had 3 years of previous college before transferring to this nursing program and had worked as a nursing assistant at a nursing home.

Mary was 26 years old and was married with no children. Mary worked as a PCA in a critical care unit before entering this college and currently was working part-time as a PCA in the Surgical Intensive Care Unit in the college’s affiliated hospital. Mary had previous college education for three years “on and off” at a state university where she said took the science courses and some of the electives needed for this college of nursing.

Kate was single and the youngest sophomore student at 20 years of age. She was the only student interviewed who came to this college immediately following high school as well as being the only sophomore student interviewed who lived in the college dormitory. Currently Kate was not employed but had worked in retail part-time during the summers.
Emily was a 23-year-old married student with one child. She was currently not employed and had worked at an insurance office and as a cook prior to entering the college of nursing. Emily had one quarter at another college before transferring to this program.

Only two of these student nurses had previously worked in a health care setting where they could have observed and interacted with nurses. The majority of the students interviewed had no prior exposure to nurse role models in a work setting.

DESCRIPTION OF SOPHOMORE STUDENT NURSE INTERVIEWS

Students: Learning Caring

Sophomore students discussed learning about Watson’s caring theory and the carative factors in the classroom and some describe learning about caring as giving words or voice to their caring ideas. These beginning students discuss learning caring through their readings, lectures, case studies, and clinical experiences. Two of the students described learning that caring means viewing the patient holistically.

When asked, “What have you learned about caring?” Sara said she “learned everything straight from the textbook, all the definitions. We learn a lot from Watson.” She continued, saying,

Yeah, it helps to read it and see what they have to say, kind of guide us in what to do and how to handle things, so it does help. I guess it’s good to read it and then go into the setting and be able to do it.

In the interview, Sara acknowledged the usefulness of theory and classroom knowledge but said she really learns how to care in the practice setting. Sara said,

The book definitely helps. It gives you a foundation on where to start. But for me at least, I just love clinical so much more, to
actually apply it instead of just reading about it in a hypothetical situation.

Apparently the required readings provided her with a solid theoretical framework and the clinical component actually allowed her to apply her knowledge.

Jane, another students, said that she has learned that caring is an “essential part of nursing because patients always remember caring. It’s the one thing they remember.” This student talked about the nurse being authentic and “sincere.” She said patients know when the nurse is genuinely caring. This student, who works part-time at a nursing home as a patient care assistant (PCA), discussed her knowledge of caring as it relates to the actual clinical setting. She said she knows caring when she sees it. According to Jane, caring nurses “take their time, they call the doctor to make sure everything is good for the patient, they check frequently on the patient and even though they may have a bad day or something they’ll still be caring.” She also said she has talked with nurses about caring theory:

A lot of my friends are nurses and I asked them about carative factors and people look at me like they don’t know what I’m talking about. I think that’s good because it kind of opens the path to discuss caring.

Jane said discussing caring theory and the carative factors with other nurses helps her explain why she needs to care and how she implements the caring theory in her practice. Jane discussed sharing her knowledge of caring and Watson’s carative factors with her nurse friends who did not experience a curriculum with caring as an overt core concept.

Caring, for Mary, is “more than being a nice person and having a smile on your face.” To this sophomore student caring is the “whole picture”: 

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You’re caring for someone, but you’re also caring for more than just their medical diagnosis. You’re caring for them, their family, their concerns, going into the ethnic background and cultures. You need to tie it all together so you can take care of that person properly.

This student said that classes about caring help her to learn about caring: “Just lectures, articles, situations/case studies where you get situations and before this class you might look at it in a different way, but now you see something more.” She also stated that clinical practice as a student nurse is helpful because “you kind of put what you’ve learned to use.” The idea of a patient as a unique holistic person comes across in her statement. For her, knowing about more than the person’s medical diagnosis is important. Knowledge of the person’s background, family, culture and unique circumstances is important to this student as she cares for patients.

Sophomore student Kate said she has learned that caring is an integral part of the nurse-patient relationship. She focused on caring as being “how to communicate with people, that was at the beginning, we learn how to address people with a respectful manner.” Kate said that caring is “always looking at the patient as a whole, always put everything together and you also look at each patient as an individual.” She continued, saying that each person is unique, “each person has their own needs and each person is different.” This student articulated that caring is respect for the unique individual, viewing the patient holistically, sharing of self, effective communication, and development of a relationship with the patient.

Emily observed that caring in nursing revolves around “Jean Watson and her carative factors and theory.” When asked to further explain what she had learned about caring this student said that Watson’s theory, and the carative factors, puts caring into
words, so the concept of caring can be expressed. She said she tries to convey caring to her patients because “that’s one of the most important things” she can do for her patient.

Students: Can Students Learn Caring?

When sophomore students were asked if they could be taught caring, every participant said “yes” and many added clarifying statements related to being “open” to caring. Sara said,

Yeah, I do. I think it’s going to be definitely better when we get out there and are doing it, maybe our last year when we’re there [clinical] more, to actually apply it. I think that’s when it will really sink in and make more sense. But I think now the first couple years that it’s good to talk about all these things, teach us little things that can help.

She envisions herself actually implementing the caring role as she proceeds with her education. Jane responded that she can be taught caring, “but I think there’s a difference between knowing about caring and actually knowing how to care.” This student continued, saying that examples given in the lab and practice setting do help her think about what the patient might be experiencing. She said, “I think it opens that door that many people have never opened before.” Jane separates the learning about caring theory with the knowing of “how to care.” This “how to” piece represents the actual implementation of caring.

Mary said caring can be taught, and that to some students “it’s definitely not natural to care. If you hadn’t worked in health care before, it might be totally foreign to you.” She said that most students know something about caring from their own lives and experiences, but that in school she is learning about caring in a totally different way and “it kind of opens your eyes” to what a caring nurse should be.
Kate said that students can be taught caring “if they have an open mind to it.” The concept of openness was discussed and Kate suggested that if students come into nursing already caring in their personal lives, they will be more open to learning about caring as nurses.

Emily said that “the principles of caring” can be taught but that in clinical “you just kind of learn what it really means.” This student explained:

You learn the theory in class and you learn different ways to convey that you’re caring…but the first couple times in clinical it may be awkward to try to show that you’re caring because you’re trying to stick to the theories.

Emily voiced the theory into practice concept and then discussed how through multiple clinical experiences she was beginning to internalize the concept of caring.

Students: Best Method to Learn Caring

Students were asked, “What is the most effective way for you to learn about caring?” Sara said that clinical and action, the actual doing of the caring, was most effective for her. She said, “For me, clinical. I learn more when I’m actually doing it for real. Things mean more to me when I’m actually doing it, and not on a mannequin or role playing.” This student said that role models also help her learn, and that in clinical she watches her instructors: “When I see them and the way they interact, then that gives me more of a feel for what I need to do.” Jane also talked about role models as being effective when she stated, “If you have a teacher that’s caring for you and really takes an effort with you then that role model helps teach caring.”
For Mary, making connections between class and clinical is important to her understanding and learning of caring. She said, “just hearing it and then it kind of clicks with what you read. You can kind of put it with the experiences you’ve had in clinical.”

Teacher-focused caring was the most effective way for Kate to learn about caring. Kate said that being able to call instructors by their first name and having instructors who support her was most effective in her learning about caring. She explained that the instructors were good role models and that when they help her as a student that in turn leads her to try to be a caring student nurse.

Students: Teachers of Caring

When the students were asked who taught them about caring, the sophomore students all responded “instructors.” Students perceived instructors as instrumental in teaching them about caring. Most of the students also listed family or mothers as teachers of caring, as shown in Table 4.1.

Sara stated that every nursing instructor she has worked with taught her about caring: “Every teacher here. We have all the teachers rotate for lecture, and they all talk about it in their lectures. In lab, we have two teachers and when they’re talking, they both pound in caring.”

Mary said “before I got here, definitely my family taught me about caring. Working for Big Brothers/ Big Sisters taught me about that. I learned it here from our clinical instructors.” For Kate too, family and instructors taught her about caring: “From my family and all the professors here, it’s how you treat other people, always respect them” Emily, too, said her mother taught her about caring. In additions, “the instructors
here, you can tell that they care about the patients as well. They take time to talk with them, to be in the room, they’re not hurried. They really listen to people.”

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TABLE 4.1: Sophomore nursing students and teachers of caring.

Thus, as summarized in Table 4.1, instructors were consistently identified as the teachers of caring in the role of the nurse. Nursing instructors are charged with the socializing of student nurses into the role of the professional nurse. At this College of Nursing that task includes teaching the students about caring theory and how to use it in practice. Four of the five students related their family or mother as starting the process of teaching them how to be caring, but all five of these students talked about the instructors at this college. Students described family and mothers as nurturing them and being role models for their own caring. The students also talked about the instructors as role models and teachers of classroom and clinical knowledge related to caring and caring theory. The one student who listed work as teaching her about caring was in a unique position at Big Brother/Big Sister, and saw caring being used by other employees who she tried to emulate as she worked with children. It is interesting to note that the two sophomore students who worked at health care facilities as PCAs did not mention their work, or other employees,
as being role models for or teaching them about caring. The nursing instructors were the only teachers of caring that all five students cited.

Students: Definitions of Caring

When asked to define caring, these sophomore students gave very brief answers. Sara defined caring as “everything about the patient, what the patient needs physiologically, psychologically, spiritually, anything that I can do to help the patient feel more comfortable, or take care of their needs.” Jane stated “I think about just trying to be your best and help them get better.” Mary said she would define caring the same way she has learned about caring in this college, looking at “the whole picture.” Kate defined caring as “just respecting other people and respecting how I act around them.” Emily said, “I think just conveying to that person nonverbally as well as verbally that you care about them. And I think almost always the nonverbal is more important than the verbal, because if they don’t match up it’s kind of, you know, the person may doubt you.”

The students were much more descriptive when asked what they had learned about caring than when asked to define caring. Students gave examples of caring experiences that reflect their definitions of caring and these too were very brief. The caring examples will be used later as part of the analysis of how students learn caring. These sophomore students defined caring as being respectful, using congruent verbal and nonverbal communication, establishing trust, assessing the person holistically, being knowledgeable, and promoting a positive outcome to meet the person’s needs and help the person recover.
Students: Caring Development

Students were asked if their ideas about caring had changed since they started their nursing education, and only one student responded with a “yes.” Sara said,

Yeah, there are some things I never would have thought about on my own, now that makes sense to do some stuff, to look at things a certain way. When I started, I mean, to me nursing is caring but I didn’t on my own think of how many ways you could care for somebody.

This student’s response suggests she has a new view and expanded view of the many ways that nurses can be caring.

Even though the remaining sophomore students interviewed initially said that no, their ideas of caring haven’t changed, curiously they all went on to say that their view of caring has expanded due to their nursing education. Jane said that she already was caring before she started school. Her response was, “No, because I knew that was the one thing that I was good at, I’m a caring type of person. As far as like the book theory, I didn’t know any of that.” This student believes that caring is something that she brought with her to this educational experience. Mary said,

I wouldn’t say they’ve changed but they’ve been added to. I definitely - what I thought was caring is what it is, but I’ve been given more aspects of it to make the picture bigger. I definitely knew what caring was, but it ties it all together.

Mary continued, saying that she added all the caring information from class and practice labs to her own ideas about caring: “So it really hasn’t changed, it just kind of made it easier to understand.” This student’s view of caring now as a “bigger picture” speaks to the expansion of her traditional view of caring with the addition of caring within the role of the nurse.
Emily briefly discussed her fears of being unable to deal with some of the more unpleasant issues of caring for people such as “bad body smells” and “horrible sights” and said, “I think you really have to care about someone to put those things aside and really help them be a person and the dignity of that person is so important.” Emily asks herself as she prepares for clinical, “how am I going to handle that?” and answered her own question, saying, “there’s a bigger issue, you’re caring for that whole person.” Emily expressed her own concerns as a student that the unpleasant side of caring for people might hinder her ability to truly care for patients. Her reflections on viewing the person holistically suggest how she has begun to learn to overcome those fears.

Students: Support for Caring

Each of the sophomore students discussed their experiences of being a student in this college and in this curriculum. The smaller college atmosphere and the support from faculty and peers were common themes in their responses. Four of the five students said that peers were supportive, caring, and helpful during this sophomore year. All five of the students interviewed said that their faculty was supportive and caring.

Sara said the faculty supports her efforts. She said that her previous college experience consisted of being a “number.” “Here I’m like 10 people in my lab where it’s very one-on-one, you can ask any question you want and they take time to make sure you know and understand.” This student also felt supported by her peers. She said that students help each other and teach each other, and if she doesn’t understand something, a fellow student will say, “Okay, watch me; this is how you do it.” Sara described the workload as stressful, but appreciated the support of her faculty and fellow students.
Jane stated she felt very cared for by the faculty, and she has learned about caring from the faculty who have taken an interest in her and want her to succeed. She described study sessions with her faculty before and after each written test to help her overcome her difficulty with test taking. Jane said that she has been pushed to “think about the situation, so you really have to use your brain power.” Jane also studies with fellow students and said that her peers are supportive and caring.

Mary said that the faculty here support and care for her. She said faculty “are here to teach because that’s what they like. They want you to get the most information and be the best that you can.” This student said that she learns a concept or nursing procedure and also that she is taught the “why” or rationale for the concept or procedure. This student reported that because the school is smaller “the students are more apt to study together and work together and help each other out and do what they can for each other.”

All of these sophomore students expressed feeling cared-for and/or supported by the faculty. The small teacher/student ratio and the faculty availability were cited most often as helpful to the students. The faculty are perceived by the students as having clear expectations, being there to help them, being genuinely interested in them, and wanting every student to succeed. Two students mentioned that it’s “like being with family” when they are at this college. Four students said that their peers helped and supported each other especially in informal study groups. The students focus on peers was truly academic, not socially motivated. The peer relationships reflected student–to-student caring as they supported each other.
The four junior-level required nursing core courses may be taken either in the fall or the winter semesters. Each nursing course is eight weeks long and has both a classroom and a clinical component. These junior-level nursing courses are six hours of classroom theory and twelve hours of clinical per week. All of these nursing courses included the caring core concept and used Watson’s caring theory.

The level objective for the junior year of study related to the concept of caring is: “Practices caring behaviors to promote the health of individuals and families” (Appendix J). The theoretical knowledge, identifies in the curricular documents to assist students in achieving this level objective by the end of their junior year includes Watson’s (1985) caring theory and strategies to provide care to families and individuals. These junior-level students are expected to achieve the following behavioral outcomes related to the concept of caring: “a) use caring theories/strategies in care of individuals and families experiencing changes in health patterns and b) utilize caring research in practice with individuals and families” (Appendix J).

One junior nursing course is entitled “Nursing 301: Caring Practice with the Person/Family experiencing Psychosocial Health Alterations” focuses on identifying critical factors that affect the mental health of individuals and families and providing caring interventions to the psychosocially altered population. Nursing 301 course objectives related to the caring concept include: “a) Use the humanities, sciences, and caring theory as a basis for understanding one’s self and others, and b) Use caring theory as the framework for providing holistic nursing care to clients/families experiencing
psychosocial health alterations” (Appendix L). This course emphasizes understanding psychosocial health alterations and the related nursing care that will help return the individuals and families to a healthier state. The core concept of caring was used throughout the units of study for this course. Students are expected to use caring theory and the carative factors as a framework for nursing care with each clinical experience.

A second course, entitled “Nursing 302: Caring Practices with Person/Family Experiencing Physiological Health Alterations,” focuses on learning about the problems that people have with cell function, tissue oxygenation, mobility, regulatory mechanism, alimentation, metabolism, and elimination. The clinical component of this course deals with providing caring interventions to persons experiencing physiological health alterations. Course objectives directly related to caring include that the students “a) demonstrate use of caring theory in planning the care and management of persons and families experiencing physiological health alterations, and b) demonstrate skill in the use of nursing process as the basis for providing caring interventions to clients with selected physiological health alterations” (Appendix L). The concept of caring was used throughout the units of study, and caring behaviors are expected of the students when working with patients and families with physiological health alterations.

Nursing 303 is a junior level course entitled “Caring Practices with the Developing Family.” This course deals with “the psychological and physiological processes that occur during the childbearing period” (Appendix L). The course focuses on teaching caring interventions used with families during pregnancy and childbirth. The concept of caring is used in the course objectives that state: “At the completion of Nursing 303, the student will be able to: integrate caring theory in the nursing care of the
developing family and implement theory-based therapeutic nursing interventions into professional nursing practice” (Appendix L). The caring concept is integrated throughout the units of study, and students are directed to use caring behaviors when working with the developing family in the clinical setting.

The fourth nursing course, Nursing 304 is a required junior level course entitled “Caring Practices with the Child/Family.” This course centers around the developing child from newborn to adolescence with an emphasis on child and family developmental theories. The common health alterations that occur with the child are explored, as well as the impact these physiological health alterations have on the family. The clinical component of this course provides students with an opportunity to care for children and families in acute care and community health care settings. The course objectives relate to caring for children and families, and calls for students to “value caring behaviors” within this population (Appendix L). The expectation is for students to “implement the nursing process” and “implement theory-based therapeutic nursing interventions into professional nursing practice” (Appendix L). Once again, caring is integrated throughout this course which teaches caring practices, problem solving, and implementing the nursing process with children/families both healthy and with health alterations.

Each of these courses continues to explore Watson’s caring theory and the carative factors as they relate to differing populations of people and their families as they experience various health alterations. Each course has clinical hours of practice, and the students are all expected to plan, implement, and evaluate their nursing interventions related to Watson’s caring theory and the carative factors. The classroom experience also incorporates the caring theory and adds to the student’s foundational caring knowledge
established in the sophomore nursing courses. The written curricular documents charge the faculty to expand the students’ understanding of caring theory and how to implement caring practices with patients and their families.

JUNIOR FACULTY INTERVIEW PARTICIPANTS

Ten of the college’s twelve nursing faculty at this level participated in this study. Each has been given a fictitious name to protect his or her identity and confidentiality.

Sue is 49, and had taught at the college for one year and had taught nursing elsewhere for 20 years. Sue had also worked as a staff nurse and unit director on a mother/infant hospital unit. Sue was working full time at the college and attending graduate school full time as a Ph.D. student.

Sandy, 52 years of age, reported teaching at this college for ten years and at other colleges 15 years. Sandy was the only African-American nursing faculty member. This masters degree-prepared nurse, prior to teaching, had been a staff nurse on a labor and delivery/ maternity unit. Sandy reported she had passed her general exam and was all but dissertation for her Ph.D.

Barb, 47, was the only Ph.D. faculty member interviewed on the junior level. All of the other faculty were master’s degree-prepared nurses. Prior to teaching, Barb worked at a Children’s Hospital as a staff and head nurse for eight years. Barb had taught at the college for ten years and taught at another college of nursing for nine years.

Pam, who was 60 years old, had worked 25 years in nursing education, with the last ten of those at this college. Prior to teaching, Pam worked as a staff nurse in a coronary care unit and as a director of nursing at a hospital. She said that she has worked
for a total of 32 years as a nurse, with time off for graduate school and raising two sons with her husband.

Beth, at 47, had been teaching for 1 ½ years at this college and for eight previous years at another college. Critical care was Beth’s clinical specialty, and a critical care unit was where she worked for 14 years prior to teaching nursing.

Jan, 41, had been teaching at this college for 1 ½ years, but she had 13 years previous teaching experience. Jan also worked as a hospice nurse and as a medical-surgical nurse in a hospital setting for a total of four years.

Bev, was 49, had a total of 18 years of teaching experience, with the last ten years at this college. Prior to teaching, Bev had worked in an infant surgical intensive care unit in a hospital for 13 years. Bev also reports being all but dissertation for her Ph.D.

Amy, 56, had taught at this college for three years, and previously taught at another college for five years. Prior to teaching nursing, her work experiences were in adolescent and adult mental health agencies. Amy worked as a nurse in the mental health field for 18 years.

Kim, 30, was the youngest faculty member interviewed and had worked at the college for one year. She had three years of prior teaching experience as a clinical instructor at another college. Kim had also worked at a children’s hospital and a pediatric home health care agency for the past eight years. This youngest faculty member was masters degree-prepared and married with two children.

Terry, 54, had taught a total of 30 years, with ten years of experience at this college, and the previous 20 years with the former school of nursing. Prior to teaching, this faculty member had worked for four years in an oncology unit in a hospital.
DESCRIPTION OF JUNIOR FACULTY INTERVIEWS

Faculty: Teaching Caring

The junior faculty as a group discussed teaching students Watson’s caring theory and carative factors, holism, empathy, caring behaviors in clinical, the importance of caring, and being nonjudgmental and accepting of patients. Many of these faculty members stated that they evaluate caring when the students are in clinical, and that both the faculty member and student reflects on caring behaviors in the written clinical evaluation tool each week following the student’s clinical experience. Although most of the junior-level faculty reported teaching caring, one novice instructor said she did not teach caring in her role as a clinical instructor. Two faculty members expressed that the caring was “added in” rather than being a core concept of the curriculum. Some faculty members stated that they presented caring content in the classroom setting, and many discussed the implementation of caring in the clinical area.

Sandy teaches the students caring by reviewing the college’s philosophy and curriculum, teaching caring as a core concept, using faculty role modeling of caring, encouraging students to value caring, supporting students in their efforts to be caring, and encouraging the use of caring with peers, faculty, and patients. In preparing care plans she has students write about caring behaviors and interactions. Sandy says that for students, caring “has to be that kind of consistent behavior” which should be “part of their being, because that’s the intent of our philosophy. We want them to expect nursing to be that way.”

Pam said that in the junior level course “we use Jean Watson’s carative factors and her theory as the main caring theory.” She said in each junior course the caring is
emphasized, and that in addition to the faculty assessing students’ caring during clinical, the students must evaluate themselves on the clinical evaluation tool. This faculty member said caring is a strand throughout the curriculum, and she shared her expectations of students and caring: “What we hope to achieve is that the students care for the patients and care for themselves.” Pam added that the faculty “role model, and we genuinely show caring for the patient but also we care about the students, the learner.” This faculty member articulated the theory into practice concept as she discussed the theory the students are taught and then how the theory is to be implemented with each clinical experience.

As a junior-level medical-surgical nursing instructor, Beth said that her course is “focused on pathophysiologic content, and that is arranged in that order around body systems.” She went on to say that with each system and the various health alterations, she teaches the nursing care considerations. She “pulls caring” into every class. This faculty member said “I want them identifying them [carative factors] so that they know and keep that in their consciousness during their care for that day.” Each clinical week they have to “identify which of Watson’s carative factors they used, explain how they used the concept and evaluate themselves on caring for the patient.” But Beth said she teaches caring mostly through the clinical experiences, explaining, “in the clinical site, we can make that [caring] come alive.” She wants her students to realize they are putting theory into practice, and they must be able to articulate how they are using the carative factors with their patients. She was trying to make caring “come alive” for her students through classroom theory, case studies, and finally through the student’s own clinical practice with their patients.
Bev said she teaches students that the Watson’s carative factors aren’t just numbers to recite in clinical, but rather to think of each of the factors and as they implement caring behaviors. Bev said she tries to teach students to be open and empathetic with patients, but to realize that nursing is very complex: “Nothing’s ever as simple as it is in lecture. That your patient may have this disorder but at the same time these other 12 things are going on along with it.” She said that students need to see the patient holistically so they can individualize the care, and help the patient cope with their situation and return to a healthier state. Bev said she tries to teach students to look through a caring, intelligent and scientific lens in order to promote healing and health.

Faculty: Can You Teach Students Caring?

The junior faculty members had varying responses when questioned about their ability to teach students about caring. Most of the participants said it was possible. One person said it was possible only if the student was open to it. Five stated that caring was best taught in clinical or actual practice. However, two said that it was primarily maturational meaning that with age and nursing experience it was acquired. Two others said that students “come” with the caring. And finally, one faculty member said she questions whether caring can be taught.

Sue believes that students have the “tendency to be that way or not.” She attributes their caring abilities to personality and values, and discussed the difficulty of influencing that in “only eight weeks.” Sue said she does try to help students interact with their patients in a caring manner, and she believes most of her students “are caring individuals.”
Barb said caring can be taught through your actions as a faculty member: “You can talk about it, but I think the way you teach them is truly how you treat them.” She said that the faculty needs to treat the students with respect, and in the clinical setting she is a strong believer in role modeling caring behaviors with patients and families. She also tries to stress that the students need to care and support their peers and themselves. Barb said, “You know you chat in class about caring and teaching and learning trying to emphasize Watson, but I don’t think they really get it. I think they really need to see you in action.”

Pam said that she questions herself about whether you can teach someone caring. She said she believes that “you can foster caring but I think that the genuineness that I believe now is important, they have to come with it.” She said that students “have to have a spark that you can ignite” in order to be taught caring. Pam said she has had a rare student who goes into nursing for “all the wrong reasons,” and that she does not know if you can teach that student about caring: “I question if you can totally teach caring or whether you can foster caring.”

Bev believed that being “open” to learning about caring was the critical factor: “If someone’s not open to it, you can teach all you want and they’re never going to do it.” She said most students who enter into nursing come with the idea that they want to make a difference, they want to care for others. She said, “they may not understand all the aspects of caring,” and they might not have a holistic view, but they must have the intention to care for others, and they must be open to learning about caring for others within the context of nursing.
Amy said that she cannot teach students caring by the lecture method or assigned readings. She cited teaching students about caring in one way only, i.e., “by being a role model for them.” Amy said the way she teaches students about caring is by being “very overt.” She has students journal every week following clinical because “I want them to be aware of when they’re being caring and when they’re not.” Amy has them identify how they implemented “Watson’s carative factors and say why, how they met that criteria.” Role modeling and reflection are the primary ways Amy believes students can be taught caring.

Terry believes that: “absolutely you can teach students about caring. You teach it the same way you teach anything that’s conceptual.” She said there are defining characteristics that can be taught, as well as manifestations of caring and noncaring behavior, and that the faculty then needs to provide opportunities in clinical where students can use caring. She said that the students need to be taught caring like any other skill and that faculty need to be united in their efforts to teach the skill of caring. This junior faculty member added that she does not believe the entire faculty of the college is committed to teaching Watson’s caring theory.

Faculty: Best Method to Teach Caring

Nine out of ten junior faculty members said that role modeling was the most effective way to teach students about caring. The junior level faculty responded that they focus on being a good example of a caring nurse, and they show the student how to be caring within the context of nursing. The emphasis is on allowing the student to observe faculty-focused caring, and that the student will hopefully emulate this caring in their
relationships with their assigned patients. Faculty focused on the “how to” of being caring.

Sandy said that role modeling is the most effective way to teach caring. She said “you do it by example” and that the instructor also needs to be very overt, direct and instructive when teaching caring.

Barb believes that faculty role modeling is the best way to teach caring, and she said that students need to see their faculty member “in action.” She clarified her answer in that she believes students also need to be doing their assigned reading about caring theory, and faculty need to treat students in a caring manner in order to effectively teach caring.

Pam agreed that role modeling is the most effective way to teach students about caring. She said faculty are caring even when they have to fail a student or tell them that they are not doing their work as expected. She said that shows she cares about the student and their future patients, and she wants to encourage the student to achieve their highest potential. She gave the example of the patient who does not want to get out of bed because it is too painful but the nurse must still make them get up in order to prevent complications and to promote the patient’s recovery. Pam talked about caring that may be “tough caring” (perceived as uncaring) at the time, but that is for the good of the person, situation, or the profession. Pam also cited Watson’s caring theory and the carative factors as being other effective ways to teach students about caring. She said that having her students use Watson’s theory and the carative factors each week, along with related nursing interventions, makes them remember to use caring theory every time they are in clinical with patients.
Beth was the only junior faculty member interviewed who did not say that role modeling was the most effective way to teach students caring. She said that she works with students in the classroom setting to “think about what a potential client might need or experience.” Beth said she tries to give examples or use examples students share about real clients in the classroom setting in order to teach caring. Beth also said that in clinical she works with students to help them demonstrate caring with their clients.

Faculty: Teachers of the Teachers of Caring

As with the sophomore faculty, most of the junior faculty discussed family upbringing as their foundation for learning caring. Parents, mothers and families were cited by seven of these junior faculty members as teaching them about caring as they were growing up. The foundational caring within families was mentioned first, and then some of these faculty cited religious upbringing as teaching them about caring. Watson’s caring theory and nursing role models and mentors were instrumental in teaching many of the faculty members about caring within the context of nursing.

Sue said that she learned caring from her parents, mostly her mother and from her religious upbringing, which reflected her foundational caring within the context of the family. This faculty member said she learned about caring within the context of nursing from Watson’s caring theory and Swanson’s theory based on Watson. She said her caring knowledge was from her own family and life experiences as well as her nursing education at the masters and doctoral levels.

Barb said that her graduate studies and a faculty mentor helped her to learn about caring. This junior faculty member said that when she became a nursing educator, she had a good role model and mentor who helped her learn about teaching nursing students,
and how to be a caring nursing instructor. Barb said as she becomes more experienced as a nurse educator: “I’ve realized that I really need to nurture and care for students” in order to help them become caring nurses.

Pam said that her parents set an example of caring for her. This faculty member grew up in India and said that while her parents taught her to care; she also observed caring by her country’s leaders: “I’ve had a lot of role models – Hindus, Christians and Catholics.” Pam said when she was studying to be a nurse in India she had a nursing instructor who taught her how to be a caring nurse. When she began working at this college of nursing she was introduced to Watson’s caring theory and the carative factors, which she described as a “major curricular strand” that she now teaches her students.

Terry said that she has learned caring through personal experiences and experiences as a nurse. Terry said that becoming a caring nurse is developmental: “I’m a much more caring person the longer that I’ve been nursing.” She stated that she learned and “embraced” Watson’s caring theory while working at the college of nursing. Terry said as soon as she read Watson’s caring theory she thought “oh, this is what it’s all about! It made a lot of sense to me and it was very easy for me to put the traditional nursing content into the context of Watson.” This faculty member also said that Watson’s caring theory takes the concept of caring beyond the way nursing has “historically thought about it, or the way a lay person might think about it.” And she stated that Watson places the concept of caring within the context of nursing in a way that is meaningful for her.
Faculty: Definitions of Caring

The junior faculty in this study defined caring in multiple ways, discussing compassion, empathy, acceptance, and Watson’s caring theory. Therapeutic relationships with individuals was mentioned as well as listening to the person, critical thinking, authenticity, genuineness, holistic perspective, acceptance of the individual, advocacy, support, being educationally and intellectually prepared, and the developmental nature of caring as a nurse matures in her practice and experience.

Compassion and empathy were the main points that Sue stated as she defined caring. She said that caring is “synonymous with compassion.” Listening and advocacy were terms used as she defined caring. Sandy said that she defines caring as “a connection from one person to another,” and that “I really believe that caring is person specific.” Sandy focused on the human-to-human interactions, and she sees caring as “the ability to see another person and see where they are, see what they need and be responsive to that. That is caring.”

Barb defines caring as being “intellectually prepared. For me to care for individuals, I really felt that I needed to be prepared educationally.” This faculty member discussed the importance of critical thinking and caring. She said in order for her to be caring within the context of nursing, caring is “almost more of being able to critically think.” She stressed for her to be caring that she needs to know as much as she can about nursing and science in order to provide excellent nursing care. Barb said that her caring has “evolved” as she has matured in her nursing career.

Pam said that Watson’s caring theory was important, but that she also thinks about caring as empathy, advocacy, authenticity, and genuineness. She said that caring is
one-on-one empathy. Beth defined caring as holism and said she tries to care for herself, her students and patients using a holistic perspective. Jan said she defines caring as “elements of compassion, empathy.” She said it is how you relate both verbally and nonverbally to the individual and their family. Bev also said that communication with the person is caring and she tries “to get in and deal with the person, trying to be able to look at their point of view and understand.” She continued to say that she may not agree with the person’s view or ideas but that she accepts the person as an individual.

Faculty: Meaning of Caring in this Curriculum

Most of the junior faculty described caring in this curriculum as a core concept based on Watson’s caring theory. Some of the faculty interviewed discussed caring as related to holism and as an essential value for nursing. One faculty member said that the caring was added onto the program, and one said traditional caring was used in this program.

Sandy said that caring in this curriculum is based on Watson’s philosophy of caring. Sandy said that “Watson talks about the nurse/patient interaction, forming those caring interactive behaviors between the nurse and the client.” This faculty member said that those caring, therapeutic behaviors bring about healthy outcomes in clients. She also said that caring is dynamic, ongoing and holistic. Sandy summed up her response by stating, “caring is the best match as a philosophical base for nursing behavior.”

Barb said that the caring in this curriculum is based on Watson’s theory of caring, but she said that most people “compress it to be these ten carative factors.” She said that the caring in this curriculum does not drive the curriculum even though the courses are named “caring.” She thinks the caring is “added in” but not the main “driving force.”
This faculty member said that the hope is that “students will care for the patients, care for themselves.”

Bev discussed two meanings for caring within this curriculum. She said that the first meaning is “strictly talking Watson and the carative factors.” She then said that the second meaning occurs when “we manage to break away from the more rigid definition of Watson” and look at the student as having dignity and worth. She said this occurs when the faculty look at the student as a potential professional and try to shape them into a colleague for the profession. Bev said this includes “looking at the students the way that we want them to look at their clients “holistically.”

Kim said that when she started teaching in this curriculum she was told to read Watson’s book, and that “caring is what we base everything on.” She said, “I don’t want to sound negative or anything like that but nobody ever sat down and said this is a thread through all of our classes, but I kind of figured it out.” She said that caring is a thread that is “pulled through every piece of the curriculum.”

Terry stated that caring within this curriculum is used in the “traditional sense.” Terry defined the traditional sense of caring as the faculty caring for students. She added that means the faculty will be available to students, be prepared for class, and use a variety of teaching strategies to help the students learn the material.

Faculty: Rationale for Teaching Caring

The majority of the faculty members describe caring as an essential concept for nursing or the essence of nursing. The underlying belief in the importance of teaching caring within the context of nursing was expressed by this junior faculty. Many equate
caring with nursing and discuss the importance of including caring in their teaching of nursing.

Sue said that caring is the core of nursing. Twice she said that caring “is essential” and she believes it needs to be taught. Sue said “I don’t see how you could be a good nurse and not care about people.” She believes all nursing interactions should be “caring interactions.”

When discussing rationale for teaching caring, Pam said, “it’s what we do as nurses!” She believes that the fundamental premise for becoming a nurse is that the person wants to “care” for others. She believes caring is an “integral part” of nursing, and that “caring theory makes us think about that.”

Beth said that caring defines nurses, and added “we’re experts in caring.” She said that caring and nursing are “so tight together.” Teaching caring for Beth means teaching students how to be nurses.

Amy said that caring is “a real high priority in a nurse and that they wouldn’t be very effective nurses without it.” She said without caring, nurses may be “mechanically effective, but not interpersonally effective.” She equates being an effective nurse with being a caring nurse.

Kim said that students are taught about caring first of all because it is part of this curriculum but added, “I think it’s so important because caring is what we do as nurses.” She said that students really want opportunities to do technical skills in clinical but that “anyone can be taught to do skills but only certain people can care, really care about patients.” Kim believes that with patients and their families, if the nurse doesn’t build a
caring relationship, the nurse “can do the skills but you’re not going to get to all the problems; they’re not going to let you in.”

Faculty: Caring Development

The junior faculty had varying responses to the question of whether their ideas about caring have changed since their formal education. Five of the ten faculty said they had matured and grown in their ability to be a caring nurse. Two said they now could identify caring and put words to their ideas and beliefs about caring. One faculty member discussed the conflict of caring for the profession versus caring for the nursing student when that student is not achieving. She termed this “tough care” when she has to decide to fail a student who is not meeting the standards.

Sue said that reading the caring theory validated her own ideas of caring. She said after reading about caring concepts and how they relate to nursing, she said “yeah, that makes sense.” Barb said that she did not study caring theory in her undergraduate program but she said there was an expectation to be caring: “You were just supposed to care. Caring has evolved for me over the last couple decades.”

Caring within the context of teaching nurses was the area that Pam focused on in her response. Pam said that her ability to care as a nursing instructor has changed because when she was a beginning nursing instructor she wanted her students to like her, and that included “helping them, even if they aren’t the strongest candidate.” Now she said she looks critically at nursing students, and because she wants them to be good nurses, this may mean some of her students may fail. She does not want them to just barely pass, but wants the nursing students to become excellent nurses. She said that sometimes to be a caring instructor she has to fail students who are not meant to be
nurses due to lack of ability with academics, or because the student does not care. She said the “tough care” is difficult and causes conflict for her as an instructor, but that it is a form of caring for the profession and the student nurse.

Beth said that her ideas about caring have developed, and she has learned that nursing is both caring and technical competence. She said she realizes that “one without the other is not appropriate nursing care.” Beth said that due to her education she has grown in her ability to give good nursing care: “I’m not the same person I was two years ago and my Master’s program did not teach me how to start a better IV, it taught me how to think.” She says she emphasizes with her nursing students that “nursing is a cognitive discipline.” Beth says she is more interested in how her students think than she is in how well they can “put in that tube.”

Kim said her caring has changed. As a new nurse, she was mainly concerned with how many nursing skills she could accomplish. Now she said she is concerned with establishing a caring relationship with her patients and treating them holistically.

When discussing her caring development, Terry said that “sure” her ideas about caring have changed because her nursing program wasn’t based on a caring theory: “I think we had a lot of the same attitudes about it but we didn’t have the words to describe it.” She said that she has developed a more caring nursing practice as a result of her experience and learning about Watson’s caring theory. For Terry, Watson’s caring theory is useful because it puts caring into words and describes how one can be a caring nurse.

Faculty: Evaluating Caring in Student Nurses

Most junior faculty members evaluated the students for caring in the clinical setting with the use of observation, and by reviewing the student’s written evaluation
tool. Most faculty had similar answers centered around observing the student interacting with the patient and families of the patient. Some discussed evaluating caring on how much time the student spent with the patient and what information they gathered about the patient. One faculty member said she observes the students for critical thinking during the clinical experience. However, one faculty member said she does not evaluate student caring.

Sue said she observes her students as they interact with patients and others. Relationships, conversations and behavior are observed by Sandy in order to assess her students for caring. Sandy said that she observes students in class, with their peers and instructors, and in clinical with their patients, to assess caring. She said in clinical situations that she knows a student is using caring when the student can discuss insights into the patient’s problems and needs. She summed up her answer by saying,

So it’s when those students show that insight and are able to make that analysis of a client’s situation, and problems, and concerns and so forth that I know they’ve learned and they’re going to be a good nurse.

Beth says she spends time with students in clinical at the patient’s bedside and assesses caring through direct observation. This instructor also listens to patients’ comments about the student nurse, and may question the patient to determine if the student was caring. Beth said she looks for students to be attentive to patients, to spend time with their patient, to show sensitivity to their patient’s situation, to use a holistic approach, and to respond to the patient’s needs. Finally, this junior faculty member stated she does ask the student to write on their evaluation tool how they were caring; however, she mainly relies on her own observations to evaluate the students’ caring.
Bev said she evaluates students on caring by looking at how her students respond to their patients and families. This faculty member looks at “how much time they spend with their patient versus locked away working on paperwork, kind of avoiding contact with patients.” Bev also assesses her students’ openness to their patients, “how black and white they look at an issue versus being able to see the shades of gray.” She said she looks for critical thinking and “bringing in that multi-level instead of dualistic view that they all come in with.” Finally, she said she looks at creative problem-solving skills and wants to see “how far they’d go to meet the needs of their clients.”

Terry had the only dissenting opinion regarding the evaluation of caring in students. She said “I don’t,” and clarified this statement by saying that students can fail if they breach safety issues multiple times, but she questions if they would fail due to not showing patients respect, or privacy, or caring. She says when she has asked faculty point blank “You wouldn’t fail them because they weren’t caring?” that the answer was “No.” Terry emphatically stated, “So the answer is students aren’t evaluated on caring. It’s on the evaluation tool but they’re not evaluated on it.”

JUNIOR STUDENT NURSE INTERVIEW PARTICIPANTS

Nine junior students were interviewed, and all were between the ages of 22 and 27, except for one student who was 32. All students were given fictitious names to protect their identity and confidentiality.

Kara was a 27-year-old mother of two who was working as a PCA at a local hospital part-time while attending school full time. This student had worked a total of seven years in health care and had two years of previous college credit.
Angie was a 22-year-old student who had two-and-a-half years of prior college experience at two different colleges. She had worked in a Home Health Care Agency as a nursing assistant for four years. This student was currently not employed.

Jill was a single student, 22, who worked as an assistant at a doctor’s office for six years, and was working there part-time while attending college. Jill had two years of college experience before entering nursing.

Becky was not currently or previously employed in a health care position. Becky had four years of prior college courses as a Russian major before entering this college of nursing.

Pat was a 24-year-old student who also had never worked in a health care setting. Pat was not working currently, but had been employed for one year prior at a conservatory. She had three-and-a-half years of college at two other universities before entering into nursing.

Don was a 32-year-old student with a bachelor’s degree in political science. He had previously worked as a loan officer. Don was not currently employed, and had not worked in healthcare prior to entering nursing.

Lisa was the only student interviewed in this junior class that was married. Lisa held a college degree in education and exercise science, and had been a certified fitness trainer for two years before she enrolled in this college. Lisa, 26, was currently employed as a medical assistant in a physician’s office.

Tina, 22, had worked as a medical assistant in a nursing home and a family practice office before attending this college. Tina had two years of previous college
education with a major in pharmacy. Tina currently worked part-time as a medical assistant in a urology office.

Joe was a 22-year-old student with two-and-a-half years at another college of nursing before transferring to this college. Joe was currently working part-time in the emergency room at the college-affiliated hospital as a PCA.

DESCRIPTION OF JUNIOR STUDENT NURSE INTERVIEWS

Students: Learning Caring

The junior students discussed learning about Watson’s caring theory and the carative factors, with the majority of the students discussing how they use caring theory in practice. Five of the junior students linked caring and holism and six of the students explained that the caring relationship with the patient is important. Two of the students discussed the outcomes of caring as meeting the needs of patients. One student discussed learning about caring which includes using the nursing process and critical thinking to implement caring in the clinical setting.

Kara said that caring “helps patients recover in a timely and quick manner.”

This junior student said that learning about caring is difficult because students not only have to learn about caring, but “we are creating good caring” during clinical learning experiences. The theory into practice aspect of caring was described by this student as “hard to explain.” She said she has learned “more ways to implement, ways to care for someone” and more ways to interact with people. Kara said that caring within this curriculum is centered on developing relationships with patients, and being open and receptive to their needs.
Becky said that she is learning the “different responsibilities we have of taking care of people, and the kind of like techniques to go about making them feel that they’re being cared for.” She said that Jean Watson’s theory has helped her learn about the various aspects of caring for people: “It helps us learn how to care, kind of presented in a step-like fashion.” Becky said that caring is focused on the individual, not the disease or problem they are experiencing.

Tina said that she learned that caring encompasses the academics and sciences of nursing, “You have to put the science with the caring and that’s what the nurse is.” She said you need both to be a nurse. Her first priority is to “develop a helping, trusting relationship with the patient before you can do anything.” She went on to say that with each patient this relationship is different: “For some people caring would be getting their medicines and things on time, but others need somebody to listen to them.”

Joe said for him caring is “hammered into you. You’re forced to think about it every single time you care for a patient.” Joe emphasized that when he works with patients he thinks about how he can care for them, and he tries to be holistic when meeting the patient’s needs. Joe said he uses Watson’s carative factors, critical thinking, and the nursing process to implement caring.

Pat said she has learned about Watson’s theory of caring. She said that Watson’s caring theory is “foundational.” For this student, caring is how she interacts with her patients: treating them as individuals, being non-judgmental, treating patients with dignity, and being accepting.
Students: Can Students Learn Caring?

The junior students gave more varied explanations than the sophomore students in response to this question, and some of the junior students answered that caring cannot be taught. Only three of the nine junior students said that caring can be taught while four students said that caring can’t be taught, and two students were unsure if caring can be taught. Seven junior students stated that caring was a quality that is within the individual.

Kara gave a brief response, saying, “Yeah, I think they can be taught about caring, because not a lot of people have that caring aspect about them.” This student said that she has observed some fellow students who are not caring, that just “do what they need to, to get by, so they can graduate.” This student said that she believes that student nurses can learn “how to care as a nurse.”

Lisa responded that caring can be taught, saying, “Oh, definitely. I think, like I said in our classes, I think just through the instructor’s examples, I think they show caring.”

Jill said that caring cannot be taught: “You can’t make somebody want to help somebody. You can’t make them look at somebody and know what they need or feel that there’s a need.” Jill continued, saying, “I don’t think it can be learned. I think it is a character thing, it comes from within.” Jill said that she came to nursing with caring and specified, “I think it’s a calling. You were meant to do it.”

Becky also said that caring cannot be taught:

It’s just that some people have a little more empathy than others and I don’t think it’s something you can change in a person by teaching. I think you can give them basics to how to care for a patient, or how to make somebody feel cared for, but whether or not they use it is a completely different question.
This junior student said that a person can teach and learn about caring, but that does not make the person a caring individual. She believes that the caring is within the individual, and that she came into nursing as a caring person.

Tina was unsure if nursing students can be taught caring. This junior student said, “In some ways I think they can fine tune your caring skills, but I think you have to have it in you. I don’t think everybody can be a nurse, you can’t teach everybody.” This student said some of her fellow students are in school because “the money’s good, sign-on bonuses” and “they wanted in nursing because it’s a good field to get into right now.” She said these kinds of students don’t care. Her final statement to this question was, “So yes but no.” When asked if she came into this program with caring, Tina said “I think I have caring in me, but I never knew the importance of assessment and communication, how to approach people. I learned that in school, but I’ve always been a caring person.”

Joe said that caring can’t be taught. This junior student is a member of the college’s curriculum committee, and even though he does not believe it can be taught, he said, “I think it’s important for it to be in the curriculum. I think that based upon looking at the previous curriculum that I was in, this is a far better curriculum” This student was a transfer student from another nursing program. This student continued by saying that caring is

something that’s in you. You either have it or you don’t. All the instruction is doing is bringing it to the surface if you have it. Everyone that comes here kind of, I would say, is a nurse already. It’s just a matter of sculpting that person into becoming a nurse.

The visuals of teaching caring through “sculpting” and “bringing it to the surface” are the powerful illustrations from Joe’s words which reflect his beliefs about teaching caring.
Even though he does not believe that students can be taught caring, he describes how a caring curriculum can enhance and encourage caring in nursing students.

Students: Best Method to Learn Caring

The junior students affirmed that role models were effective in learning about caring. Six of the nine junior students interviewed said that they learned from instructor or staff nurse role models when they observed caring and uncaring encounters during their clinical experience. The majority said they learned caring in clinical as they observed role models or gave care. Two out of nine junior students also said that they learned caring from classes about Watson’s caring theory. Role modeling, observations and actual clinical experience were the main ways these students learned about caring.

Clinical was the most effective way that Kara learned about caring. She said her own clinical experiences were the most helpful to her: “I think the hands-on aspect, being hands-on with the patient, knowing that I’m actually doing something for them, not just sitting and listening to them, but actually doing something for them to help them get better.”

Angie said the most effective way to learn about caring was through observation:

Through watching others, through almost role modeling, to have—to see an instructor be caring. They can talk about relationships and going in with a certain attitude and being open and being kind, and they can talk about it and talk about it, but once you’re on the floor if you see an instructor stop, take the time, seeing that caring interaction, that attitude towards the patient, it lasts with you a lot longer and it makes an impact and you think ‘That’s what I want to be. That’s what I want to do’. So it gives you an example. It really does happen. It’s not just words.

For Angie, seeing the caring in action, the experience of seeing theory become practice, made a strong impression on her.
Becky said that she learned about caring first through the classes that “teach you expectations or standards of caring,” but she added that she learns how to care by observing faculty and other nurses in clinical. She said her ability to be caring as a nurse has increased, along with her own increased comfort and confidence in the clinical setting, working with patients and performing nursing skills.

Pat said Watson has taught her about caring: “Of course, everyone hates Watson by the time they graduate. But it really helps you identify with how you’re actually using the different steps in your everyday care for the patient and that really helps.” This student also said:

I think clinical really helped. Classroom, you really can’t get the caring aspect. I mean they can teach you about it but it really comes down to clinical, when you’re one-on-one with the patient and maybe the instructor. Then the instructor can point out different ways that you were caring, and with the evaluation tool.

Joe said he learns caring best by experience: “You can teach it–it’s important to teach it in lecture, but if you’re spending more than three or four hours on it, then as far as lecture-wise, something’s wrong, because don’t tell me, show me.” This student said that for him, observation and role modeling is important, and that he tries out what he has seen other nurses do in terms of caring behaviors and adapts the caring to match his individual style.

Students: Teachers of Caring

The junior nursing students had multiple ideas about who had taught them about caring. This group of students discussed family as being the foundational teachers of caring, just as the sophomore students did. But the junior nursing students listed staff nurses more often than instructors as teachers of caring. All five of the sophomore
students interviewed said that their nursing instructors taught them about caring, whereas only three of the nine junior nursing students said that instructors taught them caring. Staff nurses may be more influential to the junior students since their clinical hours increase this year, and they have more opportunity to observe and work with the staff nurses on the clinical unit. As the junior students begin to be more independent and socialized into the clinical unit, they may be working more closely with the staff nurses and beginning to identify themselves as peers to these nurses. Table 4.2 displays the teachers of caring for the junior students.

Kara said her family, especially her grandmother and mother, were instrumental in learning about caring. This student also has worked in health care at a hospital for six years as a medical assistant and said that her own experiences have taught her how to care for people. She said “working with sick people has made me stronger with the caring aspect.”

Jill also said that she learned caring from her parents, her mother,(who is a nurse), and work experiences at a physician’s office. Jill had a personal life-changing hospital experience where she was critically ill and in the intensive care unit. During this experience she saw first-hand many examples of uncaring nurses and a few examples of caring nurses. She said that experience affected how she wants to be as a nurse.

Becky said that the staff taught her how to care after she was taught in class about caring theory. She said:

I think the teachers and classes kind of teach you expectations or standards of caring to look for and to practice but you actually see them being practiced and learn how to practice them by observing different healthcare people in the field…It’s important to get out there and see nurses in the caring roles.
Pat listed family as being teachers of caring: “I think it has to come from your experiences growing up when you’re little and interacting with your family.” This student said that she has a “caring personality,” and that is what helped her decide to be a nurse. Pat also discussed staff nurses as teaching her but through negative examples about caring: “Through clinicals I’ve seen the type of nurse I don’t want to be. I’ve seen bad examples of actually showing a noncaring attitude.” She said that learning about Watson and the caring theory “helped me realize what caring is, like acceptance of positive and negative feeling, I had that all along, but it helped me define it.”

Tina focused her response around a good role model, the staff nurse. She said, “I would say when you follow a good nurse. And I’m getting to the point where I’ve had two years and you can tell what a good nurse or a bad nurse is.” According to Tina a “good nurse” takes time to look at the patient holistically, is approachable, and really listens to the patient.

Don said he learned caring:

from the teachers, instructors always talk about caring in different ways when they teach us any kind of skill or anything we have to do, whether it’s doing a cath [catheter] or anything, there’s always caring involved. There’s always the holistic view integrated into it.
TABLE 4.2: Junior nursing students and teachers of caring.

Table 4.2 demonstrates that family and mothers were most often identified as influential in teaching caring. This foundational family care was discussed by seven of the nine students as they responded to questions about who had taught them about caring. Only three junior students discussed faculty as being teachers of caring. The junior nursing students developed a new category that was not mentioned by the sophomore nursing students, i.e., staff nurses, both positive and negative caring observations, as teaching students about caring as a nurse. Only one junior student mentioned her extracurricular health care work experiences with patients as teaching her about caring.

Students: Definitions of Caring

The junior students as a group defined caring as more action-oriented than the sophomore students, who had defined caring with language that describes the caring...
philosophical stance or how the nurse’s attitude should be in a caring situation. Although the junior students used some of that same language, such as valuing the individual and bringing an attitude of respect and empathy to the situation, more of the junior students defined caring with action concepts and described how they implement caring with patients using concepts such as: listening, spending time with the patient, being physically present, using communication to establish a relationship with the patient, advocating for the patient and assessing for positive outcomes of caring. The junior students also discussed examples of caring, which reflect their definitions of caring, and the caring examples will be used later in the analysis of how students understand and implement caring within the context of nursing.

Angie defined caring as “showing concern, showing a desire to help and willingness to be involved with them.” This junior student also said that caring means “developing relationships with the patient or client and having an open receptive attitude toward them.” Angie said that caring takes time, attention, and good listening skills.

Lisa defined caring as follows:

I always think of caring as compassion, basically just showing someone—just being there for someone. You don’t even necessarily have to be doing something, if you’re just sitting there with someone, listening to them you don’t have to be doing some extraordinary feat but just showing someone that you’re there for them whether it’s listening, or a therapeutic touch, eye contact, just the little things.

Lisa’s definition reflects her understanding of the relationship and connection that is important when caring for a patient.

Tina’s definition of caring included “someone who’s going to be there for you, that you can depend on, and that’s willing to listen and try to help you, not judge you.”
This student said that the nurse must develop the helping, trusting relationship first in order to work with a patient within a caring role: “You have to put the science with the caring and that’s like what the nurse is.”

Joe defined caring as “meeting the needs of the client as you perceive them from a holistic approach.” He said that caring is similar to the scientific process, using the carative factors and corresponding nursing interventions to meet the patient’s needs. Joe said that he uses caring “every single time” he is with a patient, and he’s always thinking, “how can I care for this person…and all of their holistic needs.”

Students: Caring Development

Seven of the nine junior students said that their ideas and ability to care for patients has changed over time with maturation and more clinical experience. Only one student said his ideas have not changed, but allowed that he understood caring more and has redefined and reworked his ideas about caring. One student said that her ideas about caring have changed in some ways, but felt that her fundamental ideas about caring remain the same. The junior students have had many clinical experiences and opportunities to observe and practice the caring theory, and the majority did articulate their increased knowledge, understanding, and ability to implement caring practices.

Kara said that her ideas about caring have changed during her student nurse experience:

I think it has enhanced me a lot, seeing how it is. I used to see what the nurses went through at my job and used to think that “Oh, they’re not doing anything” but it’s different now that I see it, now that I’m in their shoes. I’m going to be in their shoes now and I see exactly, they’re just real busy and they’re doing whatever it takes to get these patients better.
This junior student nurse works as a nursing technician in the hospital and discussed how her perspective has changed about the nurse’s role and caring due to her education. She said that as a nursing technician, she can give care to patients, but now as a nursing student with nursing knowledge, her ability to give care is expanded, and she can now look at the situation using a holistic approach.

When asked if her caring has changed during her nursing education thus far, Becky said,

I think my ability to implement caring has improved. Kind of like what I was saying earlier, the first time you’re in the clinical setting you’re too nervous to care about that patient. So I think as I’m becoming more comfortable and confident with my skills I am able to care more for the patients that I have. I think I’ve always had the idea, it’s just now as I progress, I can implement it a little bit more, what I’ve learned.

This student said that when she was first in the clinical setting that she was so worried about how to do the physical skills with her patient that she was not able to focus on caring: “With more experience, becoming more comfortable with being in the clinical setting, you can care a little bit more instead of just worrying about how to give an injection or change a dressing, so you can really enjoy the caring.”

Clinical experience has helped Pat in her caring development. She said her ideas of caring have changed during her nursing education:

Yeah, they’ve been enhanced. I’d say so. I’d never been in a patient care environment before. I think the environment made me realize how you’re caring. In the clinicals we really get hands-on experience with patients and that helps you develop and you just realize how important caring is to the profession.

This student also said she has learned that the main focus of nursing is caring: “Before I couldn’t link the two but now it’s like solid.”
Tina discussed her caring development and stated that her ideas about caring have changed. Tina said:

Yeah, I think so. I thought it—honestly when I took the sophomore caring class, I thought this is some dumb class somebody put down because you have to get a bachelor’s degree… The closer you get to being done; it all starts to come together. But actually, as I’m getting closer to being done, it’s all started to come together. Before I thought, this is stupid. It was like a long lecture, you had to write a lot of papers, it didn’t seem real. But when you see it though, you realize-- that separates the good nurses from the bad nurses. That’s what I think caring does.

Joe discussed his caring development by saying:

I don’t think that they’ve changed drastically. I think that they’ve just been brought to light more and more and more and you just get a better understanding of the whole concept and a little bit of the redefining, a little bit of reworking.

He said his definition of caring was like a “funnel cone, just narrowing that aspect into a truer definition.” Joe credits this nursing program with helping him to further define and understand caring within the context of nursing.

Students: Support for Caring

The nursing educational experience of these junior students was described as challenging, difficult, harder than they thought, stressful, and requiring critical thinking, focused study and maturity. Five of the nine students at this level said that the faculty was helpful, caring, interested in them, interacted with them, were easy to access, and some students called the faculty caring. Seven junior students interviewed said that their peers supported them through this educational process.

Kara said that being a student is a heavy burden for her as she works to balance her school, family and work responsibilities. This mother of two children emphasized
“It’s a big responsibility being a student. It’s a heavy load. It’s like taking care of two households!” She said she is very social here and has a strong study group that she describes as caring. But Kara reports feeling very “stressed out”:

Here you need to at least go home and read every night and spend at least 2-3 hours on your work in order to understand what the teacher’s saying and be able to look and apply that in your clinicals. So you’re more involved, you’ve got to take this more seriously.

Kara said she had some “rough patches” with her coursework, but stated she has had support and caring from the faculty and her peers.

Jill was very negative about being a student here, saying, “I don’t have time for people here and I have nothing in common with them.” This student was negative about her peers and said that she did not see many caring fellow students. Jill works at an internist office while going to school full time, and states that she comes to class and clinical and then returns to her other responsibilities as quickly as possible. Jill reported that her peers were not supportive of her, but that some of the faculty have been caring and supported her.

Lisa said:

Being a student here is a very positive experience. The instructors are great and they definitely exemplify caring. I was very sick last year and I think if I had been at any other school, I don’t think I would have gotten the same treatment that I got here as far as allowing them to let me make things up and being very open to when I could come back to school. That just really reflects the type of instructors and the type of nurses they are.

This student, who has a bachelor’s degree in education and exercise science, discussed her switch to nursing, saying, “nursing’s been more of a challenge for me. I think if I had gone into nursing like straight out of high school, I don’t think I would have done as well
as I’ve done now. I think part of it is my age, my maturity.” Lisa said she is more focused and settled now but still maintains that the nursing courses are more difficult and challenging. Lisa stated that faculty and peer support have been instrumental in her learning of nursing and caring.

SENIOR-LEVEL CARING CURRICULUM

DOCUMENT ANALYSIS

The four main senior level nursing courses are offered in eight-week time frames both fall and winter term. These four required nursing courses have five hours of theory or classroom time and sixteen hours of clinical each week. These courses are focused on: 1) caring for people with complex acute health alterations, 2) caring for persons with chronic health alterations, 3) caring for people within the community, and 4) preparing for caring in the leadership role of the professional nurse. Students during this senior level are expected to learn about population-based care, and be able to apply caring theory to communities and populations. For the senior level courses the level objective for caring requires that the student: “Practices caring behaviors to promote the health of individuals, families, communities, and populations” (Appendix J).

Nursing 401 is entitled “Caring Practices with the Person/Family Experiencing Acute Health Alterations.” This senior level course “focuses on providing caring interventions with the person/family experiencing complex health alterations occurring across the life span.” Acute health alterations related to concepts of tissue oxygenation, regulatory mechanisms and metabolism are explored. Crisis and its effects on the person, family, and caregiver are examined. This course considers the impact of advanced technology and resource allocation, and the related legal, ethical, and moral issues are
discussed. Acute care settings including critical care units are used as clinical sites. The course objective specifically related to caring is: “Emphasize Watson’s theory of Human Caring in the interactional process with clients and families” (Appendix M). The other related behavioral objective is: “Integrate theory-based therapeutic nursing interventions into professional nursing practice”, which would include the use of Watson’s caring theory of nursing (Appendix M). Under course expectations, the course syllabus explains that in order for students to transition from student practice to professional practice faculty expect students to take an active role in their learning, both in the classroom and clinical areas.

“Caring Practices Within the Leadership Role,” Nursing 402, is designed to introduce senior students to the nursing leadership role, management concepts, management theories, and issues and trends that impact the nursing profession. Management theories introduced are related to change, conflict resolution, cultural diversity, consumer relations and organizational systems. The clinical hours are supervised by a nurse preceptor, that is, a practicing registered nurse who may work in a variety of acute care and community health care settings. The student will also, with the guidance of faculty, contract with a Nurse Leader for a 16-hour observational experience. The course objectives related to caring theory are a) Designs caring strategies in the nursing leadership role, and b) Integrates theory-based therapeutic nursing interventions in professional nursing practice (Appendix M). Students are evaluated on caring practices in clinical by their own self-evaluation, the instructor and the preceptor. The application of caring theory is promoted during this senior leadership nursing course.
Another senior course, Nursing 403, entitled “Caring Practices Within the Community” examines community health nursing, public health, health alterations, and related community issues. The clinical experiences focus on caring interventions for persons, families, and communities as well as gerontological concerns related to health and illness. Various community clinical sites are used including clinics, hospice, home health agencies, schools and occupational health settings. The course objectives related to caring theory are a) “Demonstrates the theory of human caring in the practice of professional nursing” and b) “Integrates theory-based therapeutic nursing interventions into professional nursing practice” (Appendix M). The focus of caring during this course relates to the application of the caring theory in community health clinical settings.

The fourth senior nursing course is Nursing 404, called “Caring Practices With the Person/Family Experiencing Chronic Health Alterations.” During Nursing 404, students learn about the impact of long-term illness on individuals and their families. During the clinical component of this course, students focus on “caring interventions with persons/families experiencing chronic health alterations.” (Appendix M) The course objectives related to caring are: a) “Integrate caring theory into holistic nursing practice, and b) “Integrate theory-based therapeutic nursing interventions into nursing practice” (Appendix M). As in the previously-described senior nursing course, the core concept of caring is expected to be integrated into the student’s clinical practice of nursing. Caring interventions and carative factors are integrated throughout the discussions and lectures related to chronic health alterations experienced by individuals and their families.
SENIOR FACULTY INTERVIEW PARTICIPANTS

Seven senior faculty participated and were given fictitious name to protect their identities and confidentiality. Joyce was single, 53, and had taught at this college for five years. Joyce had worked as a critical care nurse and master’s prepared nurse practitioner in critical care for almost 30 years.

Chris was 36, married with two children, and also had a critical care background. Chris worked in the Surgical Intensive Care Unit (SICU) for six years and has taught at the college for nine years. This faculty member is also a master’s prepared nurse who continues to work in the SICU on a part-time, casual basis.

Nancy, with five years of teaching experience, had been at the college for two years and had taught nursing at another large university for three years. This master’s prepared nurse was 47 years old and had been in community health positions as a nurse and a director for 12 years prior to teaching nursing.

Judy, 54, had the least amount of teaching experience, a total of three years. She had taught one year at this college and had two years of previous teaching experience and ten years as a Director of Nursing in a long term care facility. This master’s prepared nurse was a gerontological nurse practitioner and clinical nurse specialist.

Karen was the only Ph.D. prepared senior faculty member participant. Karen was 61 and had 30 years of teaching experience. Karen had taught at the college for ten years and at the affiliated school for 20 years. Prior to teaching Karen had worked four years on an orthopedic hospital unit and has worked part-time with a hospice unit.

Rose, 53, was a master’s prepared nurse who had worked at the college for ten years and had taught at the affiliated school for eight years. Rose was the department
manager for education at a local hospital for nine years and had worked for one year in a Coronary Care Unit. Concurrently, Rose has worked part-time in a pediatric home health agency while being a full-time faculty member at the college. Rose reported that she has taken post-graduate coursework and is all but dissertation at this time.

Tess was 46 and had taught for seven years at the college. Tess worked as an adult nurse practitioner at a hospital and with a neurological physician’s group for 19 years. This master’s prepared nurse has post-graduate education and is a certified adult nurse practitioner.

DESCRIPTION OF SENIOR FACULTY INTERVIEWS

Faculty: Teaching Caring

The senior faculty discussed teaching Watson’s caring theory and the carative factors as it relates to their nursing courses. Faculty expect that the senior students enter their courses with knowledge of the caring theory and experience implementing the carative factors. Four of the senior faculty discussed relating Watson’s caring theory to their courses and clinical settings. Three faculty said they teach holistic caring and two faculty members said they emphasize caring for self. Two faculty members said they use discussion to make the caring overt. The clinical application of the caring theory was an expectation voiced by the senior faculty interviewed.

Chris discussed formal versus informal teaching of caring to her students. Chris said:

In terms of formalities, we have taught about caring theory, using Watson as our base but I think we do—or I do a lot of informal teaching, role modeling about caring as it relates to compassion and the psycho-social support and those sorts of things in the clinical area.
Chris said caring is a prominent issue in her clinical setting, the intensive care unit and she tries to make that caring overt with students by discussing and reflecting on their clinical experiences. So for Chris the formal teaching of caring occurs in the classroom and she calls the informal teaching of caring, role modeling.

Nancy discussed the students’ progression through the curriculum and what she teaches in the community health setting:

Well, as the students progress through the curriculum, we deal with Watson’s caring theory. We look at how they apply that to the clinical situation. In terms of the components of caring, we—in the community setting especially—we look at a lot of diversity in the client population. We look at caring as advocacy for clients and we talk about theories related to that as well as actual clinical practice.

Nancy expects senior student to apply their knowledge of Watson’s caring theory in the community health setting. Cultural diversity and advocacy are two areas Nancy focused on when explaining what she teaches about caring.

Rose said that within the leadership course some of the classroom content deals with caring for self, “We include caring and the caring of self when teaching stress management. We want them to be able to be strong nurses, to be able to handle the stress as they progress.” Rose also discussed that the students must demonstrate caring in their clinical setting and then write about it in their journal and evaluation tool each week following clinical. She said, “They’re very good their senior year at recognizing the caring theory and can indicate that easily.” According to Rose the senior students are adept at using caring in their clinical practice and are able to articulate their use of caring within the context of nursing.
Faculty: Can You Teach Students Caring?

All of the senior faculty believe that they can teach caring to students, but some qualified that “yes” response, that in order to teach caring, the student must be open to learning. Some of the faculty believe caring theory and “how to” care can be taught but maintain the caring is within the student and that students can not be forced “to be” caring.

Joyce said that “Yes” she can teach students caring and explained how she teaches the caring to senior students, “first we talk about caring theory and how it can relate to conceptual thinking and critical thinking. You have to bring in that caring through theory courses as well as clinical.” This faculty member said she had not studied or read Jean Watson’s caring theory until she taught at this college but the theory gave “voice” to her caring philosophy and she works with her students to understand and use the ten carative factors.

Chris said that she can teach students the “philosophical base of caring and what your philosophy in terms of those attributes are, but I think caring is unique.” She said if the students aren’t caring, she can see that during clinical as well as in their relationships with peers. She believes students “either have caring or they don’t,” but they can learn about caring philosophy and caring theory.

Nancy said that “Yes” she can teach students about caring. She said the students learn the foundations of caring “early on in the curriculum in terms of understanding Watson’s caring theory.” She added, “And interestingly enough, when we go over that, the first day of senior orientation, they know those carative factors because they identify them and then identify how the community health nurse can demonstrate these.”
Karen said that she can teach the elements of caring theory and the carative factors if the student is open and receptive to learning. This faculty member said she has had students who have graduated from this college come back and say “people can tell that they’re from this program, that they have this caring attitude that nurses from other programs don’t have. It’s interesting, so then that says to me, yes it’s teachable and learnable.”

Judy said that “I think you can give them all the tools… I think you can direct them but they have to genuinely want to incorporate that.” So she said that “yes,” she can teach caring and give them information, but that “no,” she cannot make them use the caring theory within the context of nursing, that students must choose to use and incorporate caring into their practice of nursing.

Faculty: Best Method to Teach Caring

The senior faculty as a group focused more on the student’s experiences with caring as being the best way to teach about caring. The sophomore and junior faculty all stated that faculty role modeling was the best way to teach caring, whereas only three of the seven senior faculty interviewed identified role modeling as the best method. The experiences of the students, use of real examples from clinical, and reflections and discussion of the real situations that students had during clinical were listed by some senior faculty as the most important ways to teach caring.

Chris said that the most effective way to teach caring is through the student’s own experience. She stated, “I think it’s experiential. That’s the most effective way. They can see it and really experience it and get some empathy developed for the situation.” Chris
also said that she role models caring as she works with students, clients and the client’s families.

Nancy said that the most effective way to teach caring centers around getting the senior students actively involved in the classroom and in clinical. In the classroom setting, Nancy said she does not lecture students and instead she uses group activities such as gaming and case studies that focus on the nursing process and caring. According to Nancy these active learning strategies promote critical thinking. In the clinical setting, Nancy believes the best way for students to learn caring is through their own caring experiences, “Engaging them in active participation, giving them situations and having them identify caring interventions…allowing them to experience clinically situations for caring. “

Judy teaches caring to her senior students through discussions of caring. She said that discussing caring is important because each student will have unique stories to tell. She said, “Everybody’s going to have a little bit different feel on what their ideas of caring are and how they demonstrate caring.” Judy said she tries to get students to define caring within the nursing profession and then have the students discuss how they use caring within their own practice. Judy also uses positive reinforcement with students: “I really try to compliment my students and really encourage them when I see them doing a caring act…I really try to reinforce that.” When Judy sees caring acts, she tells students, “This is good, you give me goose bumps when I see that. This is what nursing is; now you’ve got it!”

Role modeling and making the caring core concept overt to students were the ways that Karen identified as most important in her teaching of caring. She said,
I just make it overt and say these are the thing I expect you to look at and why are they helpful to you…As seniors, they really know—well, they know they can spout off the carative factors. They can tell you what they are and they can give you wonderful examples of them in their journals. They write excellent examples of developing a helping, trusting relationship and how important that is. They can talk about that and other elements of it. So I think it’s becoming part of them.

Karen discussed making caring overt with students through discussion, journaling, active participation, and use of the clinical evaluation tool. She expects the students to explain how they used the caring theory and carative factors with their clinical experiences.

For Tess, the best way to teach students caring is through discussion. She also said that seeing examples of caring and non caring also help students learn to be caring nurses. Tess said she tries to engage her students in an active discussion about their patient and how they are implementing holistic caring within the context of their clinical practice.

Faculty: Teachers of the Teachers of Caring

The senior faculty said that family, Watson, graduate school, nurse role models and nursing faculty were their teachers of caring. Four out of seven senior faculty members listed family as instrumental in teaching them about caring. Two of the senior instructors reported that Watson taught them about caring.

Joyce said, “caring was never addressed when I was in nursing because I graduated in the 70’s.” She said when she went back to graduate school 20 years later that she learned about caring theory and nursing theory.

Nancy also said that she became a caring nurse first due to her family, and she said her parents were good role models. She discussed foundational caring and
professional nurse caring. This faculty member from a large family said, “I grew up in a loving, caring environment.” In regard to caring within the context of nursing she was fortunate to have good role models as a beginning nurse.

Karen said that she learned about caring from Jean Watson. She said that Watson really fit with how she was as a nurse, “It was very easy to slip right into Watson once I discovered her, because that’s exactly how I have used nursing my entire life.”

Rose said that she learned caring first from her mother and her family. She described this family caring as “foundational”. Rose also said that she learned caring as a nurse mainly from Watson. Rose learned about caring from reading Watson’s book and articles, faculty discussions, and hearing Watson speak during faculty development meetings at the college.

Faculty: Definitions of Caring

The most frequent concepts used to define caring by this senior faculty were respecting the person and viewing each person as a unique individual. Four faculty members defined caring using those concepts. And similar to the junior faculty, three of the senior faculty said they define caring similar to Watson’s caring theory. Some faculty members said caring was defined as using a holistic approach and meeting needs. Caring outcomes, use of knowledge, decision making, and use of the scientific method were also used by some of the faculty to define caring.

Chris defined caring emphasizing the action needed:

To me caring is demonstrated or it means compassion, respect, empathy. It’s pulling all those pieces together to look at the person as a whole and to show them that they’re individualized and important. I think it’s pretty much how Watson defined it and it is well integrated into our curriculum.
Nancy also said that caring is related to empathy and holism. She listed respect, dignity of the individual, empathy, and holism, positive outcomes of the nursing process, and advocacy as key components in her definition of caring. From her many experiences, she said, “I think that because of my experience looking at healthcare from all sides, from clinical practice, from my managerial background, from the financial standpoint, I really value and realize the importance of caring.” She said that “Even though healthcare may be very fragmented in many ways, the nurses have to hold dear to their values and advocate for the client.”

Karen defined caring as “an attitude and an approach, both elements, of how you identify and work with the clients.” She explained her definition as “caring to me is an attitude that you bring to the interaction with the client respecting the person and then it’s a process of the scientific method and decision making” to implement caring. For this senior faculty member, caring is both value-laden as well as action-oriented, and her definition links caring with critical thinking and knowledge as well as with Watson’s theory of caring.

Faculty: Meaning of Caring in this Curriculum

Watson’s caring theory and holism were the two most frequently mentioned themes when the senior faculty discussed the meaning of caring within this curriculum. The senior faculty similar to the sophomore and junior faculty listed Watson’s caring theory as important to this curriculum. Holism was discussed by four of the senior faculty members interviewed as an important concept linked to caring. Other meanings of caring in this curriculum included: caring as foundational, caring by faculty role models,
personal experience with feeling cared for by the faculty, and implementation of caring and meeting needs.

Chris said Watson is the base or foundation, and that caring is respect, empathy, compassion and holism. She said it’s “pretty much how Watson, defined it, and it is well integrated into our curriculum.” Chris said the students see caring in action by the faculty when in the classroom and clinical areas.

Nancy said that the faculty try to role model caring for the students and try to “instill that value of caring within the students, recognizing individual dignity, welcoming and embracing diversity.” She said that with the nursing shortage the students need to be “ready to go” following graduation they need to be “fully functional, in terms of their skills that from the faculty perspective I believe there’s more to nursing that just skills, the caring component has to come forward.”

Judy, who has been teaching in this college for one year, said that seeing her fellow instructors in class and clinical and how they integrated caring with their students helped her to be a caring educator. She discussed feeling cared for by the other faculty as she was oriented and welcomed by the other faculty. Judy said caring is reflected throughout the curriculum and that Watson’s theory of caring meshed well with her own philosophy and beliefs about nursing.

Rose, who has been at the college since it’s inception, said that caring is the foundation of every course and that “by using those caring concepts in every clinical, it helps them think about what they are doing.” According to Rose the caring needs to be in the overt curriculum so that students learn about caring with patients and families as well as caring for oneself and colleagues.
Faculty: Rationale for Teaching Caring

The senior faculty members as a group mainly equate caring and nursing, saying that it is the essence of nursing and the foundation. According to these faculty members, nursing is a caring profession, and that is why students need to be taught how to care within the context of nursing. Two of the senior faculty also discussed the art and science of nursing and align caring with the art of nursing. Those that discussed the art and science of nursing said that both are necessary for good nursing. One person said that caring as a nurse is taught so that patient outcomes will improve, and discussed the benefits of caring in returning the patient more quickly to a healthier state.

Joyce, when asked to explain the reasons for teaching caring, said she was worried because students come with many biases. According to Joyce, it is hard to teach them to be caring but she tries to “change some of that prejudice and teaching caring can be difficult.” This senior faculty member said that in the real world of nursing in the hospital setting, “there just isn’t enough time and also I think the nurses are exhausted. I don’t think, caring is just not up in the priorities.” She said she tries to teach her students to go “above and beyond” their normal nursing duties. She said, “I share with my students, you are the advocate and it takes a lot of energy to be an advocate and to be an advocate means that you care. You’re the only person at that time that is speaking for that patient.”

Chris equates nursing excellence to caring. Caring, according to her, is the essence of nursing and she described the science of nursing as important but said that the art of the caring role of the nurse “is our great honor and it is one of our great roles in nursing. So caring has to be there to be an excellent nurse.”
Nancy too said that nursing is art and science, and “part of the art is having the ability to demonstrate caring with the technological advances that are being made in health care.” This faculty member said that “Yes, skills are important for nursing but it’s that other piece of our art that can definitely impact the progress of the client.” Nancy believes that caring can help the client more quickly return to a healthier state. She said teaching caring is “important especially today when you’re moving patients so quickly through health care systems.” She concluded her rationale for teaching caring with, “And I believe that those little things that you do for clients make a huge impact on how they respond, how they comply with their medication regime, with their treatment protocol, that trust is very important.”

Karen equated caring and nursing when she said, “Well, to me that’s what nursing is all about really.” She said she could not imagine nursing without caring, “I mean I can’t imagine nursing void of caring. It wouldn’t be nursing…So I think caring is the essence of nursing and whether you were in Watson’s framework or another person’s framework, that is what nursing is all about, is caring.” Karen discussed that caring as defined by Watson is also her definition of nursing.

Faculty: Caring Development

When the senior faculty were asked if their ideas about caring have changed since their formal education, the majority said that with maturity and experience their ideas of caring have also transformed. Some said that they are able to put words with their ideas of caring, making formerly covert ideas overt. Through life experiences, nursing experiences and nursing education these senior faculty members each expressed some further development of their caring ability.
Joyce said that she did learn more about caring and holism in her graduate program. For this nurse, graduate school provided a time to critically reflect on her previous nursing experiences, and she said it made her think more about the caring aspects of her role as a nurse. Joyce said she always cared for her patients but did not always do so holistically and did not consider their family or look beyond the individual patient.

Chris said her ideas about caring “have grown from the narrow focus to the broader focus that allows you to look at people more acceptingly.” This faculty member said that now as an educator she uses caring with her students and then role models caring for the students when she is in the clinical setting. She said that as she has matured as a nurse, she has learned “to accept people as they are and to do what you can do to care for them in that circumstance.”

Nancy said she has changed and that her ideas about caring have grown since she has held many different positions in her nursing career. She discussed when she was a staff nurse that patients were in the hospital for ten days for cataract surgery and diagnostic work-ups, during which she really had time to learn about and establish a good relationship with the patient. She said that now many surgeries are outpatient and that as people move through the healthcare system so quickly it is sometimes difficult to connect with patients. Nancy reflected “So if anything it made me value more intensely the need for that caring attribute.”

Rose said that what has changed for her since her formal education is her increased ability to put the caring into words. She feels that she has always been a caring nurse but that now she “can put words to what it is. Well, I can certainly put it more
scientifically. It’s more abstract when you talk about it than when you actually do it.” So with experience and further knowledge of caring theory this faculty member discussed her increased ability to articulate overt caring.

Faculty: Evaluating Caring in Student Nurses

The senior faculty said they evaluate caring in their students through observation. Six of the senior faculty interviewed said they observe students and look for caring in action and one discussed relying on mentors to assist her in evaluating caring. The majority of senior faculty also said they use discussion and reflection with students to evaluate caring as well as the clinical evaluation tool. Two faculty members said she looks for the student’s insights into the situation.

Chris said she observes her students and attempts to identify “their ability to demonstrate psycho-social support…their interactions with a client, that they’re respectful, their interactions about their clients with other students and the health care team.” This senior faculty member said she evaluates her students through direct observation and said, “On paper, it’s very different; to me it’s the real action. I evaluate on their interactions and their ability to intervene.”

Judy said that she looks at the student holistically to evaluate caring. “Watching the whole” for Judy means observing the student’s activity, interactions, how they communicate, facial expressions, body language, demonstrating to the patient that they care, and seeing that they get nursing care done on time. Judy gave an example of a student who had a patient that yelled frequently and said he felt the staff didn’t care for him. The student “made it her mission” to care for this patient. According to Judy, the student developed a caring relationship with the patient and “it’s just amazing to see—
and he trusts her. I mean he’s told her things he hasn’t told anybody…she truly has demonstrated I care about you as a person.” Judy said that this example explains what she is observing for in her students when she evaluates them on caring.

Rose said that during the leadership course she is currently involved in, she has to rely on the student’s clinical mentors to evaluate caring: “I have to rely on the mentors, the preceptors that they’re with and they have an evaluation form and that’s part of that, their interactions with the patients and the families.” Rose also said that the students evaluate themselves on their clinical evaluation tool and she responds to their self-evaluation.

Tess observes if the student is meeting the patient’s holistic needs and she notes if they are spending more time in with the patient than at the nurses desk or conference room. This senior faculty member feels that if they “write in their journal something about this person that I didn’t know about, then I know they’ve been in there and they’ve really been caring for the person.” According to Tess, insight and knowledge of the patient by the student nurse would reflect the trust, communication, and time spent with the patient to truly get to know about the patient and what issues are important to them, thus demonstrating caring.

SENIOR STUDENT NURSE INTERVIEW PARTICIPANTS

Six senior students participated in the study, and all were given fictitious names to protect their identity and confidentiality. All of the senior students had previous college experiences and five out of the six students were currently working part-time as PCAs in either hospitals or home health care agencies. These senior student participants had the most health care related work experience.
Diane was the oldest student at age 54 and was not working at the time of the interview, prior to entering her nursing education this married woman with one child had 30 years of experience as a medical assistant and held an associate’s degree in medical assisting.

Jody, 23, had previously worked at a bank, and then at a children’s hospital as a PCA for one year. At the time of the interview she was working part-time as a PCA for a home health agency. Jody had previous college experience for 1 ½ years at two different colleges, with most of her coursework in business.

Mark was the youngest senior student at age 22, and was currently working at a children’s hospital as a PCA and had worked there for the past three years. Prior to that time, he held various part-time jobs in retail. Mark had two years of previous college, lived at home with his nuclear family while in college, and said that his sister was a registered nurse.

The other male senior student was Bob, 27, who has worked as a PCA at the affiliated hospital for the last 3 ½ years. Bob had been to two different universities for slightly over three years and was unable to settle on a major area of study. Bob had held retail jobs and fast food jobs prior to entering this college of nursing.

Paula was 24, married with one child and was currently working part-time as a PCA at the affiliated hospital. This student, too, had previous college experience for two years prior to entering this college. Paula had worked in an office setting doing data entering before her current PCA position.
Liz, 23, was also working part-time as a PCA at the affiliated hospital and had been working there for 3 years. Prior to enrolling in this college of nursing Liz had two years of previous college at a large university and had worked in retail.

DESCRIPTION OF SENIOR STUDENT NURSE INTERVIEWS

Students: Learning Caring

The senior students discussed what they had learned about caring during their earlier years of their nursing education and then they related caring as part of their nursing role in practice. All these students reveal in their own words that they have incorporated caring into their nursing experiences and their thinking. Each one of them reveals caring as essential to their practice as a nurse. These students, who are just weeks away from their graduation and beginning practice as nurses, seem to have taken on the role of the new nurse and are able to articulate how caring fits into their practice of nursing.

One of Diane’s sophomore instructors was the first one who taught her about caring, empathy, and assessment of holistic needs. Diane discussed taking time to actually think and reflect on caring within the role of the nurse. Diane said that all the rest of her instructors over the years have built on that foundation of caring. She said she has learned that nurses need to care for the individual but they also need to care about their technique and their role as a nurse.

Jody said that she has learned how to care for patients through her nursing education. Jody said that being a caring student nurse helps her “relate to my patients more, they actually know that I care and develop that helping trusting relationship.” This senior nursing student discussed the importance of caring for the whole person and
spending time with the patient. Jody honestly spoke about the beginning course on caring, saying,

> Our sophomore year we’re learning about caring—we had this whole class which we all dreaded going to because it didn’t seem worthwhile. But now looking back, you can tell it was worthwhile. We just had to learn about all the different theorists, a lot about Watson and a lot of case studies.

Jody said that every week of clinical she had to say how she implemented Watson’s carative factors and how she could improve. She said the evaluation tool is there to reinforce the caring that she has learned all along during her nursing education.

Mark responded enthusiastically when asked what he has learned about caring in nursing:

> Oh, wow! It’s really the backbone. I’ve learned that you can have all the knowledge in the world about anatomy, and drugs, and you can have all the technical knowledge in the world, but I’ve learned that to be a nurse, if you don’t have that foundation, that desire to care for the person aside from all the technical jargon, you’re not going to be effective as a nurse.

This senior student said that “Foundations of Caring” was his first nursing course, as a beginning nursing student he realized that since it was the first nursing course that caring was important. This student discussed that he has learned Watson’s theory of caring and that the entire curriculum is based on caring.

Bob also said that caring is what nursing is all about. He said he has learned “that it’s the most important aspect of nursing. It’s important to establish relationships.” This senior student who himself has received nursing care for cancer said that the nurses who worked with him inspired him to become a nurse. This senior student said that he has learned that nursing is more than the physical nursing tasks. Bob said his faculty have
taught him physical skills “that we have to do for our patients but that we have to do it within a caring environment…we have to care for their mind, spirit, family.”

The sophomore “Foundations of Caring” course was cited by Liz as instrumental in her learning about caring and holism. Liz said this curriculum has helped her learn how she can be nonjudgmental and caring with patients who come from different backgrounds than hers. Liz said that through learning about caring as a nurse,

I think they kind of allowed you to develop your own sort of idea of how you should be a caring nurse by giving you different instances, situation on how you should care for the patient—by giving you the definitions and then letting you come to your own understanding of caring.

Students: Can Students Learn Caring?

All of the senior nursing students believe that caring can be taught, but all of them qualified their answers saying that caring was already within the person. Diane said that students can be taught caring but that “when students come in, especially to this program, I think they already care.” Diane said that even though she came to this nursing program as a caring individual, her caring “was just enhanced through the education.” During her nursing education this senior student said that she learned to care for patients, but she also said that she learned the importance of caring for herself. She said, “Every single instructor here has said that you’re not just taking care of the patients, you need to take care of yourself.”

Jody said that “you can be taught the principle of it and like the different carative factors.” This student said that you can teach the caring theory but that caring is” part of your personality and has to be part of your nature.”
This senior student discussed that caring involves choice, as she said,

So I mean I think everybody has the ability to care. It’s their choice whether they want to be good at it or not. It’s not that I don’t think they can be taught caring. I think they have the ability to do it. I just think some people choose not to and some people choose to.

Liz discussed foundational family caring and then caring within the context of nursing. She explained that the caring is within the person, but for her, caring was expanded to the role of the nurse, through her education. Discussing learning caring as a nurse, Liz said:

I think they teach you, in the curriculum, how to care in a different way, how to care for the patient in ways that you had never seen before. I think it is important to have that base but then turn that base and look at here’s another way you can help the patient, their family. They kind of open it up so you can look at it in a different perspective, in a broader perspective.

Students: Best Method to Learn Caring

Senior nursing students all stated that clinical experience has been the best way to learn about caring. Role models were mentioned by one of the six senior students as the best method to learn caring. Many sophomore and junior students said that observing role models was the best way for them to learn about caring. The senior students who are more independent and experienced in their clinical practice have matured as student nurses and seem to be taking on the role of the nurse, and therefore may be less influenced by role models that the younger students who were still learning and trying to find their own identity in the role of the nurse.

Diane said that the clinical aspect of practice has helped her learn about caring. She said that, “Patient caring, I have to think maybe going back to med-surg. Learning how to take care of the patients, caring about the whole patient, and the pathophysiology
part of that patient and then it comes to the family.” She said trying to work with patients and seeing “what was actually happening in that patient, trying to understand that process, how that body was working and what was happening emotionally and psychologically to that patient” were the ways she learned about caring that were most helpful to her.

Jody said that giving real examples from her clinical practice helped her reflect on the carative factors and taught her about how to be a caring nurse. This senior student said that identifying the carative factors on her clinical tool each week from her clinical experiences “makes you conscious of the carative factors and how it is you are caring for the patient.”

Mark discussed that as he became more confident in the nursing role that his ability to care for patients was enhanced. He said that clinical was the best way to teach him about caring and his comments were focused on his own implementation of caring practices:

Well, like I said before, definitely the clinical aspect, actually being out there and being made part of a team. A lot of times as students we are intimidated, or we’re nervous, or we’re scared, or maybe we don’t feel quite ready to be part of a care giving team, but by making us do that, that has been most effective for me.

Clinical was discussed by Paula also as the best way to teach caring. She said, “the clinical experience more than the classroom because you’re actually seeing people in their environment and you’re learning how to act” as a nurse. This student said that her own clinical experiences helped her learn about caring as well as seeing role models in the clinical setting, including staff nurses and her instructors. She said that reflecting on her caring behaviors with patients was helpful as she implemented caring strategies.
Students: Teachers of Caring

Similar to the sophomore and junior students the seniors discussed family as teaching them about caring. Five senior students discussed foundational caring learned through their family. Faculty were listed by five students as the teachers of caring within nursing and four students said they learned caring from staff nurse role models.

Instructors and staff nurses were discussed by Diane as her teachers of caring. She said, “I think community nursing really has the caring process down pat. I think our instructors care and the nurses out in the community really, really have that caring aspect.” This senior student named three specific nursing instructors who taught her how to care within the context of nursing. She said, “it’s just nice to see instructors practicing what they preach!”

Jody said her mother, who is a nurse, taught her how to care, and she said her caring family was also important to her. Jody also said that one of her sophomore nursing instructors helped her initially learn about caring. Now she has a good senior nursing instructor that has role modeled caring, and this student is trying to incorporate caring at a higher level now. She did discuss a few staff nurse negative role models, but she said explained their lack of caring by saying, “I think it really is hard to try to give that caring aspect when you have nine patients and you’re running around trying to get everything done.” Jody said that caring “takes time and effort.”

Mark said that the instructors have taught him caring by their caring for him. He said, “instructors going above and beyond the call for me as a student, opening their office doors and extending themselves to make sure that we, all our educational needs are met. And that teaches caring, too.” Mark explained that his fellow students have taught
him about caring. He said, “I mean there are many of us who, if we see someone struggling in class or struggling in clinical or just struggling with everyday life nonsense, fellow students, we’re there for each other.” He said, “Yes, it’s the instructors teaching us but it’s also each other helping each other out.”

Paula said that family and parents first taught her about caring; she said, “Before I chose nursing, I’ve always thought of myself as a caring person and this college has just allowed me to expand that caring knowledge.” Family and friends were listed as instrumental in teaching Paula about caring, and she said that “there are some instructors who have been a good example, good nurse role models.”

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Table 4.3: Senior nursing students and teachers of caring.

Table 4.3 shows that the senior nursing students believe that family, which includes parents, is important to teach them about caring, and two specifically said their mother was instrumental. Instructors were listed for five out of six students, and four mentioned that staff nurses were teachers, with some negative staff role models that
taught one student how not to be as a nurse. Fellow students and friends were also mentioned as teachers of caring for two students.

Students: Definitions of Caring

The senior students in their definitions of caring emphasized the actions of caring such as being present, listening, spending time with the patient, establishing a trusting relationship, using knowledge and theory when caring for patients, and teaching patients and their families. Two senior students said that Watson’s theory of caring was part of their own definition of caring and two discussed the holistic perspective when defining caring as a nurse. The senior students caring examples, which reflect their definitions of caring, explain how these students understand and implement caring within the context of nursing and will be used later in the analysis section.

When asked her definition of caring, Diane said simply that caring is “identifying what an individual is going through at that time and trying to help them or guide them through it.” In her further reflections on caring, Diane discussed listening to the patient and considering all of their needs using a holistic perspective. This student linked caring with empathy, saying, “the real issue of caring; not just doing your job, but actually feeling for the patient and feeling for the family.”

Jody said that caring for the entire patient in a holistic manner is important because “if you don’t care for the entire person you’re going to fail that patient somehow.” She continued saying “If you’re not taking care of that whole person then it could increase their healing time or delay progress.” Jody defined caring as using the holistic perspective and discussed the negative effects that occur when there is a lack of caring.
Mark said that caring is the “backbone” of nursing. This senior student said that “Caring really is the foundation of who we are, what we are and what we do.” Mark said that a nurse can be technically competent but without that caring foundation, “You’re not going to be effective as a nurse.”

Bob defined caring as “the most important aspect of nursing.” This student said that “it’s most important to establish trusting relationships” with the person to be cared for. He said that caring is about giving and being involved with the patient. Nursing must be done in a “caring environment,” according to Bob, and he said that nurses have to care for the person’s physical needs as well as caring for their mind, spirit, and family.

Students: Caring Development

Most of the senior nursing students interviewed felt they came into the nursing program with caring. Many students said that their ability to care has not changed but they qualified their responses by identifying ways that they have increased their knowledge and ability to care in the role of the nurse.

Diane said that her ideas about caring have not changed over the course of her nursing education, but that her nursing program “just probably reinforced what I already believed in.” She continued, saying, “Watson’s explored a whole lot more than I ever did. I don’t think, when I came here, I don’t think I thought of caring in all those aspects” For this student “Jean Watson just opened up new avenues, you know, you knew that they were there already, but you just never thought of them in that way.” Diane said that Watson’s framework has been helpful to her as she cared for patients and families.

Jody answered “yes and no” when asked if her ideas about caring have changed during her education. She said that she came with ideas of caring as a nurse but they were...
limited to “being nice” to patients, and making sure their physical needs were being met. Now, as a senior nursing student, she said her ability to care has grown and that caring means “making sure all their needs are met, physically, mentally, spiritually, so it’s becoming more specific and I’ve learned how to care in different ways and approach things more tactfully and be comfortable talking with patients.”

Mark was the one of two senior students interviewed who said “no” without further clarification of how he had evolved in his ability to care as a nurse during his education. He said, “I would say no. I still feel the same now as I did when I walked in the door, that it’s what a nurse is all about and like I said, if that’s not what you’re all about then you don’t need to be a nurse.”

Paula said she came with caring when she entered her nursing education and as she progressed in her education, she said that nursing knowledge helped her develop into a more caring student nurse. She cited her classroom knowledge as being instrumental and was the only senior student interviewed that answered “yes” that she had grown in her ability to be a caring nurse.

Students: Support for Caring

All of the senior students reported that peer support was important and helped them to learn about caring. The majority of the seniors discussed faculty as being supportive and wanting them to succeed. Four seniors said that “yes” they were supported and felt cared for by the faculty and the other two students said that “most” of their faculty supported them during their education.

Diane said that because of her age (54) she felt as if she really stood out among her fellow students. She said of her peers “A lot of them say I’m their mom at school.
They’re just great.” Diane calls her fellow students “kids.” She said “I mean these kids are absolutely amazing. They’re so strong and they really care. I think most of them came in with that, but it was enhanced through the education.” This student said she advised students who needed extra academic help to go to the instructors involved because she learned early on that for her that was the best way to avoid problems. Diane said she offers support and advice to her fellow students and she seems to enjoy the role of caregiver as the most mature member of the senior class. She explained instructors always told students “Call me or come by and see me” and “My door’s always open, just come in” This student said she did go see faculty as she needed to, and that added to her educational success. She said “You know what? This is what I did and it worked!” Diane said that she valued the good access she had to her instructors, who were helpful to her as she progressed through this nursing program.

Jody said that being a transfer student from a larger college made her value this smaller college. This student said the faculty have been caring and helpful and that she has developed some close relationships with some of her professors who have listened and encouraged her. Jody said “I’ve developed close relationships with my peers, too.” She said that her group of friends do care and support one another and that they have helped her through this program.

Mark said that he does feel that peers support and care for each other in this program. This student said that fellow students help each other study, review and explain material. He said this about his fellow students “I think everybody really teaches everybody else a little something about how to care.”
Paula discussed her first college experience at a small private college where most of the students were 18 years old and just out of high school. She contrasted that with the diverse student population at this college and said that interacting with such a diverse student population has helped her to interact with her patients who were also a very diverse group. Paula also discussed the positive effect of her clinical instructors who have inspired her because of their passion and enthusiasm for nursing. Paula also said that she felt cared for by her peers. She said the majority of people care about each other and “a lot of them will make really good nurses...Their hearts are in the right place.”

As a transfer student, Liz said that for the first two years of her college experience at a large university made her feel a number. Liz discussed the faculty support at this college and said

    Here I feel like my teachers actually know me and they can actually can approach me and say “well I think you’re doing well, but do this instead.” And I feel like they can actually look at me as a nurse and say, “Well, this is great but you need to work on this.” I just feel that they’re very approachable.

This senior student said she appreciated the one-on-one help that has been available to her. Liz said that the faculty who have taught her in class and clinical know her and give her constructive criticism, “They’ve watched you practice and care. So I do feel really cared for”. Liz commented that the faculty was very approachable and the her educational experience has been “very caring.”

In summary, the presentation of the data reviewed the organizing framework of this college’s caring curriculum, the setting for the learning environment, and the description of the required nursing courses. The three years of the nursing curriculum were reviewed through the course content and the descriptions of the faculty and students
perceptions. The data was presented in sequence to display the progression of the students as they experience the caring curriculum. Faculty and student perspectives regarding the teaching and learning of caring were presented from the interviews. These voices of the faculty and students tell the story of how the caring curriculum was experienced.
CHAPTER 5
ANALYSIS OF THE DATA

The analysis of the data will describe the caring curriculum by examining the themes from the organizing framework and written course documents that guide each of the three years of the nursing curriculum. Faculty assumptions regarding the teaching and learning of caring will be presented. Faculty perceptions of how they teach caring throughout the curriculum will be discussed. How students believe they learn about caring within this curriculum will be analyzed and how they progress from understanding Watson’s caring theory to how they use caring and the carative factors in their nursing practice.

DOCUMENT ANALYSIS: CARING IN THE WRITTEN CURRICULUM

ORGANIZING FRAMEWORK

The review of the curricular documents revealed the concept of caring in nursing throughout the organizing framework. The mission statement, college goals, philosophy, program objectives and core concepts all contained caring as part of the formal overt curriculum that was designed and agreed upon by the faculty at this college. Throughout the curriculum, caring as a core concept was defined as central to professional nursing practice. The concept of caring in the written curriculum is viewed in two main ways: valuing caring and putting it into action.
The philosophical underpinnings of this curriculum are religiously based and the central theme of valuing caring is evident. The importance of each individual and of treating them with dignity and respect, are foundational to the concept of caring as it is defined in the curricular documents. The documents also state that caring is essential to nursing and thus the concept of caring is considered fundamental when educating undergraduate nurses. Caring is highly prized by this college and the parent health care institution.

The philosophy of the college also describes how the caring concept is to be implemented. The college philosophy describes caring as the human-to-human interactional process which promotes health. The philosophy also speaks to the actions the faculty must take to create a caring learning environment. The program objectives state that professional nursing practice is based on nursing knowledge, which includes caring theory, nursing theory, and the practice of caring behaviors. Here the theme of theory into practice was manifested by directing faculty to teach the students about caring and nursing theory, and then provide the students with the opportunity to practice caring behaviors.

Five caring themes emerged from the document analysis of the organizing framework. The documents describe caring as: 1) integral or foundational to nursing, 2) a value that is important to this nursing institution, 3) learned best in an environment based on caring, 4) interactional and action oriented, and 5) interactions that help people to maximize their health potential. In this curriculum, caring is highly valued as both a philosophical stance and interactional process that is the basis for nursing.
The value of this concept can be seen throughout the curricular documents as one of the eight core concepts of the organizing framework. Knowledge of caring and the practice of caring are described within these documents. The positive outcomes of caring are also described. The practice of caring includes viewing the patient with a holistic perspective and use of the nursing process. The philosophy, theory, practice, and outcome of caring are described by this college of nursing as one of the core concepts which frames and defines their curriculum.

**SOPHOMORE CURRICULUM: KNOWLEDGE ACQUISITION**

Further evidence of how caring is to be taught within this curriculum is found in the required nursing courses. The concept of caring was reflected throughout the nursing courses curricular documents. The beginning sophomore nursing courses were considered the “caring courses” by both the faculty and students, with both courses teaching the foundation of Watson’s caring theory and the carative factors. This caring theory was taught, along with the holistic assessment, in Nursing 204-Foundations of Health Assessment in Caring Practices, and with health interventions and health teaching in Nursing 205- Foundations of Caring Health Practices. Caring was included in both the course and sophomore level objectives. Content themes of caring presented by the course materials include valuing caring as foundational to nursing, learning about Watson’s caring theory and the carative factors, and practicing caring behaviors. Other caring-related areas of content included developing interpersonal relationships and communication, nursing process, critical thinking, psychomotor skills, assessment skills, patient teaching skills, and holism.
At the sophomore level the students are expected to learn Watson’s (1985) caring theory and carative factors and then applying that caring theory in their lab and clinical practice. The written course materials for both sophomore nursing courses list several methods of teaching caring to students: readings, small group work, nurse and client interviews regarding perceptions of caring, classroom lecture and discussion, role play, practice of assessment and selected psychomotor skills, return demonstration of these skills, written nursing process on assigned clients, written exams, self evaluation and faculty evaluation of lab and clinical performance.

Each week with lab and clinical the students evaluate themselves and they must identify how they used caring and caring theory in the lab and clinical setting. In Nursing 205 the students have more clinical hours per week and are expected to demonstrate caring behaviors, and incorporate caring theory, in their post-clinical written work. Following the student’s self evaluation the faculty also writes comments on the student’s clinical evaluation tool regarding their observations of the student’s caring behaviors and ability to meet the course objectives related to caring.

Thus, as presented in the sophomore level curricular materials, caring revolves around learning Watson’s caring theory, and relating caring practices to the holistic assessment and promotion of health with individual patients. Embedded within Watson’s caring theory is the foundational aspect of caring within nursing and the value of caring to the nursing profession.

JUNIOR CURRICULUM: KNOWLEDGE ACQUISITION

Junior-level courses build on the student’s knowledge of Watson’s caring theory and the carative factors. Caring was included in the course objectives in every junior
nursing course. The junior level objectives also included caring with the expectation that by the end of the junior level the student would be able to demonstrate caring behaviors. Within the curricular documents the content themes of caring are: valuing caring within the context of nursing, understanding Watson’s theory of caring and the carative factors, and applying that knowledge in the practice of caring with patients and their families. There is an underlying assumption that the junior students have a basic knowledge of Watson’s caring theory and the carative factors, and now they must continue to learn how to use caring practices with specific populations of patients and their families.

The Nursing 301-Caring Practices with the Person/Family Experiencing Psychosocial Health Alterations focuses on providing caring interventions to persons/families experiencing mental health alterations. In the teaching/learning methods section of the course syllabus, the need for students to be active participants is emphasized. According to the written course materials, the bulk of the course is conducted in a discussion format, with students giving their opinions and explaining their own experiences. Other educational strategies used with this course to teach caring with the person/family experiencing psychosocial health alterations include: journaling, self reflections, self assessments, case studies, care plans, nursing process, interpersonal process recordings, readings, and written exams.

Caring theory is presented and discussed in the classroom setting, and then students are expected to use that knowledge in their clinical experience with patients and families. Students are instructed to document their use of caring theory and the carative factors in their nursing care plans and in their journals. The journaling students do during
this course is part of their critical thinking exercise, and is to document their understanding of caring for self and others through reflection.

Nursing 302-Caring Practices with the Person/Family Experiencing Physiological Health Alterations, teaches caring practices with patients experiencing health problems related to cell function, tissue oxygenation, mobility, regulatory mechanisms, alimentation, metabolism, and elimination. In this course students are advised to complete all assigned reading and worksheets prior to class and are required to attend all scheduled classes. Laboratory and clinical experience is also required. Student participation during class is listed as vital to knowledge acquisition. Classroom activities to enhance the learning of caring with persons and families experiencing physiological health alterations during this course include lectures, discussions, required readings, self-study units, review of caring theory, case studies, sample nursing process, quizzes, exams, and papers. The nursing process forms and the clinical evaluation tools both have areas related to caring theory and the carative factors for students to document their clinical experience

The focus of caring is evident throughout the course materials of Nursing 303-Caring Practices with the Developing Family, which teaches the students how to care for patients and families experiencing pregnancy and childbirth. The teaching and learning activities used during this course to teach caring with the developing family include: interactive lecture and discussion, audiovisuals, illustrations, class participation, skill practice labs, required readings, written assignments, critical thinking application through nursing process papers and activities, formal papers, exams, and clinical practice. There is an emphasis on clinical preparation and the use of caring practices during the clinical
experiences. Both the nursing process forms and evaluation tools that the students use for the clinical experiences require documentation of the students’ planning, implementation and evaluation of their caring practices that must be completed each week of clinical practice.

During the Nursing 304 course Caring Practices with the Child/Family, the students learn about child and family development theories and focus on common physiological health alterations that occur with children. The students are expected to apply their knowledge of Watson’s caring theory and the carative factors as they care for children and families. The learning methods used for this course include required readings, small group work, discussion, role-play, seminar sessions, computer simulations, field trips, lecture, community health fairs, written exams, and clinical practice. There is an emphasis on the student’s clinical experiences as they use the nursing process on assigned clients and demonstration of caring practices.

Each of the junior courses described above continues to explore Watson’s caring theory and the carative factors as they relate to differing populations of patients and their families as they experience various health alterations. The classroom experience incorporates the caring theory and adds to the student’s caring knowledge taught in the sophomore nursing courses. There is an emphasis in all the junior courses on active student participation in the classroom strategies to learn about caring in nursing.

Theory into practice, with an emphasis on practice, summarizes the approach to teaching caring at this level. The junior level objective related to caring states that students must practice caring behaviors. Each course has clinical hours, and the students are all expected to plan, implement, and evaluate their nursing interventions related to
Watson’s caring theory and the carative factors. Content themes of caring listed in the course materials include implementation of caring interventions, valuing caring, reflecting on caring, and self evaluation of caring behaviors. Students are expected to consistently use caring interventions with all their patients and families in the clinical settings. Each course requires weekly clinical paperwork which is meant to correlate the theory with the student’s clinical practice. More specifically, the written work documents the student’s ability to utilize critical thinking process and employ the concepts of communication, caring and nursing process. The sophomore students could be considered beginners at caring and are expected to use caring behaviors with individuals with a focus on assessment and prevention or primary care. However, junior students are expected to expand their caring practices knowledge and use caring theories, research and strategies with patients and families with changes in their health. The junior students are expected to use caring theory for prevention, treatment and rehabilitation related to the course specialty areas.

SENIOR CURRICULUM: KNOWLEDGE ACQUISITION

The senior level courses continue to be based on Watson’s caring theory and carative factors. Caring appears in the course objectives of every required senior course. Students at the senior level are to expand their caring knowledge to different populations of patients, communities, and the leadership role of the nurse. The senior level objective states that students will practice caring to promote the health of individuals, families, communities and populations. This lofty goal is to be achieved, according to the written documents, by application of theoretical knowledge. The theoretical knowledge related to this level objective includes “utilization of quality care, measures of care and caring,
economics of caring and impact to care delivery, development of caring environments which includes professional development, and caring theories applied to communities and populations” (Appendix J). Content themes of caring in the curriculum include: valuing caring theory, application of caring theory with individuals, families, communities and populations, caring for self, others, and the profession of nursing, and understanding the use of caring theory related to nursing leadership.

Nursing 401: Caring Practices with Person/Family Experiencing Acute Health Alterations, focuses on caring interventions for the patients and families experiencing complex health alterations related to tissue oxygenation, regulatory mechanisms, and metabolism. Caring during crisis, and the impact that crisis has on patient, family and caregiver is explored. During this senior course the impact of advanced technology, resource allocation and related moral, ethical and legal issues are discussed. The course documents state that students are expected to be actively involved in their learning in both the classroom and in their clinical experience which, according to the course syllabus, will help the students in their transition from student practice to professional practice of nursing. The educational strategies to teach caring and the other concepts in this course include lecture, audiovisual presentations, group discussions, role play, demonstrations, case studies, and gaming.

Watson’s caring theory is integrated into this course. Faculty expect the students to use the caring theory and carative factors when working in clinical with clients and families. Watson’s textbook is not required or suggested reading in the course syllabus so there seems to be an assumption that students come with the caring knowledge base from the previous sophomore and junior level nursing courses. The course objective related to
caring states the student will use Watson’s Theory of Human Caring when working with patients and families. The senior students must document how they use Watson’s caring theory each week in clinical with the written nursing care plans and the self evaluation tool.

The senior leadership course is Nursing 402: Caring Practices within the Leadership Role, which explores how nurses become leaders. Leadership and management theories and concepts are introduced as well as the influence of political, legal, and economic systems on nursing. This course incorporates concepts of caring for the nursing profession, the community, self, and others. Educational strategies to promote the concept of caring in Nursing 402 include: lecture, discussion, audio-visuals, small group activities, critical thinking activities, research paper and presentation of the paper to class, clinical experiences and reflection.

The clinical evaluation tool the senior students use each week asks them to reflect on their ability to design caring strategies in the nursing leadership role. The sub-objectives listed on this tool provide guidance, and relate directly to some of Watson’s (1985) carative factors. The evaluation tool asks the student to: a) function as an advocate in the nursing role to promote the health of individuals and groups of clients, b) develop a humanistic-altruistic system of values, c) nurture faith and hope in clients and significant others, d) develop a helping-trusting relationship with clients and significant others, e) promote acceptance of expression of positive and negative feelings, f) recognize and acknowledge feelings through cultivation and sensitivity to one’s self and others, and g) promote interpersonal teaching and learning. (Appendix N). When these senior nursing students work with preceptors in the clinical area, the preceptor is asked to evaluate the
student nurse’s ability to implement caring strategies. The caring emphasis is on the student’s clinical practice and actual implementation of caring in the leadership role of the nurse.

The community nursing course, Nursing 403: Caring Practices within the Community, explores theories and principals related to public health and community health nursing. The clinical experiences offer an opportunity to provide caring nursing interventions to persons, families and groups in the community. The caring course objective relates to practicing caring in the role of the professional nurse in a community setting. Once again the focus of the caring theory is on application of the nursing caring theory to the clinical experience within the community. Educational strategies to promote caring theory include: required readings, lecture, discussion, observations at community health agencies, written nursing process assignments, exams, class participation, community assessment assignment, and client assignments. The bibliography of the course syllabus lists Watson’s 1985 book as required reading for this course.

Caring is integrated throughout the units of study for this course with an emphasis on implementation of caring practices and interventions. The student’s weekly clinical evaluation tool asks the students to evaluate themselves on their ability to practice caring and use the carative factors. Both clinical instructors and preceptors evaluate the student’s ability to demonstrate the theory of human caring in the practice of professional nursing. The application of Watson’s caring theory and the carative factors in various clinical community settings is the focus of the caring content related to this community health course.
Nursing 404: Caring Practices With Person/Family Experiencing Chronic Health Alterations, explores chronic health problems, and how long-term illness affects the person and family involved. Caring is focused on implementation of caring interventions with patients and families that are experiencing chronic illnesses. The course objective related to caring links caring theory with the holistic practice of nursing. The senior students are expected to use caring interventions using a holistic approach. Watson’s 1985 textbook is required reading for this course which uses the following educational strategies: lecture, discussion, group activities, audio-visual aids, and student presentations. This course also requires the student to write a weekly professional reflection related to their clinical experience. The entry must include the carative factors used to support their clinical practice.

In summary, Watson’s caring theory and carative factors are woven throughout all the senior-level written course documents, and senior students are expected to use their knowledge of caring theory in their nursing practice. The nursing practice that occurs at this level becomes much more complex, as students care for people with acute health alterations, chronic health alterations, and crisis situations. Senior students are introduced to the role of nurse leaders and must apply caring theory as they explore this expanded, new role. Caring is also to be applied in public health and community health settings, which may mean developing nursing care for larger groups of people, communities, and populations. Active learning is required of the senior nursing students in this year of transition from student nurse to professional graduate nurse. Course methods to teach caring and nursing knowledge used in the senior courses include: critical thinking activities, research papers with student presentations, and student presentations of
selected concepts. The use of caring theory and carative factors is part of the weekly clinical expectations, and must be documented in the nursing process, evaluation tool, and in some courses in the journaling and reflection papers related to the student’s nursing practice. Students in the senior year are expected to practice caring behaviors and provide a caring environment within their nursing practice. According to the behavioral outcomes for the senior level core concept of caring, the students through their caring nursing practice must support and promote holistic health when interacting with patients, families, communities and populations.

SUMMARY OF DOCUMENT ANALYSIS

Caring is a core concept that is woven throughout the organizing framework of this curriculum. The four of the five main themes related to caring in the organizing framework can also be found in the written documents at the course level. The one theme that is not written into the course documents is that of creating a caring learning environment. This theme is a directive for the faculty to create such an environment where caring is supported and encouraged within the courses that students experience. The written documents of every required nursing course reflect the other four caring themes that emerged from the document analysis of the organizing framework. The nursing course curricular documents describe caring as: 1) integral or foundational to nursing, 2) a value that is important to this nursing institution, 3) interactional and action oriented, and 4) interactions that help people to maximize their health potential. The concept of caring is discussed in general in the organizational framework, whereas the specifics of teaching caring according to Watson’s caring theory and the carative factors are written in the course materials for each required nursing course. The sophomore,
junior, and senior required nursing courses all have educational objectives related to caring. The required nursing courses are based on traditional curricular methods of using behavioral objectives. However, critical thinking and the overt process of teaching caring theory allow more focus on not only the end to be accomplished, but the process of how to implement the caring theory. Each level of nursing course also has level objectives regarding caring and what students are to achieve by the end of each year of study. These end-level objectives all relate to the practice of caring behaviors.

According to the written curriculum, the sophomore nursing students first learn about caring within the context of nursing by defining nursing, with part of that definition reflecting that caring is the essence of nursing. Students are expected to read and learn about Watson’s 1985 caring theory and carative factors, and understand that the nursing profession, this faculty and college highly values caring. Sophomores begin to use caring behaviors and the carative factors in role play in the skills lab, and when working with patients in their beginning clinical practice. Students are expected to learn the caring theory and then put that knowledge into their beginning practice. By the end of the sophomore year students are to practice caring behaviors to promote health with individuals.

The junior level written curriculum reviews the valuing of caring as foundational to nursing. The knowledge of Watson’s 1985 caring theory and the carative factors is now expected, and the students are to already come with an understanding and base of how to use the caring theory with individual patients. The practice of caring at the junior level expands to new groups of people which include the patient and their family. Junior students are to learn how to implement caring practices for persons and families with
psychological health alterations, physiological health alterations, healthy
children/families and those with health alterations, and persons/families experiencing
normal and abnormal childbirth. Journaling about caring and an emphasis on the
students’ active participation in class are expected at this level, as students expand their
knowledge of caring theory, nursing, and implementation of a caring nursing practice. By
the end of this year juniors are to practice caring behaviors to enhance the health of
individuals and families.

The senior-level curriculum builds on the student’s knowledge of Watson’s caring
to theory, carative factors and valuing caring as foundational for nursing. The seniors are
expected to apply and expand this caring knowledge with more complex clinical
situations and larger groups of people, such as communities and populations. During this
final year of nursing education the senior students work in complex clinical situations
with acutely ill and chronically ill patients and their families. Other new areas of practice
for these senior students are community health settings and working with nurses in
various leadership roles. The practice of caring and the outcomes of implementing caring
behaviors are emphasized within each of these courses. The valuing of caring is expanded
in the senior level curriculum as students learns about caring for not only self, others, and
community but also the profession of nursing. By the end of the senior year the students
are to use caring behaviors to with individuals, families, communities and populations.

Caring is a core concept within this curriculum which has been woven throughout
the organizing framework and the required nursing courses. Every document reviewed
and analyzed for this study has contained some discussion of caring as an important part
of this nursing curriculum. The meaning of caring in this curriculum is both value-laden
and action-oriented. Caring has been described as a core concept central to the practice of professional nursing which encompasses the nurse’s connection with the patient and ability to implement competent, holistic care. In sum, the faculty are to provide a caring learning environment and teach the student about Watson’s caring theory, carative factors, and how to implement caring within the context of nursing. The students are to learn and understand that caring is integral to nursing, learn about Watson’s caring theory and the carative factors, and to implement caring behaviors to promote the health of individual patients, families, communities, and populations. By the end of the program the students are expected to practice caring behaviors within the nursing process to promote health.

ANALYSIS OF CARING LEARNING ENVIRONMENT

The physical setting for learning was described in detail in the presentation of the data. The environment of the college as stated before is totally focused on the student nurses in this program, and provides many signs of caring from the faculty such as open office doors, posted office hours, sign-up sheets for conferences, study sessions and multiple resources for learning and study opportunities.

Students were observed helping students in the lounges each week the researcher was present. Student caring was also observed on a regular basis. Small groups of students would gather to study together, and then work together on nursing process, evaluation tools and journals. Every time the researcher was present in a student lounge there were groups studying, talking and helping each other with some academic, related issue.
The classes observed allowed for an easy flow of discussion from the faculty and students. In all observed classes the faculty and students were addressed by name and treated with respect. The sophomore class was a traditional teacher-led, power point presentation with related small group activities for the students. The faculty member and students asked questions and discussed related issues. Both the junior and senior classes observed were student-led presentations, and following the presentation the class asked questions and discussed the material. The faculty member would also ask questions and add related information. In all three classes the students appeared to feel free to ask for clarification, give their opinions, or relate an example that they had experienced. The faculty observed appeared to be expert teachers, who could either lead the class or help the students lead the class. Students appeared comfortable in the role of learner and class presenter. During the classes the researcher attended and observed the teaching and learning environment reflected a caring learning environment based on the trusting, respectful relationship observed between the faculty and students. The mission statement and college goals charge the faculty to create a caring learning environment which will enhance the learning of caring and nursing. From the researcher’s observations, the environment created appears to be one that enhances the students’ ability to learn.

Overall, the faculty interviewed were committed to the teaching and learning of caring, supporting caring in their students and each other, and implementing caring behaviors to help create a caring learning environment. Researcher observations revealed many of the students experienced faculty and peer support for caring and learning, and were treated with respect in that learning environment. The environment is but one part of the students’ experience that helps to immerse them into the culture and socialization
of becoming a caring nurse. An underlying assumption in this curriculum is that caring can be taught and learned as a core concept in the overt curriculum of nursing, and that a caring learning environment enhances the success of that effort. This college places the teaching and learning of caring as one of eight core concepts that defines and guides this curriculum. The environment in which the teaching and learning of caring occurs, was observed to be student-focused, respectful, supportive and thus caring.

THE TEACHING AND LEARNING OF CARING

The overt curriculum of caring was designed to give voice to caring theory, meaning to the value of caring in the role of the nurse, and provide a guiding framework as to how to implement caring theory in nursing practice. With curricular directives about the teaching and learning of caring, the faculty implement the caring curriculum through the required nursing courses. The teaching and learning of caring in this college of nursing will be discussed and analyzed using the voices of the faculty and students that were interviewed. Faculty assumptions about students and caring will be explored. The faculty perceptions of teaching the caring theory in the classroom and clinical settings will be discussed and how the theory becomes action oriented and applied to nursing practice. Student perceptions of how caring is learned will be explored and how students explain their practice of caring in the student nurse role. Students’ voices of caring will be discussed as they express their understanding of caring and share exemplars from their educational experiences and beginning nursing practice.

FACULTY ASSUMPTIONS REGARDING TEACHING CARING

The faculty members interviewed believed that caring within the context of nursing can be taught. However, faculty discussed some of the difficulties in teaching
caring to students. The majority of the faculty members discussed the fact that most students either come with a foundational understanding of caring from their families and upbringing, but some do not. The faculty said that most students believe that they are a caring person and they want to learn to help people by becoming a nurse. Those students understand the human-to-human connection that occurs in a family and know what it feels like to be cared for and to care for someone else. They know caring behaviors within the context of family. Some of the faculty discussed the rare atypical student who comes into the college without a foundational understanding of caring. Those students may learn the words of caring, but may have problems implementing caring in their role as student nurse. Sue, a junior level faculty member said “I think people have a tendency to either be that way or not and that’s from their upbringing and their values they come with, and that’s hard to influence that in just the eight weeks that I have them…I think most of them, basically I feel that, they are caring individuals, but a few of them I question”. This faculty member said that she works with all her students to implement caring behaviors during clinical, and talks with students about how they can be more caring in the role of the student nurse.

Most students seem very comfortable in caring for others in their role as a student nurse. One of the sophomore faculty interviewed, May, said that many students “pick up” on what she teaches about caring theory and the carative factors, and she sees these students implementing caring behaviors. She said that these students, who seem capable of implementing caring early on, are expanding the foundational caring they learned as children and using caring theory within the context of nursing. These students, who May says “come” with caring “now are able to put that caring into words and recognize what
they had experienced and learned as a child and expand that caring into the role of a student nurse.” Another faculty member, Pam, who teaches junior students, said “I think that to some extent you can foster caring, but I think the genuineness, that I believe now is important, they have to come with it.” Pam said that students “at least have to have a spark that you can ignite” and she maintains that what she does is try to foster the foundational caring that students come with and expand it into caring within the context of nursing. Bev, a junior faculty member said that most students come into nursing because “they want to make a difference, they want to take care of someone. They may not understand all the aspects or have a nursing view or a holistic view of how things impact the patient, but they are open to learning about caring.” Chris, a senior faculty member also discussed that the majority of students come with foundational caring, but that caring in nursing is unique, and students need to expand their knowledge of caring as they learn the philosophy and theoretical basis of caring in nursing. Karen, who teaches senior students, said that students need to be open to learning about caring as a nurse, which includes learning about Watson’s caring theory, the carative factors, and the related nursing interventions. She describes students building on their foundational values and attitudes about caring within the context of a family, and now expanding their knowledge about caring within the context of nursing.

Most of the faculty assume that students come into nursing with some type of foundational caring experiences from their family and upbringing. Students need to be open and receptive to learning in order to expand their knowledge about caring from the family or foundational caring, to caring within the context of nursing. The understanding of what caring is within a family, both being cared for and being the caregiver, is a
helpful foundation for students as they transition into the role of the nurse. Most of the faculty discuss students entering this college with caring and then they discuss how student learn about caring in nursing through learning about Watson’s caring theory and the carative factors.

**FACULTY TEACHING CARING THEORY: CLASSROOM**

During the sophomore year the faculty teach Watson’s (1985) caring theory and carative factors during the first two required nursing courses of this curriculum. This first year of nursing courses is where the theory is presented in detail. The subsequent years of this nursing program build upon that foundational knowledge of the caring theory, but it is in this sophomore year that students are expected to read, discuss, understand and learn Watson’s caring theory and the carative factors. According to the faculty interviewed, teaching sophomore students about caring begins in the classroom setting where the faculty guide students through lecture, readings, discussions, exams, written assignments, and case studies with examples of Watson’s (1985) caring theory and the carative factors. Even though this sophomore year seems to be the critical year for students to learn about Watson’s caring theory and the carative factors the majority of the sophomore faculty interviewed were brief about the classroom teaching of Watson, and focused more on the clinical and actual application of the caring theory knowledge. Students are expected to practice using caring behaviors when they are role playing in the skills lab doing holistic assessments and practicing basic nursing skills. Students learn about caring theory in the classroom and skills lab settings and then they learn how that caring is used in the clinical areas with patients.
One sophomore faculty member, Joan discussed teaching the carative factors from Watson’s caring theory and how the students call these factors the “c” word. She laughed and said, “The “c” word -- because we teach it so that they use caring principles as rationale for nursing interventions” and she continued that she formally teaches the theory in class and that in teaching the theory she actually put words to her own ideas about caring as a professional nurse. This faculty member said Watson’s carative factors are “gospel for what we teach the students.” Also in the classroom the faculty shows the students how to use their written self-evaluation forms for clinical. Joan stated “We actually give them a written form they follow as a guide to try and guide it into their thinking so that it just becomes second nature.” She discussed using case studies and examples to show students in the classroom how to use the carative factors when planning care for patients. Linking theory into practice occurs in the beginning nursing courses to encourage students to learn how to apply the caring theory. The faculty interviewed said they teach with examples of what the nurse might say or do to implement caring behaviors in a hypothetical nursing situation.

May said that she teaches caring in the classroom setting and that the theory is learned by giving voice to the caring with words. The words, the ideas, and concept of caring are made real as students mature and are in the actual practice setting with faculty who model the caring. Lori discussed students learning the carative factors based on Watson’s theory of caring. According to this faculty member learning the caring theory is important but the real significance is “what they do with it [caring theory] in clinical and how those thing are not just words on paper.” Lori also discussed the other area she stresses with sophomore or beginning students: “We talk a lot, especially in the first
weeks about what nursing is.” She talked about dispelling myths that the students come with from images of nursing on TV and she said that the caring theory helps students to understand what it is that nurses really do. “So that it’s being there, it’s listening to the patient.” She tries to teach these beginning students that they will have a unique opportunity to connect with their patients. This faculty member discussed the classroom knowledge as foundational and then emphasized the importance of students actually observing and implementing the carative factors in the clinical setting.

The classroom teaching includes how the students are to plan their nursing care for patients using the nursing process. Holism or viewing the person as a whole versus a fragmenting focus is taught as part of the caring theory and as a core concept in every nursing course. Holism and nursing process are taught to the students beginning in the sophomore year and will be used throughout the students’ education and practice as a graduate nurse. Faculty teach the nursing process which includes: holistic assessment, planning goals and nursing interventions, writing the rationale for the plans, implementing the nursing interventions and evaluating whether the goals were met. The sophomore faculty teaches the carative factors that are used to guide the planning of nursing goals and interventions and are used as rationale for the nursing interventions. Sophomore students are learning this problem-solving technique of the nursing process (including caring theory) first in the classroom, with examples and case studies, and then in the real situation of caring for patients. Critical thinking and problem solving are needed to plan the nursing process whether it is for a hypothetical learning example or for an actual patient.
The junior faculty all said that they depend on the students coming into their required nursing courses with a foundational knowledge of Watson’s caring theory and the carative factors. Most of this junior faculty discussed reinforcing the theory and concepts in their classroom teaching and giving examples of how to use the caring theory with individuals and families with health alterations related to each individual course.

Sandy, who teaches in the Caring Practices for the Developing Family course said she teaches caring in the classroom during the orientation to this course. She discussed teaching the philosophy of caring and the implementation of caring “that needs to be a part of all their nursing care behaviors and interactions.” She cited the carative factor related to teaching and learning, and said that this carative factor “is the most common in our maternal newborn care where we do a lot of teaching… those teaching caring interactions, are really critical opportunities to really enhance the health of our families.” Sandy said she teaches students to consider the entire family and use holistic caring. “It looks at people in a holistic format as opposed to segmenting people or just looking at one aspect.” This junior faculty member said she teaches students that “caring is nursing which brings the whole picture of health together.”

Terry, another junior faculty member, believes that caring theory can be taught in the nursing classes, but that it has to be planned learning, not “hit and miss.” She said in order to teach caring the faculty needs to “start with what the concept of caring is, what the students think caring is, and what Watson thinks caring is.” She said that you teach caring “almost the way you teach heart failure, it has defining characteristics, there’s manifestations of caring and noncaring, and you teach that. You teach it the way you teach nursing process.” She said that caring as a nurse is a learned skill which can’t be
taught only once, “You have to keep reflecting back on it.” Terry said she teaches caring in both the classroom and especially in the clinical setting where the classroom theory becomes integrated into practice.

The senior faculty count on the students coming into their nursing courses well grounded in Watson’s caring theory, the carative factors, and with the ability to implement caring behaviors with individuals and families. In this final year of study the senior faculty tries to expand the students’ knowledge base to more complex nursing situations, such as acute care, chronic care, community care, care of populations, and leadership roles of the nurse. The emphasis of caring theory is application to the new clinical settings these senior students are experiencing and the new leadership roles that they are introduced to in this senior year.

Judy said in the senior classroom that caring is presented with the orientation to the nursing course, but then she facilitates a discussion with students to define caring, their philosophy of nursing, and explain how they as students incorporate and demonstrate caring. At this point the senior students are expected to be able to discuss caring as it relates to their own nursing practice. Karen said that students have learned the caring theory as sophomore students and “so now by the time they get to be seniors, we have expectations.” Those expectations include knowing Watson’s caring theory, the carative factors and how to implement a caring nursing process with patients and families. Karen said she teaches critical thinking and “you’re using her [Watson] theoretical framework as you teach your med-surg conditions, so it’s integrated.” Karen discussed the fact that caring theory is in the formal, overt curriculum saying “we try to make it as overt as possible”. Several of the senior faculty discussed the fact that the
senior students are well-versed in the carative factors, can recite all ten of them, and can give examples of how they use the carative factors.

Overall, the faculty described Watson’s caring theory as a good way for students to learn about caring within the context of nursing. Watson’s carative factors provide a framework for understanding and learning about the practice of nursing and caring. According to the faculty, the classroom teaching of caring theory is important so that the students, even as beginning nursing students, learn that the profession of nursing and this college of nursing values caring as being the essence of nursing. Through classroom activities the sophomore students are introduced to Watson’s caring theory and the carative factors. The junior and senior faculty interviewed discussed how their students come with a fundamental knowledge of Watson’s caring theory and how they reinforce and work to expand that knowledge in their nursing courses. The concepts of holism, nursing process, and critical thinking are integrated throughout the teaching of the caring theory. The faculty teaches the importance of linking the classroom caring theory into the students’ nursing practice on each of the three years of study.

The classroom environment was also discussed by many of the faculty. Faculty members discussed the importance of creating and maintaining a caring learning environment and the importance of faculty-to-student caring behaviors. Most of the faculty expressed their belief that students need to experience firsthand caring, respect, and support from the faculty in order to increase learning and their understanding of caring in the context of nursing. Karen a senior faculty member said that Watson’s caring theory is “an attitude and an approach, both elements of how you identify and work with the clients, and for me, in the classroom, that’s the students.” Many faculty
members said that in their role of nursing instructor their clients are students as well
patients and health care staff. The caring learning environment in the classroom and skills
lab setting was consistently identified by faculty as being important to facilitate learning
about caring.

FACULTY TEACHING CARING: CLINICAL

As discussed in the presentation of the data when faculty were asked to identify
the most effective way to teach caring, the most frequent response was faculty role
modeling in the clinical setting. Discussions both pre- and post-clinical hours were
thought to be helpful as well as the written nursing process, evaluation tool, journaling
and catching the student in the act of caring.

Historically the teaching of caring was part of the informal curriculum where
faculty members would role-model caring behaviors in clinical to “show” students how to
interact and implement nursing procedures and actions. Caring behaviors were usually
not discussed, either in the classroom or clinical, in formal dialogues between students
and instructor. Sometimes words were spoken about caring, but usually it was part of the
unspoken knowledge of nursing that was taught happenstance at best. Learning about
caring was truly “hit or miss” with students who might observe caring behaviors from
faculty and staff nurses and then try to emulate those behaviors in their own practice.

In the current curriculum, the teaching of caring is planned teaching in the
classroom and clinical setting. The students are taught theory and then are expected to
use that theory every day that they are in the clinical setting. Written nursing process and
evaluations and pre-and post-conference discussions integrate the caring theory into
practice in every clinical experience. Faculty use the written, overt curriculum tools, the
role modeling of caring theory, and the carative factors for teaching the students. The faculty give voice to their own professional nurse caring and discuss how the students can and do use caring in their practice. Several faculty members say they enjoy “catching the students in the act of caring” and they discuss what they observed and how they support and encourage the students to continue with those caring behaviors.

Several participants discussed how caring was to be implemented by the students during their clinical experience. Prior to each clinical experience, the faculty require written nursing process plans that students must complete stating what the student will do within the clinical experience and how they will use the carative factors with their patient. The faculty members also require students to evaluate themselves in writing following the clinical experience every week. Students must say how they implemented the caring theory and which carative factors they used during clinical as well as how they used them to provide nursing care to their patient. The written nursing process and the clinical evaluation tool reinforce the faculty’s commitment to teaching caring and several faculty members discussed the importance of reinforcing caring with the students every clinical experience in the hope that the caring role of the nurse will become part of each student nurses’ practice.

May discussed working with the sophomore students as they give their patient care and then right after their clinical experience in post-conference pointing out to the student examples of how the student used caring theory with the patient. She also discussed role modeling so students can see how she uses caring in the clinical setting. She went on to explain how the students must “identify every week how they cared for their patients and identify specific actions that they did that would be examples of
Watson’s carative factors.” This is done in post-conference time with this instructor and on the student’s paperwork or documentation to be turned in following their clinical experience.

Carol talked about teaching sophomore students to be caring in their clinical experiences. As the clinical instructor she treats the students with respect and uses caring behaviors with the students, “If you’ve treated the student that way, then hopefully the student will go out and emulate the same thing with a patient or with another student that’s having a problem.” Kathy said she teaches caring in clinical by discussing what the sophomore student can do with their individual patients that will demonstrate caring. She also engages the student in a discussion of their holistic assessment of the patient and points out some examples of words or actions that may be appropriate for the patient. She has students observe her as a role model, “having them observe my caring behaviors - offer yourself.” The final way Kathy discussed teaching caring to students was by treating her students with respect and caring in the hope that the student will treat the patient that way. This was discussed in the caring literature as a “trickle down effect” that has been used by nursing faculty to teach caring, by caring for the students (Beck, 2001).

Beth, a junior faculty member who teaches in both classroom and clinical said that “in the clinical setting, we make caring come alive!” She teaches pathophysiology in the med-surg course which is taught around body systems, but that with each health problem reviewed nursing care and how to implement caring interventions is included. But Beth said “I think that more of the teaching of caring is in clinical where I see the students and discuss what I’m doing with the patient.” Beth talked about being in clinical with students and role modeling caring with complex patients who have several IV lines,
oxygen and monitoring devices: “I try to show caring by always focusing on the patient first and then I’ll deal with whatever else is in the room.” She talked about showing students how to first establish a trusting helping relationship with the patient by treating the patient as a person and not just focusing on all the machines and technology. She said she role models for her students so they can see how to be a “caring professional”. Terry discussed similar ideas as a junior faculty member who also thinks role modeling is how caring is taught. She said in clinical she models caring for students by first developing the trusting, helping relationship, by “not approaching them as sick people but relating to the person as a person first.” Terry said that caring is part of her, but “sometimes you get so into that caring that you forget to talk out loud with students about what it is you’re actually doing and why this is caring.” This comment triggered Terry to say that she was going to try to discuss with her clinical students next week Watson’s carative factors and how both she and her students used them in clinical. Terry was honest about the fact that she role models caring when she is with her clinical students but does not always discuss or give voice to that caring with her students.

Bev, another junior faculty member discussed the importance of role modeling caring and said “I want students to catch me in the act of caring…recognizing that tender touch, soft words, taking extra time to meet some little need even if it’s a busy day.” This faculty member also discussed “catching the students in the act of caring” in the pediatric clinical setting where she teaches and supporting and encouraging those caring behaviors.

Senior faculty members say that teaching caring by role modeling is important but many also included the students caring experiences in their own clinical practice, their active participation is vital. Nancy, a senior faculty member said the most effective way
to teach caring is by “engaging them in active participation, giving them situations, having them identify caring interactions, allowing them to experience clinical situations of caring.” Rose discussed students coming into the senior year with knowledge of caring and she said that each nursing course is a “caring course” which teaches and reinforces Watson’s caring theory. She explained that in every clinical she has students examine their caring behaviors “to help the student understand that caring is the foundation, you have to care about your patients, the family, you have to care about yourself, and your colleagues.” Senior faculty members described the role modeling of caring in clinical and many also discussed how important it was for the senior students to experience caring interactions with patients, families, and communities as they continue to expand their knowledge of caring within the context of nursing.

All faculty members interviewed spoke about various role models they had in either nursing school or in the work setting. Most faculty members learned caring from role models which faculty identified as the most effective way to teach caring. Most of the faculty interviewed learned about caring theory in graduate school. Only three faculty members interviewed said they had not heard of caring theory or Watson’s theory of caring before employment at this college. None of the faculty interviewed learned caring theory in their undergraduate curriculum. Many discussed learning how to be a caring nurse by role models, usually instructors but some said they didn’t learn how to be caring until they were working as a nurse and either had a caring mentor or “good staff nurse” role models with the “good nurse” label linked to caring. The learning of caring through role modeling that faculty experienced seems to underlie, in part, their selection of role modeling as the best method for teaching caring to their students. Not surprisingly, the
faculty emphasized teaching caring as they themselves learned how to be caring nurses. Teaching content in the way that they learned it themselves may be comfortable and familiar for these faculty members. The caring theory into practice and how that caring theory is implemented was discussed as faculty move the teaching of caring theory from the classroom into the clinical areas.

SUMMARY OF FACULTY TEACHING CARING

All the faculty members interviewed expressed a firm commitment to teaching caring. Every participant discussed the value and importance of caring as essential to professional nursing practice. Clearly, this faculty values caring. Most faculty members said that usually students come into nursing with knowledge of foundational family caring that they have learned during their upbringing and that if students are “open” to caring that they can teach them about caring within the context of nursing. Faculty discussed the importance of a caring educational environment that will support and enhance the students’ ability to learn nursing and caring theory. Faculty believe that they can teach how to care within the context of nursing using Watson’s caring theory and the carative factors. They qualify this by saying but they cannot teach a student to be caring because they believe that is the choice of the individual. They say they can teach students caring behaviors, actions and interventions to use as a nurse but they cannot make them implement that with patients.

Faculty discussed the importance of students’ understanding and learning Watson’s caring theory and the carative factors which are first taught in the classroom and skills lab setting. Classroom activities of required readings, lectures, group work, role playing, gaming, and written papers are most often used to teach this content. The faculty
work to connect the caring content with holism, holistic assessment and care, the nursing process, and critical thinking. Linking theory to practice occurs as students apply the carative factors with patients in the clinical settings. The clinical teaching of caring involves faculty role modeling so that students can observe the caring theory in action. The students must prepare for the clinical experience in part by formulation a nursing process which includes planning how the carative factors will be used during their clinical experience and then actually implementing those caring behaviors and actions with patients. The use of holistic assessment and care, critical thinking, and individualized care must also be integrated with the caring nursing process. The faculty observe the students and reflect on the caring they see the students implementing. Faculty support the student’s efforts and try to catch the students in the act of caring. Most faculty discussed giving voice to caring as they point out caring to students from self, the students, and staff. Most of the faculty said they ask students to reflect and think about their caring nursing practice with every clinical experience. Faculty use pre-and post-conference time, journaling, and the written clinical paperwork to help students learn about caring. The sophomore and junior faculty overwhelmingly said that faculty role modeling was the best way to teach caring. The senior faculty said they use role modeling but they also said that senior students learn caring through the active participation in their own nursing practice.

In sum, the teaching of caring in the classroom is reinforced by faculty role modeling and the students’ actual practice of caring in clinical. The caring learning environment was viewed as important by the faculty in both the classroom and clinical setting. The two areas in combination, the knowledge acquisition of Watson’s caring
theory and carative factors in the classroom along with the clinical experiences which places the caring theory into practice, explains how this faculty teaches caring in the overt curriculum. Linking the classroom knowledge directly to the clinical practice of the students with reflection, discussion, written explanations and evaluation of the caring practices strengthens the understanding and reinforces the importance and essential nature of caring within the context of nursing. By deliberately planning and implementing caring as a core concept in this curriculum the faculty give caring a voice to be used by the students as well as themselves, to discuss, reflect, and have words to use when thinking, talking or writing about caring. This adds meaning for students who are being socialized and enculturated into the role of the nurse. If caring is truly essential to nursing then there must to be words, concepts, theories, philosophical perspectives, caring actions, caring behaviors, and caring interventions that can be observed, identified, explored, learned and discussed. Teaching caring by overt methods as proposed in this curriculum and implemented by the faculty gives voice and meaning to caring within the context of nursing.

STUDENTS: LEARNING WATSON’S CARING THEORY

The caring theory of Jean Watson is a core thread throughout the curriculum at this college of nursing. Watson’s (1985) theory includes ten carative factors that the students are instructed to use as they can with their patients. The students discuss learning caring through their nursing courses which include both classroom and clinical settings.

The sophomore student nurses interviewed perceive caring theory as helpful. They are beginning to find their own caring voices as they begin to learn about their role as a nurse. One sophomore student, Sara discussed what she learned about Watson’s
caring theory: “it helps to read it and see what they have to say, kind of guide us in what
to do and how to handle things.” Sara said in her first nursing course caring was taught by
talking about caring, and now “it’s more they teach us how to do an assessment in a
caring way, what to look for. They incorporate what kind of caring things we can do.”

Another sophomore student, Jane, explained that what she has learned about
caring theory makes her feel better prepared. She said she understands “why you need to
care and how you need to care. You’re better prepared for caring. I’ve always been a
caring person, but I could never put it into books, or like words.” Kate, a sophomore
student, described automatically using some of Watson’s carative factors: “we always do
in a caring trusting relationship and we always write on that every week, like faith and
hope… I always do those things without even thinking about it.”

Sara talked about learning the caring theory first in the classroom, then discussed
being instructed on how to incorporate the caring theory into clinical. Jane articulated her
realization that now she has words to put with her ideas about being caring. Kate stated
that for her the caring theory has just “kind of grown in there now”! She voiced her
caring as she has evolved from constantly thinking about making sure she included caring
into clinical practice to just using the caring theory and carative factors, “we just do it.”
Her ability to practice caring behaviors is becoming part of her as she takes on the role of
the nurse.

All five of the sophomore students interviewed discussed Watson, the caring
theory and the carative factors. Each of these beginning students were developing caring
voices. They all seem to perceive the caring theory as valuable, and were beginning to
incorporate the theory into their own practice.
The junior students interviewed discussed how they continue to learn about Watson’s caring theory and how they apply the theory in their clinical practice. Becky, a junior student said that learning about Watson’s theory has increased her ability to be a caring student nurse. “The whole Jean Watson theory that helps me learn how to care – kind of presented in a step-wise fashion of this is how you care.” She describes her learning of the theory as “how” she learned caring as a nurse. Becky said she first learned about Watson in her sophomore year from required readings and case studies and that caring is integrated into the junior year too. “It’s on our evaluation tools that we continually have to apply the carative factors for our nursing practice.” Becky then gave an example of the helping/trusting relationship carative factor and said “every patient I encounter I use what she [Watson] was saying about caring and establishing that relationship.”

Pat, a junior student, said that Watson’s theory of caring helped her define caring: “it made me realize what caring is.” Tina reflected that caring is “the main theme” in this curriculum. She said that she’s learned that “nursing is academic and science plus caring, it’s like both, you have to put the science with the caring and that’s like what the nurse is.” Both of these junior students discussed taking a course sophomore year on caring and Watson’s caring theory, and discussed beginning to apply the theory into practice. Now as juniors they focus more on their clinical reinforcement of the caring theory and carative factors with each junior level nursing course.

When Joe, another junior student, discussed learning about Watson’s caring theory and the carative factors, he linked caring theory with holism, nursing process, and critical thinking. This student said that caring theory is ingrained in this curriculum.
“You’re forced to think about it [caring theory] every single time you care for a patient…how can I care for this person, meaning all of their holistic needs.” Joe explained that he uses the nursing process and critical thinking when planning and implementing caring theory. Don, too, said that caring theory is “integrated into each course, that the caring has been emphasized as far as looking at the patient through a holistic view.” This student linked caring theory with holism as well as critical thinking. Don said that caring theory classes “help make the wheels turn in your head” as he processes his own thoughts about putting caring theory into his own clinical practice.

The senior students interviewed also explained that they were taught Watson’s caring theory and the carative factors in the sophomore year and that they continue to learn how to use this knowledge in their senior courses and clinicals. Diane said that for her Watson’s theory helps her reflect on all the caring aspects of the nurse. She said that learning about caring theory “just opened new avenues” and made her think in a new way. Jody said when she was a sophomore student she thought learning about caring was not important. She said “but now looking back, you can tell it was worthwhile.” This senior student explained that she has friends in another nursing school who learn about systems theory and are expected to apply that in their nursing practice much like Jody uses her caring theory in her practice. Jody reflected that she thinks of her patient as a person not a system and cares for the person holistically “I think about how I do caring … I can’t imagine thinking any other way.”

Mark, a senior student, reflected that as a sophomore student he knew caring was important at this college because it was one of the first nursing courses that he took. He said “in my mind what they’re saying is since it’s the first one you take, it’s the most
important.” He discussed learning Watson’s theory and how he has continued to use it throughout his nursing education.

SUMMARY OF STUDENTS LEARNING WATSON’S CARING THEORY

All of the students were able to discuss Watson’s caring theory and the carative factors that they learned first in their sophomore year of study. Sophomore students discussed that learning the caring theory has enabled them to articulate caring and learn about caring in the context of nursing. They said it opened up a new way to think about caring. All discussed how they are beginning to implement caring behaviors in the clinical setting. Sophomore students also discussed observing faculty role models of caring in clinical and how that helps them to learn how they should care in the role of the nurse.

As a group, the junior students were able to discuss their continuing knowledge acquisition of Watson’s caring theory and the carative factors with the majority explaining that they learned caring theory in their sophomore year and that they continue to practice caring theory in every clinical experience during their junior year. Many said that Watson’s caring theory was integrated into every nursing course they have taken and that it continues to be an important component of the curriculum and their nursing practice. Two of the junior students interviewed directly linked caring theory with holism, critical thinking and the nursing process. These junior students described the importance of using these concepts as they work with patients and families in their clinical settings. One junior student reflected on her understanding of the profession of nursing saying that the caring theory has helped her realize that nursing is academic, science and caring, that all three are necessary for nursing. The junior students discussed
expanding their ability to use Watson’s caring theory and the carative factors in their clinical practice. As juniors they pointed out that they learned Watson’s caring theory in the sophomore year and now in the junior year they are learning how to expand and use that knowledge within the many clinical setting they are experiencing.

As with the junior students, the senior students said they learned Watson’s caring theory and the carative factors in the sophomore year. One senior student said that he realized that this college felt caring was important because it was the taught in the first nursing course sophomore year. Two of the senior students said they did not see the importance of learning about caring as sophomore students but both said now as seniors they see the value of learning and using caring theory. When discussing the role of the professional nurse both of these students said that caring was essential, that the nurse needs to be knowledgeable, competent, and caring. Several senior students also said that using caring theory was second nature to them, the framework that they use almost without thinking, valued, and essential to use as a caring nurse. The senior students interviewed all discussed how they are able to use Watson’s caring theory and the carative factors in their own clinical practice.

STUDENT EXEMPLARS OF CARING

The students participants were asked to give exemplars of caring. These exemplars give voice to caring within the context of nursing. They provide insight into the students’ understanding and experience of implementing the carative factors. When asked specifically about examples of caring four of the sophomore students gave very brief descriptions from the clinical setting and one student explained a faculty-to-student caring example that she experienced. Sara related her example of caring as a student
nurse: “I try to do little things that I know will make a difference. I’m there more than the PCA or the nurse, so I have the time to do those types of things.” This student’s response reflected her presence and time with patients as a key to caring. She discussed giving backrubs and soaking patient’s feet as two examples of showing her caring with patients. She stated her belief that it is the “little” extras that show the patient she cares. This brief example from this sophomore student highlights the use of time, presence, and implementing comfort measures. This student did not specifically describe the carative factors she used in this example; however, the use of time and presence relates to the carative factors of developing a helping/trusting relationship and using a humanistic, altruistic system of values. The student’s description of providing comfort measures that she calls “little things” reflects her use of the carative factors that provide for meeting human needs and providing a supportive, protective and/or corrective physical environment.

Jane gave a personal caring example: “Ever since I went to school, I’ve had difficulty taking tests… I talked to the instructors here several times about it and they help me. I’d never had someone take so much interest in trying to help.” Jane explained that instructors have met with her for study sessions to help her prepare for written exams, answered questions and overall been open to working with her one-on-one to be successful. She said the instructors “were so helpful and they’ve been there 100%!.” This student said she has learned about caring from her own experiences of being cared for by the instructors, which she said makes her a more caring student in clinical with patients. This example of faculty role modeling and providing a caring learning environment with direct caring behaviors to the student, enhanced this student’s understanding of caring.
Kate described a caring example related to her assessments and health teaching in a local grade school. In her brief example she said “I look at each person and I care about who they are. You go in there and we teach them in a caring way. We let them ask questions, we answer them as best we can without judging them.” This student’s example includes the idea that each person is unique and she offers her time and knowledge as she teaches the students about health while maintaining a non-judgmental attitude. Once again no carative factors were described during this example but the student’s description reflects the use of being sensitive to self and others, establishing the helping/trusting relationship, promoting interpersonal teaching and learning, and accepting the expression of positive and negative feelings, and human needs assistance.

The junior students had more detailed and varied examples of caring which included examples from the students’ own clinical practice, a few from student observations of staff nurses and one faculty-to-student caring example. Some of the junior students did use carative factors in their examples. Kara gave an example of caring from her observation of a “good nurse” who worked on her clinical unit:

Well, I followed a nurse, she comes in, she introduces herself, she asks if they’ve had any problems overnight or if there’s anything she can help with right now. She assesses their pain right away. She gives them their medicine and things like that and let’s them know she’ll be back. She does her hourly check and she kind of—if the patient says something, she just doesn’t blow it off. She’ll investigate what’s going on, is there anything I can do to help you, you know, how long has this been going on, you know, kind of an assessment. That’s what a nurse is supposed to do. And she evaluates—you know, a nurse pulls in social services, pastoral care; you kind of have to have a feel for your client situation to see if they need pastoral care or could they use a home visit from a nurse when they get home. You’re their resource and if you don’t pay attention, they’re going to go home like that. This nurse kind of looks at the whole situation.
Kara’s example includes: the nurse’s presence, taking time, viewing the patient holistically, using the nursing process to assess, plan, implement and evaluate care, critical thinking or problem solving, being competent, viewing the patient as unique, communicating, developing a relationship with the patient, being responsible, advocating for the patient, and following through with nursing actions. This example of caring was far more detailed than any example the sophomore students gave and reflects Kara’s ability to describe caring within the role of the nurse as she observed what she described as a “good nurse”. Although Kara did not describe her example by using the carative factors per se, this example reflects several of the carative factors: using a humanistic system of values, sensitivity to self and others, developing a helping/trusting relationship, allowing for positive and negative feelings, creative problem solving within the caring process, providing for a supportive, protective and/or corrective environment, assistance with meeting needs and allowance for existential-phenomenological-spiritual forces.

Don said he expresses caring by being empathetic. He used his own clinical practice as an example of caring:

I try to be calm with the people, try to let them know they can ask any questions they would like, try not to judge, try to be cognizant of what they’re feeling, try to put yourself in their shoes and think about that when you’re giving care. I think for me it’s been being a student nurse is just spending more time with the patient and making sure all their needs are taken care of. As far as anything, if their family has questions, if they have any questions, just anything that they need, going the extra mile to make them feel as well as they can while in the hospital.
Don’s example of caring includes time, using a calm manner, being open, receptive and non-judgmental, being empathetic, developing a relationship, being holistic, including the patient’s family, meeting all the patient’s needs, and implementing nursing care to help the patient achieve their highest level of wellness. This junior student’s caring example includes the outcome of caring which is to help the patient achieve the highest level of health possible. The carative factors represented in this exemplar include: using a humanistic value system, being sensitive to self and others, developing a helping/trusting relationship, accepting both positive and negative feelings, creative problem solving in the caring process, meeting needs, and providing for a supportive, protective, and/or corrective environment.

Becky, too, gave an example of caring in clinical with her pediatric patients and their families:

The little things you do like if there’s anything they need to make them more comfortable. I know that now we’re doing pediatrics that a big way that we could care for the families and the patient is by making the parents more comfortable. They’d be very anxious if you were to take their child for an x-ray or anything like that. So the best thing to say to them is well, I’ll go down with them and make sure that everything’s OK.

This student said that it’s important for the parents to trust the student and Becky said her role as an advocate for the parents and child is part of the caring. She said “I think one of the biggest things that we can do to care is kind of – being their advocate with doctors.” This student continued that caring can also be expressed by advocating for the patient too, “We just kind of help the patient when they can’t defend themselves.”
Becky said that she expresses caring by

listening, I’ve been told by instructors and patients that I’m a very
good listener and I’m empathetic. You have to establish that
helping/trusting relationship. Granted it’s easier while you’re in
school because you only have 1-2 patients, but that’s something I
hope to carry on in my practices. And no matter how many patients
I have or how busy, to take time to say how are you doing? I like
to have connections with people.

This junior student’s exemplar of caring included: time, presence, listening,
empathy, communication, developing a trusting/helping relationship with the patient and
family, advocacy for the patient and the family, being flexible, and using comfort
measures. This caring example reflected the use of the helping/trusting relationship
carative factor, and described caring behaviors that reflect using a humanistic system of
values, being sensitive to self and others, meeting needs, and providing a supportive,
protective, and/or corrective environment.

The majority (five out of six) of the senior students gave detailed examples from
their own clinical practice when asked about examples of caring. The senior student who
did not give an example from his own clinical practice gave an example of caring he
observed from a staff nurse.

Diane, a senior student, gave a detailed description of caring for a patient with a
colostomy, bowel problems, and a “huge infection.” This student cared for the patient for
three weeks while she was hospitalized, and the student explained during that time, that
she cared for the patient holistically. She described helping this patient feel more normal
by arranging a “spa day.” This special day occurred when the patient was feeling better
and it was close to the time of discharge from the hospital. Following administering the
patient’s medications and prescribed nursing treatments, Diane described helping this
woman wash and style her hair, soak her feet, and do her nails and make-up. During the course of “spa day” the student said

    So I was helping her, bathing her and all that, she was telling me that she didn’t want to have sex with her husband because of the colostomy bag and I said, well you’ve had this colostomy on and off and she said I know but this time it feels worse.

This student discussed the problems the patient was having visualizing having sex with the colostomy bag. They together discussed ways that the patient could adapt to feel more feminine, desirable, confident, and positive about her body. Diane said that the patient really enjoyed her “spa day” and “I think I made a difference.” This senior student recognized that she established a helping/trusting relationship with the patient and that because she treated the patient holistically and with respect, the patient was able to voice her concerns.

    This senior student in this example was able to work with this patient for three weeks in the clinical area, which is an unusually long hospitalization due to the patient’s complications. This student established a good relationship with the patient, was respectful, used her presence and time to care, was competent and knowledgeable, treated the patient as unique, used the nursing process to implement caring, used creative thinking to plan and implement “spa day”, viewed and cared for the patient holistically, considered family concerns, was receptive and nonjudgmental, met the patient’s needs, used empathy, and tried to help the patient feel as normal and well as possible. The fact that the patient was able to discuss intimate topics of concern with the student reflects that the patient trusted the student and valued her ability to help her with her concerns. The caring exemplar describes the caring implementation that Diane accomplished and
the caring outcome for the patient to enjoy some feeling of normalcy which promoted feelings of well-being and hope. Diane articulated her use of one of the carative factors, the helping/trusting relationship that she developed with this patient. Other carative factors used in this example include: using a humanistic system of values, instillation of faith and hope, sensitivity to self and others, allowing for expressions of positive and negative feelings, creative problem solving in the caring process, transpersonal teaching and learning, providing for a supportive, protective and/or corrective environment, and meeting needs.

For Jody, taking time to care, being vigilant, viewing the patient and family holistically, and establishing a helping/trusting relationship were important aspects of this student’s caring example. She said she was “constantly reassessing the patient, making sure that all of their needs are being met, whether it’s physical or emotional. In fact I take time. I don’t try to rush through it.” This student gave an example of a family waiting for a room on the mother infant unit. The student had helped with the mother’s delivery but the post-partum unit was full and the mother, infant and extended family had to be put in a holding room until a post-partum room was available. This student gave the mother and baby nursing care and she kept the family updated on the room situation, saying “yes we know this is not a good situation. We apologize, and you’re going to get a room as soon as somebody leaves.” She felt by being present, genuinely caring for the family, spending time with them and trying to meet their needs that she was helpful in a difficult situation where the family was “on hold.” The student described the mother, infant, and family as not being able to “settle in” to the holding room. This student helped the family transition into a post-partum room as soon as it was available, and she said that the family
appreciated her efforts to provide privacy and comfort. This student described how she tries to express caring:

Like the tone of my voice and my body language, I don’t make them think that I don’t want to be there at all. And I actually think they see the caring, because not only do I address the patient, but I try to address the family, too, and make sure that they realize that I really want to give them the best care I can. They’ll actually know that I care and develop that helping/trusting relationship.

Jody’s example describes how she cared for the mother, the infant and the extended family members. Her caring example included being authentic or genuine, spending time, being present, treating the family with respect and giving them honest information, developing a relationship with the family, advocating for them and following through, holistically meeting their needs, being vigilant, and communicating the desire to give care. The helping/trusting relationship carative factor was the only one that this senior student articulated in her caring example, but the description of her caring actions reflected the following carative factors: using a humanistic system of values, cultivating sensitivity to self and others, using creative problem solving in the caring process, providing for a supportive, protective, and/or corrective environment, and meeting needs.

SUMMARY OF STUDENT EXEMPLARS OF CARING

Four out of five sophomore students related clinical examples of caring with only one student discussing a faculty-to-student caring experience. Brief descriptions were the norm for this group. The sophomore students seemed much more comfortable describing what they were learning about caring as opposed to being able to articulate examples of caring. One student said that the faculty caring for her has helped her understand and
learn about how she should care for others. In one caring example the student discussed trying to imagine herself in her patient’s situation and she said that being empathetic was how she was trying to learn about caring. Two of the students discussed that “little things” are important when caring for patients and they cited time as being important to caring. Both of these two students discussed the fact that as student nurses they have more time to implement these “little things” and extras that may mean a great deal to their patients. One student pointed out the reality of professional nurses versus student nurses when she cited ratios of eight patients to one nurse as opposed to sophomore student nurses who have only one patient. As these students experience clinical they are becoming aware of the temporal and other challenges faced by the professional nurses. The caring exemplars from the sophomore participants included the following caring components: time, presence, comfort measures (“little things”), empathy, being nonjudgmental and viewing each patient as a unique person. The sophomore student exemplars were inductively analyzed and three to five of the carative factors were used in each of the examples. However, none of the sophomore students articulated the use of specific carative factors. At this sophomore level the students are beginning to envision how they want to be as nurses, but are also learning about the realities of being a professional nurse as they observe nurses and instructors during their clinical experiences. These students are beginning to learn about caring, develop their caring voices and their own clinical practice but, they did not articulate the carative factors that they use when giving a caring example.

Overall, the junior students gave much more detailed examples of caring than the sophomore students and the majority of the junior caring examples were from the
students own clinical practice. Six of the nine junior students stated that time was a key factor when expressing caring. Three of the junior students expressed concern over having enough time as a staff nurse to be caring when the nurse patient ratio would increase. As the junior students gain more clinical experience and have increased clinical hours they seem to focus more on observing the role of the staff nurse and can see that having more patients to care for is difficult and challenging. Concerns over balancing their time in order to care was expressed by three of the nine junior students when they were explaining their examples of caring.

The junior voices of caring were more articulate with numerous components of caring discussed. Some of the junior students were able to discuss specific carative factors that they used in their caring exemplars. The junior students’ exemplars reflected five to nine of the carative factors when they described a caring experience. The following caring components were discussed by these junior students: time, presence, holistic approach, nursing process to implement care, critical thinking, competence, communication, develop a trusting/helping relationship, advocate for patient and family, view person as unique, being non-judgmental, being open and receptive, empathy, consider the family, being flexible, meeting all needs, comfort measures (“little things”) and implementing care to help patient achieve their highest level of wellness. The junior students discussed caring for the patient or individual, but these students also expanded their caring exemplars to include the patient’s family. Caring during this junior year of nursing studies is to broaden to include patients and families, and from the junior students’ own voices, that had occurred with these junior students. The junior students’
exemplars of caring mentioned the nursing process including evaluation and the positive outcomes of caring for the patient to achieve the highest level of wellness possible.

The senior students’ examples of caring contained many of the same elements that the junior students’ examples included. Senior students were able to articulate some of the specific carative factors that they used in their caring examples, and their caring examples had 6 to 9 of the carative factors embedded within these caring experiences. When explaining their caring examples senior students said they expressed caring by: presence, time, respecting the person, viewing the person, family or community holistically, established helping/trusting relationships, listening, being non-judgmental, receptive, using the nursing process, creative thinking, being competent, knowledgeable, advocating, consider families, health teaching, being responsible, flexible, using comfort measures, and considering the outcomes of caring.

The seniors in the two caring examples above, both said they implemented their nursing care with the patients but went beyond the regular care expected to meet other needs the patients and families were experiencing. Diane’s patient enjoyed the normal activities that Diane planned for her “spa day” and in the course of those activities was able to discuss and problem solve some intimate concerns the patient had that she had not expressed before. Jody was able to provide as much privacy and comfort as she could to her patients, the mother and the infant, and to the extended family. This student advocated for this family to place them into a post-partum room as quickly as possible. This student frequently checked on the room situation, kept the family informed, and helped move the patients and family into the room. Interestingly, neither of these examples is focused on the typical nursing care that the patients required, but rather on
other issues that were important to these patients. The senior students voicing these caring examples were able to holistically assess the situation and implement caring behaviors that met Diane’s patient’s need for normalcy, and Jody’s patients’ and family’s needs for privacy and comfort. These students, who were near graduation and entering their own practice as graduate nurses, were able to give voice to how they implement caring within their practice. The exemplars they gave reflected their confidence in knowing how to use the caring theory and the carative factors.

STUDENTS: LEARNING CARING IN CLASSROOM AND CLINICAL

All of the students interviewed had both classroom experiences and clinical experiences related to the learning, understanding and use of Watson’s caring theory and carative factors. All three years of required nursing courses have caring as a core concept in every course. Each nursing course describes how students are to learn caring in the overt curriculum and use that knowledge with every clinical experience. The faculty have been charged with teaching the core concept of caring and the students are expected to learn about the core concept of caring. The students interviewed describe and explain the experience of learning about caring within the context of nursing. The students discussed their classroom and clinical knowledge acquisition of caring and the importance they attribute to that knowledge. Several of these students, when trying to explain 1) what they have learned about caring, 2) how they have learned about caring, 3) where they have learned about caring, and 4) with whom have they learned about caring, made similar statements.

At the time of the interviews the sophomore students were all taking the same nursing courses and had completed the foundational caring theory course that introduced
them to Jean Watson’s caring theory and her “carative factors.” The beginning
sophomore students perceive classroom knowledge of caring as helpful and foundational,
but they all continue to relate how that knowledge is further put to use in the clinical
setting. Sara discussed learning about the definitions of caring and reading Watson’s
theory of caring, but added “I learned more in clinical when I could see it. I think I get a
better feel for it when I experience it hands-on.” For Sara, observing caring from role
models and implementing caring behaviors herself were key factors in learning about
caring. Mary, another sophomore student, said that the readings and lectures about
Watson’s caring theory in the classroom are helpful, but she qualified her statement with,
“Like when I first started out in clinical, you feel like an oddball, cause you don’t know
for sure if you’re doing this or that right, but you think about the situation you have, it
kind of clicks.” Emily, a sophomore student, said that the caring theory classes were
helpful as she “learned different ways to convey that you’re caring about someone.” She
too said caring can be taught in class “but I think actually learning to care is something
that you do on your own in the clinical setting.”

The students point to classroom knowledge such as textbook reading assignments,
lecture, role play, and examples of caring as helpful, however there is usually a “but”
following close behind and then the seemingly favorite way that students learn about
caring is expounded upon. The clinical experience and the real situation and setting of
patient care are then discussed. The clinical experiences allowed these beginning students
to observe and learn about the culture of nursing. Observing role models, especially
instructors, was reported as important, and all five of the sophomore students said that
their instructors were their teachers of caring within the role of the nurse. For the
sophomore students interviewed the most important nurses to observe and learn from were their faculty members. These beginning students look to their faculty in clinical to learn the role of the nurse and how to be caring. Students said that implementing caring behaviors when giving nursing care or actually assessing patients was valuable in learning about caring. These students were beginning to apply the caring theory into practice.

Sara talked of the beginning foundation of her learning about caring through her readings which were assigned as part of the classroom content. She validates the importance of that in her learning but concluded that reality and the practical experience are more important to her as she sees caring in the real situation. As a beginning student in clinical she observes others as they care for patients and watches or “sees” how caring is done in a real nursing situation. Beginning students do limited nursing activities as sophomore students and they have time to observe their instructors and other nurses in their various roles. When asked for examples of caring these sophomore students often relate examples of faculty-based experiences they have observed rather than examples of their own caring with patients.

Mary discussed the importance of hearing the classroom knowledge related to caring and then observed how that works for her in the patient setting. Surely all nursing classroom knowledge and theory hopefully is processed by students to ready them for their clinical experiences with patients and the students, even beginning sophomore students, all without prompting, will address how their theory relates to their practice.

Emily speaks to the classroom knowledge of learning the principles of caring and then speaks to the taking on the mantel of caring which is done through action as well as
incorporating the caring into one’s “personality” according to this student. Classroom knowledge is valued differently than the clinical experience, with more importance placed on the action phase of learning about caring.

The students interviewed on the sophomore level of their nursing education about caring relate that the classroom knowledge of caring is helpful and foundational “but” they all continue to say how that knowledge is further put to use in the clinical setting. These students responded that the real situation they find themselves in, when they are in clinical with patients, is the most important arena for learning about caring.

The ideas of caring continue to evolve for the junior students as the clinical experiences becoming more complex. These students continue to integrate caring into their knowledge of what it is to be a nurse. When asked what, how, where and with whom these students learned about caring, these nine students had overall detailed and varied responses.

Kara said the curriculum helped her to learn about caring but she suggests that more could be done. “They really instill it in you, Jean Watson’s carative factors. They start off at the sophomore level…I think they should incorporate it like they do, in all courses.” This student said in the junior year it was integrated in the clinical experience but not the classroom, she said “I think it needs to be incorporated more in the subjects they teach us. We’re supposed to apply that in clinical, which we do, but maybe just re-emphasize it in the coursework would be helpful.” So for this student, caring theory is emphasized in clinical but not in the classroom setting and she would like the caring theory to be brought into the classroom within the context of nursing clients with the particular health alterations being studied.

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Jill said that caring can’t be learned and attributes caring as “a character thing that comes from within.” This student said she did not learn caring at this school but through her own life experiences and upbringing. Jill was one of the few students who spoke negatively about Watson’s caring theory: “I think caring theory is for the birds. I don’t think—I think it’s somebody that has way too much time on their hands and has spent too much time thinking about caring and not actually caring.” For this student the written care plans were perceived as not helping her with caring: “caring is not writing all this down on a care plan. Caring is in the room with the patient, providing care, emotional and physical care.” This student related several observations of staff nurses both positive and negative when she herself was a critically ill patient and she said that she learned from those experiences and observations how to be a caring nurse.

Becky also said that observation really taught her how to care: “I think one of the biggest ways I’ve learned about caring is being in a clinical setting and seeing how not to do it, the wrong things to do really make an impact” This junior student said as a sophomore nursing student she learned caring theory and the carative factors and that in her junior year, “it’s on our evaluation tools that we continually have to apply the carative factors for our nursing theories to our practice for what we do.” This student said that learning about Watson’s theory helped her understand caring as a nurse but the best way for her to learn was through observation of nurses in the clinical setting “seeing those things that you do like and don’t like and you want to use.”

Lisa said that her mother and relatives that are nurses taught her to be caring as she was growing up. She also said that she learned caring from “just my personal experiences over time seeing caring people versus non-caring people, how I would like to
be treated.” From her observations this student said people are “receptive to nurses who treat them not just as a patient, but as a person, and that they have a life outside of whatever they’re in the hospital for.” According to Lisa, respect and the holistic approach with patients are key concepts to caring. This student cited instructors and staff nurses interactions as helpful in teaching her about caring. She also said “There’s a lot in our coursework, too, we talk about, like holistic care and I think it’s really important focusing on that.”

Tina responded that she learned how to care starting in her sophomore year and that in junior year the various caring behaviors are emphasized with each course. One example Tina used was her course related to pediatrics, “with peds [pediatrics], it’s the kids and you have to care for the parents, understand that they’re in stress. In each clinical they teach you how you deal with that kind of nursing.” When asked where she learned caring Tina said “I mean you can teach it on paper kind of, but mostly clinical experience.” This student also said that she came with a caring attitude “so I think I have caring in me, but I never knew the importance of assessment and communication, how to approach people, I learned that in school.”

Joe learned about caring theory from his classes, observations and experiences. This junior student said that he uses the same three carative factors with all his patients and qualifies this with “it’s not that I don’t care about the other seven, it’s just I don’t think that they’re that important compared to the three that are most important to me.” When asked which three carative factors he used, Joe explained developing a helping/trusting relationship, secondly, implementing the scientific process and critical thinking, and finally, “teaching, because every nurse is an educator and if you’re not
teaching when you’re in the patient’s room, you’re not being a nurse.” Joe said “I mean you come to the program with caring in you and the professors kind of reach in and pull it out to the surface.”

When asked how he learned about caring, Don said he learned Watson’s theory of caring, holism and that “when they [faculty] teach us any kind of skill whether it’s doing a cath or anything, there’s always caring involved. There’s always the holistic view integrated into it” This student said that caring was taught in Nursing 200 and listed Nightingale and Watson as the main theorists studied. “I think a lot of it has been just integrated in each course, that the caring has been emphasized as far as looking at the patient through a holistic view.”

The junior students referred to the classroom knowledge of learning caring but they too focused more on the application of that knowledge into the clinical setting. More varied voices of caring are heard among these junior students, as some of them question whether or not caring can be taught, and if Watson’s caring theory has helped them learn about caring. One junior student said Watson’s caring theory is not included as much as she would like in the junior nursing classes, and another student explained how caring was included in all the junior nursing classes. Another junior student said that caring was taught with every nursing skill, and well integrated throughout the course material, whereas some of the junior students question the value and the ability to teach caring.

The junior students have experienced far more clinical hours than the sophomore students and are evolving in their ideas of what it means to be a caring nurse. These students are thinking about caring and developing their own voice as they gain experiences in the role of the nurse. They are discerning about the role of the nurse and reflecting on their own
learning without just accepting everything the faculty is trying to teach them. Five of the
nine junior students focused their discussion on observed caring, and attributed
observation as the way they were able to learn about caring. Many of the junior students
said that learning about caring theory helped put the caring into words. It gave them a
way to think about caring and to communicate about caring within the context of nursing.
These junior students said family and upbringing or foundational caring learned growing
up were important in forming them into caring individuals, but they added that the real
world of nursing, being in clinical, doing the actual care of patients and observing faculty
and staff was how, where, and with whom they learned about caring within the context of
nursing. For the juniors students, staff nurses formed a new category as teachers of
caring. None of the sophomore students said staff nurses taught them caring, but several
junior students cited both positive and negative caring observation of staff nurses that
taught them about caring. Only three of nine junior students said that they learned caring
from the faculty. The emphasis of these junior students’ responses focused on the
practice realm, with observations of faculty and especially staff nurses as being the most
consistent theme related to their learning of caring.

The senior students interviewed also discussed learning first about Watson’s
caring theory and the carative factors in their sophomore year. The majority of the senior
students interviewed said they came into nursing with foundational caring from their
families but learned caring as a nurse by observing faculty and staff nurses in caring
roles, and by implementing caring theory in their own clinical practice.

Diane said her sophomore nursing instructors really made her stop and think
about caring and what that means for the patient as well as the nurse. She said that since
her sophomore year that “each instructor since then probably just kind of built on that” and that caring as a nurse has been integrated throughout her nursing education. Diane said that learning about Jean Watson’s theory of caring helped her reflect on the many ways of caring. She uses the carative factors and thinks about caring with every clinical experience. When discussing using caring during her clinical experiences Diane said “You knew that you were doing something to take care of this person, but when you reflect on it, the carative factors, then you realize “My Gosh, I did a lot!” Then it kind of reinforces it in your memory, too for the next time that you're doing something.”

Jody said she learned caring in her sophomore year. “We had to have a whole class which we all dreaded going, because it didn’t seem worthwhile. But now looking back, you can tell it was worthwhile. We just had to learn all the different theorists, a lot about Watson and a lot of case studies. And every year we have to do an evaluation tool and we have to recognize from Watson’s carative factors how we’ve implemented those carative factors every week and in what situations and how we could have improved.”

Jody focused on her own implementation of Watson’s carative factors as how she learned to be a caring nurse.

Implementation of the caring theory was how Mark learned about caring. He said that he learned about caring first in the classroom but that the main way he learned about caring was in clinical. He said “you see people out there really putting their heart into caring for these people and then the instructors here - it’s also worked into the clinical paperwork, if you will. Our assignments, part of our assignments are to write about caring issues, to research them. I mean we would have to take a clinical experience and then correlate it with one of Jean Watson’s carative factors. So they not only teach it to
you in the classroom, but they really stress it that you look for it and implement it in the clinical setting.” Mark said that hearing about caring in the classroom is important but he said that “Really being a part of it, that’s how I learn best, is being a part of it. And you hear feedback from your patients, how much we as a team have meant to them.”

Bob said that early in his sophomore year he thought that nursing was all about what a nurse can do, but by the end of the year he was able to see that nursing was still skill related, but that it’s “more that just the physical tasks. It’s more emotionally involved” and more focused on caring. He said he learned “you’ve got to care for them, not just their wounds or whatever but the whole picture.” This senior student said that learning about Watson’s theory of caring and the carative factors taught him how to communicate about caring in nursing by giving names to the various aspects of caring: “we were given titles of things. I didn’t realize that I was doing this aspect or this one or this one. I was just doing it before…mostly it just gave titles to what I was doing.” This student said he learned caring by being able to recognize and give a voice to the caring he was doing in the clinical setting.

Liz said that her sophomore course on caring was helpful because “they have you journal about things that you’ve learned and experiences that you have with your patients…I think a lot of what this college is, is holistic, caring.” This student did mention observations as being helpful but said that how she learned caring as a nurse was through her own clinical experience, by actually doing the caring with patients. “You have your own ideas coming into the program but once you get out there and actually start caring for the patient, then you start to learn about how to care for a patient.”
The senior students discussed learning about Watson’s caring theory and the carative factors during their sophomore year, that caring was integrated in their nursing courses, and that implementing caring in the clinical setting was most valuable in learning about caring. The senior students, similar to the junior students, said that faculty and staff nurses served as role models of caring, and they used observations in clinical to learn more about caring. Senior students, moved from saying role models were most important to explaining that they learned caring through their own clinical practice in the role of the nurse. The senior students all said that implementing caring behaviors based on the carative factors taught them what worked and what was not effective when caring within the context of nursing. Holism was conceptually linked with caring by two of the senior students as they explained learning about caring.

SUMMARY OF STUDENTS LEARN CARING

For the sophomore students, learning about caring within the context of nursing occurs in both of the required nursing courses where students are expected to acquire knowledge of, and begin to apply Watson’s caring theory and the carative factors. The sophomore students responded to questions about learning caring with an emphasis on class, textbooks, and with the qualifying “but,” i.e., that clinical was really where they learned how to be caring. Sophomore students articulate that they are learning caring theory in the classroom and that learning about Watson’s caring theory gives words and voice to caring. All sophomore students interviewed said that faculty role models were most important in how they learned about caring. The students interviewed seem to take what the faculty teach them “on faith” and in clinical observe the faculty as they care for
patients. These beginning nursing students were all very positive about learning caring theory and look to the faculty to understand caring and the role of the nurse.

Junior students reflect back on their sophomore year and discuss learning about caring during that time. Some of the junior students questioned whether Watson’s theory of caring has value to them. These students discussed using the caring theory and carative factors in their junior year clinical experiences and focus on the application of caring theory into practice. Faculty were mentioned less than staff nurses as teaching the junior students about caring. The junior students were experiencing more clinical hours and varied clinical settings, and had more time to interact with and observe many more staff nurses. As the junior students continue to learn about the role of the nurse they seem to focus more on the staff nurses rather than the faculty. Overall the junior students interviewed said that observing role models of caring staff nurses and faculty helped them learn caring. Observations of caring and noncaring behaviors of staff nurses seemed to be a powerful way some of these students continue learning about caring within the context of nursing. Junior students discussed two main ways of learning about caring, observing and implementing caring behaviors in the clinical setting. Junior students discussed learning about caring from both positive and negative observations of caring in the clinical setting. Their ideas of caring were evolving and unlike the sophomore students who only voiced positive experiences with caring, these junior students were observing and processing both positive and negative experiences when learning about caring within the context of nursing.

The senior student interviewed made similar statements as the junior students about learning the bulk of caring theory in the sophomore year. Two of the six students
said as beginning students they did not see the value of learning about caring as sophomores, but that as seniors they do understand that caring is essential in nursing. The senior students all said they value caring within the context of nursing, that it is a part of them and that they have internalized caring into their role of the nurse. Every senior explained that they learn caring through implementing caring behaviors and the carative factors within their own practice. They cited role models as helpful in learning about caring, with five out of six students saying that faculty taught them about caring, and four out of six discussing staff nurses as teaching them caring. The most telling discussions, however, were the senior students explaining that how they are currently learning about caring is through their own nursing practice. Senior students discussed how they practice caring in the role of the nurse. The senior students say they both value caring and implement caring in their nursing practice.

KEY ELEMENTS OF THE CARING CURRICULUM

From the analysis of the written curricular documents the following key elements were evident: caring is best learned in a caring learning environment; caring is valued in this curriculum; caring is interactional and action oriented; caring interactions help maximize a person’s health; Watson’s (1985) caring theory is integrated throughout every nursing course, and; implementation of a caring framework requires a holistic perspective, critical thinking, and the nursing process.

The analysis of the faculty perspective for teaching caring revealed the following key elements: the faculty was committed to teaching caring; most students come with an understanding of foundational or family caring; students that are open to teaching can learn about caring; Watson’s (1985) caring theory and carative factors provide a
meaningful, teachable caring framework; establishing a caring learning environment enhances the students ability to learn caring; classroom teaching reinforced by clinical application is vital to teaching caring; active participation in the classroom enhances the learning of caring; caring taught in the overt curriculum gives voice to caring so that faculty and students can discuss and reflect on caring; implementation of caring requires links with holism, critical thinking, and the nursing process; faculty role modeling of caring with students and patients was perceived by most faculty as an effective way to teach caring; and senior faculty members believe that students learn caring best through their own clinical practice.

The students interviewed provided insight in how they learned about caring within the role of the nurse. The following key elements were developed from the data: students believed they were caring when they began their nursing education; students felt supported and cared for by the faculty and their peers; most students said they learned about caring first within their family; sophomore students emphasized learning the words and role of the caring nurse through classroom activities, Watson’s (1985) caring theory, and readings; both sophomore and junior students said that caring was best learned in the actual clinical setting through role models and actually implementing care; sophomore students observe and learn caring from faculty; most of the junior students observe and learn caring from staff nurses with positive and negative examples of caring; senior students said faculty role models were important but that the best way to learn caring was through their own clinical nursing practice; senior students expressed valuing caring and internalizing caring; most of the sophomore and all of the junior and senior students linked holism and the nursing process with caring; many of the junior and senior students
linked caring with critical thinking skills; and all students were able to articulate their use of some of the carative factors when they defined caring or explained their caring example.
CHAPTER 6
SUMMARY AND CONCLUSIONS

LIMITATIONS

There were a number of factors that had a limiting effect on this qualitative study. Due in part to the large number of participants in this study, several of the faculty members and students interviewed made similar statements; however, the researcher cannot make generalizations because it is not known if the experiences of teaching and learning caring uncovered in this research are typical for all nursing faculty and students in this college. The faculty and students who did not volunteer may not have been committed to the teaching or learning of caring and may have revealed different perceptions of the caring curriculum. Therefore, the results cannot be generalized from the volunteer group to the non-volunteers.

It follows that the results reported for this college curriculum also cannot be generalized to other colleges of nursing or other curricula. This description of the caring curriculum provides one exemplar of a caring curriculum that is specific to the college under study and will not be generalizable to other nursing colleges whether they are teaching caring in their overt curriculum or not.

The third limitation of the study relates to representation of the subjects. The faculty participants that volunteered were all female. At the time of the research study
there were only two male, nursing faculty members, and though both were recruited for the study, both declined to participate. There were only two minority faculty members at this college, and both volunteered for the research. Four male student nurses participated, two junior and two senior students, and two minority female students participated. Therefore, no male faculty perspective was represented in this study and the minority student perspective was slightly underrepresented in the student population. The college for that academic year reported minority students at 11% of the students enrolled, and the two minority students who volunteered for this study made up 10% of the student research participants.

A fourth unexpected limitation occurred with the interview process. Some of the questions developed for the interview were not as helpful as the researcher had hoped. When reviewing the transcripts, the researcher realized that too many questions were asked, with some that prompted repeated information. When trying to discuss caring, the researcher used open-ended questions and tried to question further to clarify and verify the participant’s responses. Because of the open-ended nature of the questions, the researcher found that participants often spoke in general terms, and did not give detailed explanations without further prompting or questions.

The fifth limitation was the broad scope of this case study which included the document analysis of the overt caring nursing curriculum, interviews with all three levels of nursing faculty who teach the caring curriculum, and interviews with student nurses from all three years of the nursing curriculum. Multiple studies might have been more appropriate with a more in-depth view of each of these three areas.
Finally, the researcher’s own unavoidable subjectivity was a limitation to the study, since the researcher’s judgments and perspectives led to the inclusion or exclusion of certain material or explanations that may have been important to the study. However, as Stake (2000) states, the purpose of the case study is not to represent the world but to represent the case at hand. With this in mind, the researcher tried to study the caring curriculum of one college of nursing and provide a detailed, thick description of that curriculum.

Even with these limitations, this study nevertheless has provided a exemplar of how one college of nursing implements a caring curriculum through the curricular documents, and how the faculty teaches the core concept of caring. Student voices of caring were revealed as they progressed through each of the three years of study and many questions were considered concerning the nature of caring and how caring is taught and learned within the context of nursing.

SUMMARY AND CONCLUSIONS

In the college under study, caring is highly valued, and considered integral to nursing, action oriented, interactional, and implemented to teach student nurses to assist people maximize their health. In this curriculum, Watson’s (1985) caring theory and the carative factors were used as the organizing framework to teach caring within the context of nursing. The faculty have created a caring learning environment to enhance the students’ understanding and ability to learn about caring and nursing. The caring learning environment was discussed in Simmons and Cavanaugh’s (1996) quantitative caring research study, where they reported that the caring climate of nursing schools was the strongest predictor of caring ability in students (Simmons &Cavanaugh, 1996).
All of the students interviewed discussed faculty support and caring as important in their learning about caring. Some of the faculty discussed the importance of their caring for the students in the hope that if students feel cared for and supported, they will be better able to care for others. Beck (2001) discussed this “trickle down effect” that occurs when faculty role model caring for students, and she concluded that faculty-to-student caring was an important way to teach students about caring. In this article she explained that if the faculty are caring for students, the students will care for each other and their patients (Beck, 2001).

The faculty members interviewed were committed to teaching caring, and voiced their personal valuing of caring in nursing. Most faculty believe that students usually come with foundational family caring or an understanding of caring as it relates to their upbringing. Faculty believe they can teach “how to” care within the context of nursing if the student is open to learning. Classroom content about caring was important to the faculty, and they spoke of connecting caring content with holism, the nursing process, and critical thinking. Faculty emphasized linking caring theory into clinical practice as students use the carative factors with patients. The faculty all discussed faculty role modeling as the best way to teach caring and the senior faculty members added that the students’ own clinical practice is vital in their learning about caring within the context of nursing. Combining the classroom knowledge of caring with the clinical application of caring is how the faculty explained they teach caring in the formal, overt curriculum. In sum, this research revealed the combination of faculty role modeling, providing a caring learning environment, and teaching caring by overt methods in both class and clinical
discussed by the faculty participants gives voice and meaning to caring so that both faculty and students can discuss and reflect on caring within the role of a nurse.

For the students interviewed, the learning of caring began during the sophomore nursing courses. This first year of nursing courses introduced Watson’s (1985) caring theory and the carative factors together with other basic nursing concepts of holism, nursing process, communication, critical thinking, and beginning nursing skills. The sophomore students interviewed emphasized the classroom theory knowledge they were learning about caring and then discussed beginning to apply the caring knowledge with their individual patients during the clinical experiences. The sophomore students were all very positive about learning caring in nursing, and looked to the faculty as role models of that caring. Every sophomore student interviewed said the best way to learn about caring was by observing faculty role models. This finding agrees with Beck’s (2001) findings through her meta-synthesis of caring, that faculty role modeling is one of the most important ways to teach caring. These beginning students seemed to accept all that their textbooks and faculty taught them about caring in the role of the nurse. These novice students were much more articulate when explaining what they were learning about caring, than when they were trying to define caring or describe a caring exemplar from their experience. One sophomore student described learning about caring by saying “now I’m beginning to put caring into words”.

The junior students interviewed said that the caring theory was integrated in their junior level courses and focused more on the practice aspect of using and observing caring during clinical. The junior students were not as positive about learning caring, and questioned whether caring can be taught. All the junior students said that they learned
about caring best through staff nurse and faculty role models. Some junior students said that both caring and non-caring observations of staff nurses were important for them to decide how they wanted to be as a caring nurse. The junior students discussed caring for not only individual patients but also family members. In discussing how they learned caring, some of these students linked caring with holism, nursing process, and critical thinking. One student described learning about caring as “making the wheels spin” while another junior student said that learning about caring was “sculpting a nurse.”

Senior students also explained that the caring theory and carative factors were integrated throughout their nursing courses. The senior nursing courses expand their nursing knowledge to more complex clinical settings such as intensive care, chronic illness care units, and community health agencies. The scope of nursing practice during this senior year was broadened to include caring for patients, families, communities, and populations. The nurse leadership role expands the students’ understanding of advanced nursing practice areas. The senior students interviewed discussed the importance of caring within the context of nursing. While these senior students said that they observe faulty and staff role models to learn about caring, they also emphasized that implementing caring behaviors and practices in clinical was the best way for them to learn and understand caring. The senior students described how they value and use caring theory and the carative factors in their own practice. Senior students discussed their commitment to caring and that caring enhances and expands the role of the nurse. Several senior students discussed how they have internalized caring, and that it is automatic and essential to their nursing practice.
As the students progress through the three years of nursing courses their understanding and use of the caring theory evolves. The caring exemplars reflect the students’ caring knowledge and their ability to voice the caring that they are using in the role of a student nurse. The students were able to discuss their understanding of caring by giving caring examples. The sophomore students exemplars of caring were brief and focused on caring as: spending time with the patient, being present with patient, using comfort measures and empathy, being nonjudgmental, and considering the patient as a unique person. The sophomore students as novice nursing student are just beginning to use caring theory and the carative factors with individual patients. The junior students when discussing caring exemplars including all of the descriptors the sophomore students used and added several more: using a holistic approach, implementing the nursing process, use of critical thinking, being competent, using effective communication skills, developing a helping/trusting relationship, advocating for the patient and family, being open, receptive and flexible, meeting all needs, and implementing caring to help the patient achieve their highest level of wellness. The senior students included all the descriptors of caring the sophomore students used and the majority of those described by the junior students when they explained their caring exemplars. The senior students added the following caring descriptors: being respectful, viewing the patient, family or community holistically, listening, being knowledgeable, implementing health teaching, being responsible, and considering the outcomes of caring. Both the junior and senior students interviewed were more detailed and descriptive in their examples of caring reflecting a deeper understanding of how to be caring in the role of the nurse. Interestingly, the two senior students exemplars of caring described in the analysis were
not focused on the complex nursing care situations these students were experiencing but rather on other needs that were important to the patients and their families. In both these cases the students referred to giving the appropriate nursing care for the situation, but then both students went above and beyond to give care that truly was holistic and met the patients’ and families’ needs. The senior students as a group were able to voice how they use caring in their clinical practice, and that the caring has become an important part of their role as a nurse.

The caring development can be heard first with the beginning voices of caring in the sophomore students exemplars. The junior students voices of caring through the exemplars were more detailed and descriptive about caring and the senior students voices were the most mature and detailed voices of caring as they explain their valuing, ownership and implementation of caring. As Benner (2000) said in her article about caring practices, “we know them when we experience them and we recognize them when they are missing.” Benner (2000) believes that through sharing caring exemplars “the intangible can become tangible…good nursing practice can be rescued from the margins (Benner, 2000, pg.105).”

Caring within the context of nursing occurred within a caring learning environment where both faculty and students were treated with respect and recognized as unique individuals. The student interviews revealed that all the students perceived at least some if not all of the faculty as supportive and caring. This caring learning environment extended to both the classroom and clinical areas where the knowledge acquisition of caring occurs. Within this curriculum the theory of caring was taught, first in the classroom setting, and then the theory was applied in clinical by the faculty through role
modeling, and by the students when they implemented their actual nursing practice. Junior and senior students also said they learned caring by both positive and negative examples as they observed staff nurses in action.

The teaching and learning caring content for this curriculum includes Watson’s (1985) caring theory and the carative factors, holism, critical thinking and the nursing process. These content areas were described within the document analysis and were the areas that faculty and students linked together when discussing caring within the context of nursing. Three of the four content areas are core concepts in this curriculum, i.e., caring, critical thinking, and nursing process. The written documents reveal the concept of holism as integrated into the concepts of caring, nursing process, and critical thinking.

The core concept of caring was defined as central to practicing nursing and encompassed the relationship or connection with the patient and the ability to deliver competent care. The concept of holism was taught as part of caring and the students were taught holistic health assessment and to use a holistic approach when providing nursing care. Critical thinking in this nursing curriculum was defined as a purposeful and goal-directed process in which the person must use knowledge, their intellect, creativity, experience, intuition, reasoning, and curiosity. The critical thinking process was used to generate ideas, consider alternative explanations, develop conclusions and make judgments. The critical thinking process was to be used by the students as they developed their nursing process for the clinical experience. The nursing process consists of the decision-making process used by the nurse, which includes assessment, planning, implementation and evaluation. When the students were developing the nursing process
for their clinical experience, they were to use Watson’s carative factors, critical thinking, view the patient holistically and plan the care accordingly.

In summary, the teaching and learning of caring in the context of nursing was valued and placed into the formal, overt curriculum as evidenced by the written documents and the implementation of that curriculum by the faculty and students. The concept of caring was one of eight core concepts that drives the nursing curriculum. The teaching of caring was implemented in both the classroom and clinical settings using Watson’s (1985) caring theory and carative factors as the caring framework. The caring theory was taught by the faculty and learned by the students with an emphasis on implementing the caring theory into practice. Faculty role modeling was used and was perceived as the best method to teach caring by the faculty. Students in their first year of nursing course began to give voice to caring, and applied caring behaviors and interventions when working with individual patients. The junior and senior students continued to learn about caring in various clinical settings with increasingly complex nursing practice situations. Junior and senior students explained using caring with individual patients and families. The junior and senior students were able to articulate the conceptual links of holism, nursing process, and critical thinking into their knowledge of caring. After three years of a caring curriculum, senior students articulate caring as part of their practice, and they value and take ownership of caring within the context of nursing.
RECOMMENDATIONS FOR FURTHER STUDY

The review of caring literature and research revealed a gap in how caring is taught and learned by undergraduate nursing students. Nursing as a profession does not have one unified definition of caring at this time, and many articles and studies continue to define caring and argue the merits of one definition or theory versus another. Many studies have revealed long lists of caring components, but have not addressed the important knowledge or meaning of caring that must be taught to students as they learn about nursing.

This case study was a beginning attempt to describe one college of nursing that uses caring as a core concept in the nursing curriculum. The obvious first recommendation for future study would be to continue to research how students learn about caring during their basic nursing education. Future studies and exemplars of how faculty teach caring within the context of nursing, would increase the knowledge of caring curricula and provide insight into the transition that occurs as students move through their nursing education from beginning student nurse to a caring graduate professional nurse.

Exploring how caring is taught to students in colleges of nursing that do not include caring in the overt, written curriculum would provide insight into how those colleges teach caring. If caring is in their informal curriculum, how does that process occur? Are faculty and students’ perspectives of how the teaching and learning of caring occur in that setting, similar to those explained in this study?
Research studies at colleges that teach caring in the overt curriculum that use another caring theorist or define caring in a different way would add to the caring knowledge and provide another example of how caring is taught.

From this case study, as the students move through the three years of nursing courses, there does seem to be a progression in their ability to understand and articulate how they are learning about caring and how they implement caring within their practice as a student nurse. Another recommendation would be to research the concept of caring development. Is there a progression that is typical for students as they learn about caring and implement caring theory into their practice? If a progression or some type of caring development is present does it occur only in colleges that have caring in their written, overt curriculum, or does it appear in nursing students without regard to their formal nursing curriculum? Do all nursing students perceive themselves as caring as they learn and are socialized into the role of the nurse? Further studies with both students and graduate nurses who experienced different curricula would allow for comparisons and insights into how student nurses learn about caring and how graduate nurses are implementing caring into their practice.

Self caring was mentioned by some of the faculty and a few of the students in this study as foundational for caring for others. Understanding caring for self is viewed as important before you can care for another. The issue of self-care for the care-giver or nurse would be another area of future study. Do nurses care for themselves, and how do they prevent overwhelming stress and burn out from caring for others in their role of the nurse? Exploring how faculty teach and how students learn about self care along with
effective strategies and methods to help combat “caring fatigue” would add to the caring knowledge.

Further studies exploring and describing best practices for teaching caring would contribute to the understanding of how to educate students in the caring role of the nurse. Further studies that explore the development and implementation of the most effective ways to pass on the tradition of caring are warranted. Exploring effective curricular designs for caring and studying the perceptions and experiences of student and faculty would be beneficial to provide insights into how caring is best conveyed.

One final recommendation for future research would be the study of caring outcomes for the patients. Do students and graduate nurses who have experienced a caring curriculum actually implement caring behaviors into their clinical practice? Do the students who have experienced a caring curriculum make a difference in their patients’ lives? Future studies may shed some light on the relationship of caring practices and healthful outcomes which may be the most important reason to include caring in a nursing curriculum.
LIST OF REFERENCES

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Chism, N., Analyzing Qualitative Data, Class Handout 1994, Ed P&L.


Cook, P., and Cullen, J., (2003), Caring as an Imperative for Nursing Education, Nursing Education Perspectives, 24, (4), 192-197.


Gilligan, Carol, (1982), In a different voice, Cambridge, MA: Harvard University Press.


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APPENDIX A

RESEARCH COLLEGE QUERY LETTER
Dear Dean/Director:

I am a doctoral candidate at OSU in the College of Education and am interested in conducting research related to my area of focus, curriculum and instruction in an undergraduate nursing program. I have completed my course work which includes the doctoral core theory courses offered at the OSU College of Nursing and the courses required for the department of Education Policy and Leadership. Last quarter I passed my general exams and am currently admitted to candidacy for my degree.

My proposed research for my dissertation involves describing in-depth one curriculum that teaches caring in the formal, overt curriculum. I am currently seeking baccalaureate programs which use caring as one of the core threads in the curriculum, in other words where the caring concept has been explicitly operationalized in the content and learning experiences of the students. The purpose of my study is to describe a curriculum that teaches caring. This qualitative study would describe faculty and student perceptions regarding ways of teaching and learning caring as well as the lived experiences of the students within the caring curriculum.

The aims of this study include:
- to describe a curriculum where caring is part of the formal, overt curriculum,
- to describe student nurses' perception of caring who have experienced a formal, overt curriculum of caring,
- to describe faculty perceptions of caring, faculty who teach the caring concept,
- to examine student nurses' perceptions regarding effective methods of teaching and learning caring,
- to examine faculty perceptions regarding effective methods of teaching and learning caring,
- to examine student nurses' perceptions about how and where caring is learned,
- to examine faculty perceptions about how and where caring is learned, and
- to describe the lived experiences of student nurses who experience the caring curriculum.

If your nursing curriculum teaches caring in the formal, overt curriculum and you would be willing to allow me to consider your program for my research, I ask you to consider being part of my study. If interested and willing please contact me either by phone at 614-231-6757 or by e-mail at waterman.3@osu.edu. Thank you for your time and attention to this matter.

Sincerely,
Ann Waterman M.S., R.N.
APPENDIX B

LETTER OF SUPPORT
January 24, 2003

Ann E. Waterman, MS, RN
229 South Ardmore Road
Bexley, Ohio 43209

Dear Ann:

This letter verifies that you have permission to conduct your doctoral research study, "A Case Study of Caring in Nursing Education" at Mount Carmel College of Nursing. I understand the research is in partial fulfillment of the requirements for your doctoral work at The Ohio State University. I am in support of your study and will provide access to curricular materials and any assistance I can.

Best wishes in successfully completing your studies.

Sincerely,

Ann E. Schiele, Ph.D., R.N.
President and Dean
Dear Faculty Member:

I am a doctoral candidate at OSU in the College of Education and am conducting research related to my area of focus—curriculum and instruction. I have completed my course work which includes the doctoral core theory courses offered at the OSU College of Nursing and the courses required for the department of Educational Policy and Leadership. I have passed the general exams and am currently admitted to candidacy for my degree.

My research involves describing in-depth one curriculum that teaches caring in the formal, overt curriculum, in other words where the caring concept has been explicitly operationalized in the content and learning experiences of the students. This qualitative, case study will describe faculty and student perceptions regarding ways of teaching and learning caring as well as the lived experiences of the students within the caring curriculum. I have been given permission to conduct my research at your College of Nursing by your Dean and am looking forward to interviewing and observing faculty and students for this research.

I will be making a follow-up phone call to your faculty office to request your participation. If you agree to participate in this study I will arrange an interview time with you at your convenience. The interview will consist of open-ended questions related to teaching and learning about caring and will be audiotaped solely for transcription purposes. I anticipate the interview would take 20-45 minutes depending on your responses and would be conducted either in your faculty office or another private room convenient for you. If you know already that you are willing to participate in this case study of a caring curriculum please contact me either by phone at 614-231-6757 or by e-mail at waterman.3@osu.edu. My OSU faculty advisor is Dr. Beverly Gordon who can be reached at 614-688-5590. I hope to hear from you at your earliest convenience. Thank you for your time and attention.

Sincerely,

Ann Waterman MS, RN

Ann Waterman MS, RN

SECTIONS:

Cultural Studies
Quantitative Research, Evaluation and Measurement
Educational Administration and Higher Education
General Professional Studies
Dear Nursing Student:

I am a doctoral candidate at OSU in the College of Education, a student like you, and am conducting research related to my area of focus—curriculum and instruction. I have completed my coursework which includes the doctoral core theory courses offered at the OSU College of Nursing and the courses required for the department of Educational Policy and Leadership. I have passed the general exams and am currently admitted to candidacy for my degree.

My research involves describing in-depth one curriculum that teaches caring in the formal, overt curriculum, in other words where the caring concept has been explicitly operationalized in the content and learning experiences of the students. This qualitative, case study will describe faculty and student perceptions regarding ways of teaching and learning caring as well as the lived experiences of the students within the caring curriculum. I have been given permission to conduct my research at your College of Nursing by your Dean and am looking forward to interviewing and observing faculty and students for this research.

I will be calling you to request your participation in this study. If you agree to participate in this study I will arrange an interview time with you at your convenience. The interview will consist of open-ended questions related to teaching and learning about caring and will be audiotaped solely for transcription purposes. I anticipate the interview would take 20-45 minutes depending on your responses and would be conducted in a private room at the college. If you know already that you are willing to participate in this case study of a caring curriculum please contact me either by phone at 614-231-6757 or by e-mail at waterman.3@osu.edu. My OSU faculty advisor is Dr. Beverly Gordon who can be reached at 614-688-5590. I hope to hear from you at your earliest convenience. Thank you for your time and attention.

Sincerely,

Ann Waterman MS, RN

Ann Waterman MS, RN

SECTIONS:

- Cultural Studies
- Quantitative Research, Evaluation and Measurement
- Educational Administration and Higher Education
- General Professional Studies

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APPENDIX D

EXEMPTION FROM INSTITUTIONAL REVIEW BOARD
From: Kelsey, Jane <kelsey.18@osu.edu>
To: 'waterman.3@osu.edu'
Cc: 'gordon.3@osu.edu'
Subject: approval to begin research
Date: Wednesday, February 05, 2003 11:55 AM

Hello,

Your application for exemption titled "A Case Study of Caring in Nursing Education" has been determined to be exempt from review by the Institutional Review Board. The protocol number is 2003E0039. I'm sending the approval letter to Prof. Gordon in campus mail.

Comments: Please identify Prof. Gordon as your faculty advisor in your letters to the faculty and to the students. Provide a way for people to contact her if they have questions. It is customary to print letters and consent forms on OSU letterhead stationery. You may also wish to mention that Dean Schiele is supporting your study; it may help to increase enrollment.

Good luck with your research!
Jane

Jane Kelsey
Office of Responsible Research Practices
310 Research Foundation Bldg., 1960 Kenny Road
Columbus, OH 43210-1083
Phone: 614/292-6950; Fax 614/688-0366
E-mail: kelsey.18@osu.edu
Internet: http://www.orrp.ohio-state.edu
APPENDIX E

CONSENT FORM FOR RESEARCH PARTICIPATION
CONSENT FOR PARTICIPATION IN RESEARCH

I consent to participate in research entitled: A Case Study of Caring in Nursing Education

Beverly Gordon, Principle Investigator, or Ann Waterman, her authorized representative has explained the purpose of the study to describe a caring curriculum, the procedures to be followed which includes an audiotaped interview, and the expected duration of my participation. Possible benefits of the study have been described, as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Furthermore, I understand that I am free to withdraw consent at any time and discontinue participation in the study without prejudice to me.

Finally, I acknowledge that I have read and fully understood the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: ___________________ Signed: ___________________

(Signed) ___________________

(Principal investigator or her authorized representative)

Witness: ___________________

HS-027E Consent for Participation in Exempt Research

Approved by the Policy Coordination IRB, May 18, 2000

SECTIONS:
Cultural Studies Quantitative Research, Evaluation and Measurement Educational Administration and Higher Education General Professional Studies

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APPENDIX F

DEMOGRAPHIC DATA SHEET
Demographic Data Sheet

Participant Number ______

Faculty ______ Teaching Year ______

Student ______ Year ______

Age ______

Gender ______

Ethnicity ______

Family __________________________ Birth order in family ______

Current employment __________________________

Previous employment __________________________

Education __________________________
APPENDIX G

MISSION STATEMENT AND COLLEGE GOALS

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Association of Independent Colleges in Ohio, the American Association of Colleges of Nursing, and Association of Catholic Universities and Colleges.

The College has articulation agreements with Findlay University and Columbus State Community College.

**Mission Statement**

Mount Carmel College of Nursing, a Catholic institution, provides exceptional educational opportunities with an emphasis on degrees in professional nursing. The College also offers other educational programs related to health care. Centered in Judeo-Christian values, the College is committed to:

- Respect for all persons
- Holistic development of individuals
- Encouragement of social responsibility

The College fosters a caring environment and promotes health and well-being within the community it serves.

**College Goals**

1. Provide exceptional educational opportunities
2. Promote excellence in teaching
3. Foster Judeo-Christian values within a caring environment
4. Provide education and health-care resources to the community
APPENDIX H

ORIGINAL PHILOSOPHY AND PROGRAM GOALS
requirements will recognize previous learning and experience while providing for challenging and self-directed opportunities for learning. Classes are scheduled at times convenient for employed registered nurses. Both full and part-time study is available.

I. Academic Information for pre-licensure Baccalaureate Degree seeking students enrolled in 2000-2001 or for transfer students enrolled in 2000-2001 or 2001-2002.

Philosophy of the Nursing Program

The Mount Carmel Baccalaureate Nursing Program provides an educational program which enhances the intellectual, moral, spiritual, and psychosocial development of the whole person. The faculty accepts responsibility for preparing professional nurses whose practice reflects the values of the Congregation of the Sisters of the Holy Cross. These values include the worth, dignity, and well-being of each person, the recognition of the wholeness of persons, the sanctity of life, and the promotion of health.

Every person is a unique holistic being with biological, psychological, spiritual, sociocultural and intellectual dimensions. The person is in constant interaction with his/her own internal and external environment throughout the life span. Mount Carmel College of Nursing holds in highest regard the dignity and worth of each person.

Health is a dynamic process in which all dimensions of the person are harmoniously integrated. A change in any dimension affects the well-being of the whole person. Health alterations may result from these changes. The person's perception of, and response to, change is influenced by internal and external environmental factors.

Nursing is an interactional process of human-to-human caring which influences the health of persons throughout the life span. Clinical practice, which is the essence of nursing, is
augmented through nursing theory and research. The goal of nursing is to assist persons to maximize their health potential and this goal is accomplished through caring interactions which are inherent in the nursing process. The nurse assumes various roles in facilitating health. Nursing exemplifies ethical and professional behaviors as well as a commitment to human caring.

Baccalaureate nursing education, with its integration of liberal and professional studies, provides the necessary preparation for professional nursing practice. Liberal education provides the learner with the opportunity to develop the skills of critical thinking, independent decision-making, and leadership, along with value formation and an openness to cultural diversity. Learning is best accomplished in a caring environment where Judeo-Christian principles are practiced. Learning is a shared endeavor between teacher and learner. It is optimized in an environment which encourages investigation, self-direction, and respect for the uniqueness of each person. Learning is a life-long process fostered by the learner's commitment to personal and professional development.

The College fosters a Judeo-Christian environment which enables the learner to strive toward maximum functioning as a person. The College prepares the graduate to practice professional nursing in a variety of health care settings. The graduate is prepared to assume a responsible role in society, promoting the quality of health and life. Completion of this program prepares one for advanced study in nursing.

Responding to the emerging health care needs in a changing society, the College acknowledges its responsibility to promote the health of the community by contributing to nursing knowledge and supporting health care services.

**Program Objectives**

Upon completion of the Mount Carmel College of Nursing Program, the graduate is able to:
1. Practice professional nursing based on a synthesis of knowledge from the humanities, sciences, nursing theory and research.

2. Value the humanities and sciences as a basis for understanding the person, family and community.

3. Advocate caring as the basis for nursing practice.

4. Evaluate the impact of the environment on the health of the person and society.

5. Incorporate professional behaviors within one's role as a member of the nursing profession and society.

6. Implement the nursing process to maximize the health potential of culturally diverse persons, as well as families, groups and communities.

7. Implement the interactional process to influence the health of society.

8. Use leadership skills to enhance the quality of nursing and health practices.

9. Incorporate nursing and related research into one's professional practice and personal life.

**Assessment Program**

The College integrates a planned assessment program throughout all curricular and co-curricular activities. Outcomes identified through the assessment process guide the continuous change process necessary to achieve college excellence.
### Mount Carmel College of Nursing

**Curriculum Plan (Prelicensure Students)**

*Effective for students enrolled as Freshman in 2000-2001 or for transfer students 2001-2002*

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<td>Caring in Acute Health Alterations</td>
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<td>NURS 402</td>
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<tr>
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</tbody>
</table>

* Franklin University Course
APPENDIX I

REVISED PHILOSOPHY AND PROGRAM GOALS
II. Academic Program indicated for Freshmen
Enrolled in 2001 or transfer students entering
the nursing program, beginning with 2002-2003
academic year.

Philosophy of the Nursing Program

The Mount Carmel baccalaureate nursing program provides
an educational program in a Judeo Christian environment which
enhances the unique intellectual, moral, spiritual, and
psychosocial development of the person. The faculty accepts
responsibility to prepare professional nurses for theory based
practice that reflects the values and standards of the profession.

Caring is integral to nursing, valuing the dignity and worth of
persons, service to others, social justice, altruism, autonomy, and
integrity. Nursing is the practice of caring behaviors founded
upon the integration of general education and professional
studies. Nursing involves the management of health care of
individuals, families, communities, and populations. The nurse
is a health care professional who enacts multifaceted roles to
promote optimal health during all life experiences. Nurses work
collaboratively with clients and multidisciplinary teams to
design, provide, coordinate and implement health care. They
respond to the diverse and changing needs of society in the
local community as well as the broader global community.
Nurses are both knowledgeable and active in political,
economic and regulatory processes that influences health care
practices.

Health involves the harmonious integration of all dimensions
of the client that is culturally defined, valued, and practiced.
Health is a dynamic, lifelong, multidimensional process whether
the client is an individual, family, community, or population.
Changes in health status occur in response to the stressors and
strengths of the internal and external environment. The nurse
provides holistic caring interventions directed at assisting the
client to promote health.
Baccalaureate nursing education provides the foundation for professional nursing practice. Through a collaborative and interactive process of self-directed learner develops the skills of critical thinking, effective communication, holistic assessment, caregiving, and leadership for professional practice. Clinical practice, which is the essence of nursing, is augmented through nursing theory and research. Baccalaureate nursing education encourages life long inquiry for professional development.

**Program Objectives**

1. Applies the knowledge of the relationship of the physical and social sciences and humanities as a basis for professional nursing.

2. Exhibits the values of dignity of persons, service to others, social justice, altruism, autonomy and integrity in the care of clients.


4. Promotes the health of clients.

5. Incorporates professional behaviors within one's role as a member of the nursing profession and society.

6. Implements the nursing process to maximize the health outcomes of clients.

7. Implements the communication process within the professional role.

8. Uses leadership skills to design, provide, coordinate and manage health care.

9. Collaborates with interdisciplinary and multidisciplinary teams to provide quality care for clients through the efficient management of resources.

10. Implements critical thinking.

11. Demonstrates clinical competence in a variety of settings.
## Mount Carmel College of Nursing

### Curriculum Plan

<table>
<thead>
<tr>
<th>FRESHMAN YEAR</th>
<th>FALL SEMESTER</th>
<th>CREDIT HOURS</th>
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<th>WINTER SEMESTER</th>
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<td>SCIENCE 124</td>
<td>Anatomy and Physiology II</td>
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<td>SCIENCE 103</td>
<td>Organic Biochemistry</td>
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<td>SCIENCE 125</td>
<td>Microbiology</td>
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<td>COMMUNICATION 120</td>
<td>College Writing</td>
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<td>HUMANITIES 110</td>
<td>Religion and Spirituality</td>
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<td>PSYCHOLOGY 110</td>
<td>General Psychology</td>
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<td>SOCIOPYC 110</td>
<td>Introduction to Sociology</td>
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<td>Human Growth and Development Across the Lifespan</td>
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<td>ANTHROPOLOGY 215</td>
<td>Cultural Anthropology</td>
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<td>NURSING 206</td>
<td>Pharmaceutological Foundation of Caring Health Practices</td>
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<td>NURSING 204</td>
<td>Foundations of Health Assessment in Caring Practices</td>
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<td>NURSING 307</td>
<td>Caring Health Practices for the Developing Family</td>
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<td>NURSING 308</td>
<td>Caring Health Practices for Mental Health</td>
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<td>HEALTH 320</td>
<td>Health Statistics</td>
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<td>NURSING 361</td>
<td>Nursing Research</td>
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<td>Caring Health Practices for the Child and Family</td>
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<td>NURSING 406</td>
<td>Caring Health Practices for the Older Adult</td>
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<td>NURSING 408</td>
<td>Caring Practices in Transition to the Professional Role</td>
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<td>The Health of Populations</td>
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<td>HEALTH 416</td>
<td>Health Care Systems, Policy &amp; Economics</td>
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* Franklin University Course
APPENDIX J

CORE CONCEPT OF CARING
Concept: CARING
Caring is the concept central to the practice of professional nursing. Caring encompasses the nurse's empathy for and connection with the patient as well as the ability to deliver competent care. Caring includes valuing the spirituality and dignity of persons, service to others, social justice, altruism, autonomy, and integrity.

Program Objectives
1. Practices caring behaviors.
2. Implements the nursing process to maximize the health outcomes of clients.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>LEVEL OBJECTIVE(S)</th>
<th>THEORETICAL KNOWLEDGE</th>
<th>BEHAVIORAL OUTCOMES</th>
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<tr>
<td>FRESHMAN</td>
<td>• Exhibits caring and respect for others</td>
<td>• School policy re: student behavior</td>
<td>• Respect individual differences and have empathy for self, classmates, and others</td>
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<td></td>
<td></td>
<td>• Information presented at Orientation and College Gathering</td>
<td>• Demonstrate respect for peers, faculty and staff in the college setting</td>
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<tr>
<td>SOPHOMORE</td>
<td>• Practices caring behaviors to promote the health of individuals</td>
<td>• Caring theories (NUR 204)</td>
<td>• Use caring theory/strategies in the care of individuals (NUR 204 &amp; 205)</td>
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<tr>
<td>Assessment &amp; Primary</td>
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<td>• Culture and gender sensitive caring</td>
<td>• Provide gender and culture sensitive care to meet basic human needs of individuals (NUR 204 &amp; 205)</td>
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<tr>
<td>care focus</td>
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<td>• Self care</td>
<td>• Use Holistic approach to provide caring for individuals(NUR 204 &amp; 205)</td>
</tr>
<tr>
<td>JUNIOR</td>
<td>• Practices caring behaviors to promote the health of individuals and families</td>
<td>• Caring research (NUR 361)</td>
<td>• Use caring theories/strategies in care of individuals and families experiencing changes in health patterns (all Nursing courses)</td>
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<tr>
<td>Primary, Secondary, &amp;</td>
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<td>• Caring theory and strategies in primary, secondary, and tertiary care related to course specialty (NUR 304, 305, 306, &amp; 307)</td>
<td>• Utilize caring research in practice with individuals and families (all Nursing courses)</td>
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<tr>
<td>Tertiary Care</td>
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<td>• Ethical and legal issues related to caring (HUM 320)</td>
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<td>SENIOR</td>
<td>• Practices caring behaviors to promote the health of individuals, families,</td>
<td>• Utilization of quality care (HLT 416)</td>
<td>• Provide a caring environment that promotes and supports holistic health of individuals, families, communities, and populations (all Nursing courses)</td>
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<td>Population Based Care</td>
<td>communities, and populations</td>
<td>• Measures of care and caring (HLT 416)</td>
<td>• Complete college service requirements</td>
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<td>• Benchmarking</td>
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<td>• Utilization review</td>
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<td>• Economics of caring &amp; impact to care delivery (HLT 416)</td>
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<td></td>
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<td>• Care delivery systems (HLT 416)</td>
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<td></td>
<td></td>
<td>• Development of caring environments which includes professional development (NUR 408)</td>
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<tr>
<td></td>
<td></td>
<td>• Caring theories applied to communities and populations (HLT 415)</td>
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</table>
APPENDIX K

SOPHOMORE COURSE NURSING SYLLABI
COURSE DESCRIPTION

NURSING 204: FOUNDATIONS OF HEALTH ASSESSMENT IN CARING PRACTICES

Introduces the student to the nursing process with an emphasis on holistic assessment across the lifespan. Provides opportunities to implement the caring practices of nursing in a variety of settings. Therapeutic nursing interventions, including cultural, developmental, nutritional, psychosocial, psychomotor and spiritual are introduced.

Prerequisites/Co-requisites: Pre/Co SCIE 230 and SCIE 231

Theory: 2.5 hours per week
Clinical/Laboratory: 4.5 hours per week

COURSE OBJECTIVES

At the completion of Nursing 204, the student will be able to:

1. Describe the development of professional nursing.
2. Describe the components of the nursing process.
3. Use critical thinking to analyze data collected from holistic assessment.
4. Exhibit clinical competence in holistic assessment of the individual.
5. Practice professional behaviors to promote the health of individuals.
6. Utilize effective communication in relationship to the professional role.
7. Use caring in the holistic assessment process.

UNITS OF STUDY

I. The Professional Nurse in Holistic Assessment
II. Holistic Assessment
III. Physical Assessment Across the Life Span
IV. Analysis of Data
V. Medical Terminology
COURSE DESCRIPTION

NURSING 205  Foundations of Caring Health Practices

Holistic health interventions are implemented from a caring perspective. Client health teaching is implemented. Clinical practice, with a focus on health, is offered in a variety of settings.

Prerequisite: Nursing 204
Pre/Corequisite: Health 210; Nursing 206

Offered: Winter Semester

COURSE OBJECTIVES

At the completion of Nursing 205, the student will be able to:

1. Exhibit clinical competence in the practice of selected therapeutic interventions.
2. Apply the nursing process from a caring perspective to promote the health of individuals.
3. Implement client health teaching.
4. Utilize effective communication
5. Practice professional behaviors within the nursing role.
6. Integrate knowledge from physical, biological, social sciences and humanities when providing holistic health interventions.
7. Utilize critical thinking in the care of individuals.

LEARNING METHODS

The following learning methods will be used in Nursing 205: required readings, small group work discussion, role play, development and implementation of teaching plans, supervised practice of selected psychomotor skills, return demonstration of selected psychomotor skills, written nursing process on assigned clients, lab quizzes and written examinations.

TEXTBOOKS:


UNITS OF STUDY

I. Introduction to Nursing Process
II. Professional Nursing Role
III. Holistic foundations of care

FACULTY EXPECTATIONS OF STUDENTS

A. According to Mount Carmel College of Nursing Policy, attendance is required for classroom, lab classes and clinical experience. Lab classes and clinical must be made up when absences occur. Refer to the Student Handbook, Section C for the policy. Classroom is defined as the 2.5-hour theory class scheduled for Mondays. Lab is defined as the 3.5-hour class scheduled on Tuesday, Wednesday or Thursday. Clinical is defined as the 7 hour nursing practice experience scheduled on Wednesday, Thursday, or Friday.

B. Students are responsible for contacting instructors to remediate class, lab and clinical assignments.

C. For successful completion of the course, students must satisfactorily meet course objectives related to lab and clinical assignments and achieve a grade of ‘C’ (73%) or better in the theory component. A satisfactory rating in clinical practice is earned when all objectives noted on the clinical evaluation tool have been achieved at a satisfactory level. Failure to achieve a satisfactory rating in any objective results in a failure in clinical practice and the course. An unsatisfactory rating in lab, or clinical practice or a theory grade of less than a C results in failure of the course. The student is expected to demonstrate growth throughout the semester.

Evaluation of lab and clinical performance is “Satisfactory” or “Unsatisfactory”.

Satisfactory and Unsatisfactory are defined as:

Satisfactory: Indicates that the individual is prepared, organized, incorporates concepts in performance, and demonstrates safe practice.

Unsatisfactory: Indicates that the individual is unprepared, disorganized, fails to incorporate concepts in performance, and demonstrates unsafe practice.

D. Students have a responsibility to notify instructors, PRIOR to the scheduled date, if they will be absent for an exam or if an assignment will be late. Failure to take an examination at the scheduled time may result in a grade of zero (0) for the exam.
E. **Clinical Absences** - Students are expected to notify the clinical instructor or the assigned nursing unit prior to absence or late arrival for clinical experiences. Failure to do so will result in an unsatisfactory evaluation for that clinical day. Students who do not attend clinical must make up comparable clinical days during the semester. Students who must utilize finals week for clinical will be responsible for a contractual agreement with the instructor.

F. Assignments are due on the date indicated on the calendar or announced by the instructor. Students must make prior arrangements with the instructor for permission to submit late assignments. Late assignments that have not been negotiated with the instructor may be subject to a 3 point per day penalty. All course assignments must be completed in order to receive a grade in the course.

G. Learning is enhanced when students are respectful and attentive to the input of others, therefore professional behavior is expected. Cell phones and electronic devices that make noise are to be turned off when the student is in the classroom, lab, or clinical setting during scheduled class hours.

**GUIDELINES FOR PAPERS**

GENERAL INSTRUCTIONS: Students should use the APA format when writing formal papers. This format is found in the *Publication Manual of the American Psychological Association*, 5th ed. Papers should be typed and include a title page with all pages stapled together. Papers must have an introduction, body and conclusion. Faculty will provide guidelines/grade sheets with specific instructions for papers. Students must resubmit guidelines/grade sheets with completed papers.

The assigned paper for Nursing 205 is related to the professional roles of the registered nurse. A portion of the research for the paper includes a shadowing experience with a registered nurse in the practice setting. The paper for each student is due to the clinical instructor two (2) weeks after the date of the shadowing experience. The shadowing experience will be assigned by the clinical instructor and will be part of the clinical experience of the course.

**GUIDELINES FOR RETURN DEMONSTRATIONS**

**Midterm Return Demonstrations:** Students must complete all four midterm return demonstrations at a satisfactory level in order to meet course requirements for the lab portion of the course. For a satisfactory rating, points will be awarded on the following basis:

- **First attempt:** 5 points
- **Second attempt:** 2 points
- **Third attempt:** 0 points

An unsatisfactory rating at the time of the third attempt will result in lab failure.
Final Lab Practicum: Students will be presented with five situation/skill stations to complete during the practicum. For a Satisfactory rating of each situation/skill, students will earn 5 points, a total of 25 points possible. There will be one opportunity to complete each situation/skill station. For the Final Lab Practicum, an Unsatisfactory rating at a situation/skill station earns zero points, but does not result in a lab failure.

EVALUATION

<table>
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<tr>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>4 Midterm Examinations each worth 40 points</td>
<td>160</td>
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<tr>
<td>4 Laboratory Quizzes each worth 10 points</td>
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<tr>
<td>1 Comprehensive Final Exam worth 100 points</td>
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<tr>
<td>1 Formal paper related to Roles of the Nurse</td>
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<td>Teaching Learning Projects</td>
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<tr>
<td>- Nutrition/Nursing Process</td>
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<td>- Medication teaching</td>
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<td>*Midterm Return Demonstrations (4 @ 5 points each)</td>
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<tr>
<td>Final Lab Practicum (5 stations @ 5 points each)</td>
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<tr>
<td>*Clinical Practice</td>
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</table>

* Students must be evaluated as satisfactory in order to pass the course.

Letter grades will be awarded on the basis of actual points earned.

GRADING SYSTEM

Letter grades are as follows:

- 100-91% = A = 395-359 points
- 90-82% = B = 358-328 points
- 81-73% = C = 326-288 points
- Below 73% = F = <288 points

12/02 bb
Syllabus N 205
APPENDIX L

JUNIOR NURSING COURSE SYLLABI
COURSE DESCRIPTION:

Nursing 301 focuses on identifying those critical factors that affect the mental health of individuals and families and providing caring interventions to persons/families experiencing psychosocial health alterations.

Credits: 5 Credits  
Prerequisite: Junior Status  
Prerequisite or Corequisite: SCIE 330  
Theory Hours: 6 hours per week  
Clinical Hours: 12 hours per week

COURSE OBJECTIVES:

At the completion of Nursing 301 the student will be able to:

1. Apply knowledge of the humanities, sciences, and nursing theory to promote health in clients/families experiencing psychosocial health alterations.

2. Use the humanities, sciences, and caring theory as a basis for understanding one’s self and others.

3. Use caring theory as the framework for providing holistic nursing care to clients/families experiencing psychosocial health alterations.

4. Recognize the need for environmental alterations when planning for and providing care for clients/families with psychosocial health alterations.

5. Identify the various roles inherent in the professional nursing role in a psychiatric mental health setting.

6. Apply selected behavioral and nursing theories to promote health in clients/families experiencing psychosocial health alterations.

7. Employ the interactional process to refine verbal and nonverbal communication skills.

8. Use nursing and related research findings in the planning and implementation of nursing care to clients/families experiencing psychosocial health alterations.

9. Utilize the critical thinking process with persons and families experiencing psychosocial health alterations.

10. Implement theory-based therapeutic nursing interventions into professional nursing practice.
NURSING 302
Caring Practices With the Person/Family
Experiencing Physiologic Health Alterations

Course Description
This course explores the nursing problems associated with the concepts of cell function, tissue oxygenation, mobility, regulatory mechanisms, alimentation, metabolism and elimination. Clinical practice focuses on providing caring interventions with persons/families experiencing physiologic health alterations.

Pre-requisites: NURS 200, 201, 202, 203
Co-requisite: SCIE 330

Course Placement: Eight-week time frame in the Junior Year

Course Hours: 6 hours of theory per week
12 hours of clinical/laboratory experience per week
5 Semester credit hours

Faculty: Office Hours by Appointment

Required Textbooks:
Carpenito, L. J. (2002). Nursing diagnosis: Application to clinical practice (9th ed.).
Philadelphia: Lippincott.

Philadelphia: Lippincott.

Philadelphia: Lippincott.
Course Objectives:

At the completion of the course, the student will be able to:

1. Apply knowledge of the humanities, sciences and nursing theory to promote health in clients and families who are experiencing physiologic health alterations.

2. Apply concepts of selected physiological health alterations to promote health in clients and families.

3. Demonstrate use of caring theory in planning the care and management of persons and families experiencing physiological health alterations.

4. Demonstrate skill in the use of the nursing process as the basis for providing caring interventions to clients with selected physiological health alterations.

5. Analyze documented findings in planning nursing care within acute health care settings.

6. Utilize the critical thinking process with persons and families experiencing physiologic health alterations.

7. Implements theory based therapeutic nursing interventions (TNI) into professional nursing practice.

8. Implement the interactive processes in coordinating the health care of clients with other members of the interdisciplinary health care team.

9. Identify nursing leadership behaviors that facilitate client health promotion.

10. Use nursing and related research findings to help plan, implement and evaluate nursing care for clients with selected physiologic health alterations.

11. Practice nursing interventions within the professional role which promote holistic health in clients/families with selected physiologic alterations.

12. Identify environmental alterations which promote health in clients/families with selected physiologic alterations.

The Weekly Clinical Evaluation Tool outlines specific clinical behaviors related to course objectives.

Theoretical Content Outline:

- Foundations of Caring for Persons Experiencing Physiologic Alterations
- Theoretical Bases of Caring
- Nursing Considerations for Perioperative Clients
- Responses to Alterations in Cell Functions

291
COURSE DESCRIPTION:

Nursing 303: Caring Practices with the Developing Family

Focuses on providing caring interventions with the family experiencing pregnancy and childbirth. The psychological and physiological processes that occur within the family as it adapts to the development period of childbearing are explored. Clinical practice is offered in acute care and community health settings. Selected psychomotor skills are introduced.

Prerequisite: Junior Year
Pre or Corequisite: Science 330

Offered: Fall and Winter Semesters in an eight week time frame
Theory: 6 hours per week
Clinical: 12 hours per week

COURSE OBJECTIVES:

At the completion of Nursing 303, the student will be able to:

1. Apply knowledge of the humanities, sciences, and nursing theory and research to enhance the health potential of the childbearing family.
2. Describe the evolution of health care for women throughout the life cycle.
3. Identify ethical and legal issues which impact the childbearing family.
4. Evaluate the impact of environment on the childbearing family.
5. Utilize knowledge of childbearing period in providing nursing care for the childbearing family.
6. Integrate knowledge holistically when caring for the childbearing family.
7. Implement the nursing process holistically when caring for the childbearing family.
8. Employ leadership skills in the management of patient care.
9. Utilize the interactional process to enhance the health of the childbearing family.
10. Integrate caring theory in the nursing care of the developing family.
11. Examine the multiple roles of the professional nurse in the care of women during the childbearing phase.
12. Implement theory-based therapeutic nursing intervention into professional nursing practice.
13. Utilize the critical thinking process when caring for the childbearing family.
COURSE DESCRIPTION:

Nursing 303: Caring Practices with the Developing Family

UNITS OF STUDY:

I. Concepts and Trends in the Nursing Care of the Childbearing Family
II. Issues in Human Sexuality and Reproduction
III. Health Care of Women throughout the Life Span
IV. Assessment and Nursing Management of the Childbearing Family
   A. Antepartal Period (Pregnancy)
   B. Intrapartal Period (Childbirth)
   C. Postpartum Period
   D. Newborn

REQUIRED TEXTBOOKS


RECOMMENDED TEXTBOOKS and Web-sites


http://igm.nlm.nih.gov/


http://www.nurinsingcenter.com

TEACHING/LEARNING METHODS

The teaching/learning activities in Nursing 303 include the following: required readings, interactive lecture/discussion, illustrations, audiovisuals, class participation, skills practice labs, written assignments, critical thinking application through nursing process papers/activities and written formal paper, paper and pencil examinations, and clinical practice.
MOUNT CARMEL COLLEGE OF NURSING

Course Syllabus

Nursing 304: Caring Practices with the Child/Family
Fall 2002 Term 1

5 Credit Hours
6 Hours Theory/Week
12 Hours Clinical/Week

Class Hours: Mondays, 9-12 in Classroom A and
Wednesdays, 10-1 in the Gym
Clinical Hours: Wednesday & Thursday, 3-9:30 PM or
Thursday & Friday, 7 AM – 1:30 PM

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Office Hours By Appointment

294
Course description

Caring practices with the child/family focus on providing caring interventions with the child (infancy through adolescence) experiencing common physiological health alterations and the impact of these alterations of the family. These caring practices incorporate child and family development theories. Clinical practice is offered in acute care and community health care settings, pediatric clinics, schools, and daycare centers. Selected psychomotor skills are introduced.

Prerequisites: NURS 200, 201, 202, 203, SOCL 220, SCIE 330
Course offered: Fall and Winter Semesters (in eight-week courses)

Course Objectives

At the completion of NURS 304, the student will be able to:

1. Apply knowledge from the humanities, sciences, nursing theory and research in relation to families in society.

2. Value the humanities and sciences as a basis for understanding children and their families.

3. Value caring behaviors with children and their families who are experiencing health alterations.

4. Analyze how the environment impacts the health of children and their families.

5. Demonstrate commitment to the practice of professional nursing.

6. Implement the nursing process with children and their families to promote health.

7. Implement theory-based therapeutic nursing interventions into professional nursing practice.

8. Utilize the interactional process with knowledge of child and family development to promote health across the lifespan.

9. Use nursing and related research findings to help plan, implement, and evaluate nursing care for child/family.

10. Utilize the critical thinking process when caring for children and their families.

11. Utilize creative problem-solving processes in the development of leadership skills related to health promotion in child/family nursing.
APPENDIX M

SENIOR NURSING COURSE SYLLABI
Mount Carmel College of Nursing
Nursing 401

Description:

This course focuses on providing caring interventions with the person/family experiencing complex health alterations occurring across the life span. The course examines acute health alterations related to concepts of tissue oxygenation, regulatory mechanisms, and metabolism. It examines the concept of crisis and its impact on the person, family, and caregiver. The impact of advanced technology, resource allocation, and related legal, ethical and moral issues are discussed. Clinical practice is offered in acute care settings including critical care units. Selected psychomotor skills are introduced.

Course Objectives:

At the end of Nursing 401, the student will be able to:

1. Assess the acute health alterations in adults based on knowledge synthesized from the humanities, science, nursing theory and research.

2. Integrate critical thinking within the nursing process to promote health of the person/family experiencing complex health alterations.

3. Demonstrate professional behaviors, leadership skills, and accountability.

4. Analyze the environmental/societal factors and the impact of crisis on the health of persons/families/caregivers experiencing acute health alterations.

5. Incorporate nursing research into one’s practice of nursing.


7. Integrate theory-based therapeutic nursing interventions into professional nursing practice.
Units of Study:

I. Nursing process with clients experiencing acute disturbances related to tissue oxygenation.

II. Nursing process with clients experiencing acute alterations in regulatory function.

III. Nursing process with clients experiencing acute multi-system dysfunction.

Course Hours: Five hours of class (Monday & Friday) and sixteen hours (Tuesday & Wednesday) of clinical practice per week.

Required Textbooks:


Recommended Textbooks:

Diagnostic and Laboratory Test Text
Nursing Drug Handbook or Medication Card Set (< 5 years old)

Teaching/Learning Methods:

Lecture, group centered discussion, role play, audiovisual presentations, demonstrations/return demonstrations, case studies, gaming, and guest speakers.
Course Requirements:

- Classroom attendance and participation*
- Exam I, Exam II, and Final Examinations
- Completion of Two Diagnostic Analyses
- Completion of Nursing Care Plans I & II
- Satisfactory completion of the clinical component

Methods of Evaluation:

<table>
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<th>Points</th>
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<td>Classroom participation/application</td>
<td>10</td>
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<tr>
<td>Exam I</td>
<td>50</td>
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<tr>
<td>Exam II</td>
<td>50</td>
</tr>
<tr>
<td>Final Exam</td>
<td>100</td>
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<tr>
<td>Care Plan I</td>
<td>10</td>
</tr>
<tr>
<td>Care Plan II with Nursing Research</td>
<td>20</td>
</tr>
<tr>
<td>Diagnostic Analyses (2 at 10 pts. each)</td>
<td>20</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>260</strong></td>
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*Classroom attendance and participation is required. Fifty (50) points will be deducted from the total points if class attendance is less than 85%.

Grading Scale:

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<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
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<tbody>
<tr>
<td>91 - 100</td>
<td>A</td>
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<tr>
<td>82 - 90</td>
<td>B</td>
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<tr>
<td>73 - 81</td>
<td>C</td>
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<tr>
<td>≤72.9</td>
<td>F</td>
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Written Assignments

Paperwork may be archived for teaching purposes.
Course and Clinical Expectations:

• The nursing profession demands that individuals in practice be accountable, responsible, self-directed, critically thinking, effective communicators, and professional in their presentation. These attributes are valued and fostered within the Acute Health Alterations course. We are striving to promote a successful transition of students from student practice to professional practice. Therefore, faculty expect students to take an active role in their learning and application processes in the classroom and clinical areas.

• Students are required to attend 85% of class sessions. The total classroom hours are 40. Each student must attend a minimum of 34 hours. If the student’s class attendance is less than 34 hours, 50 points will be deducted from the total course points. Attendance will be taken at each class session.

• The first week of clinical will be in the classroom learning EKG analysis/interventions and clinical skill review. In the event of an illness or emergency, you must notify the course coordinator at least one hour PRIOR to the beginning of the class. Because the information is critical to the student’s clinical success, the clinical makeup will be an independent activity. This activity must achieve an 80% in order to participate in the clinical experience the second week.

• Students are required to take the course examinations at the scheduled times. If illness or an emergency occurs, the course coordinator must be notified at least one hour PRIOR to the start of the examination. Failure to notify the course coordinator will result in a zero for that examination. Make-up exams will be at the discretion of the faculty and may contain format changes (ex. essay & short-answer questions). Students who require a change in “usual” testing procedures must notify the course coordinator during the first week of the term.

• Students are required to complete and submit all clinical assignments by an established due date and time to the clinical instructor. Failure to notify the clinical instructor at least one day PRIOR to the established due date and time will result in a grade of zero for the assignment and a forfeiture of the opportunity to make up the assignment.

• The Mount Carmel College of Nursing dress code and the nursing unit/institution dress code must be followed when in the clinical area. Visits to the clinical unit to collect client data are permitted, but you may not participate in direct client care without the presence of the clinical instructor on the clinical unit.
Course and Clinical Expectations: continued

- Clinical experiences are planned to provide you with client contacts, which enhance your nursing theory and broaden your professional practice base. In event of an illness or emergency, you must contact your nursing unit where you are assigned PRIOR to the starting time of your scheduled experience.

- During the course, there are opportunities to experience intra-operative and emergency nursing. These experiences are optional and will be arranged during the clinical time as long as the student is clinically satisfactory in the special care areas.

- Clinical absence:

  "Class and clinical attendance is required at Mount Carmel College of Nursing. All clinical absence day(s) must be made up. Students who miss a clinical experience must develop a learning contract with the appropriate faculty member. Failure to do so may result in the student’s withdrawal from the course based on the instructor’s recommendation to the Dean of Academic Affairs". (Professional Staff & Student Handbook, 2002-2003).

- A student with one clinical absence will submit a typed learning contract to their clinical 401 instructor the Monday following each clinical absence. The learning contract will be reviewed by the clinical instructor before the student is given their clinical assignment for the next clinical week.

- A student that has two clinical absences (loss of 14% clinical experience) will be counseled by their 401 clinical or lead faculty instructor and the Dean of Academic Affairs will be notified before the student’s next clinical week.

- A student that has three clinical absences (loss of 22% clinical experience) will be counseled by their 401 clinical or lead faculty instructor. In addition, the student will meet with the Dean of Academic Affairs before the student’s next clinical week.

Standardized Testing:

All students who are in their final term in completing graduation requirements are required to make arrangements to complete all necessary standardized tests.
MOUNT CARMEL COLLEGE OF NURSING

COURSE SYLLABUS

Nursing 402

Caring Practices Within the Leadership Role

Fall 2002

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<tr>
<th>Faculty</th>
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<td>308</td>
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Mount Carmel College of Nursing Fax - 614-234-2875

Office Hours by Appointment
COURSE HOURS: 5 Credit Hours, 5 Hours Theory/Week, and 16 Hours Clinical/Week.

PREREQUISITE: Senior Status

COURSE DESCRIPTION:
Caring Practices Within the Leadership Role focuses on providing caring interventions within the leadership role that is inherent in professional nursing. The course introduces nursing leadership and management concepts and theories related to change, cultural diversity, conflict resolution, consumer relations and organizational systems. It examines the issues and trends impacting the nursing profession. This course also examines legal, political, economic and ethical aspects of nursing. Clinical practice is offered as a precepted experience in a variety of acute care and community health care settings. Additionally, the student with the guidance of the faculty contracts with a Nurse Leader[s] for a 16 hour observational experience of their choice.

COURSE OBJECTIVES:
At the completion of Nursing 402, the student will be able to:

1. Demonstrate the practice of professional nursing for groups of clients which is grounded on a synthesis of knowledge and principles from the humanities, sciences, nursing theory and research.
2. Appraise selected leadership and management theories in relation to the delivery of professional nursing care.
3. Design caring strategies in the nursing leadership role.
4. Plan a defined client environment that is conducive to health.
5. Integrate professional behaviors within the enacted nursing role.
6. Implements the interactional process to influence the health of society.
7. Develop further the nursing process to maximize the health potential of culturally diverse persons, as well as families, groups, and communities.
8. Compare documented findings and nursing research with actual nursing management and leadership practice.
10. Describe the professional nurse's role in public policy, legislation, and politics.
11. Integrates critical thinking process to enhance the health of the person and society.

COURSE THERAPEUTIC NURSING INTERVENTIONS [TNI'S]

- Collaborates with the health care team to care for psychosocial needs of a group of clients.
- Implements a plan of care that integrates the cultural needs of an individual within a group of clients.
- Collaborates with the health care team regarding the cultural needs of an individual within a group.
- Collaborates with the health care team in meeting age appropriate developmental tasks for an individual within a group of clients.
- Implements a plan of care in collaboration with the health care team that is sensitive to spiritual beliefs and practices of client/family with acute health alterations.
- Collaborates with the health care team to meet the nutritional needs of individuals within a group of clients.
NURSING 403: Caring Practices within the Community

Course Hours: 5 Credit Hours

Theory: Classroom – 40 hours

Clinical: 16 hours/week x 8 weeks = 128 hours

Prerequisites/Co-requisites: Senior Status

Course Description
Focuses on providing caring interventions with persons, families, and groups in the community. This course examines the concepts related to community, community health nursing, and environmental health and explores health alterations and issues common to a community. Gerontological concerns, related to health and illness, are explored. Clinical practice is offered in various community settings, including health clinics, home health, hospice, schools, and occupational health settings.

Course Objectives
At the completion of Nursing 403, the student will be able to:

1. Practice professional nursing based on a synthesis of knowledge from the humanities, sciences, nursing theory and research.

2. Value the humanities and sciences as a basis for understanding person, family, and community.

3. Demonstrate the theory of human caring in the practice of professional nursing.

4. Evaluate the impact of the community environment on the health practices of individuals, families and society.

5. Integrate professional behaviors as a member of the community interdisciplinary health care team.

6. Implement the nursing process focused towards the health care needs of culturally diverse groups.

7. Describe how the normal aging process impacts the holistic health status of the older adult.

8. Implement the interactional process to influence the health of society.

9. Utilize leadership skills in the management of a select client population.
10. Employ community health research in professional life.

11. Integrate the critical thinking process to promote the health of individuals, families, and communities.

12. Integrate theory-based therapeutic nursing interventions into professional nursing practice.

Units of Study

I. Foundations of Community Health Nursing

II. Healthy People 2010

III. Vulnerable Aggregates

Required Textbooks


Teaching/Learning Methods

The following learning methods will be used in Nursing 403: Required readings, lecture/discussion, observation at selected community health care agencies, tours and visitations, written nursing process assignments, written examinations, class participation, community assessment, community agency assessment, client assignments. Students seeking additional help or instruction are encouraged to make an appointment with the faculty.

Course Requirements

A. Both classroom and clinical learning experiences are viewed as essential components of a nursing education. Accordingly, students are expected to fully participate in all scheduled learning activities. Participation in classroom activities is essential for effective discussion.

B. Courtesy in the classroom and the clinical setting is an essential component of professional nursing behavior. Courtesy includes, but is not limited to: *punctuality* for class, tests, clinical and post conferences; respecting each other by active listening, and leaving and returning to the classroom only at break times.
MOUNT CARMEL COLLEGE OF NURSING

COURSE SYLLABUS

NURSING 404

Caring Practices With the Person/Family
Experiencing Chronic Health Alterations

5 Credit Hours
5 Hours Theory/Week
16 Hours Clinical/Week

Winter Semester, 2003

Faculty | Office | Phone
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 | 3C12 | 
 | 3C05 | 
 | 2C11 | 

Office Hours by Appointment
MOUNT CARMEL COLLEGE OF NURSING

COURSE SYLLABUS

NURSING 404

Caring Practices With the Person/Family
Experiencing Chronic Health Alterations

Course Description

This course examines the impact of long-term illness on the individual’s life style and family functioning. Clinical practice focuses on providing caring interventions with persons/families experiencing chronic health alterations.

Prerequisite: Senior Status
Course Placement: Fall & Winter Semester, Senior Year, 8 Weeks
Course Hours: 5 hours of theory per week
16 hours of clinical per week

Course Objectives

At the completion of Nursing 404, the successful student will meet the following objectives relating to clients/families experiencing chronic health alterations.

1. Promote the holistic health of clients/families by integrating knowledge of the humanities, sciences, and nursing.
2. Integrate caring theory into holistic nursing practice.
3. Integrate environmental factors into the nursing process to impact the health and functional ability of clients/families.
4. Coordinate the health care of clients/families in acute, long-term or community setting.
5. Implement the nursing process utilizing nursing and related research.
6. Integrate the concepts of rehabilitation in the practice of nursing.
7. Facilitate health promotion by utilizing leadership behaviors.
8. Integrate ethical and legal considerations into health care.
9. Advocate for the autonomy of clients/families.
10. Integrate theory-based therapeutic nursing interventions into nursing practice.
11. Integrate the critical thinking process to promote the health of clients/families.

Unit Of Study

I. Impact of Chronicity on Society
II. Nursing Process Related to Chronicity and Rehabilitation
III. Ethical, Legal and Autonomy Issues
APPENDIX N

SAMPLE NURSING 402 CLINICAL EVALUATION TOOL
MOUNT CARMEL COLLEGE OF NURSING
NURSING 402
Clinical Practices Within the Leadership Role
Clinical Performance Evaluation Tool

NAME: ________________________________________  Senior Term: 1st 2nd 3rd 4th (circle one)

CLINICAL INSTRUCTOR: ___________________________  Term - 1st or 2nd /Year: _________________________

CLINICAL PLACEMENT:
(1st Seven Weeks) ____________________________________________
(Observation)
(Observation)
(Observation)

[Indicate sites and hours on attached sheet]

DATES OF ABSENCES:
MAKE UP:

LEGEND:
Therapeutic Nursing Interventions (TNI’s) are defined as: Selected psychomotor, psychosocial, developmental, nutritional, cultural, and spiritual interventions directed toward the care of an individual and/or groups for promotion of health and quality of life.

The therapeutic nursing interventions will be evaluated as follows:

S – Satisfactory
Indicates that the individual is prepared, organized, incorporates theoretical concepts and demonstrates safe practice.

U – Unsatisfactory
Indicates that the individual is unprepared, disorganized, fails to incorporate theoretical concepts or demonstrates unsafe practice.

N/A – Non-applicable
Does not apply to this week clinical experience.

This tool is to be completed and turned in weekly with clinical assignments. The tool is to be kept in a pocket folder. Date and place the week number in the designated column by weekly entry. The student must self-evaluate goal achievement and write a comment to support evaluation of satisfactory or unsatisfactory.

The student is to complete this evaluation form in ink.
Dec-02
a. Function as an advocate in the nursing role to promote the health of individuals and groups of clients.

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<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
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b. Develop a humanistic-altruistic system of values.

c. Nurture faith and hope in clients and significant others.

d. Develop a helping-trusting relationship with clients and significant others.

e. Promote acceptance of expression of positive and negative feelings.

f. Recognize and acknowledge feelings through cultivation and sensitivity to one's self and others.

g. Promote interpersonal teaching-learning.

4. Plan a defined client environment that is conducive to health.

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