

Running head: NURSE FACULTY EXPERIENCE AND MEANING

Simmons College

The School of Nursing and Health Sciences
Health Professions Education

NURSE FACULTY EXPERIENCE AND MEANING: WHAT IS THE LIVED
EXPERIENCE OF NURSE FACULTY WITH THE TEACHING OF CARING IN
MASTER'S LEVEL NURSING EDUCATION?

a dissertation

by

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submitted in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

August, 2018

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2018

**Simmons College
School of Nursing and Health Sciences
Health Professions in Education**

This Dissertation entitled Nurse Faculty Experience and Meaning: What is the Lived Experience of Nurse Faculty with the Teaching of Caring in Master's Level Nursing Education? has been examined and found to be complete. The following dissertation committee members have approved this dissertation.

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Abstract

Caring is a foundational value in nursing. Offering caring is an important challenge in the current healthcare system which is highly focused on cost and technological advancement. In order to preserve caring in nursing, faculty must remain vigilant with the teaching of caring in all levels of nursing education. Students at the master's level will be the profession's future leaders. Graduate nursing faculty are in a powerful position to teach rich understanding of caring with their master's level students, yet there is very limited research on the teaching of caring at the graduate level. The research question for this study was: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education? The conceptual framework for the study was Jean Watson's Theory of Human Caring. A hermeneutic phenomenological interpretive design and Van Manen's line-by-line methodological approach guided the analysis of interviews with fifteen nurse educators teaching at the master's level. After final reflection on each interview, data were analyzed across all interviews for identification of themes and the presence of key concepts in Watson's theoretical propositions. Findings revealed three themes. Connectedness: a relationship of reverence; occurs when the respect for the wholeness of the student is central to the teacher. Exemplifying caring: a way of being; represents embodiment of the attributes of caring that becomes the way the teacher expresses and models caring. Upholding the high standards of the caring discipline of nursing; represents faculty's commitment to developing professionalism. Many of the concepts in Watson's theoretical propositions were identified by the participants as they described their experiences of teaching caring. This research has implications for education, practice, policy, and future research. If nursing is to continue as a caring discipline, then caring must be central to the education of students at all levels of nursing education, and must be fully integrated into curricula design, and professional development of faculty. Nurses must advocate for policies and further research related to caring so that health, healing, and humanizing care remains central to the profession.

Keywords: caring, nursing, teaching, learning, academic, master's, graduate, leader

Acknowledgements

I would like to express my deepest gratitude to my dissertation committee Dr. Anne-Marie Barron, Dr. Donna Glynn, and Dr. Terri Jabaley for their continued encouragement and support throughout this process. I have been challenged and inspired by their call for excellence and their dedication to nursing, nursing education, and my development as a scholar.

I humbly acknowledge the fifteen nurse faculty participants who so willingly and passionately shared their experiences with teaching caring to their master's level students. They are the true authors of this work. I am honored and grateful to have encountered these participants who were so deeply committed to human caring. I am changed because of them. Their words have given me the courage to stand strong in support that caring teaches caring.

My most heartfelt thanks are extended to my husband, Bob, and my children, Bradford, Meredith, Brian, and Elizabeth. You are the wind beneath my wings. Your love, encouragement, flexibility, and understanding has been sustaining. A special thanks to my future son-in-law, Darren for his help with troubleshooting computer glitches and to my son-in-law, Ryan for his continued positive affirmations. I could not have completed this work without the support of all of you.

I would also like to thank my friends who have been so understanding of the demands of doctoral work. A special thank you to Glenn Della-Monica for assisting me with editing and formatting. Your help has been so valuable.

Thank you to my classmates who have been never ending sources of inspiration, motivation, and support. We have laughed together, cried together, and are forever bonded.

Dedication

This study is dedicated to the four women who have shaped the person that I am today. My mother, grandmother, mother-in-law, and dear friend, Janet. I miss all of you but know that you have traveled this journey with me and are always at my side.

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Chapter 1

Caring is a grounding ethic in nursing, the root of professional practice, and a concept that frames the disciplinary foundation of the profession (American Nurses Association, 2010, 2015; Watson, 1985, 2008, 2012). Caring is person-centered, based in relationships, conscious and intentional, informed through knowledge development in nursing education, and attends to the whole person: mind, body, and spirit (Sitzman & Watson, 2014; Watson, 1985, 2008, 2012). It is within the caring discipline of nursing that nurses frame a practice that transcends the objectification of the human person that has become increasingly apparent in our healthcare system (Watson, 1985, 2008, 2012).

The current healthcare system that has become cost driven, fast paced, specialty-oriented, and technologically advanced challenges nursing to practice within its disciplinary roots of caring (Watson, 2012). Nurses may struggle with the philosophical and theoretical basis for what it is to nurse the whole person amidst the pressures associated with the reality of the demands of practice (Watson, 1985, 2008, 2012). In their quest to offer excellent nursing care, nurses look to their leaders for answers as to how to practice within the disciplinary foundation of nursing in an environment that is in contrast with professional caring and caring practices (Graham, 2010).

According to the American Association of Colleges of Nursing (AACN) (2011) nurses educated at the master's level are leaders in the profession. They are practicing in roles as advanced practice nurses, nurse administrators, and nurse educators where a deeper knowledge of the disciplinary construct and professional practice of nursing is expected. Knowledge development in graduate nursing education recommits the nurse to nursing values and philosophies of caring through "serious study, reflection, action, and the search

for new knowledge” (Watson, 2012, p. 38). The problem was that research related to the experience of nurse faculty with the teaching of caring at the master’s level of nursing education was scarce.

In order to preserve nursing’s caring identity in this 21st century there is an immediate need for the caring discipline of the profession to be taught, understood, and purposefully enacted in all roles of practice and leadership (Graham, 2010; Watson, 2008, 2012). Graham (2010) discussed that there was a need for academic leadership to be visible for teaching the discipline of the profession in the education of nurses who will assume management roles. Grace, Willis, Roy and Jones (2016) stressed that the future of nursing depends on nurse leaders and scholars being “disciplinary stewards”, in order for there to be a clear understanding of the purpose of nursing in healthcare (p. 61).

Despite the discourse related to the importance of the teaching-learning of the discipline through all of nursing education, there remained a paucity of information in the literature related to the experience of the teaching of caring in master’s level nursing education. The lack of research related to the experience of nurse faculty with the teaching of caring at the master’s level raised concern for the future identity, and professional practice of nursing. Therefore, the purpose of this research was to explore the lived experience of nurse faculty with the teaching of caring at the master’s level of nursing education.

Background of the Problem

Beginning with Florence Nightingale, nursing has been believed to be grounded in caring and caring practices that honored the patient as a whole person: mind, body, and spirit (Nightingale, 1992; Watson, 1992, 2012). In the days of Nightingale, nurses were taught to care for patients in an apprenticeship model of nursing education that was based in

meaningful caring relationships (Nightingale, 1992). Following World War II, teaching-learning practices in nursing education were based in more rigidly prescribed teacher-centered behavioral objectives that were driven by preconceived ideas as to how students learn, an expectation that all students meet all objectives in a predetermined fashion, with a lack of consideration to creativity in teaching-learning (deTornyay, 1990). The year 1986 began a curriculum revolution in response to concerns over trends in nursing education (Tanner, 1990). Following the National League for Nursing Conference (NLN) in 1990, the concept of caring was advanced as the foundation of nursing and refocused nursing education for developing the disciplinary domain of nursing as caring (deTornyay, 1990; Diekelmann, 1990; Drumm, 2006; Tanner, 1990).

The Curriculum Revolution commenced as the result of the work of leaders in academic nursing education who sought to be responsive to the changing health needs of society, within a changing healthcare system (deTornyay, 1990). The Curriculum Revolution was accompanied by a philosophical shift from teacher-centered learning to one where nursing students were empowered through active learning experiences that prepared them to care for their patients. The Curriculum Revolution opened the door for new possibilities within the teaching-learning experience in nursing education that were based in developing a caring student-teacher relationship. Within this model of teaching-learning came the opportunity for pedagogical practices that would teach caring.

Diekelmann (1990) saw the Curriculum Revolution, and its movement away from a rigid behaviorist model, as an opportunity for nursing education to embrace teaching-learning in “communities of care” (p. 302). In these “communities of care” conversation, support, sharing of lived experiences, reflection, and the development of meaning for the purpose of

nursing were practices that developed critical thinking. Tanner (1990) also identified a shift in nursing education toward a paradigm that identified the “centrality of caring” as the discipline of nursing (p. 297). Within this paradigm shift was the concept that caring was what guides the nurse, or the nurse educator, to be considerate of the needs of their patient or student. Nursing education departed from a model based in tasks and moved to a model that was non-behavioral and theoretical. In this new model, the relationship between the student and teacher was primary, and it was where nursing identified concern for its role in transforming the biomedical model of healthcare to one that respects diversity and focuses on the promotion of health (deTornyay, 1990; Diekelmann, 1990; Tanner, 1990).

The Curriculum Revolution underscored the importance of a more socially responsible focus in nursing education that extended the availability of caring and caring practices to members of society at large (deTornyay, 1990; Diekelmann, 1990; Tanner, 1990). The American Nurses Association (ANA) (2010) has continued to build on the concepts that emerged in the Curriculum Revolution and has affirmed caring as a social responsibility and the essence of nursing within its social policy statement. The ANA recognizes nursing’s social contract with society that “humans manifest an essential unity of mind-body and spirit” and that nursing is responsible for basing its practice in “human experiences across the lifespan” (pp. 11, 15). The concepts within the disciplinary foundation of caring are congruent with the call of society, and the ANA, for nursing practice to be based in human care and concern despite the challenges that may be met in professional practice. The paucity of information in the literature related to the experience of nurse faculty with the teaching of caring at the master’s level of nursing education raised concern: What is

the experience of nurse faculty with the teaching of caring at the master's level of nursing education?

In the world of nursing discourse, the position that caring and caring attributes may and should be taught, learned, nurtured, and supported in nursing education has been repeatedly reinforced (Adam & Taylor, 2014; Bray, O'Brien, Kirton, Zubairu, & Christiansen, 2014; Cook & Cullen, 2003; Clark, 2013; Cunico, Sartori, Marognolli, & Meneghini, 2012; Curtis & Jensen, 2010; Drumm & Chase, 2010; Doyle, Hungerford, & Cruickshank, 2014; Geraghty, Oliver, & Lauva, 2016; King, Barry, & Gordon, 2015; Maltby, Drury, & Fischer-Rasmussen, 1995; Touhy & Boykin, 2008). Professional nursing practice is informed by its disciplinary foundation of caring for the whole human person: body, mind, and spirit despite the threats made by the fast-paced healthcare system (Litchfield & Jonsdottir, 2008; Newman, Sime, & Corcoran-Perry, 1991; Newman, Smith, Pharris, & Jones, 2008; Smith & McCarthy, 2010; Watson, 2008; Willis, Grace, & Roy, 2008). Work environments that are bottom-line cost driven as opposed to emphasizing human care, emulate a blurring of the role of nursing. These environments impose conflict between the discipline and practice of the profession, highlighting the increasing need for caring knowledge development in nursing education, and for strong leadership for what a nurse actually does (Willis et al., 2008; Watson, 2008, 2012). Twenty-first century nursing education must prepare practitioners to articulate nursing's disciplinary foundation of caring as a framework for professional practice if nursing is to maintain its caring identity (Litchfield & Jonsdottir, 2008; Newman et al., 2008; Smith & McCarthy, 2010; Watson, 2008, 2012; Willis et al., 2008).

According to Watson (2012) despite contemporary nursing theories in caring-healing practices, the current trend in nursing education is to “disregard theory and ignore nursing’s disciplinary foundation, focusing more on conventional forms of evidence, methods, medical-institutional requirements, and procedures” (p. 17). In order that the development of nurse leaders be based in the discipline of the profession, and not in the role of service, there is a need for nursing education to teach to the discipline (Graham, 2010). To develop the nurse’s caring and caring practices, there is a need for ongoing academic education in caring throughout the process of nursing education (Drumm & Chase, 2010; Mlinar, 2010; Watson, 2012; Wilkes & Wallis, 1993). This research was an effort to explore the lived experience of nurse faculty with the teaching of caring at the master’s level of nursing education.

The Essentials of Master’s Education in Nursing states that nurses educated at the master’s level have a “fuller understanding of the discipline of nursing in order to engage in higher level practice and leadership” (American Association of Colleges of Nursing, 2011, p. 4). Students at the graduate level of nursing education are developing as advanced practice nurses, nurse administrators, or educators who will role model exemplary practice within the disciplinary construct of the profession, as leaders. In master’s level education, there is an opportunity for a more thorough engagement and reflection on theoretical constructs that guide practice and the development of solutions (Moss, Grealish, & Lake, 2010). This level of engagement is different from what occurs in undergraduate study or professional development programs. Education at the master’s level in nursing promotes deeper learning that is based in the students’ and teachers’ experience in practice (Moss et al., 2010). Nurses who practice in leadership roles that require master’s level nursing education are expected to

be able to synthesize the practicality of practice and nursing's theoretical constructs, as champions and role models of the discipline (AACN, 2011; Watkins, 2011).

A lack of disciplinary knowledge development in the educational setting has led to confusion regarding the professional work of the nurse, and the valuable contribution nursing makes to the healthcare system through caring-healing practices that promote health (Watson, 2008, 2012). This confusion or "separation of knowledge development in the academy from the activities of nurses-as-workforce" provides an opportunity for nurse educators to refocus on knowledge development for the discipline and the practice of nursing within the concept of caring in the academic as well as clinical settings (Litchfield & Jonsdottir, 2008, p. 89). Watson (2012) reminded nurse educators that before professional caring can occur, the value of human caring and caring practices must be recognized and acknowledged. Caring in nursing requires a consciousness that is based in "a personal commitment by educators to enliven the importance of human relationships and caring as the epicenter of what nursing actually means, as its first and necessary condition" (Watson, 2008, p. 260). Furthermore, knowledge development in relation to caring within the academic setting lays the groundwork for further development of what is experienced in the professional practice setting (Watson, 2008, 2012). The problem was that there was little research related to nurse faculty experiences with the teaching of caring in master's level nursing education that enlivened the caring discipline of professional practice.

Despite the discussion relating the importance of the teaching of caring at the master's level of nursing education, and despite the belief that professional caring is informed by all of nursing education, qualitative studies related to caring in nursing education have been focused primarily at the undergraduate level of nursing education

(Curtis & Jensen, 2010; Dillon & Stines, 1996; Drumm & Chase, 2010; King et al., 2015).

Quantitative studies have also focused primarily at the undergraduate level (Labrague, McEnroe-Petitte, Papathanasiou, Edet, & Arulappan, 2015; Labrague et al., 2016). Beck's (2001) metasynthesis described fourteen qualitative studies that interpreted caring within nursing education with only one study focused solely beyond the baccalaureate level.

Therefore, the purpose of this research was an effort to address this gap in the literature by answering the research question: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education?

Significance

The importance of this research is that the experience of the teaching of caring is essential to the preservation of nursing's identity and professional practice being grounded in the discipline of caring (Watson, 1985, 2008, 2012). There is an ongoing responsibility for the teaching, development and nurturing of disciplinary knowledge throughout all levels of nursing education. Master's level nurses are leaders who may be looked to for direction as to how to nurse in order to meet the needs of society for human caring in the experience of health and healing. This study was done to explore nurse faculty experiences with the teaching of caring in master's nursing education at a time when caring is being threatened by the pressures of a technologically demanding health care system to assure that, ultimately, the public has access to excellent, compassionate nursing care.

This researcher hoped that by exploring the experience of nurse faculty with the teaching of caring in master's level nursing education, insight into teaching that develops a deeper understanding of the caring discipline of nursing may be contributed. Findings from this study may benefit nurse faculty who may read, reflect on, or discuss the findings. The

findings in this study may contribute to future nurse educator practice and guidelines; inform curriculum writers; and provide direction for further research and policymaking.

Additionally, this research may benefit students who are in master's level nursing programs with nurse faculty who are experiencing the teaching of caring. Staff nurses and students experiencing academic or institutional leadership from nurse educators, managers or clinical leaders who have been taught caring in their master's level programs may be at an advantage for developing caring relationships. Ultimately, research related to the experience of the teaching of caring in master's level nursing education may positively affect the care of the patient whose wholeness is being threatened in today's healthcare system.

Purpose Statement and Research Question

The purpose of this research was to address the problem that there is little research related to the experience of nurse faculty with the teaching of caring in master's level nursing education. This problem caused concern for the future identity, and professional practice of nursing. The question guiding this phenomenological research study was: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education?

Conceptual Framework

Jean Watson's Theory of Human Caring (1985, 2008, 2012) was the conceptual framework for this study. Watson's theory linked to the purpose of the study which was to explore the experience of nurse faculty with the teaching of caring, as caring is theoretically conceived in professional nursing. In order to analyze the experience of the teaching of caring, this researcher must have an understanding of the theoretical construct of professional human caring.

Watson (1985, 2008, 2012) described caring in nursing as the science of human relationships. Caring at the disciplinary level of nursing reflects the “ethical, philosophical, moral values, the worldview, and lens that one holds toward knowing/being/doing in relation to human caring and humanity, health-illness, healing, suffering, living, dying, and all the vicissitudes of life that nurses experience every day” (Watson, 2012, p. xi). Watson’s theory makes explicit the caring practices and relationships that provide the moral ideal for nursing, as the discipline that informs professional practice. Core aspects of the theory are the Ten Carative Processes, the Transpersonal Caring Moment, Caring as Consciousness, and Caring-Healing Modalities.

The Ten Carative Processes outline a value system for helping a person to gain a greater sense of self understanding, self-knowledge, and self-caring despite any health condition that may exist. By practicing within the Carative Processes the nurse facilitates a relationship between self and other and sees another as a “spirit filled person behind the disease, the diagnosis, even the behavior we may not like” (Watson, 2012, p. 69). Practice within the Carative Processes assures an authentic relationship between self and other and is manifested in practices that enable the growth of another through kindness, compassion, listening and presence (see Appendix A).

Transpersonal Caring is an “I-thou” (Watson, 2012, p.71) moment that is based in intentionality. It is a relationship that is intended and exists as it is meant to be. It is the intentionality of caring practice that promotes the sharing of the relationship. This relationship formed between the nurse (I) and the other (thou) promotes the self-healing process by restoring inner harmony. Connection between the self and the other represents the moral ideal in nursing as the nurse-other relationship.

Caring as Consciousness is epistemology (Watson, 2008, 2012). The nurse possesses knowledge of the concept of caring in order fully nurse with a concern for human dignity and wholeness. Caring-Healing Modalities are based in Caring as Consciousness and the knowledge of how to respond to self and others, how to comfort, and how to offer compassion. These practices are not a result of a happenstance but are the result of the knowledge and understanding of the ontological and epistemological basis of caring science.

Definition of Terms

For the purpose of this study:

- **Academic:** is the teaching that occurs in the classroom or hybrid learning environments.
- **Caring:** Caring is both an art and a science (Watson, 1985, 2008, 2012). Caring is an intentional practice based in person-to-person relationships, and relationships between person and environment. Caring promotes the health and wellness of the whole person: mind, body, and spirit. Caring informs the discipline and practice of professional nursing and is both ontology and epistemology. Attributes include having compassion, concern, and empathy for self and others that includes being authentically present and acknowledging of the humanity of all persons (Roach, 2002; Watson, 1985, 2008, 2012). Caring is a moral imperative in nursing that is practiced despite the challenges in work expectations.
- **Discipline:** the body of knowledge that informs professional caring in nursing.
- **Graduate level:** master's level education.
- **Leader:** a nurse who is educated to the master's degree level in nursing and who is practicing as an advanced practice nurse, nurse administrator/manager, clinical nurse

leader, or nurse educator (AACN, 2011). Nurses in these roles hold master's level degrees where a deeper knowledge of the caring discipline of the profession and professional practice is expected. Leaders are able to use their deeper knowledge of the discipline to role model, direct change, and promote health, healing and wellness in their practice of professional nursing.

Summary

The teaching-learning of caring is essential to the development of nurses for professional practice that is relational, fosters the development of caring environments, and prevents the objectification of the human person and human condition (Drumm & Chase, 2010; Watson, 1985, 2008, 2012). Caring is a core concept in professional nursing that defines what nursing is, and what nursing does (Watson, 1985, 2008, 2012). In order to preserve nursing's identity as a caring profession, and to meet nursing's social responsibility for care, there must be academic leadership for the teaching of caring that includes the graduate level (Graham, 2010; Watson, 2012). The problem that prompted this study was that despite the importance of the teaching of caring in all of nursing education, there is little research related to the experience of nurse faculty with the teaching of caring in master's level nursing education.

This study offers a contribution to the literature that describes the lived experience of nurse faculty with the teaching of caring at the master's level of nursing education by answering the research question: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education? This research contributes important insight into nurse faculty experiences with the teaching of caring that may impact nursing practice, education, health policy, and future research.

Chapter 2

Review of the Literature

To understand the experience with the teaching of caring in master's level nursing education this literature review explored the concepts that frame the research question: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education? Concepts within the question guiding this research were: the philosophical perspective of caring, nursing's theoretical perspective of caring, caring as the discipline of nursing, caring in nursing education, caring can be taught, and the pedagogical value of caring in nursing education. Therefore, this review focused on the research literature related to the question for this study and the discussion of related concepts.

Following data analysis, a second literature review was conducted in search of more current research related to the experience of the teaching of caring in master's level nursing education. There remains to be little research related to the experience with the teaching of caring in master's level nursing education.

Philosophical Perspective of Caring

The roots of nursing are based in the philosophy that the nurse cares for the whole person; mind, body, and spirit (Nightingale, 1992). Nightingale viewed nursing as a "calling"; a devotion to others that reached beyond disease and into the processes that restored health. Seeing the interconnection of mind, body and spirit to healing, Nightingale (1992) stressed that the nurse must understand the "anxieties" that result from illness (p. 34). She spoke to the influence of the mind over health, and to the role of the nurse to "help the sick to vary their thoughts" (Nightingale, 1992, p. 35). This process was achieved by the nurse's being aware of the isolating effects of disease on the person, and the practice of the

nurse to maintain an awareness of the patient as a human person. At the root of Nightingale's philosophy was a respect for the human condition of another, and for the physical-spiritual relationships that make the whole person open to healing and healing practices. These concepts are congruent with more current philosophies and theories of caring and healing models.

Myeroff (1971) described the philosophy of caring as a relational process where one person helps another by "feeling of the other as part of me" (p.7). Like Nightingale (1992) Myeroff expressed the essential nature of the relationship between persons as the foundation for caring and caring practices. Caring between two persons could occur only when a person was able to understand another person and their human experience. Watson (1985, 2008, 2012) discussed similarly to Myeroff, that caring occurs between two persons when one person is able to enter and to understand the world of another. According to Watson (1985, 2008, 2012) the human connection between the world of the self, and the world of another becomes a caring relationship that has the ability to potentiate healing, human integrity and harmony for both in the relationship.

Nursing's Theoretical Perspective of Caring

Nightingale based her education of nurses on a holistic philosophy that is now reflected in Watson's work along with that of other nurse scholars/theorists who have identified caring for the whole person as the philosophical framework from which professional nursing practice, education, and research takes its disciplinary focus (Boykin & Schoenhofer, 2001; Nightingale, 1992; Roach, 1992, 2002; Watson, 1985, 2008, 2012). Contemporary nurse theorists have embraced Nightingale's holistic view, and have identified caring as the defining attribute of the discipline of nursing by promoting that nursing return

to caring-healing practices that are an antidote for our dehumanizing healthcare system (Boykin & Schoenhofer, 2001; Roach, 1992, 2002; Watson, 1985, 2008, 2012).

Caring scholar, Roach (1992, 2002) informed nursing that caring is based in a model of love. Roach blended concepts within a Judeo-Christian belief into a conceptualization of caring that reflected Nightingale's holistic approach to the human person as mind, body, and spirit. In her description of caring, Roach (2002) defined her Six C's; Compassion, Competence, Confidence, Conscience, Commitment, and Comportment as the ontological basis for the realization of caring practices. According to Roach (2002), caring in professional nursing practice is demonstrated in all areas of the work, results from knowledge development in all domains of learning, and is present in teaching and practice environments where caring is modeled. Roach (2002) expressed concern that caring is at risk in a healthcare system that is driven by cost and technology.

Nurse scholars, Boykin and Schoenhofer (1993, 2001) were influenced by Roach's work and conceptualized the relational basis of caring in their theory. Boykin and Schoenhofer (1993, 2001) echoed concepts put forth by Myeroff (1971), Roach (1992), and Watson (1985), that caring is based in the relationships between persons and proposed that nursing appreciate the humanness of every person through a professional practice that is authentic, intentional, and seeks to understand and to know another. Boykin and Schoenhofer (1993, 2001) asserted that faculty and students study nursing as caring together, and that self-affirmation as a caring person be encouraged by living nursing as caring in the classroom.

Nurse theorist and scholar, Watson (1985, 2008, 2012) has written extensively on caring as the root of nursing practice, education, and research. Watson (1985, 2008, 2012) theorized that caring is grounded in the philosophical, metaphysical, behavioral and

theoretical perspectives that are structured around relationships between persons, and between persons and the environment. As nurses confront health-illness, living, dying, pain, and suffering in their practice, nursing's authentic, intentional caring-healing relationships facilitate another's healing. According to Watson (2008, 2012) professional caring relationships do not just happen, but are the result of knowledge that is taught, nurtured, and supported. Relationships that define caring, define nursing, and are the core elements of the discipline that informs professional practice.

Caring as the Discipline of Nursing

A discipline is defined by its social relevance, its domain of concern, and its beliefs regarding the values that frame and guide its professional practice (Grace et al., 2016; Graham, 2010; Litchfield & Jonsdottir, 2008; Newman et al., 1991; Newman et al., 2008; Willis et al., 2008; Smith & McCarthy, 2010). The ANA (2010; 2015) has adopted and continues to support that caring is the discipline of nursing and a core value and social responsibility in professional practice. The professional practice of nursing at all levels, and in all roles is informed by the moral imperative of caring (ANA, 2010, 2015; Grace et al., 2016; Graham, 2010; Litchfield & Jonsdottir, 2008; Newman et al., 1991; Newman et al. 2008; Willis et al., 2008; Smith & McCarthy, 2010). In order for nursing to be practiced within its unifying focus of humanization, nursing's disciplinary values must be attended to in all of nursing education.

The disciplinary value of caring relationships in nursing can be preserved and advanced in nursing education (Boykin & Schoenhofer, 2001; Roach, 2002; Watson, 1985; 2008, 2012). According to Newman et al. (1991), "nursing is the study of caring in the human-health experience" (p. 3). Willis, et al. (2008) informed that a focus on the

disciplinary foundation of nursing had been muddled due to an identification of nursing with medicine. There is a profound need for nursing to be able to articulate its philosophical foundation, lest nursing's identity and role as a healing practice be lost. The importance of teaching to the discipline is stressed in Graham (2010) with a call to instill the discipline of nursing in its future leaders. According to Watson (2008, 2012) it is the nurse educator who is in a key role for the teaching-learning of professional caring as a foundational component of nursing education and nursing practice at all levels.

Caring in Nursing Education

The Curriculum Revolution commenced the shift from a teacher-centered, behavioral model of nursing education, to a new philosophy of teaching-learning that found its basis in the caring student-teacher relationship (deTornyay, 1990; Diekelmann, 1990; Tanner 1990). Diekelmann (1990) was instrumental in the Curriculum Revolution that reshaped the way nurses were being educated and stressed that caring is an ethic and value that drives the way nurses practice the profession and teach students. Diekelmann (1990) questioned the use of behaviorist techniques and saw nursing education as an opportunity to teach professional caring by forming student-teacher relationships, creating communities of care in the classroom, and encouraging open dialog, listening, and facilitating the use of reflection.

Like Diekelman (1990), Tanner (1990) stressed the role of nursing education towards the development of a caring nurse. Tanner (1990) raised concern that content overloaded technical curricula preceding the Curriculum Revolution was not preparing a nurse for practice that is based in caring. Society was calling for more than the performance of tasks. In order to change the focus of nursing education to meet the needs of society, nursing education had to change. Themes emerged from the Curriculum Revolution reflecting the

changes needed in nursing education and were the following: to educate nurses in their social responsibility; to educate nurses in the disciplinary foundation of caring; and to enhance caring within the essential nature of the student-teacher relationship (Tanner, 1990). Nursing education was looked upon as an area of professional nursing practice where the nurse educator prepared the nurse for a professional practice based in caring (Diekelmann, 1990). Following the Curriculum Revolution, there has been scholarly interest regarding how caring is experienced and taught in nursing education.

Caring Can Be Taught

Teaching and learning the concept of professional caring has been a topic of nursing discourse. Nurse scholars emphasized that the process of nursing education impacts the knowledge development and understanding of professional caring and caring practices as the student progresses through the educational process (Drumm & Chase, 2010; Mlinar, 2010; Wilkes & Wallis, 1993). Wilkes and Wallis (1993) investigated the experiences of diploma level students in a qualitative study that reported that there was a change in the student's perspective of caring over the course of nursing education. Using a written survey, a sample of 30 first year nursing students, 30 second year, and 30 final year nursing students were asked what caring meant to them, and to describe an incident where they were caring towards a patient. Findings reported that compassion was the primary attribute of caring in the first-year nursing student, competence was added in the second year of study. Third year students expressed confidence as the primary attribute of caring and no longer expressed compassion as a primary focus of the description of caring. Wilkes and Wallace (1993) discussed how there is a development of the attributes of caring as nursing education progresses, and that nursing education should emphasize all attributes of caring throughout nursing education, so

that none are lost. Limitations to this study were that the study was conducted in one school of nursing and that individual students were not followed through the first to third year of nursing education.

Similar findings related to the development of professional caring in nursing education were reported in Drumm and Chase (2010). This hermeneutic phenomenological study was conducted in a school of nursing that had a caring curriculum, and with a sample of six female and one male baccalaureate nursing students who participated in face-to-face interviews that were analyzed using Colazzi's method. Findings reported were that students realized that they were caring individuals when they chose to attend a nursing school framed in caring, but that the educational process developed their understanding of the philosophy of caring, and their capacity to care. Although clinical experience was reported to have a primary influence on the learning of caring, it was also suggested that learning caring does take place in the academic setting with the use of teaching strategies such as reflection, and the nurse educator's role modeling of caring attitudes. A limitation to this study was that it was conducted in a school of nursing with a curriculum framed in caring.

The development of students' caring through the process of nursing education was reported in Mlinar (2010). In a quantitative study aimed to investigate the differences in scores for the Caring Behavior Inventory (CBI) between first and third year undergraduate nursing students, two sample groups consisting of 117 first year students and 49 third year students (n=166) in an undergraduate nursing program completed the CBI questionnaire. The CBI items articulate attributes of caring in nursing and consists of 42 items measured by a four-point Likert scale. Reliability and validity of the tool were established. First year students had received initial education in basic nursing, and had experienced four weeks of

clinical practice. Third year students completed eight weeks of clinical practice prior to answering the questionnaire. Both first and third year students completed the questionnaire in the ninth week of study. Findings using an independent t-test concluded statistically significant differences in scores for items within the CBI. Third year students had developed caring behaviors related to standards of professional practice and ethical action over the course of their education. Mlinar (2010) discussed that nurse educators have the ability to teach students caring behaviors through role modeling and should be employing a humanitarian science orientation in both the academic and clinical settings. Limitations to this study were that the study was done in only one school of nursing in Slovakia with an instrument that was developed in another country, and that the two groups being compared were from different cohorts. Recommendations were that a matched group design would offer more definitive findings related to the development of caring over the course of nursing education.

Pedagogical Value of Caring in Nursing Education

Qualitative studies related to the perception of caring, and the experience of being cared for have identified themes that intertwine and offer an understanding of the value of forming a caring teacher-student relationship, offering caring to students, modeling caring, creating a caring learning environment, and the utilization of confluent teaching strategies to the teaching-learning of professional caring (Appleton, 1990; Beck, 1991; Curtis & Jensen, 2010; Dillon & Stines, 1996; Grams, Kosowski, & Wilson, 1997; Halldorsdottir, 1990; Hanson & Smith, 1996; King et al., 2015; MacNeil & Evans, 2005; Miller, Haber, & Byrne, 1990; Nelms, Jones, & Gray, 1993). Quantitative studies have also reported significant

findings suggesting the positive impact of caring behaviors by nurse faculty on the caring behaviors of students (Labrague et al., 2015; Labrague et al., 2016).

Understanding caring and the experience of caring was the focus of Appleton (1990). In this study, the meaning and experience of caring in a nursing program was investigated using a phenomenological design. Two doctoral students participated in face-to-face interviews that were later analyzed. Themes were: Commitment; involvement; and belonging. Findings suggested that caring is an expressive process based in interconnectedness and knowing that one is cared for. Appleton (1990) discussed that nurse educators should be supportive of students, create opportunities for students to reach their valued and unique interests, maintain clear communication, provide constructive criticism, and promote freedom of expression and reflective practice in environments where students feel cared for. Appleton (1990) concluded by challenging nurse educators to view caring as ontology, epistemology, and axiology and to advance the knowledge of human caring by offering the experience of caring in the educational process.

The structure of a caring student-teacher encounter was explored in Halldorsdottir (1990). Using a descriptive phenomenological approach, a sample of nine former university students (four of whom had a baccalaureate level degree, four a master's level degree, and one pursuing a PhD) were interviewed to describe both a caring and uncaring encounter with a teacher. Interviews were analyzed. Findings were that the structure of a caring student-teacher relationship, from the perspective of a student, had four essential components. The components were, the teacher's professional caring approach, mutual trust, a working student-teacher relationship, and positive student responses to the student-teacher caring encounter. Within these components were elements that described that a teacher's caring

approach included professional competence, genuine concern for the student as a studying person, and a professional commitment to excellence. The relationship between student and teacher was a positive influence for students developing self-worth, higher degrees of motivation for learning, and a desire to role model professional caring. Halldorsdottir (1990) called for future research related to the experience of caring in nursing education.

Similar findings regarding the impact of a caring teaching-learning interaction between the teacher and the student were reported in Miller, Haber, and Byrne (1990). In this phenomenological study, six senior nursing students and six nurse faculty were interviewed. Students were asked to describe a caring teaching-learning experience during one of their nursing courses. Faculty were asked to describe a teaching-learning experience where they provided caring to a student. Data were collected via face-to-face interviews and then analyzed using Colizzi's method. Findings were that, for both faculty and students, a caring teaching-learning interaction was identified in four themes: holistic concern/philosophy, teacher ways of being, mutual simultaneous dimensions, and student ways of being. Faculty expressed that caring was the foundation of the teacher-student relationship. Both faculty and students expressed that caring was experienced by having regard for each other, offering trust, respect, support, and learning from each other in climates of support. Outcomes of caring between the student and the teacher were the development and empowerment of students. The value of learning from each other was expressed to be an integral component of the caring process in nursing education. Recommendations made were to develop faculty for the enhancement of caring in nursing education in formal education and in workshops. The need for future research related to the phenomenon of caring in nursing education was encouraged.

Using a phenomenological design, and Colazzi's method of analysis, Beck (1991) investigated nursing students' experiences with a caring faculty member. In this qualitative study, themes were identified from the written descriptions of 47 junior and senior undergraduate nursing students (43 women and 4 men) ages 20 to 51 in a school of nursing with a curriculum framed in caring. Themes were organized into clusters. Clusters were: attentive presence; sharing of selves; and consequences of being respected and valued. Students described that caring faculty members acknowledged them, helped them, were fair, did not rush their learning, and offered encouragement and support. Beck (1991) discussed similarly to Appleton (1990) Halldorsdottir (1990) and Miller et al. (1990) that if nurse faculty wish to teach caring, they must know the behaviors that students see as caring, be caring towards their students, create environments where students feel valued, model caring, and be available to support students in their learning. Dillon and Stines (1996) repeated Beck's (1991) study with a sample of 70 licensed practical nurse (LPN) and 60 nurses' aide students and reported similar results. Themes were: the sharing and giving of self; respecting the student; and role modeling. Faculty listening, being nonjudgemental and offering time to students were perceived as expressions of caring.

Nelms et al. (1993) conducted a qualitative descriptive study using a sample of 137 baccalaureate and associate degree nursing students. The study explored students' perceptions of learning caring from faculty role modeling using open-ended questionnaires. Findings were expressed in categories: connection, relationships, and caring. Findings indicated that students do learn caring from faculty role modeling. Faculty communicating, listening, and offering their time to students were perceived as acts of caring. Important

implications were that role modeling requires an intentional, conscious commitment to being caring and that faculty must be aware of their behaviors with students.

The meaning of the lived experience of a caring, and not-so-caring student-faculty encounter was explored in the work of Hanson and Smith (1996). In a phenomenological study of 32 undergraduate nursing students from two settings, 30 to 60-minute interviews were conducted to explore students' perspectives of caring and uncaring interactions with faculty. Data were analyzed using Colazzi's method. In both a caring and not-so-caring encounter, it was the teacher who initiated the interaction. Categories representing caring interactions with faculty were: connection; recognition; and confirmation. Categories reflected that students were attended to by faculty, felt connected to the teacher, and were acknowledged and recognized. Findings in Hanson and Smith (1996) stressed the value of a caring environment, and enhancing students' respect of self through positive reinforcement, encouragement and support. Recommendations from this study included the need for further research that explores the experiences of students among diverse cultural, ethnic, and age groups. Additionally, further research is needed to explore curricular design and teaching that contributes to developing caring in nurses professional practice. An important implication from this study was that faculty must look at time spent with students as their work and not time taken away from their work.

The student-teacher relationship, the importance of the caring environment, and the impact of faculty role modeling was highlighted in Grams et al. (1997) who studied the lived experience of undergraduate nursing students when in a student-faculty caring group. In this phenomenological study, caring groups of 12 nursing students and one faculty member were formed to provide experiential learning opportunities in caring. Goals for participants in the

groups were to: learn to care for the self and others; identify caring and not so caring behaviors; strengthen coping and group skills; and to have fun. A sample of 27 associate degree graduates from two separate cohorts who had been involved in the caring group for the two years of their nursing education were interviewed and asked to describe the experience of being in a caring group. Contextual analysis of the data revealed three patterns: creating the caring community; experiencing the reciprocity of caring; and being transformed. The role of the faculty member emerged as a central part of creating the caring community. Important findings were that faculty role modeling of fairness, equality and mutual respect, bridged the student-faculty relationship. Students described that caring groups developed their knowing of themselves and the value of self-care, the acceptance of others, and being able to see another's point of view. Results suggested that faculty role modeling of caring in communities of care empowered students' learning of caring that may be brought into professional practice.

Another qualitative study that closely linked the student-teacher relationship, the caring environment, and the modeling of caring to the experience and the learning of caring was reported in MacNeil and Evans (2005). In this descriptive study, 70 practicing registered nurses (RN's) enrolled in a "post-basic" nursing program were asked to participate in a study that investigated the concept of caring in nursing education. Participants were asked to write examples of what caring meant to them, what constituted a caring environment, and an example of when they experienced caring. Data were analyzed using content analysis. Under the overarching theme that caring in the classroom is exemplified by the humanistic caring relationship, the relational basis of caring was modeled through connectedness, presence, growth, and respect in a caring environment. Students described that caring occurs at the

person-to-person level, and that faculty demonstrated caring by being authentic, respectful, understanding of student's views, encouraging, and clear in their expectations. Implications of this study are the positive impact of the caring environment, the student-teacher relationship, and faculty role modeling of caring to student's learning of caring as a part of professional life. MacNeil and Evans (2005) stressed the need for further research to focus on faculty caring, modeling caring, and caring educational environments.

The impact of faculty caring on student's perceptions of their caring practices were measured and discussed in Labrague et al. (2015). Using a non-experimental quantitative design, a sample of 586 undergraduate nursing students from four countries (Greece, India, Nigeria, and the Philippines) in the second, third or fourth year of their nursing program were recruited to respond to two self-reporting questionnaires; the Caring Behavior Inventory (CBI) and the Nursing Students' Perception of Instructor Caring (NSPIC). The α coefficient for the CBI reported for this study is 0.92. The α coefficient the NSPIC in this study is 0.91. Data collected were analyzed using SPSS version 16 for descriptive and inferential statistics. Multiple regression analysis was used to determine correlation with a level of significance as $p < .001$. Findings suggest that the caring behaviors of instructors have a positive influence on students' perceptions of their caring behaviors. Conclusions included that faculty must role model caring in order to professionally train students to care, and that teaching practices such as simulation, narratives, or educational games in the classroom may allow for caring to be explored.

Similar findings on students' perceptions of instructor caring were again reported in Labrague et al. (2016). This study focused solely on nursing students' perceptions of instructors caring behaviors using a quantitative, cross-sectional, comparative design. In this

study 450 nursing students from four countries in the second, third or fourth year of their nursing program responded to the NSPIC. Conclusions were that faculty must be aware of how students perceive them as role models and faculty must exemplify professionalism in nursing. Important suggestions were made for faculty within the academy. Suggestions were for faculty to be aware of their own caring, to strengthen their commitment to caring through workshops, and to seek certification and post graduate study as an educator. Teaching strategies such as reflection, self-assessment and reflective journaling were suggested. Notably, the researchers suggested that a qualitative design may have provided a richer understanding of student perceptions of instructor caring than the quantitative design used in this study.

Teaching strategies that develop the affective and cognitive domains of learning were the topic of work done by Curtis and Jensen (2010). The researchers used a qualitative descriptive design to explore the use of confluent teaching strategies for the teaching-learning of caring and empathy with clients from different cultures. Using a sample of 24 baccalaureate nursing students, data were collected through student questionnaires, reflective journals, and a focused interview. Field notes were taken and used in the analysis process. The focus group interview was audiotaped and transcribed. Student journals, interview transcripts and field notes were analyzed. Findings were expressed in four themes: challenging assumptions and gaining knowledge and insight; developing caring and empathy; moving to action; and transformational learning. With the use of confluent teaching strategies, students' critical reflective processes, understanding of the experience of another, and desire to institute change, changed the way that they thought about and approached patient situations. The study concluded that the use of confluent teaching strategies enhanced

students' cultural awareness, caring, and empathy. Limitations to this study were that the results were limited to one class of nursing students at the baccalaureate level. The researchers suggested future studies be conducted to explore the use of confluent educational strategies to increase student's capacity for caring and empathy.

The use of nursing situations for the integration of the affective, behavioral and cognitive aspects of nursing was reported in King et al. (2015). In this hermeneutic phenomenological study, the teaching and learning experience of nurse faculty with the use of nursing situations was explored. A purposive, snowballed sample of ten nurse faculty who were teaching from nursing situations for at least five years were asked, "What is it like to teach and learn nursing from the perspective of nursing situations?" (p. 63). Data were collected using semi-structured interviews that were audiotaped, transcribed and analyzed using a hermeneutic seven stage process. Three relational themes were identified: focusing on the discipline of nursing; moving away from the way we were taught; and trusting the process. Elements of the themes included that faculty need to focus on nursing as a discipline and practice grounded in caring and actively work to engage students in the study of the discipline. Other elements of the themes were that moving away from the medical model created learning environments where both student and teacher were valued and, with the guidance of faculty, essential nursing content would emerge from study within nursing situations as the discovery or rediscovery of the love of nursing. The researchers' discussion of the study highlighted that the use of nursing situations assisted students to weave together clinical and classroom experiences for a deeper understanding of the relationship between theory, practice and research.

Summary

The content of this literature review reinforced the importance of the philosophical, theoretical and practical conceptualization of caring to professional nursing education. The preponderance of conclusions in this literature review is that caring may and should be learned, taught, nurtured, and supported in professional nursing education. While significant work has been done within quantitative and qualitative studies on the perception and impact of caring and caring behaviors in nursing education, these studies have been mostly focused at the undergraduate level, from the perspective of students, and not directly conducted to explore the lived experience of nurse faculty with the teaching of caring. This paucity of information in the literature was a problem that warranted the exploration of the experience and meaning of the teaching of caring in master's level nursing education, as an important and timely study.

Chapter 3

Methods

Design

A hermeneutic phenomenological interpretive design as described by Van Manen (1990) was used for this study. This design was used because it related to the purpose of the research; that was to explore the lived experience and meaning of the teaching of caring in master's level nursing education by nurse faculty who were experiencing the phenomenon.

Phenomenology is based in the naturalistic and human science of life as it is experienced in the "lifeworld" (Van Manen, 1990, p. 19). Phenomenology is both a philosophy and a method of inquiry. From a philosophical standpoint, descriptive phenomenology is based in the work of Husserl (1958) and seeks careful descriptions of everyday life experiences; hermeneutic phenomenology is interpretive and reflects the work of Heidegger (1962) that stresses the understanding of the meaning of a lived experience. As a method, phenomenology aims to understand an experience from the perspective of the one who experienced it, and to "transform lived experience into a textual expression of its essence (Van Manen, 1990, p. 36).

Van Manen's (1990) design bridged the gap between descriptive and interpretive phenomenology by describing hermeneutic phenomenology as a design that develops an understanding of the meaning of our lived experiences. According to Van Manen (1990) the contradiction between the description of things as they occur and the concept of interpretation of meaning is resolved by acknowledging that the facts of a lived experience already have meaning. Capturing the description of a lived experience in text is an

interpretive process that both distances the writer from lived experience and allows the discovery of the “existential structures of experience” (p. 127).

Van Manen (1990) described six research activities that provide methodological structure to hermeneutic phenomenological research. The six research activities described were that the researcher: turns to a phenomenon of interest; investigates the experience as it is lived, as opposed to how it may be conceptualized; reflects on essential themes which characterize the phenomenon; describes the phenomenon as a result of writing and rewriting; maintains a strong and oriented pedagogical relation to the phenomenon; and considers the parts and the whole of the meaning (p. 30-31). In order to meet the requirements of the design it was necessary for this researcher to “bracket” and hold at abeyance, any preconceived notions, ideas, or experiences related to caring and the teaching of caring. Bracketing was the result of intentional reflection, separating out and setting aside, as much as possible, this researcher’s knowledge of Jean Watson’s Theory of Human Caring or her personal or professional positions and opinions regarding the teaching of caring. This process allowed careful consideration to be given to the data obtained from the participants.

Sample

The sample was obtained for this research using purposive and snowball sampling strategies (Polit & Beck, 2017). These sampling strategies were selected because it was necessary to recruit participants who were experiencing the teaching of caring in master’s level nursing education, and who were willing to share those experiences. The sample was recruited from four colleges located in the northeastern section of the United States. The colleges were selected as sites for recruitment due to their geographic locations and for their offering of master’s level nursing education. The colleges were small to mid-size institutions.

Recruitment was accomplished by electronically accessing publicly available faculty lists from the four colleges. Nurse faculty believed to meet inclusion criteria were invited to participate in the study via email.

The sample consisted of fifteen nurse faculty members teaching in master's level nursing programs. It was anticipated that the sample size may be 20 to 25 participants for this study. From the perspective of phenomenological data collection, sample size depends on data saturation (Polit & Beck, 2017). Data saturation occurs when there is redundancy, and no new interpretation of themes. Once themes were continually repeated and this researcher was unable to interpret new themes, the data collection ceased.

The number of responses to initial recruitment was low. A snowball sampling strategy was introduced (Polit & Beck, 2017). Snowball sampling is a technique where participants are referred to a researcher by earlier participants. Snowballing followed the process suggested by Polit and Beck (2017) that early participants first check with potential referrals prior to supplying names/contact information. Once the potential referred participant expressed interest to participate in the study, and offered permission to be contacted, this researcher then contacted the referred potential participant via email.

Inclusion criteria for participation in this study were that participants are nurse faculty teaching any course in a master's level nursing program, meeting in a hybrid or face-to-face learning environment, and willing to volunteer participation in a 45 to 60-minute interview.

Recruitment followed Institutional Review Board (IRB) approval of this study. Following IRB approval from the college where this researcher was a PhD student, a letter was sent via email to the dean or chairperson of the department of graduate nursing education

in the four colleges where participants were to be recruited from. The letter introduced the study and intent to access nurse faculty at the college as possible participants (see Appendix B). The dean/chairperson were not involved in the study nor with the recruitment of participants. Three of the four colleges used for recruitment required IRB approval from their institution. One college did not require IRB approval from their institution and accepted the IRB approval from the college where this researcher was a PhD student. Once IRB approval was obtained from a college, the recruitment process of master's level nurse faculty began at that institution (see Appendix C). For the college not requiring separate IRB approval, an email invitation was also sent (see Appendix D). Participants referred to the study using a snowball sampling strategy were contacted by email using the identical protocol that was used for the voluntary purposive sample (see Appendix E).

Setting

The physical setting for this research was at a mutually decided upon place and time set between this researcher and the participant. The location decided upon for data collection was appropriate for maintaining privacy for the collection of data and did not interfere with collecting demographic information or audiotaping the semi-structured interview. Most interviews took place in faculty offices. One took place in a library, and one other in a restaurant.

Interview

It was important that there was a feeling of equality between the participant and this researcher. This was established with the full disclosure of this researcher's role as a nurse faculty member not teaching in a master's program, being a PhD student, and reminding the participant that their participation was voluntary. This researcher also reminded the

participant that the purpose of the study was to explore the experience with the teaching caring from the perspective of the participant.

Van Manen (1990) instructed that the interview used in hermeneutic phenomenological research must be “disciplined by the fundamental question that prompted the need for the interview in the first place” and be conducted in such a way that the discourse remains on the phenomenon of interest (p. 66). For this study, the research question was: What is the lived experience of nurse faculty with the teaching of caring in master’s nursing education? This research question prompted that the interview remained focused on the lived experience with the teaching of caring in master’s level nursing education. To direct the discourse to the phenomenon of interest, there were specific interview questions that were used to begin the interview process, and to return the conversation to the topic being investigated when the discourse left the focus of the research question. Questions guiding the interview were open-ended and were sequenced depending on the direction of the discourse. This process allowed for deep investigation into the participants’ lived experience with the teaching of caring. At the end of the interview, each participant was asked if there was anything that they would like to share regarding the teaching of caring that had not been explored.

Data Collection

Informed consent was obtained prior to the data collection process (see Human Subjects Protection p. 42). Demographic and interview data were de-identified with the use of coding to protect privacy. Demographic data were collected via questionnaire and included: age, gender, face-to-face classroom, hybrid classroom, overall percentage of time in face-to-face teaching, years of teaching in an undergraduate nursing program, years of

teaching in a master's level nursing program, highest degree obtained, teaching in curriculum framed in caring theory, and if practicing in nursing other than as nurse faculty (see Appendix F). Following the collection of demographic data, the semi-structured interview was conducted to explore the participants' experience with the teaching of caring in master's level nursing education (see Appendix G). The interview was audiotaped.

Data Analysis

A transcriptionist was hired and signed a statement of confidentiality (see Appendix H). Interview data that had been audiotaped were transcribed verbatim. Following transcription, this researcher compared the audiotape to the transcribed text of the interview to assure accuracy. Listening to the words of the participant while comparing the transcript to the audiotape provided this researcher with the experience of being deeply immersed in the data.

Interview data were analyzed using Van Manen's (1990) detailed line-by-line approach. Ultimately, themes were identified to capture the meaning of the lived experience, as much as possible, through the "process of insightful invention, discovery, and disclosure" (p. 88). During the initial phase of data analysis, this researcher read and reflected on the whole of each participant's interview. This researcher then read and reflected on each line of each participant's interview to begin to understand and make meaning of the experience with the teaching of caring in master's level nursing education, from the participant's perspective. The goal in phenomenological reflection is to make contact with the experience under inquiry, as it was lived by the participant. This researcher was immersed in the data for a deep reflection on words, or phrases that ultimately began to reveal the essential meaning and structure of the lived experience with the teaching of caring in master's level nursing

education. The experiences described by each of the participants were identified, reflected on, and considered in relation to one another. Initial categories of description were identified, then this researcher returned to the data and continued to reflect and synthesize for an identification of possible thematic expressions of the lived experience with the teaching of caring for each participant.

Phenomenological thematic analysis allowed this researcher to grasp the meaning of the experience with the teaching of caring by first seeing the parts, and then the whole of the experience across the data. Once each interview transcript was read, reflected on, and then reread line-by-line and reflected on for words or phrases that may have indicated possible meaning, this researcher returned to the interview for thematic analysis across the whole of the interview. This process was repeated for each of the fifteen interviews. Once all interviews were analyzed in this way, this researcher was able to “step back” and analyze all of the interviews for themes across the whole of the data.

Throughout data analysis the complexity of the process of reflective writing, reflection, writing, rewriting and revisiting the data helps the researcher to focus reflective efforts and gain a deeper sense of the multiple layers of meaning of the participants’ lived experience (Van Manen, 1990). Reflective writing and rewriting was an essential step that was attended to by this researcher throughout the process of thematic data analysis. Reflective writing was the activity of phenomenological research that involved the totality of this researcher’s physical and mental state of being that allowed for the understanding of the meaning of the lived experience had by the participants.

The final phase of data analysis was to return to the narratives of the interviews to determine whether Jean Watson’s conceptualizations of caring were revealed by the

participants as they described their lived experience with the teaching of caring in master's level nursing education.

Demographic data were entered into a data sheet and then analyzed using SPSS Version 24. Continuous variables were analyzed for means and standard deviation (see Table I). Categorical variables were analyzed for relative frequency (see Table II). Demographic data were discussed in text (see Description of the Sample p. 42-43).

Rigor and Validity

Rigor and validity in qualitative research are best tested in the creation of true-to-life portrayals of human experiences that are evaluated by the usefulness and relevance of the report, when measured by its reader (Sandelowski, 1993; Sandelowski & Barroso, 2002; Sandelowski, 2015). According to Van Manen (1990) phenomenological description is “validated by lived experience and it validates lived experience” (p. 27). A good phenomenological description can be recognized as an experience that a person has had, or could have had. Therefore, the task is to transfer what is “lived” into text that is an understanding of an experience as it exists in the world, text that has the ability to help the reader understand the life experience (Van Manen, 1997). Validity is determined by the usefulness and relevance of the findings to those who know the phenomenon.

During the course of the research process this researcher attended to the rigor of the study by maintaining a systematic collection of documentation and materials related to the research. This documentation provided an audit trail of the study and findings. The intent was to be clear regarding each step in the research process, and the process for decision making regarding the identification of themes/findings. Polit and Beck (2017) recommended six classes of records be kept as an audit trail for adherence to the methodological process and

identification of findings: the raw data, data reduction and analysis products, process notes, materials related to researcher's intentions and dispositions, interview development information, and data reconstruction products (p. 564).

An audit trail was maintained which included self-reflections and reflections on participants' responses. These reflections were kept in writing in a journal. Records of the interview guide and interview data including written notes related to the context of the interview were part of the audit trail. The methodological process used, and all decisions made throughout the study were described in writing. Documentation of decisions, theoretical insights, reactions and responses were done in writing throughout data analysis and as they occurred throughout the study. Throughout all phases of analysis, comprehensive notes related to insights, observations or theoretical connections were kept in writing.

Notations related to the reactions or responses of the researcher are important in qualitative research, where the researcher is the instrument of inquiry (Polit & Beck, 2017). Deep reflection on reactions or responses allowed this researcher to recognize her reactions and responses as separate from those of the participants. This researcher reflected on all reactions and responses experienced during the study and consulted with her dissertation committee for guidance when needed. Consultations were documented in writing, as part of the audit trail.

The validity of a study is found in what rings true to people who know the phenomenon (Van Manen, 1997). This researcher sought ongoing guidance and feedback from a dissertation committee related to the research process and the findings of the research. This researcher's dissertation committee were expert qualitative researchers who have an understanding of the phenomenon being explored. Findings in this study were compared to

the work of previous researchers who explored the perception of caring and caring behaviors in nursing education. Through dissemination in professional presentations and publications, feedback for validation of the findings in this research will be encouraged. Finally, the usefulness and relevance of findings in this study of the lived experience with the teaching of caring in master's nursing education, from the perspective of nurse faculty will be validated by those who read the study and who have had lived experiences with the phenomenon.

Human Subjects Protection

Prior to commencing this study, Institutional Review Board (IRB) approval was obtained. Approval was obtained through an expedited review, as there was minimal risk to nurse faculty participants who volunteered to be in this study. The primary approval was obtained from the college where this researcher was a PhD student. Two of the remaining three colleges where participants were recruited from required their own institutional IRB approval. One college did not require their own institutional IRB approval and accepted this researcher's primary IRB approval at their institution.

The protection of confidentiality and right to voluntary participation was protected by recruiting nurse faculty whose names and contact information were on publicly available lists on the website of the four colleges selected for recruitment. Potential participants were contacted by email, no more than three times. Nurse faculty who agreed to take part in the study were asked to meet this researcher for the signing of informed consent and the collection of data (see Appendix I). It was stressed that the participant may withdraw at any point during the interview or may choose not to answer any question without fear of any penalty. Each participant was assigned a code prior to the collection of demographic and interview data. Participants were reminded that data collected via questionnaire and

audiotape were kept in a locked file in this researcher's home office. The audiotapes, transcripts, questionnaires, and all records kept as an audit trail will be destroyed three years after the completion of the project.

Cost

This study was partially funded through a research grant from the Pi-Epsilon Chapter of Sigma Theta Tau International Honor Society.

Plan for Dissemination

Plans for the dissemination of the findings in this study are to publish and present this work. Publications considered are: Journal of Nursing Education, International Journal of Human Caring, Nurse Educator, Nursing Education Perspectives, and Nursing Ethics. As a presentation, dissemination plans include a poster presentation of this work being displayed at the college where this researcher is a PhD student, at the colleges where this researcher is faculty, and at the annual meeting of the state chapter of the Organization of Nurse Leaders. This researcher anticipates presenting this work in the role of consultant or guest speaker as the opportunity occurs. Regionally, this work may be presented at the annual Nurse Educator Conference, and nationally at the International Association of Human Caring meeting held within the United States. Following the doctoral defense of the study, this researcher will contact nurse theorist Jean Watson for discussion of the work and dissemination of findings beyond what this researcher has planned.

Chapter Four

Findings

The purpose of this phenomenological research was to explore the experience of the teaching of caring at the master's level nursing education from the perspective of nurse faculty. The question guiding this phenomenological study was: What is the lived experience of nursing faculty with the teaching of caring in master's level nursing education? The research question was answered through phenomenological thematic analysis of fifteen semi-structured face-to-face interviews. This chapter includes a description of the study sample followed by a presentation of phenomenological themes that captured the meaning of the experience of teaching caring in master's nursing education. A summary of participants' responses to the research question will conclude the chapter.

Recruitment of Participants

Participants for this phenomenological study were recruited via email over a period of five months from June 2017 to October 2017. Fifty-seven nurse faculty in four colleges who were believed to meet inclusion criteria were invited to participate in the study. Of the fifty-seven invited, four had been snowballed into the study by participants who had previously volunteered participation.

Four of the fifty-seven nurse faculty invited to participate in the study declined the invitation for the reasons that they no longer taught at the master's level, taught fully online, or were otherwise unable to participate at this time. Of the remaining fifty-three nurse faculty that were invited into the study fifteen volunteered their participation. Thirty-eight of the fifty-seven nurse faculty invited to participate in the study did not respond to recruitment efforts.

Description of the Sample

The sample was obtained using purposive and snowball sampling strategies. Fifteen nurse faculty teaching in a master's level nursing program volunteered their participation for the collection of demographic information by questionnaire followed by a semi-structured face-to-face-interview. The participants were teaching in various master's level programs that developed students for roles in management, education, and advanced clinical nursing practice.

All fifteen participants in this study described their gender as female. Participants ranged in age from fifty-three years to seventy-one years. Two participants chose not to provide their ages. Eleven of the fifteen participants responded that they teach in both the face to face and hybrid learning environments. One of the fifteen participants responded teaching only in the hybrid learning environment that includes a face to face component. Three of the fifteen participants responded teaching only in the face-to-face classroom environment. Participants responded with a range of twenty-five to one-hundred percent of their teaching time that is in a face-to-face setting. None of the participants taught fully online. Fourteen participants in this study have taught at the undergraduate level of nursing ranging from less than one year to thirty-four years. One participant did not provide a response on the demographic questionnaire regarding teaching at the undergraduate level of nursing. All fifteen participants taught at the master's level of nursing education ranging from three to twenty-eight years.

The highest degree obtained varied among the participants. Two of the fifteen participants responded that their highest degree obtained was a Master's Degree (MSN), two had a Doctor of Nursing Practice Degree (DNP), one had a Doctor of Nursing Science

Degree (DNSc), and ten had a Doctor of Philosophy Degree (PhD). Four participants responded that they were teaching in a school of nursing that had a curriculum framed in caring theory. Nine responded that they did not teach in a school of nursing that had a curriculum framed in caring theory. Two participants responded being unsure if the school of nursing where they were teaching had a curriculum that was framed in caring theory. Nine of the fifteen participants practice nursing in roles that are separate from their roles as nurse faculty.

Demographic data were analyzed using SPSS version 24. Continuous variables were analyzed for means and standard deviation (see Table 1). Categorical variables were analyzed for relative frequency (see Table 2). Participating in this study provided an opportunity for the participants to reflect on caring in nursing and on their teaching.

Phenomenological Thematic Analysis

The intent of conducting phenomenological analysis was to represent the essence of the lived experience of the teaching of caring in master's nursing education in themes that offered a richer understanding of the phenomenon. The representation of the experience and meaning of the teaching of caring in themes was the result of repeated reflection on the words of the fifteen participants as they described their lived experience.

Participants were interviewed using a semi-structured interview guide (see Appendix F). The same questions were offered to each participant; however, the sequencing of interview questions was influenced by the direction of the discourse. Interviews lasted between 24 to 51 minutes. Each participant's interview was audiotaped and transcribed by a professional transcriptionist. Following transcription, the transcript was read as a whole and compared to the audiotape of the interview to assure accuracy. After this was done the

transcript was again read for the whole of the meaning of the interview, then reread line by line. Participants' words, phrases and sentences that illuminated the experience of the teaching of caring in master's level nursing education were highlighted, coded and categorized. Once this process was completed for each interview, the interviews were again read, reread, and reflected on as a whole for a shared meaning of the experience across all of the data. Codes and categories that had been identified were collapsed and synthesized for the final determination of themes that represented the whole of the experience of the teaching of caring in master's level nursing education.

A committee of experts in qualitative research confirmed the results of the study. An audit trail of all reflections and decisions made throughout data analysis was maintained in a journal. Throughout this iterative process all preconceptions regarding caring and the teaching of caring were reduced, as much as possible.

Phenomenological Themes

The essence of the experience of the teaching of caring was described by participants in three main themes: Connectedness between the teacher and student: a relationship of reverence; exemplifying caring: a way of being; and upholding the high standards of the caring discipline of nursing. Although woven together in a tapestry of meaning there exists a distinction between each theme. The three themes are introduced below, and then will be described in detail.

- Connectedness is the relationship between faculty and student where the respect for the humanness of each person is central. Authenticity, compassion, competence, concern, empathy, presence, trust, and valuing another are the attributes of caring that honor and humanize each student as a whole person: mind, body, and spirit.

Connectedness occurs when the teacher knows one's self as a whole human being committed to caring and relates that knowing of one's self to the humanness of each student.

- Exemplifying caring is an intentional way of modeling being caring that makes caring visible and real in faculty teaching. In this research, the phrase "being caring" represents the embodiment of the attributes of caring by faculty. The embodiment of the attributes of caring becomes the way that the teacher expresses and models caring as the essential sharing of humanness. Exemplifying caring personifies professional caring in the behaviors and words offered by the teacher to the student that both model caring and offer the experience of being cared for.
- Upholding the high standards of the caring discipline of nursing is the unshakable commitment, by faculty, to the teaching of professionalism in nursing. By upholding the high standards of the discipline, faculty commit to fostering the development of the professional behaviors of the master's level student. Setting expectations for maintaining standards are aspects of upholding the high standards of the discipline.

Connectedness Between the Teacher and the Student: A Relationship of Reverence

Participants described the attributes of caring that were central to their teaching and the practice of nursing: authenticity; compassion; competence; empathy; presence; trust; and valuing another as a whole person. The attributes of caring described by the participants captured the participants' undeniable regard, respect, and genuine concern for their students as human beings and learners that connected the teacher and student in a relationship that honored the humanness of each person. A participant described connectedness, "being

genuine, being authentic, being [caring], listening to people.... getting to know those human beings”.

Participants regarded their students as fellow human beings and developed relationships built on reliability and trustworthiness. Most participants described a sense of collegiality with their master’s students that developed from an understanding that their students were authentically human as opposed to faceless identification numbers filling seats. By valuing the humanness of each student and appreciating the value of their students’ personal and professional experiences and goals there was a connection where the teacher and the student worked together as a team. Participants described the teacher-student connection as respectful of the humanness of each person but remained clear that the role of the teacher was separate from the role of the student. A participant described this connection:

Making a connection so that they get on...I don’t want to say a level playing field but so that they are able to feel comfortable and trusting in sharing of ideas about what their clinical practice is now... [and] what role they’re going to be aspiring for.

Another participant described the indispensable nature of a caring connection between the teacher and the student contributing to the experience with the teaching of caring, “I try to practice it [caring] in all my relationships [with students].” The participant continued, “at the same time having boundaries ...it’s not like [having] friendships with these students any more than having friendships with your patients. It’s having, but it’s being, coming from a place of kindness and compassion.”

The connection between the teacher and student was a human connection that was manifested in a compassionate understanding of the student’s needs. Participants’ knowing of themselves as caring persons and teachers fostered a human connection that incorporated the

challenges faced by students and fueled faculty's efforts to support the student through their master's nursing education. Participants reflected on their own humanness and life experiences as a way to more deeply understand and relate to their students. By faculty relating to their student's experiences they honored the humanness of their students in a relationship that offered compassion and raised the student to the same level of regard that participants held for themselves and for their own experiences. A participant offered her reflection, "I think what I try to do is never forget what it was like to be a student." By knowing themselves as caring and valuing the wholeness of each person as a human being, participants recognized the inherent dignity of their students in an environment of mutual connection and genuine human regard for each other. A participant shared:

And so, I have been, I have tried to apply my values about caring in the way I teach as opposed to trying to teach about caring.... I try to remember their names, look them in the eye and not rush through things.... I'm trying to make them into good managers and in order to be a good manager you have to have been treated well.... So, I honestly don't talk about caring theory or Watson or anything like that even though I'm familiar with it. I'm really, my focus is treating people as nicely and as thoughtfully as I can recognizing that most of them are balancing their work and their school.... And I think they feel that [concern] from me and I would call that, you know, being a caring professor and that's how I hope they take that and apply it to their work.

Participants described the connection between faculty and students as one based in appreciation for the humanness of the student that lifted the student's personhood to the surface of the experience with the teaching of caring. Appreciating that not all master's level

students are alike underscored the faculty's attention to the individuality of each student as a person and learner. A participant described, "there's all different types of learners and there's all different types of students." The participant continued, "So, I think what I try to do... in a class is ask where they're from... and what their clinical background is and why they're there; why did they come to graduate school?"

The appreciation of individuality provided insight into the teacher-student connection as an act of human reverence, illuminating the depth of the meaning of the teaching of caring. A participant offered her description of appreciating the individuality of each student, regardless of the challenges or differences that may contribute to the wholeness of the person:

So, teaching it is all about relationships.... I feel passionate about this.... So, you have to care about your students. You have to care about the student who doesn't do their homework and doesn't do what they're supposed to do and just doesn't answer your emails. You have to find out why, what's the block, what's going on? And not just get aggravated.... So, it's [the relationship] the absolute essence.

The participants described connectedness as creating an environment wherein the teacher utilizes their caring attributes appreciating, respecting, and regarding the individuality and wholistic vision of the student engendering trust from the student in return. Intrinsic to the regard for the valuable individuality of the student was the teacher's heightened sense of worth for the cultural influences that shaped the understanding of caring by the student. Participants found meaning in their experience of teaching caring as they considered and incorporated the varied perceptions of the meaning of caring shaped by the cultural differences of their students. A participant offered, "Now certainly some of the students

come from a different culture. And a different background than I do. And so maybe...they deal with it [caring] a little differently.” Acknowledging the beliefs of others and determining the impact of culture and varied perceptions on the meaning and offering of caring revealed a dimension of human personhood essential to the teaching of caring. Another participant shared, “So, usually in a class...try to find out what their [the student’s] concept of caring is, and their ideas about caring, and what it means to them.”

Participants described that looking beyond their own experiences to the individuality of the student elucidated the meaning of connectedness as a relationship that respects the humanness and wholeness of the person: body, mind, and spirit. Another participant shared her experience with the teaching of caring by finding meaning in looking beyond her own understanding, “There is probably much more to consider with people’s cultural diversity and how they think about caring than we realize.... Like some people don’t smile at all and they would say that seriousness...that intensity is part of caring.” The participant continued, “if you’re going to teach caring to master’s students I think it’s really important to get a common understanding of what that is.” Similarly, another participant described her appreciation of a teacher-student connection that is founded in the regard for individuality and wholeness, “I deal with multicultural students and that’s a beautiful thing. And to see how different cultures relate to different things and knowing what the different cultures are helps make a better nurse.”

Participants repeatedly described that the teacher-student connection was linked by having a genuine concern for what was meaningful to each master’s level student individually. Being in connection honored the unique learning needs and learning styles of the participants’ master’s level students as an act of relational caring. A participant described,

“Well, I think the master’s students, I think people being in their master’s program, depending on the age but in general they’re seeking a higher level.” The participant continued to describe her genuine concern connecting her with her master’s level students, “So, today’s group of students are different than maybe 10 years ago, and [with] today’s group of students you have to look at the generation and kind of work with the generation.”

Participants described connecting with their students by genuinely desiring to be invested in each student’s success. A participant emphatically stated, “I don’t want them to fail. I want them to succeed.” Participants made an effort to connect with their master’s level students and offered themselves as resources for a successful teaching-learning experience. According to a participant, “making myself available after class is important... for the group and the student.” The participant continued to describe her commitment to being available and offering her time to students, “Although I’m not on campus that much for my [faculty] position but they [students] do have the availability to reach me by email, by cell phone, etc.”

Participants were committed to the well-being of their students and wholeheartedly offered students their encouragement and support. A participant described her experience with offering her encouragement and support in a caring teacher-student connection, “She [the student] was really overwhelmed and she said ‘I don’t think I can do this.’ I said, ‘You can do it.’” The participant continued, “I made little suggestions to keep notes on stuff.... It just takes time.” Participants offered their time and consideration to their students and were invested in the teaching to and learning of their students. Participants described making a conscious effort to be honest and reasonable with their students in a caring connection. A participant described her investment in the success of her master’s level students that fostered the formation of a caring teacher-student connection:

I think one of the things that people would recognize, students would recognize, is that I have tried to really think about how they will perceive the materials that I use or the curriculum that I give them. I don't have 50 articles and make them figure out which ones they aren't going to read.... I try to say, 'I've picked the six articles I really want you to read them.' I'm very, I'm honest with them and I think I create a reasonable work load and help people [to] be successful in that. So, I do a lot of preparation... for the class and I think they can see that effort.... I'm very invested in them being successful and they know that....I would like everybody to do well and I try to bring, I try to give everybody what they need to be successful in class. And I think they would say that's the kind of class we have; [we] want more people to talk, want people to ask questions and you know, I think they, I don't know if they always feel that way with faculty. I know I didn't.

Another participant contributed her description of the essential value of connectedness between the teacher and student to the experience with the teaching of caring in master's level nursing education:

So much [teaching] is on relationships because it's [nursing administration] all leadership. So, you can't be a successful leader if you don't know how to be in a relationship. You can't be a successful leader if you don't know how to communicate and build a team and have compassion, and I mean you obviously need a whole lot of other concrete skills as well. But to me, again, cause it's the heart of nursing and nursing leadership is nursing, if you can't enter into the caring relationships you're going to fail as a leader.

Exemplifying Caring: A Way of Being

To exemplify caring, participants described that they offered and modeled caring and caring practices to their students. By offering caring and caring practices participants exemplified their embodiment of professional caring in their roles as nurse educators. Caring framed the teaching of the participants and created an inextricable link between the experience with teaching, being caring, and offering caring. A participant described, “I think what I’m trying to say is my teaching is part of me and my teaching is part of my caring.” Participants adamantly described that in order to experience the teaching of caring, one must be an example of caring. A participant described how she exemplifies caring, “I feel that in order for me to be the best nurse educator I need to walk the walk, talk the talk. Talk the walk, walk the talk.” Participants held the importance of exemplifying caring at the forefront of their experience with the teaching of caring to their master’s students of as a way being caring and practicing their professional role. Being an example of caring and caring practices was described by another participant:

Practicing what you preach. I would do pretty [poorly] if I said, ‘Oh, caring is the essence of nursing but I will not meet with you or I will not talk to you. I don’t care if your life is falling apart’.... if I teach caring I have to practice caring so it’s the same way modeling, you model what you hope the students are learning. I mean I teach people who are already nurses so...it’s not like [caring is] a brand-new concept.

Exemplifying caring lifted the teaching of caring from the pages of a textbook to the actual caring practices that were revealed in action. By exemplifying caring, participants practiced their teaching in ways that offered students a vision and experience of caring in the reality of professional practice. Participants modeled their regard for the worth of each student in

practices that made clear the meaning of what it is to care for all human beings. A participant described, “So, you can’t, you can’t teach it.” The participant continued, “I mean you, obviously you do...formally, specifically talk about caring but if you’re not role modeling it, if you’re not caring for the student, then you’re not going, you’re not effectively communicating it, you’re not effectively teaching it.” Another participant described the pedagogical value of modeling caring and caring practices as her experience with teaching caring, “I think it is role modeling caring and I do.... It’ more like I’m behaving in a way that I believe is evidence of a caring faculty member and I think people learn a lot from what they see.”

Participants listened, noticed, and were sensitive to their students and to human factors that might influence the quality of the students’ academic experience. Faculty were authentically present with their students and noticed them in a way that mirrored the caring presence of the nurse at the bedside. A participant described, “if I go back there [the classroom] ...I think about teaching caring I think about teaching the respect....to me caring also is like you know when ...you’re with a patient and caring, it gets back to that being present for them.” The participant continued, “It’s that sitting down next to the patient when you realize that, you know, they’re not eating well or that they’re being really quiet today and I say to them sometimes, ‘Tell me what’s going on’.” The participant continued to share:

I can remember when I had a student who was really struggling in a class and she was in the hallway... and it wasn’t necessarily academically but, in the class, she just didn’t seem like, that she was learning or that she was enjoying the class at all. And I sat down next to her and she almost started to cry. And it turned out that she...was diagnosed with epilepsy like pretty recently and...her whole thought around her

continuing forward in a leadership role at all was sort of like, you know as an NP [nurse practitioner] was, she was very nervous about it...And I remember sitting down there and talking with her about it and figuring out how can we handle this? By being physically, mentally, and emotionally present with their students, participants acknowledged and understood the personal responsibilities that their students were experiencing along with the demands of a rigorous course of nursing education. Participants reached out to their students in a compassionate embrace of understanding and support that modeled caring as a professional way of being and behaving. A participant shared her ways of being caring and behaving with her master's level students:

Many of them [students] are working full time at other jobs and it's like anything else. And they have families. And a lot of them really get overtired.... So, I try as a faculty person to talk to them about pacing themselves. And, you know, and trying not, not to get overburdened. I always tell them if they are having some difficulty they need to come and talk to me about it. You know, they don't have to reveal personal things if they don't want to but maybe I can help them figure out a way to pace themselves cause a lot of them don't really know.

Another participant described her compassion and sensitivity to the humanness and complexity of the lives her master's level students:

[At] the master's level when students have like a big family issue and it makes it difficult for them to get their work completed so you can talk with them about that issue or problem.... everyone has got times when they have, you know, a lot of problems and issues...as a caring person that's part of what you do [talk with them] ...when you're teaching...at any level and any person.

By being caring, participants created environments where appreciation, trust, and a regard for the vulnerability of the student modeled what it was to be caring. In an environment that offered and modeled caring, participants respected the contributions made by both themselves and their students as human experiences that held value and worth towards the deeper understanding of caring in professional nursing. Some participants described being challenged to experience the teaching of caring by being in the academic setting as opposed to a clinical setting where patients are served by the nurse. This challenge was resolved by creating and facilitating caring experiences in the classroom. A participant described resolving this challenge through her actions as a teacher, "You can talk about caring, and you can point out different aspects of caring but I'm not sure you can actually teach caring other than by example." The participant continued, "But in a master's program I don't do any clinical whatsoever. So, for me [it's] trying to facilitate the caring that goes on in the classroom and their understanding of caring."

In the trusting environments created by the participants' offering and modeling of caring, the participants described that the teaching of caring found meaning in the sharing of experiences that exemplified the professional practice of nursing. In an environment of trust where the vulnerability of each person was respected the sharing of experiences was open, honest, reciprocal between the teacher and the students, and respectful of all contributions. A participant described her experience with the teaching of caring to her master's students rooted in sharing clinical experiences, "Teach it with experiences. So, because I am still practicing here at the hospital so, I have lived experiences all the time." The participant added, "Giving them examples so that they can relate to something that is beyond just the abstract that's in a textbook at this point." The sharing of experiences modeled the

appreciation, and regard for vulnerability that journeyed towards a deeper understanding of caring that linked the relationship between academic learning in master's nursing education and expanded practice roles in nursing. A participant shared, "So, I can't ignore sort of that didactic [part of teaching] but the richness comes from clinical stories that they bring and that I bring." The participant added, "I just open it up to some clinical experiences I've had and ask them, 'What experiences have you had?' And again, it's... just trying to broaden and enrich their thinking about caring and caring for everybody." Another participant described the value of sharing experiences in her experience with the teaching of caring in the classroom, "Well, [because] usually when they're talking to each other they're learning about that other person's experience and so they get to learn an experience that's beyond their own experience." The participant continued to describe, "it gives them [the opportunity] not just [that] they learn about their particular patient that they interacted with, but they learn how their colleagues interact and react to patients and right or wrong...they benefit from their experience, too."

In addition to sharing their experiences, many participants described that they exemplified caring through the use of varied teaching strategies that wove the concepts of caring into coursework. According to a participant, "The caring side.... it's very easy to weave it into leadership concepts." The participant added, "Discussion, hybrid learning, discussion boards. I use a lot of clips, I use experiential learning in the classroom. We do a lot of small group work. Role play, reflective writing." Engaging students in discussion, analysis, and reflection on caring offered participants an opportunity to exemplify the application of caring and caring practices in the expanded roles of nursing practice.

Participants described their desire that their modeling of professional caring would be an exemplar that was understood and ultimately assimilated into the expanded practice of their students. Illuminating the connection of caring theory to professional practice was described as a meaningful experience with the teaching of caring at the master's level. A participant described:

I would hope I show them what it [caring] is by the way we talk about other things and by the way I at times describe my own practice to them and my own role as an advanced practice nurse with my patients....I'm trying to teach them how to care about other nurses [because] that's the role that they're going to be in. They're going to be managers, director's, CNO's.

Exemplifying the connection between theory and practice is similarly described by another participant:

...So, related to what I know from the theory plus what I use in practice can help them [students] generate some more ideas and translate care into their practices. Trying to relate, trying to bridge the gap between academic and service. And most of the graduate students that I'm working with are going to be educators or are going to be clinical nurse specialists. They're learning that role. They are practicing nurses but they're learning that role as a leader so to speak.

Participants described the value of communication as an opportunity to exemplify caring and the relationship of caring communication to professional practice. Communication that was intentionally and mindfully delivered verbally and non-verbally reinforced the teachers regard for the student as a person deserving of respect. A participant described her communication with her students as intentionally mindful with regard to considering the

vulnerability of her own humanness as an example of caring, “I make sure that my emails are composed carefully. I never write back when I am mad”. The participant added, “You know, so I make sure all of my communication conveys a caring attitude and I am very careful about the words that I use in an email.” The participant also emphasized, “So, I make sure that all my communications sort of model the type of nurse that I want them to be, too.”

Participants’ described that careful communication affirmed and motivated students sense of belonging and success. Another participant described, “when you see something positive about a student you reflect it back to them....and it takes a tremendous amount of energy, as you know, noticing what is good about people and reflecting it back to them.” The participant stressed, “But that is role modeling caring.” Constructive feedback and grading were described as avenues for exemplifying caring and caring practices. Honoring the work done by students exemplified participants’ authenticity as caring teachers and human beings. Communication in careful feedback was positively offered and offered when it was more difficult to give. A participant related:

Well, I think another thing that’s really, really important in teaching anything but in teaching caring is to compliment students. Say when they’ve done something really, really well. Particularly to pick out the excellent pieces and I always start with that. Pick out what they were able to do....and then where [the student] could...go further.... But when you are grading them or when you’re analyzing you kind of always say everything but it’s important to say one or two of the things that are really excellent about what they’ve done.

Offering constructive feedback to students in a respectful manner exemplified caring in a rich and genuine way. A participant shared her experience with the teaching of caring by

modeling caring when providing feedback in more challenging situations, “Another [example of caring] would be when you give... difficult feedback. You know, feedback that’s hard to give either in conversation or on paper.” The participant continued, “But you really are doing it because you care about that student and you want them to grow and it may mean that this is going to be a little painful but you’ve got to do it.” Participants described that exemplifying caring in careful and constructive feedback offered students caring as an opportunity for learning, self-reflection, and self-evaluation. Offering feedback in a considerate and respectful way modeled caring and contributed meaning to the experience of the teaching of caring. A participant described:

I’m very sensitive to when I do feedback to them, written feedback, you know through grading. You know, I always try to read it again and make sure it couldn’t be misconstrued, that I’m coming down hard. I want them to, you know, ultimately learn from it, but I think you have to be very careful how you provide written feedback as a faculty to students. And then hopefully they’ll role model that to students when they are nurse educators.... I’ve had faculty...that can be very abrupt, and it really fractures the relationship with the student. You know, I remember one vivid memory this faculty person putting big red, you know, X’s on my paper that I spent, you know, days and days writing and you know, I felt like those X’s were she crumbled up the paper and just threw it in the container. I did try and have a conversation with her about it and then her response to me was, ‘Well, that’s how I was taught’.”

Overall, participants exemplified caring in their teaching that regarded the humanness and wholeness of the student. Exemplifying caring presented the teaching of caring in a

tangible way that master's level students could relate to, reflect on, and ultimately manifest in their own advanced practice. A participant described her experience:

And I think people want to emulate things that they, you know, the way they want to behave in the world, and I think we all choose from the people that we are interacting with and say, 'I want to be more like that.' Or, 'I want to create an environment like that'....I think I am teaching it [caring] only in that I'm hoping to create that feeling for people so that then they will be, inquisitive and say, 'How did she do that?' And that they would want to replicate it, you know.

Upholding the High Standards of the Caring Discipline of Nursing

Participants described their unshakeable commitment to the development of professionalism in their master's level students. Faculty participants further described experiencing the teaching of caring by setting expectations that met and maintained professional standards. By facilitating a deeper understanding of professional caring that is realized in expanded roles of practice, participants developed their students in that facet of the nursing profession. A participant described her experience with the teaching of caring to her master's level students:

I teach all of the [master's level] management courses.... where I come in contact with the master's students first is in the [professional] role class.... So, I think that's where the caring is really first discussed, initiated because now you're looking at their transition from a bachelor's prepared nurse to a master's prepared nurse and what does that mean? What does that mean in their relationship with the patient; what does that mean in their professional practice?

Participants described the attributes of caring as offering foundational concepts that ground the high standards of the discipline of nursing. Trust was described as an essential and expected attribute within the professional relationship of the nurse and another. A participant described the critical value of trust within the nurse-patient relationship, "...they [the patient] trust you and that trust is not to be bargained with as a nurse." Faculty participants valued the well-being of the person being served by the nurse as well as the professional standards of safe, high quality and competent nursing practice. Another participant described, "even though quality and safety doesn't seem like it's caring, in fact it is. Because looking after the safety of your patients and making sure that they receive the best quality really is caring for and about your patients." The participant added, "So, I guess I look at it [teaching caring] in that point of view.... So, when you say, 'How do I teach caring?' I mean I don't say to them, 'This is caring'."

Participants were very focused in their description of caring as a commitment to the humanness of the patient or one being served. In master's level nursing practice, the one being served may be staff, students or patients. A participant described her teaching of caring considering the leadership potential of the master's educated nurse, "It's more translating [caring] leadership and I see me as a leader to help them transform where they're at now to where they end up at a graduate level." Another participant shared upholding the high standards of the discipline that describes the importance of the continued development of the professionalism of the master's level student:

Well, the student kept saying they're going to refer to the doctor. I said, 'You're not referring to the doctor. You're the nurse practitioner. You're providing the care.'

But it's a new way of thinking so that was number one.... I said, 'That's not what I'm

looking for'.... Ask about emotional support, ask about education, ask about jobs....

Teaching about caring....where you would have the caring piece come in because as the provider you would want to see the patient improve. And I see that as the caring piece. That's part of nursing.

Participants upheld the high standards of the discipline by offering guidance for meeting the educational requirements for expanded practice. Providing clear communication of the expectations for maintaining standards through varied assignments, due dates, or providing requirements for grading offered students a caring pathway towards their professional development. A participant shared, "I try to be very, very clear in my communication with them to decrease their anxiety." Participants' descriptions of providing clear expectations that maintained the high standards of the discipline clothed the experience with the teaching of caring in a framework of dependability, fairness, honesty, reliability, and trust between the teacher and student. A participant described, "On the contrary [to dropping standards], if you don't set standards and keep those standards you're doing a great disservice to those students who really meet the standards or exceed them." The participant continued to describe the importance of fairness and recognition with honest grading, "You have to be fair, and actually, if you give everybody A's I think the research shows that those people who know they didn't deserve A's [getting an A] just makes them feel worse about themselves."

Setting expectations that maintained the high standards of the discipline spared students the anguish of wondering what is expected of them. According to a participant, "I think it gives them structure." As one of the experiences that offered meaning to the teaching of caring, offering structure and clear expectations that maintained standards displayed an

unquestionable degree of commitment to nursing as a caring discipline in all roles of practice. The participant continued, “It gives them [students] a time, expectations... this is an evidenced-based grade rubric, or this is the assignment and this is how it’s...it’s going to link to their [students] development.” Setting clear expectations honored the caring discipline of nursing and the excellence required for professional nursing practice. The participant added, “I haven’t had any people, I think, at least all the students I’ve had in the last 10 years are helped by structure or expectations.”

Expectations at the master’s level were described to be different than those at the undergraduate level. Participants described experiencing the teaching of caring when students’ professional development reflected advanced teaching-learning and independent knowledge-seeking for their expanded roles in practice. According to a participant, “And, you know, a master’s program has different expectations than a bachelors’ program so we, you know, I try to, I try to work with them [students] on that.” The participant continued, “At a master’s level they [the students], they need to not just be told, not just be given the information. They need to get the information.” Upholding the high standards of the discipline allowed for a reasonable understanding of obstacles that may come in the way of meeting expectations. A participant shared, “I make sure that I have, you know, that there’s discipline, that they submit things on time, but if stuff happens, I mean, I get it.” Another participant offered her experience with the teaching of caring by upholding the high standards of the caring discipline of nursing with her master’s level students, “It’s [teaching caring] nothing to do with lowering standards.... I mean I’m not lowering standards [because] they failed. They still have to reach up to that standard. But I’m going to help them to get there.”

Participants found meaning in upholding the high standards of the discipline even when it was challenging. Firmness, kindness, and consistency with discipline and setting expectations were described as caring. Assuring that standards are met and that development of the student is occurring offered meaning to the teaching of caring. A participant shared her experience:

You have to be firm and discipline students who need to be disciplined even though it's very painful to discipline them [because] you can't care about someone without discipline, without setting clear boundaries and making them meet those boundaries because part of caring, just like part of raising kids is disciplining them. Part of caring about students is setting clear boundaries, clear expectations and enforcing them [because] otherwise if they know they don't have to do it they won't. So, the only way they're going to grow is by setting those clear expectations and, and being, you know, firm with that. Firm and kind.

Participants' descriptions of the high standards of the discipline drew attention to the importance of self-care. Many participants spoke to self-care, offering the concept as a central obligation to upholding the high standards of the discipline. A participant described her experience with the teaching of caring:

I guess I, I try and I probably could do this more, but I try to always include, the importance of self-care and, I talk a little bit about compassion fatigue, and how you have to prepare for the long haul. So, you have to take care of yourself, and you have to pay attention and make sure this is the right setting for you, and if it's not to change positions. So, I think that is something we maybe neglect. We have these packed curriculums and, but I think we have to, again be more intentional about

including self-care because, you know, just like, you know, on the airplane with the mask you've got to put the mask on yourself before you can help somebody else. So, it's a metaphor for caring.

Another participant described attending to self-care in their teaching, "And I do tell the students that they can't take care of the patients unless they take care of themselves first.... it comes up... indirectly in the classroom making sure they get plenty of sleep. That's a big one." The participant continued, "You know, and getting good nutrition. But in the big picture that they know how to take care of themselves so they can take care of their patients." Self-care was described as an essential professional responsibility for offering safe, quality, and competent care to another. A participant shared:

...but again, as team Watson says, 'You have to take time for your own caring.' You know, the Ten Caritas Points say you have to be whole and the ethics of nursing say, the ethical step says you have to be whole before you can give to another.... you have to take a break. You have to be fed. You can't go to work hungry. You can't go to work overtired. You're not going to be at your best. You have a responsibility to be at your best."

Another participant similarly described attention to self-care as a responsibility in professional nursing:

...you cannot give when the well is dry.... It's all about self-care. You can't care unless you care for yourself. So, our students all discuss their self-care practices with us and so... it's huge [part of teaching caring] and it's really weird because it's like do as I say, not as I do. But since teaching that class now I am really into self-care.... I started yoga, I started all of these things.

A participant described setting expectations for self-care in her teaching to uphold the high standards of the discipline:

They, [the students] in... what I'll call the seniors, the last two management classes, they are asked to do a self-care activity. So, they...research it and write about it and we discuss it.... We have like a half a class or so on the fact that you have to take time out, you have to care for yourself in order for you to be able to care for your staff and for your patients... it's a purposeful part of the course.

Another participant comprehensively described the meaning of self-care to upholding the high standards of the discipline:

I think that in order to be a caring nurse I see people as having emotional tanks. If your tank is empty you've got nothing to give. You may want to be a caring person. You may know how to be a caring person but... you have to meet your own needs in order to be able to be there for somebody else. And so, I think another essential part of caring is being sensitive enough to yourself to know when you're competent to be in that situation and when you need to get out of that situation and take care of yourself.... Fill your own tank in order to go back in and be effective.... So, self-care is essential to nursing and self-care is essential to all caring.... And self-care is essential to teaching.... Maybe that's something I should really add more explicitly. I am very honest with them [the students] at the end of class, at the end of the course, about how I limit myself in terms of how much time I put into a lecture....and so I explain to them how I put limits on myself, and how I give myself a break.

Other participants also recognized that including self-care as a caring practice that upholds the high standards of the discipline was important, illuminating a need for a richer

experience in their teaching of caring. A participant shared, “Not enough [focus on self-care]. No.... But, so it’s touched, on but honestly [self-care] is not a big part.

Overall, expectations that maintained the high standards of the discipline were acts of caring that developed the professionalism of the master’s level student for their expanded roles in practice. A participant described her experience with the teaching of caring in master’s level nursing education:

And helping them [students in nursing education track] work through all those difficult situations in teaching so they can get to a point where they have a sense of peace, a sense of competence in terms of knowing what to do, direction. And a sense of peace about how holding up standards is actually part of caring. And I think for nurse educators...that’s very difficult.

Summary

The findings from this qualitative study describe nurse faculty experiences with the teaching of caring in master’s level nursing education. Participants described the meaning of the teaching of caring in relation to the three themes: Connectedness between teacher and student: a relationship of reverence; exemplifying caring: a way of being; and upholding the high standards of the caring discipline of nursing. By humanizing the teaching-learning experience participants in this study hoped to offer, model, and mentor their students’ richer understanding of caring that would ultimately frame the professional practice of their master’s level students.

Chapter Five

Discussion

The purpose of this research was to explore the lived experience of nurse faculty with the teaching of caring in master's level nursing education that may contribute important findings to the research literature. In this chapter, the findings in this research will be discussed and related to Jean Watson's Theory of Human Caring. Watson's theory provided the conceptual framework for this study. Next, the limitations of the study will be identified. Finally, the chapter will conclude with a discussion of the implications of this study for nursing practice, education, health policy, and future research.

Discussion of Findings

To capture the meaning of the experience with the teaching of caring, important findings in this study were represented in three themes that were both intertwined and distinct. The three themes were: Connectedness between the teacher and student: a relationship of reverence; exemplifying caring: a way of being; and upholding the high standards of the caring discipline of nursing.

The themes identified in this study revealed that the experience with the teaching of caring was relational, visible, and grounded in a commitment to the caring discipline of nursing despite challenges that may arise in the teaching-learning process. In this study, nurse faculty described that their experiences with the teaching of caring were meaningful when caring was practiced in their professional role. Participants were knowledgeable, intentional, and conscious of what was inherent in the work of the nurse in all roles of practice: the caring discipline of the profession.

Connectedness Between the Teacher and Student: A Relationship of Reverence

Faculty participants in this study very clearly described that the caring connection between the teacher and student offered a central meaning to their experience with the teaching of caring. Participants described the connection between themselves and their students as their experience with the teaching of caring. Connectedness was fostered by intentionally developing and maintaining a relationship that respected the humanness of the student and offered the experience of a professional caring relationship. The significance of this finding was that the initiation of the caring connection was based on the participants' personal self-awareness and value of themselves as caring that was substantially grounded in intentionality, consciousness, and commitment to caring. Participants valued caring, understood what a caring teacher-student relationship should be, and intended to initiate, develop, and maintain a caring connection with their students.

By knowing themselves as caring persons and teachers committed to caring for their students, participants in this study reflected on how they had experienced their own nursing education. Through self-knowing and self-reflection participants developed their capacity to offer authentic consideration, presence, regard and respect to their students, in a way that they would have wanted to receive these considerations for themselves. This finding suggests that knowing what it means to care and the understanding of one's self as a caring person are directly related to the teaching of caring.

Knowing one's self as caring fostered participants' desire and capacity to recognize and relate to the individuality of their students as whole and unique human beings despite the numerous responsibilities in their roles as nurse faculty. The recognition of individuality was essential to the formation of a caring connection and included that regard be given to the

student's cultural influences, learning styles, and the challenges and difficulties encountered in a master's level program of nursing education. This finding has relevance for nurses at all levels of practice and in all roles. Participants' sensitivity to factors that defined the individuality of students captured the fullness of the nurse's social responsibility to care for all persons as whole human beings despite differences in beliefs, capacities or cultural practices.

Participants faced the challenges of their own workload, time constraints, and the challenges and differences associated with various learners and generations; but because of their commitment to connecting with their students, participants were able to overcome barriers and relate to the humanness of their students even if it were just in simple ways. Participants described that time and effort was necessary to recognize and connect with the student. Being prepared for class, complimenting students, planning coursework that was reasonable and relevant, offering teaching that did not hurry students, and being available as resources for their students fostered connectedness. Participants also stressed that calling students by name, smiling at students, and making eye contact with students are respectful practices that honor each student as a person held in the highest level of regard. The experience with the teaching of caring was meaningful when students were recognized as whole human beings in the teaching-learning experience much like the patient is recognized as a whole human being in the health-healing experience. This important finding highlights the caring discipline of nursing practice visible in the nurse-patient relationship has the capacity to exist in the practice of a nurse who may be in the role of administrator, educator, or in other roles that are not directly related to patient care. This finding also illuminates that

human-to-human caring can be conveyed in simple ways that takes little time but is authentically offered.

The outcome of connectedness between the teacher and student was described as the humanization and improved quality of the teaching-learning experience for both the teacher and the student. By fostering, developing, and maintaining a connection with their students the experience with the teaching of caring offered the student the experience of caring, and satisfaction to the participants as they described their role as caring nurse educators. This finding implies that satisfaction in the role of the nurse is grounded in nursing's caring discipline. Because caring was so important to their teaching, participants were able to locate simple acts of human regard that connected human beings in a caring professional relationship despite a busy schedule or the introduction of other external challenges.

Exemplifying Caring: A Way of Being

Exemplifying caring was experienced with the teaching of caring when participants modeled caring to their master's level students. Participants described that the role modeling of caring fueled the formation of the essential caring teacher-student connection. The descriptions offered by participants support that the experience with the teaching of caring was meaningful in relation to faculty's knowing, conscious, and intentional practice of caring that makes the caring discipline of professional nursing visible in their teaching.

Behaviors and interactions that were described as exemplifying caring were similar to what is expected to occur between the nurse and the patient. Exemplifying caring in the experience with the teaching of caring included the acknowledgement of the whole person, presence, compassion, and empathy for the student's experience throughout the teaching-learning process. Participants offered students their help, respected and valued their

contributions, and were present with their students in such a way that they were perceptive of their needs. Participants paid attention to their students and described that they did not wait for the student to ask for help if they perceived a student's concern. This is an important finding. Much like the nurse would be present and perceptive of the needs of his or her patient and intervene with the offering of professional caring and caring practices; faculty must be present and perceptive of the needs of their students in order to exemplify caring through their teaching.

Exemplifying caring in acts that recognize students' needs extended to the use of careful and considerate communication. Participants described that thoughtless communication has the potential to deflate the student's self-esteem and motivation and has the potential to break down important teacher-student connectedness. The positive impact of careful, considerate, and respectful communication in the experience with the teaching of caring is an important and relevant finding for nursing education in the 21st Century, particularly when electronic communication is becoming more widely used in all of nursing practice. Through their thoughtful and respectful communication in verbal, nonverbal, and electronic formats, participants in this study hoped to affirm, motivate and offer the example and experience of what it means to offer caring and to be cared for. It was evident that in order to experience the teaching of caring in master's nursing education, faculty must exemplify their caring and caring behaviors including attention to all forms of communication.

Exemplifying the same level of caring as is found in a clinical setting was a way of practicing the discipline of nursing despite being in the non-clinical teaching setting. An interesting finding in this study was that some participants described that exemplifying caring

was challenged by being in the academic classroom as opposed to a clinical setting where patients are served. A clinical setting that offered the opportunity for faculty-student-patient interactions was described to be a more natural environment for the experience with the teaching of caring, where the offering and modeling of professional caring occurred between the nurse and a receiver of nursing care. Those participants then described having resolved this challenge by offering and modeling professional caring as their teaching paradigm. It was not the subject that participants were teaching that offered meaning to their experience with the teaching of caring: the meaning of the experience of the teaching of caring was found in offering caring and being a caring teacher. This finding has relevance particularly for nurse faculty who are transitioning from clinical to classroom nursing education and contributes that teaching caring is not just about the educational setting but is about offering caring and being caring in professional practice. Additionally, this finding contributes that caring can be exemplified in roles of nursing practice that are removed from the bedside. Participants in this study had internalized this concept in their experience with the teaching of caring to their master's level nursing students by exemplifying caring in the academic classroom.

Exemplifying caring in the academic classroom promoted the creation of a caring teaching-learning environment that was formed in honesty, trust, and an appreciation of human vulnerability. Although participants did describe the use of confluent teaching strategies and didactics in their teaching and teaching practices, the experience of the teaching of caring found its richest meaning within the reciprocal and unveiled real-life experiences that were shared by both faculty and students. Participants were willing to share their professional experiences with their students modeling a respect for human vulnerability

that exemplified trust and human regard between the teacher and student that was similar to the trust, respect, and human regard that exists between the nurse and the patient. Findings in this study indicate that exemplifying caring links the caring discipline of nursing to a model of professionalism that may be taken from the classroom and into the student's own professional practice.

Upholding the High Standards of the Caring Discipline of Nursing

Faculty participants in this study found meaning in their experience with the teaching of caring by being both caring and competent in their practice as educators. Participants described caring as competence, and competence as caring, and sought to develop the professionalism of their students within this understanding. Faculty participants held a high regard for the discipline of nursing, for excellence in nursing practice, and offered their enthusiasm for excellence by being caring and competent in their practice as educators.

Participants developed their students' professionalism by setting clear expectations, consistently enforcing expectations, and being honest with grading their students' work. Participants did describe being flexible and considered student input into due dates for assignments. Flexibility was described as an important consideration with the teaching of caring that honored the student as a person and learner at times when personal or professional challenges prohibited meeting a due date. To uphold the high standards of the discipline, all expectations were to be met by all students. Clarity, consistency, fairness, and flexibility offered students a pathway to success that could be relied on and was a model of the teacher's caring professionalism. These findings imply that setting expectations and maintaining standards is important to the teaching of caring and that the expectation for excellence on the part of students is in fact, an act of caring by faculty. In previous work

done by Halldorsdottir (1990) it was reported that the teacher's commitment to professionalism and the search for excellence were important aspects of professional caring. In this study, upholding the high standards of the discipline was an important experience within the teaching of caring.

A surprising finding in this study was that many participants found meaning in their experience with the teaching of caring by presenting to their students an additional focus on the centrality of self-care as a professional responsibility. Some participants described sharing their own self-care practices and strategies with their students. Other participants experienced the teaching of this important component of professional caring by including the focus of self-care in assignments and reflections. For those participants who did describe focusing attention on self-care and self-care practices, that focus contributed a significant meaning within their experience with the teaching of caring. The inclusion of self-care offered participants a sense of satisfaction that they were teaching to a fuller expression of the caring discipline of nursing. Findings imply that attention must be given to the importance of self-care in order to fully experience the teaching of caring that develops, nurtures, or supports the student's knowledge and capacity to practice human caring.

The Findings Related to Jean Watson's Theory of Human Caring

Findings in this study offered support to Jean Watson's Theory of Human Caring as a framework for the teaching of caring. Watson (1985, 2008, 2012) described caring as the art and science of human relationships and advanced human caring as a moral and ethical responsibility for the practice of nursing at all levels, and in all roles. Through relationships that are intentional and conscious, caring is offered. Participants in this study described their experience with the teaching of caring in themes that mirrored the theoretical construct of

Watson's Theory of Human Caring. Watson's Theory is framed in: The Ten Caritas Processes, the Transpersonal Caring Moment and Caring as Consciousness.

The Ten Caritas Processes. Watson's Ten Caritas Processes (formerly Carative Factors) articulate the value of self-awareness, self-love, and self-knowing that promotes and sustains the formation of human relationships, and the being of caring (see Appendix A). All ten of the Caritas Processes were evident in the participants' descriptions of their experience with the teaching of caring. What was surprising was the depth of the relationship between the participants' descriptions of their experiences with the teaching of caring, and the assumptions and propositions of Watson's Theory.

Watson (1985, 2008, 2012) theorized that each person must be in a state of equanimity in order to access the caring consciousness required to offer caring and caring practices to another. By meeting one's own needs in self-care, the groundwork for the nurse's ability to be fully present with another is set in place. According to Watson, in order to be aware of how to care for another, one must be aware of how to care for themselves. Many participants in this study addressed the centrality of self-care to professional caring and caring practices. Caritas Processes One and Two are reflective of the relationship of self-care to the care of another. Findings in this study that were thematically expressed as upholding the high standards of the discipline reflected the importance of the concept of self-care to the participants' experience with the teaching of caring. Watson's requirement for equanimity in a clinical caregiver translates to equanimity in teachers so that the teachers can model caring behaviors for their students. Some participants indicated that if they wanted their students to achieve equanimity in their professional practices, they needed to stress to their students how

important self-care is in the provision of caring behaviors to others. By sharing their own self-care practices these participants modeled the value of self-care to their students.

Caritas Processes Three, Four, and Five are interdependent and speak to the ontology of the human relationship, and to the development of Caritas Consciousness (Watson, 2008). By understanding one's self and ones' needs there is a deepening awareness of the needs of another person, and a genuine concern and consciousness of how to help another person. Being authentically present physically, mentally, and emotionally enables the nurse to reach beyond the self to notice and offer help to another in anticipation of what is a human need. Findings in this study are congruent with Caritas Processes Three, Four and Five. Participants in this study knew and described themselves as caring persons and teachers. Participants noticed their students as individual human beings and reached out and offered themselves as resources for direction, help, or support throughout the teaching-learning process. Participants recognized the challenges met by students in a difficult program of nursing education through humanized relational connections that were authentic and present. Through their presence, understanding, and value for a humanized relationship with their students; participants anticipated the needs of their students as they planned and offered teaching that was reasonable and fair even before they actually met them.

Watson's Caritas Processes Six and Seven address that human caring in nursing is aesthetic, intuitive, and engaging as well as scientific and technical. Caring is both an art and a science. Human caring honors the contribution of empirical evidence, but includes concepts of insight, reflection, and wisdom (Watson, 2008). Watson emphasizes that science and human values must coexist. Findings in this study confirm this notion. Participants in this study were both scientific and creative in their teaching. Participants offered teaching-

learning that was based in both the discipline and area of nursing practice for which their students were being educated. Participants were able to apply caring practices as they used technology for assignments and communication. Participants expected their students to do their best work and to be actively engaged in information seeking, discussion, analysis, writing, and reflection. Participants created caring learning environments where trust and respect promoted the authentic sharing of experiences. Findings in this study were that participants experienced the teaching of caring by developing students in both the affective and empirical domains of learning.

Caring connections described by the participants between themselves and their students were evidence of the dignity, respect, and human regard that closely align with Watson's Caritas Processes Eight, Nine and Ten. Participants offered students the experience and opportunity of being cared for by their faculty and what it is like to be in a caring environment. In the caring educational environments described by the participants in this study, there was a regard for human dignity that mirrored what the professional nurse is expected to offer to the patient in all of his or her professional encounters.

Transpersonal caring. Transpersonal caring is an "I-Thou" moment that implies a deep connection between two persons (Watson, 2008). The experience occurs when the nurse is able to see another as a whole person, beyond just the physical or presenting behavior of the person. Transpersonal caring is an experience that is intentional; the caring experience is appropriate and exists as it should exist, in the perception of the two persons involved. It is a moment that offers an experience of caring that becomes part of the person's life history.

Participants in this study reported that they experienced caring with their students. Participants described that they observed the personhood of the student and valued them as

whole persons despite differences or challenges they faced within the teaching-learning process. The teacher-student connection was as it should be: participants related to their students as whole human beings and colleagues in the nursing arena yet kept a professional boundary in the teacher-student relationship. Transpersonal caring was evident in the professional practice of the participants: they met with their students, anticipated student's needs, and formed an interpersonal connection that allowed them to reach out to help in a way that aimed to be influential in the future practice of each student.

Caring as consciousness. Knowledge of human caring promotes the understanding of how to respond to one another in acts of genuine concern, empathy, and compassion (Watson, 1985, 2008, 2012). Within the connection between two persons is the element of caring consciousness. The nurse is consciously aware of what human caring is and responds to the needs of another in a relationship created out of kindness and compassion. Watson (2008) theorized that Caritas Consciousness has the potential to affect the one receiving caring at the moment, and then transcends the moment to affect others.

Faculty participants in this research described their understanding of caring in nursing and described themselves as caring persons and teachers in those same terms. By knowing and valuing the caring discipline of nursing, participants grounded their practice as nurse educators in the art and science of human caring. Participants offered caring, modeled caring practices, and described their desire that the offering and modeling of caring would ultimately result in their students having a deeper understanding and assimilation of caring into their own practice as caring nurse leaders. Findings in this study support that caring consciousness promotes the offering and modeling of caring that stems from knowing how to care for one another.

Limitations of the Study

There were several limitations in this study related to the sample. Data saturation was achieved; however, the sample for this study was recruited from four colleges in only one geographical area. The faculty participants who volunteered for this study may have represented a skewed sample as they may have had a particular interest in the teaching of caring or may have had a particular education or training related to the teaching of caring. All participants in this study self-identified as female and ethnic diversity was not addressed.

Summary

The purpose of this study was to explore the lived experience and meaning with the teaching of caring in master's level nursing education. Although findings in qualitative studies are not generalizable, this study does contribute to growing the body of research that reports nurse faculty experience with the teaching of caring and may ultimately contribute to the development of research instruments to be utilized in larger scale quantitative research.

Faculty participants in this study experienced the teaching of caring by fostering, developing, and maintaining caring connections with their students and by modeling what caring felt like and looked like. Deeply meaningful experiences were revealed in the descriptions of the lived experience with the teaching of caring that were offered by the participants. Three phenomenological themes were identified: Connectedness between teacher and student: a relationship of reverence; exemplifying caring: a way of being; and upholding the high standards of the discipline.

The findings in this study suggest that the participants' lived experience with the teaching of caring at the master's level of nursing education revealed similar teaching methodologies that appear to be essential to teaching this concept. Faculty participants in this

study were passionate as they described the importance of bringing their caring perspective to all encounters with students. This study supports Jean Watson's Theory of Human Caring. Watson's caring framework was reflected in the participants' descriptions of teaching. The findings in this study have important implications for nursing practice, education, research and policy making.

Implications for Nursing Practice

The value of experiencing the teaching of caring was clearly and movingly described by each participant. By connecting with the humanness of their students and modeling caring faculty upheld the high standards of the discipline in hope that ultimately students would assimilate caring into their own roles and professional practice.

In order for faculty to experience the teaching of caring they must know, understand, and value caring as one of the key attributes of professional practice. Teaching that is intentional and consciously fosters and models caring is essential to the experience. Professional caring humanizes each and every person, both faculty and students, as individuals, worthy of regard and care. The teaching of caring connects the teacher and student in an experience that has the capacity to influence the future practice of the student which may protect nursing's caring identity. It also may ultimately protect those being served.

Nurses at all levels are called to practice caring. Nurse faculty focus on the value of teaching caring and its benefit to all of those served by nurses promotes the caring discipline of nursing as that which guides the practice of the discipline. In this study, the focus was on the teaching of caring to students at the master's level of education where future leaders are developed. Developing the professionalism of a nurse administrator or manager who is

deeply grounded in the caring discipline of the profession has the potential to create caring work environments that are so necessary in today's fast-paced, rapidly changing healthcare environment. Colleagues, staff, and ultimately the patient all benefit from a humanized healthcare environment. Faculty who teach caring with future nurse leaders possess the opportunity to develop, protect and guard nursing's caring discipline from being lost, or from taking a second place to skills, specialized language and techniques that Watson (1985) referred to as the "trim" of the practice of nursing (p. xvi). For students developing as advanced practice nurses, administrators and educators, being taught caring may lead to a professional practice that is unquestionably grounded in the caring core of nursing that honors and protects the dignity of the most vulnerable receivers of care: the patient.

Faculty must recognize, reflect, and continually refresh their thinking regarding their own understanding of caring and what the experience of teaching caring means to them. Faculty consciously and intentionally engaged with the teaching of caring at the master's level of nursing education has the capacity to develop leaders who may transform systems as exemplars of genuine human regard and caring.

Implications for Nursing Education

Nursing has long been identified as a caring profession that humanizes each person as a whole human being: mind, body, and spirit. Today's healthcare system driven by a focus on cost and technology threatens the wholeness of the person being considered in health and healing practices. Nursing must respond to this by educating, reinforcing, and advancing the knowledge of its disciplinary roots of caring in all programs of nursing education in order to continue to meet the needs of the whole person.

Watson (2012) recommends that the teaching of caring should occur throughout all of levels of nursing education. Findings from this study support the importance of the teaching of caring: Connecting with the student, exemplifying caring, and upholding the high standards of the discipline wove the theoretical construct of caring with the practice of the profession. Additionally, findings in this study support that faculty experienced more fully the meaning of teaching through their caring behaviors and not through didactics alone. In this study, caring was described by the participants as the meaning of the experience of teaching that was deeply located in their own practice of caring.

As curricula are planned, knowledge and commitment to the caring discipline of nursing is essential. Findings in this study suggest that curricula in nursing education must be based on the concepts of caring that humanize and emphasize the dignity and value of the person as a whole if nurses are to uphold the values of the discipline in today's health care system. When the experience of being highly regarded and valued is encountered in nursing education a tangible example of what it means to care and be cared for is offered to the student. Although didactic, content focused teaching is important, that is not where the meaning of the experience of the teaching of caring occurred.

Programs of graduate nursing education that develop nurses for roles as administrators, advanced clinicians, and nurse educators must challenge the didactic only models of education and explicitly infuse curriculum with caring concepts and the experience of caring pedagogy. The credentialing of nurses by professional organizations that include competencies directly related to caring could be an effective way to underscore the importance of teaching to nursing's caring discipline in all of nursing education. Additionally, nurse leaders who are practicing in education must advocate for faculty

development programs and workshops that focus on caring knowledge development that might increase the desire, self-efficacy and competence of nurse educators for their responsibility to teach caring.

This research underscores the importance of the teaching of caring in master's level nursing education, and in all of nursing education. By nurturing and developing a deeper understanding of nursing's caring discipline, the centrality of nursing the whole person in all roles of nursing practice is illuminated.

Health Policy

Findings in this study describe that nurse faculty experience teaching caring in master's level nursing education by practicing within the caring discipline of the profession. These findings are directly related to the work of the nurse, and to the value of the humanization of the whole person towards promoting health, healing and wellness. In order to assure that nurses are educated within the caring roots of professional practice, health policy must support nursing's mission and social responsibility to offer caring, competent and high-quality care to the public. This begins with caring, competent and high-quality nursing education.

Nursing education is experiencing a rapidly aging faculty workforce. Attracting qualified nurse faculty to higher education is essential for the education of future nurses and nurse leaders. A barrier to attracting faculty is a lower salary structure as opposed to what may be earned in a clinical setting (AACN, 2017b). Healthcare policy should advocate for funding for higher education that will relieve the cost burden to higher education and may address salary differentials. Additionally, funding should be allocated for the development of faculty and for further research to be conducted with faculty experiences teaching caring to

all future nurses and nurse leaders. Nurses educated at the graduate level have the potential to transform the current health care system from one that risks to objectify the person to one that is based in human values (AACN, 2011, 2016). Healthcare policy should advocate for funding and support research related to the impact of nursing on the promotion of health, healing and the humanization of care.

Important findings in this study indicate a need to consider the diverse backgrounds and cultures represented in society, the faculty pool, and student body. There is a need for academic faculty who represent the diversity of today's society in order to assure that the needs of all persons are met (AACN, 2017). Health policy should support the recommendation of the AACN to diversify the pool of faculty and students in nursing education by funding research that explores diversity in nursing education and its impact on the promotion of health.

Nurses often bridge the gap between care that is prescriptive and dehumanized and care that is individualized and compassionate with their caring presence and holistic concern. In order to assure the public a humanized, competent and high-quality experience, policymakers should support diversity, research on nursing education and promote the recruitment and retention of highly qualified nurse faculty by advocating for funding to institutions of higher education.

Future Research

The need for additional research is manifold. This study explored the lived experience of nurse faculty with the teaching of caring in master's level nursing education. Further research is needed to expand the understanding of this experience at all levels of nursing education and in all learning environments where nursing education is offered. Future

research directly related to the experience with teaching caring could further contribute to our understanding of the interrelationship between caring and the teaching of caring.

The sample for this study was obtained from four colleges in one area of the northeastern United States. Future research could be expanded to include a broader geographical area. In order to gain a richer understanding of the experience of the teaching of caring in nursing education, this study could include other colleges and areas of the United States, and abroad. The value of teaching caring is a global concern.

Future research could be conducted with a more diverse sample that may offer important findings related to the experience of the teaching of caring in nursing education. Perceptions of caring and the findings of nurse faculty's experience with this subject may be different across different cultures and genders. As society, the faculty pool, and the pool of students becomes more diverse, future research related to the experience of the teaching of caring that considers the cultural perceptions of professional caring will become increasingly valuable.

Additionally, participants in this study were asked if they taught in a school of nursing that had a curriculum that was framed in caring theory. Some participants responded that they did, some responded that they did not, and others responded that they were unsure. In order to more fully understand the influence of a caring curriculum on the experience of the teaching of caring, there is a need for future research that specifically addresses the lived experience of nurse faculty with the teaching of caring who do teach in a school of nursing framed in caring theory, and those who do not.

Conclusion

The preponderance of conclusions in previous literature was that the perception of caring in nursing education contributed to the learning of professional human caring. Although previous studies did address the value of perceiving caring in the teaching-learning process and the use of teaching strategies, the majority of previous studies were focused at the undergraduate level and were conducted from the perspective of students. This study advances previous knowledge regarding the teaching of caring by contributing research that directly explored the experience from the perspective of nurse faculty at the master's level of nursing education. Exploring the teaching of caring from the lens of faculty validated important ideas that support Watson's Theory and have the potential to impact practice at all levels and in all roles.

Participants in this study embodied the attributes of nursing's caring discipline that became their expression of a shared humanity. By practicing the caring discipline of nursing as their teaching, participants described offering the experience of being cared for to their students. The experience of teaching caring was hoped to impact the assimilation of a deeper commitment to the caring discipline of nursing that would be realized in the practice of master's level graduates at the bedside, in the boardroom, and in the classroom as models, guardians, and leaders of the profession. It was clear in the passionate descriptions offered by the participants in this study that the teaching of caring finds its meaning in practicing caring.

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Tables

Table I

Descriptives: Nurse Faculty Experience and Meaning

	N	Mean	STD.DEV.
Age*	13	62.8	6.5
Percent Time F2F**	15	70.0	24.5
YrsUnderGrad***	14	14.9	9.7
Yrs MSN	15	12.2	7.2

*Thirteen of 15 participants answered this question.

**F2F = teacher-student in face-to-face classroom.

***Fourteen of 15 participants answered this question.

Table II

Frequencies of categorical variables

Characteristic	(Sample N = 15)	Percent
Teaching		
F2F*	3	20.0
Hybrid**	1	6.7
F2F and Hybrid***	11	73.3
Degree		
MSN	2	13.3
DNP	2	13.3
DNSc	1	6.7
PhD	10	66.7
Gender		
Female	15	100.0
Teach at a school having a caring curriculum		
Yes	4	26.7
No	9	60.0
Unsure	2	13.3
Practice nursing outside of academia		
Yes	9	60.0
No	6	40.0

*F2F = participants answered teaching only in the face to face classroom.

**Hybrid = participants answered teaching in combined face to face and online teaching.

***F2F and Hybrid = participants answered teaching in both learning environments.

Appendix A

Carative Factors to Caritas Processes

Watson (2008) describes a transition from her original carative factors to what she describes as caritas processes. The following table lists her original descriptive title for each, followed by her description of the caritas process that evolved from it.

Table A1

Watson's Comparison of Carative Factor to Caritas Process

Original Carative Factor	Caritas Process
1. Humanistic, altruistic values.	Practicing loving kindness and equanimity for self and others
2. Instilling/enabling faith and hope.	Being authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/others
3. Cultivating sensitivity to oneself and others.	Cultivating one's own spiritual practices; deepening self-awareness, going beyond "ego-self"
4. Developing a helping-trusting, human caring relationship.	Developing and sustaining a helping trusting, authentic caring relationship
5. Promoting and accepting expression of positive and negative feelings.	Being present to and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one being cared for
6. Systematic use of scientific (creative) problem solving caring process	Creative use of self and all ways of knowing being/doing as part of the caring process (engaging in artistry of caring-healing practices)
7. Promoting transpersonal teaching-learning	Engaging in genuine teaching-learning experiences within context of caring relationship-. attend to whole person and subjective meaning; attempt to stay within others frame of reference (evolve towards "coaching" role vs. conventional parting of information
8. Providing for a supportive, protective, and/or corrective mental, social, spiritual environment	Creating healing environment at all levels (physical, nonphysical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity and

	peace are potentiated (Being/Becoming the environment)
9. Assisting with gratification of human needs	9. Reverently and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of Being; allowing for spirit filled connection
10. Allowing for existential-phenomenological dimensions	Opening and attending to spiritual, mysterious, unknown existential dimensions of life-death suffering; <i>“allowing for a miracle</i>

Appendix B**Letter to Dean/Chairperson of Graduate Nursing**

Dear _____,

I am a PhD student at Simmons College in Boston, MA and have received IRB approval to conduct a qualitative study to explore the lived experience of nurse faculty with the teaching of caring in master's nursing education. Inclusion criteria for this study are that participants are teaching in a master's program that educates for advanced practice as a nurse practitioner, nurse administration as a manager or clinical nurse leader, or a nurse educator. Your master's program provides an opportunity for recruitment of participants from its pool of nurse faculty. For this reason, I am applying to the IRB at _____ for approval to contact your nurse faculty and invite them to participate in the study.

You will not be involved in the study or recruitment of participants. The college/program will in no way be identified in the report of findings. Once I receive IRB approval I will use the list of faculty members that is publicly available on the _____ website. Nurse faculty will be contacted by email. Strict confidentiality will be maintained for those who choose to participate. There are no foreseeable risks to participating in this study. There are no foreseeable benefits to the study other than the opportunity to reflect on teaching practice. Demographic data will be collected via questionnaire then participants will participate in a 45 to 60-minute interview that will be audiotaped. Data will be collected at a time and place convenient to the participant and the researcher.

If you have any questions or concerns about extending this invitation to your faculty please do not hesitate to contact me by _____. If I do not hear from you I will understand that you do not have any questions or concerns.

Thank you for your time and consideration.

Sincerely,

Donna Pineau MSN, RN, CAGS, CNE

PhD candidate

Simmons College

donna.pineau@simmons.edu

Appendix C

Letter to Potential Participant

Dear _____

I am contacting you because your name appears on a list of nurse faculty teaching at _____ where I have obtained IRB approval to conduct a study on the teaching of caring in master's nursing education. The purpose of this study is to explore the lived experience of the teaching of caring in master's nursing education. This study is being conducted as a dissertation requirement in my PhD program at Simmons College.

Inclusion criteria for participants are:

- Nurse faculty member teaching any course in a master's level nursing program.
- Teaching in either the face to face or hybrid learning environment.
- Willing to participate in one 45 to 60-minute interview at a convenient time and place arranged by you and this researcher?

If you have answered "yes" to these questions you are eligible to participate in this qualitative study.

If you volunteer to participate, the information you share will be confidential and you will not be identified in any way in any future publications or presentations of the study. The dean/chair of your graduate nursing program is aware that a study is being conducted but is/will not be aware of who is participating. There are no foreseeable risks to you by participating in this study. There are no benefits to being a participant in this study other than the opportunity to reflect on your teaching practice. There will be no financial remuneration for participation and you may withdraw your participation at any time with no penalty to you. Demographic and interview data will be deidentified prior to collection. Demographic

information will be collected via questionnaire then interview data will be collected via audiotape. Data will be securely kept by this principal researcher in a locked file and will be destroyed three years following completion of the project.

If you are interested in participating in this study, please contact me as soon as possible. I thank you for your time and consideration and hope to hear from you.

Sincerely,

Donna Pineau, RN, MSN, CAGS, CNE

PhD candidate

Simmons College

donna.pineau@simmons.edu

Appendix D**Letter to Potential Participant at [subject college name]**

Dear _____

I have obtained IRB approval at Simmons College to conduct a study on the teaching of caring in master's nursing education. I am contacting you because your name appears on a list of nurse faculty teaching at [subject college name]. The purpose of this study is to explore the lived experience of nurse faculty with the teaching of caring in master's nursing education. This study is being conducted as a dissertation requirement in my PhD program at Simmons College.

Inclusion criteria for participants are:

- Nurse faculty member teaching any course in a master's level nursing program?
- Teaching in either the face to face or hybrid learning environment?
- Willing to participate in one 45 to 60-minute interview at a convenient time and place arranged by you and this researcher?

If you have answered "yes" to these questions you are eligible to participate in this qualitative study.

If you volunteer to participate, the information you share will be confidential and you will not be identified in any way in any future publications or presentations of the study. The dean/chair of your graduate nursing program is aware that a study is being conducted but is/will not be aware of who is participating. There are no benefits to being a participant in this study other than the opportunity to reflect on your teaching practice. There will be no financial remuneration for participation and you may withdraw your participation at any time with no penalty to you. Demographic and interview data will be deidentified. Demographic

information will be collected via questionnaire then interview data will be collected via audiotape. There is risk of a possible breach of confidentiality related to theft of data. To minimize this risk data will be securely kept by this principal researcher in a locked file cabinet in a locked office and password protected electronic file. Data will be destroyed three years following completion of the project.

If you are interested in participating in this study please contact me as soon as possible. I thank you for your time and consideration and hope to hear from you.

Sincerely,

Donna Pineau, RN, MSN, CAGS, CNE

PhD candidate

Simmons College

donna.pineau@simmons.edu

Appendix E**Letter to Referred Potential Participant**

Dear _____

I am contacting you because you have been referred to me as nurse faculty teaching at _____ where I have obtained IRB approval to conduct a study on the teaching of caring in master's nursing education. The purpose of this study is to explore the lived experience of the teaching of caring in master's nursing education. This study is being conducted as a dissertation requirement in my PhD program at Simmons College.

Inclusion criteria for participants are:

- Nurse faculty member teaching any course in a master's level nursing program.
- Teaching in either the face to face or hybrid learning environment.
- Willing to participate in one 45 to 60-minute interview at a convenient time and place arranged by you and this researcher?

If you have answered "yes" to these questions you are eligible to participate in this qualitative study.

If you volunteer to participate, the information you share will be confidential and you will not be identified in any way in any future publications or presentations of the study. The college/program that you teach in will not be identified. The dean/chair of your graduate nursing program is aware that a study is being conducted but is/will not be aware of who is participating. There are no foreseeable risks to you by participating in this study. There are no benefits to being a participant in this study other than the opportunity to reflect on your teaching practice. There will be no financial remuneration for participation and you may

withdraw your participation at any time with no penalty to you. Demographic and interview data will be deidentified prior to collection. Demographic information will be collected via questionnaire then interview data will be collected via audiotape. Data will be securely kept by this principal researcher in a locked file and will be destroyed three years following completion of the project.

If you are interested in participating in this study, please contact me as soon as possible. I thank you for your time and consideration and hope to hear from you.

Sincerely,

Donna Pineau, RN, MSN, CAGS, CNE

PhD candidate

Simmons College

donna.pineau@simmons.edu

Appendix F**Demographic Data Collection**

Please answer the following questions that will describe the pool of participants in this study.

If there is a question that you do not want to answer you may simply leave it blank.

1. What is your age?
2. How would you describe your gender?
3. Do you teach in the face to face classroom?
4. Do you teach in a hybrid format?
5. What percentage of time are you in a face to face teaching-learning environment?
6. How many years have you taught at the undergraduate level in nursing?
7. How many years have you taught at the master's level in nursing?
8. What is your highest degree obtained?
9. Do you teach in a school of nursing that has a curriculum that is framed in caring theory?
10. Do you practice nursing other than in your role as a faculty member?

Thank you, we will begin the interview now.

Appendix G

Semi Structured Interview

This interview is intended to collect information regarding your experience as a nurse educator with the teaching of caring. As a reminder, if at any time you wish to stop the interview you are free to do so with no penalty to you.

The research question is: What is the lived experience of nurse faculty with the teaching of caring in master's level nursing education?

What does caring in nursing mean to you?

What does professional caring mean to you as a nurse educator?

Please, tell me about your experience with the teaching of caring to your master's students?

Please, give an example of a time that you taught caring to your master's students?

Is there anything that you would like to share regarding the teaching of caring to your master's students that has not been explored?

Appendix H

Transcriptionist Confidentiality Agreement

Research Study Title: Nurse faculty experience and meaning: What is the lived experience of the teaching of caring in master's nursing education?

I _____ understand that during my employment as a transcriptionist with the above research study I may have access to personal information. I understand that I may come into possession of confidential information even though I may not be directly involved in conducting the research study. All and any information to which I have access, through my work as a transcriptionist, is strictly confidential and is to be used only in the performance of my contracted duties and responsibilities to transcribe audiotapes verbatim that will be provided to the principle researcher along with the audiotape.

I am aware that I am not authorized to discuss any information concerning a research participant's personal data or information with anyone other than the principle research investigator.

I understand and acknowledge that this agreement extends to the period I am directly employed by the researcher and includes all and any restriction in future reference of the data related to the above research endeavor.

Signature of Transcriptionist

Date

Principle Research Investigator

Date

Appendix I**Consent to Participate in a Research Project****Title:**

Nurse faculty experience and meaning: What is the lived experience of nurse faculty with the teaching of caring in master's nursing education?

Principal Investigator:

Donna Pineau MSN, RN, CAGS, CNE, PhD candidate, Health Professions Education at Simmons College.

Invitation to take part in the study and introduction:

You are invited to participate in this research study. You are being asked to volunteer because you are a faculty member teaching at the master's level of nursing education in a program in either a face to face or hybrid format that educates for roles in advanced practice, nursing administration or nursing education.

Procedure for Data Collection:

For this research project, you will be asked to answer a ten item questionnaire then participate in an interview with the researcher that will be audiotaped and anticipated to last 45 minutes to one hour. There will be no financial remuneration for your participation.

The Purpose of this Research Study:

The purpose of this research is to explore nurse faculty lived experience with the teaching of caring in master's level nursing education.

Your Rights for Participation or Withdrawal:

Your participation is voluntary and may be withdrawn at any time during the study. You also have the right to refuse to answer any question or refuse to provide demographic information, without any threat or penalty.

Potential Risks:

There are no foreseeable risks for participating in this study.

Potential Benefits

One benefit that you may gain from your participation in this study is the opportunity to reflect on your teaching practice.

Confidentiality

All data will be maintained as confidential. Data will be deidentified and coded prior to collection so that privacy of participants is maintained. Only the primary researcher will maintain a record of participants and assigned coding. Demographic questionnaires, audiotapes and transcripts will be kept in a locked file by this researcher. Findings in the study will be reported in the aggregate. There will be no individual identification and your name will not appear in any publications or presentations of this study nor will the

college/program that you teach in be identified. Demographic questionnaires, audiotapes and transcripts will be kept by this researcher for three years following the completion of the project and then destroyed.

Questions:

Please feel free to ask any questions you may have about the study or about your rights as a participant. If questions occur to you later, please contact me. If at any time during or following the study that you would like to discuss your participation with someone else, you may contact this student researcher's faculty supervisor or the Sponsored Programs Administrator at Simmons College.

Identification of Investigators and Review Board

If you have any questions or concerns regarding the research, please feel free to contact:

Student Researcher:

Donna Pineau MSN, RN, CAGS, CNE

PhD candidate

Health Professions Education

Simmons College

Boston, MA

Telephone: 508 648-4675

Email: donna.pineau@simmons.edu

Faculty Supervisor:

Anne-Marie Barron PhD, RN,

PMHCNS-BC, FNAP

Associate Professor and Associate Dean

Simmons College

Boston, MA

Telephone: 617 521-2121

Email: annemarie.barron@simmons.edu

You are also free to contact Valerie Beaudrault, Sponsored Programs Administrator at Simmons College, 300 the Fenway, Boston, MA 02115, (617) 521-2415.

The purpose and procedures of this research project have been explained to me. I have had an opportunity to discuss this study with the researcher and all of my questions/concerns have been addressed and answered.

Participant Print Name

Participant's Signature

I agree to have my demographic information collected via questionnaire and to have my interview audiotaped then transcribed:

Participant Signature

Date _____

Researcher Print Name

Researcher Signature

Date _____