

CARING IN NURSING EDUCATION: THE ROLE OF THE EDUCATOR

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SUZANNE M. GILLSON, MSN

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DEDICATION

To my husband, J.T. Gillson,
thank you for always believing in me and cheering me on.

To my daughters, Katelyn, Hannah, and Jenna
thank you for your love and support. Never stop believing in your ability to do anything.

To my dad, John D. Cole,
thank you for always pushing me to go further.

To my late mother, Laurel Cole,
thank you for providing me with a roadmap for love and caring. It has become my life's
work.

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ABSTRACT

SUZANNE GILLSON

CARING IN NURSING EDUCATION: THE ROLE OF THE EDUCATOR

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The purpose of this study was to discover the perception and demonstration of caring by nurse educators towards nursing students in the classroom setting. A phenomenological hermeneutic design was used to elicit and express this experience. The questions guiding the study were: 1) What is the perception of caring by the nurse educator in the nurse educator to nursing student relationship? and 2) How is caring demonstrated in the nurse educator to nursing student relationship?

Thirteen experienced nurse educators teaching both undergraduate and graduate-level students discussed their perceptions of caring for students in the classroom. A classroom was defined as a face-to-face modality in a synchronous format during a set time of instruction. The philosophical underpinning was based on the work of Paul Ricoeur and included both structural analysis and phenomenological interpretation. The structural analysis unearthed three salient elements within the nurse educator's world: the students' nature, the context of the classroom, and the degree of support from the university. The phenomenological interpretation revealed the following themes:

embodied caring, why we care, developing a rhythm of caring, influences on caring, and caring communication.

Implications for nurse educators is the discovery that caring is based in a shared humanity. Caring for students is a decisive action that also models desired behaviors. Nurse educators can create safe and optimal learning environments that are relational, professional, and able to uphold the standards of the nursing profession.

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CHAPTER I

INTRODUCTION

Problem of Study

Caring is a concept that is a core value in nursing (National League for Nursing [NLN], 2021; Tanner, 1990). It transcends settings from the clinical to the classroom. The subjective nature of this core value has caused a plethora of commentaries aimed at the need, the procedure, and the effects of caring. From Swanson's (1991) theory of caring to Watson's (2021) Caritas Processes, it is an attribute inherent to the profession of nursing. The positivistic paradigm of our current evidence-based practice environment in the healthcare setting points instructors and students towards the science of nursing while leaving the caring art of nursing open to interpretation.

It is the responsibility of nursing faculty to impart this concept to nursing students. Creating a caring environment within the nurse faculty to nursing student relationship can enhance the learning environment, improve student outcomes, and promote student retention (Bankert & Kozel, 2005; Shelton, 2012; Torregosa et al., 2016). However, the ability of nurse educators to interpret what caring looks like in nursing education can be challenging. The literature points to a lack of formal preparation for nurse educators to be socialized into their roles (Brown & Sorrell, 2017; Summers, 2017).

Study Purpose

The purpose of this study was to discover how experienced nursing faculty perceive and demonstrate caring towards students in the classroom setting using a face-to-face teaching methodology. A caring environment can create an atmosphere of trust that may allow for greater student engagement. Torregosa et al. (2016) found that students had improved academic outcomes when they perceived the presence of faculty caring. The ability to define what this type of relationship looks like within the academic setting can serve as a pattern to assist nursing faculty in interpreting the caring aspect of their roles. The subjective concept of caring is defined by the perception of the person giving and the person receiving the act of care. This study is limited to the perception of the nursing faculty giving care to students and does not include the perception of the students receiving care.

Background

The concept of caring has been addressed within the field of nursing education (Chinn & Falk, 2018; Petrou et al., 2017). The NLN (2021) calls for caring to be a core value in nursing education. This core value originated in the 1990s and has continued to be a foundational part of nursing education. Beck (2001) conducted a metasynthesis of caring in nursing education to review the research conducted in the 1990s following the NLN's initial resolution calling for caring in nursing education. This research included studies from 1974 to 1998 and resulted in five emerging themes of presencing, sharing, supporting, competence, and caring's uplifting effects.

Caring has been explored in the learning environment from student and faculty perspectives. What has been discovered is that caring creates an enhanced learning environment and promotes student retention (Bankert & Kozel, 2005; Shelton, 2012). Faculty perceived caring as a guiding process in which their role was seen as being present, available, authentic, and supportive (Aasen & Nåden, 2008; Chou et al., 2003; Coyle-Rogers & Cramer, 2005). Students perceived nursing faculty to be caring if they demonstrated compassion, competence, confidence, conscience, and commitment (Beck, 1991). Students expected caring on the part of the nursing faculty to be intuitive and affirming (Dillon & Stines, 1996; Hanson & Smith, 1996). Students have learned caring through role-modeling of caring attributes by nursing faculty (Nelms et al., 1993). Combined perceptions of caring by faculty and students revealed the belief that caring is viewed as the essence of nursing (Simonson, 1996).

Significance

While this knowledge is valuable to nurse educators, the ability to discern how to demonstrate caring can leave nurse educators feeling overwhelmed (Brown & Sorrell, 2017). The recruitment and retention of nurse educators are vital to the future of nursing education. Nursing educators are facing the challenge of having to both replace faculty who are retiring and increase nursing faculty to accommodate the demands of applicants desiring to obtain a nursing degree (American Association of Colleges of Nursing, 2020). The United States Department of Labor Bureau of Labor Statistics projects that there will need to be a 22% increase in nurse educators to meet the demand for educating new

nurses by 2030 (2021). In addition to this statistic, it is estimated that 10,200 current nursing faculty will be at retirement age by 2022 (McMenamin, 2014). One solution to this problem is in effective education of nurse educators. Modeling behavior and mentorship are effective methods to incorporate into an orientation program (Specht, 2013). Potter and Tolson (2014) developed a mentoring model aimed at improved retention of nursing faculty. A model that incorporates the necessary tasks of teaching and the attitude of caring should be an integral part of a mentoring program. Thus, this study contributes to the knowledge needed to help educate nurse educators through the discovery of the perception of caring combined with the stated demonstration of caring towards students in the classroom setting through the experiences of current nurse educators.

Pre-Reflection

As a nurse educator researching nursing education, I possess a set of values and beliefs that have been shaped by my experiences to this point and influence how I perceive caring. Caring is not only an action that I carry out and demonstrate, it is an attitude that I possess and allow to direct my actions. Entering the field of nursing education after practicing at the bedside for several years required a readjustment of what caring looked like. The nurse-to-patient relationship and the educator-to-student relationship are both vertical relationships in regards to the perception of power. However, in the nurse-to-patient relationship, the patient is not the recipient of formative assessments as students are. The presence of evaluation in the educator role adds a

different context. As a bedside nurse, I valued patient-centered care. Treating the patient with dignity and respect were central tenets that I ascribed to in my practice as I cared for patients physically, emotionally, and spiritually. When I transitioned into the role of nurse educator, I transferred these beliefs into what I referred to as “student-centered care.” However, caring in education takes the form of guidance with boundaries. Caring is not an act of “doing for” students, but I believe that it is rather a “doing with” act where, as an educator, I am modeling behavior and creating a safe place for learning.

As I teach and lead students in the learning process I believe that it is more than passing on knowledge. Learning becomes an environment that should foster relationships between students and educators as well as among students. These relationships should serve to optimize learning. Through my interactions with students, I have discovered that these relationships do not all look the same. Some students are self-motivated while others require more attention. It is through their verbal and nonverbal expressions that I have learned to interpret needs and initiate communication. I have also gained experience working with my fellow nurse educators and discovered the vast array of teaching techniques that can both enhance and inhibit the learning process. Throughout my experience, in each of my student and peer relationships, I have retained the belief that caring is an essential component of the learning process in nursing education. Looking back though, I am not certain when or how these attitudes of caring as a nurse educator were developed. I did not have a rule book, but through experience and insight, I created a caring narrative within which to operate. My goal for this study is to validate and share

the experiences of nursing faculty and their perception and beliefs of caring within the nurse educator to nursing student relationship.

Research Question

The aim of this research was to discover how nurse educators perceive and demonstrate caring towards students in the classroom setting. The research questions guiding the study are: 1) What is the perception of caring by the nurse educator in the nurse educator to nursing student relationship? and 2) How is caring demonstrated in the nurse educator to nursing student relationship?

Philosophical Orientation

The philosophical underpinning for the study was based on the philosophy espoused by Paul Ricoeur. Ricoeur's philosophy focuses on the ontological origin of the embodied will that is responsible for the human actions of decision, action, and consent. The decision-making ability of the will expresses voluntary freedom that motivates the person into the objective action. The process of consent acts as a mediating presence that lies between the internal decision and the external action (Ricoeur, 1966). Ricoeur's philosophy of the will has been applied to the field of nursing education as a way to better understand the motives and decision-making holistically with the unique will unifying the person and providing a platform of understanding of what it is to be human (Freysteinson, 2019).

Ricoeur's epistemological stance began to shift to an ontological vantage point later in his career as he began to focus on the meaning of symbolic language. This shift

formed the basis for his view of hermeneutical philosophy (Ricoeur, 1981). Ricoeur built his theory of hermeneutics around the concepts of polysemy and distanciation. Polysemy dictates that words have a variety of meanings and can only be interpreted within the context of discourse. Distanciation is the removal of the context from discourse thus leaving discourse open for interpretation by the reader.

Lastly, Ricoeur adds to his theory of hermeneutics, the concept of meaningful action. He compares the subjectivity of language to that of action, which also requires interpretation. Meaningful action consists of the notion that action can be separated into the event and the meaning. Action is a social phenomenon that can transcend its temporal constraints when deemed relevant and essential (Ricoeur, 1981). Thus, the objective action begets the subjective voice within the context of the doer. As this philosophy is applied to the study of caring by the nurse educator, the action of caring is not fully realized until the meaning of caring is first discovered.

Discourse

Interpretation begets understanding, and in this view, understanding acts as a way of being and not just a pathway to knowledge. It is through language that understanding is expressed (Ricoeur, 1974). The use of language assumes the presence of another and possesses a temporal characteristic that marks its expression through discourse. The ontology of being is the ability to derive meaning from discourse through interpretation (Ricoeur, 1981).

Discourse requires interpretation due to the polysemic nature of language that allows for multiple meanings to be conveyed with a single word. For interpretation to be achieved, context is required (Ricoeur, 1977). When discourse is recorded, it becomes text, and the context changes due to the lost nature of the situated reality initiated by it. The text then assumes an autonomous nature that establishes the concept of distanciation (Ricoeur, 1991a).

Distanciation is the distancing of the text from the reader and declared a “condition of understanding” by Ricoeur (1991b, p. 88). To understand written discourse through text, the reader must look beyond the structure of language and delve into the meaning presented by the text. Interpretation of meaning allows for the appropriation of the text to the reader. In this, recontextualization occurs as the text unfolds a possible reality in front of the reader and enlarges the world of the reader (Ricoeur, 1991b).

Action

Just as discourse reveals a world to the reader, action also is a revelation of the inner self which requires interpretation. Action is a combination of the objective act connected to the subjective meaning of the act. Parallels can be drawn between interpreting text and interpreting action. Ricoeur (1981) outlines four criteria for the interpretation of meaningful action that likens it to a personified form of discourse. The first of these criteria establishes that, just as in distanciation of the text, action can be separated from the person and objectified allowing for the event to be detached from the meaning. The structure of our language gives it temporal reference by assigning meaning

to the time of occurrence and allows action to be fixated in history. Secondly, action has social representation through the process of autonomization that gives a collective meaning of actions within a society. Thirdly, meaningful action can possess a transcendent quality and has the ability to free itself of context, reach beyond the situation in which it occurred, and replicate itself in another time and space. Finally, human action is left open to interpretation throughout time.

With these criteria set forth, Ricoeur (1991b) adds the philosophy of action, which attaches the notion of practical reasoning that precludes action. The first three criteria in this philosophy support a reason for acting. Initially, there must first be a motive that can be ascribed to a classification of motives that provide a basis for explaining action. Next, there is a disposition prior to motive, which is a teleological explanation of action instead of a precluding cause of action. Lastly is the idea of practical reasoning which is a linear ordering of actions. Practical reasoning focuses on the means as opposed to the end result in action.

Will

The underlying foundation that unlocks the explanation of discourse and action and binds a reader to both is an understanding of a person's will. Ricoeur (1966) ascribes the will as the force that moves our voluntary and involuntary selves. The explanation begins with the voluntary will that is exposed and seen and then moves towards an understanding of the involuntary that is hidden and must be discovered. Ricoeur breaks the will down into three statements, "I decide," "I move my body," and "I consent." The

result of an action is the objectification of motivation, mediated by a will that sees the possibility of fulfillment of that action and makes a decision to act. The will considers the person's capabilities and makes judgments based on perceived abilities. The self-imposed ability of the will to decide, move, and consent ascribes an ontological property of being to a person which unfolds a world of possibilities (Ricoeur, 1966).

Summary

The concept of caring in nursing education is supported by the NLN and holds value to nursing education stakeholders, including students, faculty, and administrators. The ability of students to succeed in nursing education has far-reaching impacts on the future of healthcare and the ability to meet the demands of an increasing patient population combined with an aging workforce. Nurse educators play a pivotal role within the healthcare network by producing nurses ready to enter the workforce. The ability to influence student outcomes through education is connected to an optimal learning environment which has been shown to benefit from caring. The collective voice of experienced nurse educators can reveal the perception and conveyance of caring within our contemporary nursing educational setting and serve as a foundation for the development of caring initiatives among schools of nursing.

CHAPTER II

CARING IN NURSING EDUCATION: AN INTEGRATIVE REVIEW

A Paper Submitted for Publication in the

Nursing Forum Journal

Suzanne Gillson, MSN, RN, Wyona M. Freysteinson, PhD, MN

ABSTRACT

The art and essence of nursing is conveyed to future nurses by caring faculty. The objective of this integrative review was to determine how nursing faculty have conveyed caring to students within nursing education. A literature search was conducted using the CINAHL, PubMed, OVID, and Science Direct databases encompassing articles from 2008 to 2020. Seven articles met the criteria for inclusion in the review. The findings included perspectives of both nursing faculty and students which resulted in three aspects of caring in nursing education: intentional, confirming, and optimizing. Intentional caring coupled with confirmation was shown to improve the quality of the faculty to student relationship and create an optimal safe learning environment for the student, which may improve academic outcomes.

Keywords: nurse educator, nursing faculty, caring behavior, caring, and faculty caring

INTRODUCTION

The essence of nursing is often described as caring. Globally, nurses are assumed to have an innate sense of caring.¹ Students entering into nursing typically view themselves as caring individuals.² Nursing education is unique in the fact that its basis is founded upon an ethic of caring.³ As nurse educators enter into teaching, they bring with them their experiences of caring. However, educators often discover that the identity of being a nurse lies separate from the identity of being an educator.⁴ The caring relationship built between nurse and patient does not easily translate into a caring relationship between educator and student due to the imbalance of power that exists. Thirty years ago, the National League for Nursing's⁵ initiated mandates for transformative practices in nursing education that would build upon and incorporate the concept of caring. In the past decade, there has been a dearth of research based on caring in both higher education and nursing education as evidenced by the sparse number of articles contained within the following integrative review.

Nursing education is in crisis.⁶ Presently, there is not only a shortage of nurse educators, but there is a shortage of nurse educators entering academia who have received formal pedagogical training.⁴ Often clinical specialists or practitioners are recruited into nursing education to fill vacant educator roles.⁷ The transition from the bedside to the classroom is highly stressful due to a lack of formal orientation to the new role in addition to role ambiguity that includes responsibilities outside of the classroom. Nurses

who were previously considered experts in their field revert back to the role of novice within their new environment of academia. They find that they lack credibility among their peers and often feel a sense of isolation.⁸

Other challenges facing nursing educators are the focus on academic outcomes and large class sizes as programs strive to produce nurses to address economic and community healthcare goals.⁹ Content-laden lectures focused on evidence-based care and objective outcomes may have tipped the scale towards students placing value on the technical side of caring. This is further reinforced by students observing nurses in the clinical setting hurry from patient to patient and task to task with little to no time set aside for addressing the humanistic needs of their patients, which encompasses caring for their emotional needs.¹⁰ Tanner warned against the hidden agenda we may be modeling as leaders in nursing education that presents the priority of care on the science of nursing instead of the art of nursing.¹¹

Modeling behavior for students has long been a favored method of learning for students to acquire nontechnical skills such as caring. Gibbs and Kulig noted that “nursing students mirrored the attitudes and behaviors of their instructors”.^{12 (78)} The purpose of this pedagogy is to put into actions what cannot be said with words. Caring attitudes and behaviors exhibited by nurse educators in the classroom setting has the potential to set the stage for future caring attitudes and behaviors of students. In order for the value of caring to remain in the forefront of our profession, it is essential to review the state of caring within nursing education. Nurse educators possess the power to

influence future generations of nurses. It is imperative that this influence be grounded in caring.¹³

BACKGROUND: CARING IN HIGHER EDUCATION

Caring is not a topic unique to nurse educators. Faculty across higher education often found themselves needing to integrate this concept into their role as current trends focused efforts on student recruitment through the promotion of faculty-student relationships to offer students a more personal aspect to their education.¹⁴ Caring actions from faculty were expressed as being related to context, culture, and gender.¹⁵ Historically, caring behaviors were viewed as getting to know students by learning their names, being consistent with office hours, and seeking out poorly performing students to resolve problems in learning.¹⁶ Other traits of a caring professor were described as offering a welcoming presence that fostered openness in addition to establishing high expectations and helping move students towards their goals through manageable learning tasks. Demonstrating adaptive teaching techniques during lecture and acknowledging that students had lives outside of the classroom also served to convey caring to students.¹⁷ Ultimately caring was seen as a means as opposed to an end in helping students achieve academic goals.¹⁸ James and Shammas found that caring behaviors such as sympathy, empathy, responsiveness and sensitivity used during student interactions resulted in an increase in student motivation to learn.¹⁹ Miller and Mills discovered caring from faculty to be connected to student motivation to learn among millennial and generation Z college students.¹⁷

Caring was not without risks to faculty, which incorporated blurred boundaries, losing sight of oneself in the other, gender bias, and loss of the academic role. Fontinha et al. cited caring as being a time-consuming effort.²⁰ Faculty experienced loss of scholarship as they decided how best to divide their time with productivity being measured by the attainment of research grants or journal publications.¹⁴ In addition, there was a potential perception of gender bias that viewed female faculty as being more capable of caring while simultaneously threatening the image of their level of competency as academic professionals. The faculty-student relationship required a clear vision in order to preserve the academic benefits and avoid the risk of loss of self, which could lead to burn-out and loss of caring.²¹

Just as with nurse educators, the transition into the faculty role proved challenging due to a lack of socialization along with a deficiency in pedagogical training on how to incorporate caring.¹⁴ In addition, student outcomes focused on academic success as opposed to caring efforts had stymied research efforts resulting in a lack of research on caring in the higher education environment.²¹ The description of caring within this field has been comprised of anecdotal reflections, case studies and commentaries on traits of caring professors in addition to literature reviews, and studies of student perceptions of caring professors.

THEORETICAL APPLICATION

Caring in the general field of education has largely been based upon the work of Noddings' ethic of care.²² Disciplines such as medical education and teacher education

have applied this theory to help define caring in these environments.^{23,24} In this context, caring is viewed as a universal human need that originates from birth through the original condition of a mother caring for her child. Within a healthy mother-child relationship, the moral imperative of caring is learned. Caring is described as a relational and reciprocal event that involves the one-caring and the one cared-for. In order for caring to take place, the one caring must be attentive to the needs of the cared for and be able to sympathize and act on behalf of them. In return, the one cared for must recognize this action and respond in order to reinforce the motivation of the one caring. This relationship is echoed in the teacher-student relationship in which the teacher cares for both the assumed and expressed needs of students.

Building upon Noddings' theory, Chinn and Falk developed the critical caring pedagogy.²⁵ This theoretical model applies Noddings' ethic of care to critical caring theory developed for public health nursing that was developed to help articulate critical caring as a way of being within this area of nursing practice. A structural framework of peace and power outlines these combined theories and serves to inform teaching and learning relationships in which every individual is valued. This model brings into focus the interaction of the educator and the student in a way that promotes a productive outcome for the student no matter the success or failure of the academic measure.

Outside of Noddings' ethic of care, others have put forth theories and applications of caring within higher education. de Guzman et al. also ascribed to the notion of caring as a relational event within tertiary education.²⁶ They draw upon Noddings' in this

description citing the carer and cared for relationship, but then, add to it the need for faculty to transcend their assigned tasks through an attitude that extends caring visibility to a caring presence. Faculty who perform their routine tasks efficiently were perceived by students to be caring. However, faculty whose actions represented attentiveness to individual students as opposed to the class as a whole were perceived to possess a caring presence. They went on to metaphorically describe this teaching action as caring from the heart (caring visibility) to caring with a heart (caring presence).

OBJECTIVES

The objective of this integrative review was to explore the experience of caring within the faculty-student relationship in graduate and undergraduate nursing education.

METHODS

The organizational framework was guided by Whittemore and Knafl.²⁷ The steps applied in this method were developed for application to the integrative review method and include: problem identification, a search of the literature, data evaluation, data analysis and presentation of the findings. A phenomenological hermeneutic data synthesis approach was used for data analysis.²⁸ This approach allows for analysis and interpretation of manifest and latent content obtained in qualitative methodologies and organized into meaningful themes.

Literature Search

A review of the literature was performed utilizing the electronic databases of CINAHL, PubMed, OVID, and Science Direct. The key terms used for the search

included the MeSH term “faculty, nursing,” “teaching,” “education,” and “empathy”. When MeSH terminology was not available the key words of “nurse educator,” “nursing faculty,” “caring behavior,” “caring,” and “faculty caring” were used. Truncation was applied when available. Hand-searching was also performed utilizing the reference lists of selected articles. Assumptions were made with the MeSH term “empathy” as being equivalent to caring and the term nursing faculty equating to nurse educator. Other terms found in the literature that equated to caring and teaching in nursing education and were found pertinent to the topic consisted of guiding, pedagogy, and humanistic teaching.

The search of all combined databases utilizing the key terms yielded a total of 354 articles. Hand-searching selected reference lists of pertinent articles yielded an additional three articles for a total of 357 articles. There were nine duplicate articles removed and 348 articles were screened for inclusion. A total of 324 articles were removed due to not meeting the inclusion criteria of the specific focus of relational caring between nursing faculty and nursing students. This left 24 articles to be assessed for eligibility. A total of 17 articles were then excluded related to not being within the specified timeframe, not having a research focus, not occurring within the field of nursing education, or focusing on tool development. The final articles included in the integrative review totaled seven studies as seen in Figure 2.1.

Inclusion/Exclusion Criteria

The inclusion criteria for the search included original research, peer-reviewed articles published in English from 2008 through 2020. As the number of studies for this

topic was limited, the time frame was expanded to 12 years to uncover all articles. Non-research articles were excluded from the search.

Data Collection and Appraisal

Seven articles were assessed for quality and bias and analyzed for their contributions to the caring relationship between the nurse educator and nursing student. Data was extracted from selected articles and placed in a table (see Table 1). The following data was recorded for each article: Reference (author, year), research design, purpose of study, population, sample size, and level and quality of data according to the Johns Hopkins Nursing Evidence-Based Model²⁹.

RESULTS

The total sample size of the seven studies was 75 nurse educators and 913 nursing students. The collective studies included four qualitative designs from clinical³⁰, online^{31,32}, and simulation³³ settings that focused on nursing faculty perspectives of caring. The three quantitative studies were nonexperimental, cross-sectional designs that employed face-to-face instruction and utilized the student perspective to determine the presence of faculty caring.^{34,35,36}

SYNTHESIS OF RESULTS

A review of the literature revealed three experiential moments of caring in the student-faculty relationship: Intentional, confirming, and optimizing (see Table 2).

Intentional

The act of caring on the part of nursing faculty begins with the desire to behave in a caring manner which is predetermined and intentional. Caring behaviors should originate from an understanding of caring science that produces a framework for the nursing faculty.³³ This framework serves as a lens through which students are viewed as unique individuals.³¹ Actions portrayed by faculty using this framework display an attitude of genuine interest and concern, which leads them to be involved in students' lives.³⁰ The sharing and exchanging of ideas and feelings within professional boundaries allows faculty to engage in a caring relationship with students that guides faculty to look and listen for cues of students who may be struggling academically.³²

Confirming

The confirming aspect of caring by faculty is the application of affirmation and caring feedback.³¹ Affirmations can take the form of verbal or written feedback as well as nonverbal body language such as eye contact. Caring faculty may reach out to students they are concerned about by initiating communication about potential problems and offering academic support. Caring actions are individualized to the student and can range from general reassurance to a tough love approach.³²

Confirmation of caring through active listening and leading through critical thinking activities provides a foundation for students to reflect and grow in their professionalism.³⁰ Caring can be fulfilled in a variety of settings, but within the simulation environment, utilizing scenarios that are well written should include caring as

an objective. This allows students to visualize the nursing role as primarily a caring role that incorporates critical thinking and evidenced-based care within a safe environment. Faculty operating from a caring science framework can use the debriefing process following simulation to identify points of caring on the part of the nurse. Debriefing assists students in understanding the motives and reasons for their caring actions.³³

Optimizing

The third aspect of caring is the effect that it has on the student. Intentional caring acts create an optimal faculty-to-student relationship in the academic setting by making students feel secure to explore answers to questions and strengthening relationships with faculty and peers.³⁰ Faculty reported that the effect of caring towards their students promoted a safe environment that enabled students to find their voice and decreased anxiety.^{33,32} When students perceive faculty to be caring, they are able to speak freely, ask questions and make their needs known. Once a line of communication is opened between students and faculty, resources can be recommended and academic efforts can be optimized that can result in improved academic outcomes.³⁶ Students expressed feelings of gratitude towards faculty who displayed caring actions, but the largest impact that students felt as a result of faculty caring was the instillation of confidence in their own actions.^{34,35,32}

LIMITATIONS

Due to the non-experimental nature of the study designs, the level of data captured in all the studies were Level III according to the Johns Hopkins Nursing

Evidence-Based Practice Model guidelines.²⁹ This level of data indicates that findings were from studies in which there was no intervention. The studies contained a risk of bias based on sampling method and study design. The use of convenience sampling and single site sampling utilized may create a threat to the rigor and validity of the study.³⁷ Labrague et al.³⁴ and Torregosa et al.³⁶ utilized a cross-sectional study design which may pose a threat to the individual study's internal validity by causing potential temporal ambiguity. Labrague et al.³⁵ cited the lack of including qualitative data could limit the findings of the study.

DISCUSSION

The findings of this integrative review align with the findings of caring in higher education. The intentional and confirming aspects of caring seen in nurse educators translates to faculty in other disciplines who strive to create classrooms of learning that motivate students and provides a space that allows for relationships to be built. Noddings²² ethic of care along with the critical caring theory²⁵ can easily be seen within the nurse educator to nursing student relationship of the one caring and the one cared for within a framework of peace and power that can serve as a model for future nurse and patient caring relationships. While nursing faculty may not face the same risks as other faculty, the influences of student retention and outcomes are ever present along with time constraints that threaten the development of caring attitudes and relationships with students.

The concept of caring then appears to be a desired universal faculty trait. It is relational, contextual, and requires intentional action on the part of all higher education faculty to initiate and sustain a caring relationship with the student. This relationship is not a spontaneous one, but requires forethought and action. An understanding of what caring is and using it as a guiding framework during student interactions can allow the educator to both see and hear the student as a unique individual. A caring relationship can culminate in giving students a voice to verbalize what is needed that can result in academic success, professional development and socialization into the role of the professional nurse that possesses a spirit of caring. What sets the nurse educator apart from other faculty is the nature of the profession. A profession that demands the development of caring beyond the classroom.

A review of the literature over the past decade yielded a total of seven research articles. These studies revealed three aspects of caring that are comprised of intentional and confirming actions on the part of the nurse educator and the optimizing effects these actions have on the student. The combination of qualitative and quantitative methods provided a holistic view of caring within the nurse educator to nursing student relationship that can serve as a guide for current and future nursing faculty. Future recommendations for research on caring in the field of nursing education could be directed at the discovery of faculty perceptions of caring along with recommendations for nursing faculty on best practices for caring actions that optimize learning within nursing education.

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Table 1. Literature Review Table

Reference (Author, Year)	Research Design	Purpose of Study	Population	Sample	Level & Quality of Data JHNEPB^a Model
Aasen, K., & Nåden, D. (2008)	Qualitative: hermeneutics	To provide a deeper understanding of the guidance of nursing students from a caring science perspective.	Nurse educators from Norway were selected through convenience sampling.	4	Level 3 Qualitative study
Coffman (2016)	Qualitative: phenomenological	To describe how nursing faculty infuse caring science into simulation learning for nursing baccalaureate students.	Nursing faculty from BSN program in the USA	9	Level 3 Qualitative study
Labrague et al. (2015)	Descriptive, nonexperimental	To identify the correlation between instructors' and students' caring behaviors and to explore the impact of instructors' caring on students' perceptions of their own caring behaviors.	Student nurses from four countries including Greece, Nigeria, India, and the Philippines.	586	Level 3 Non-experimental study

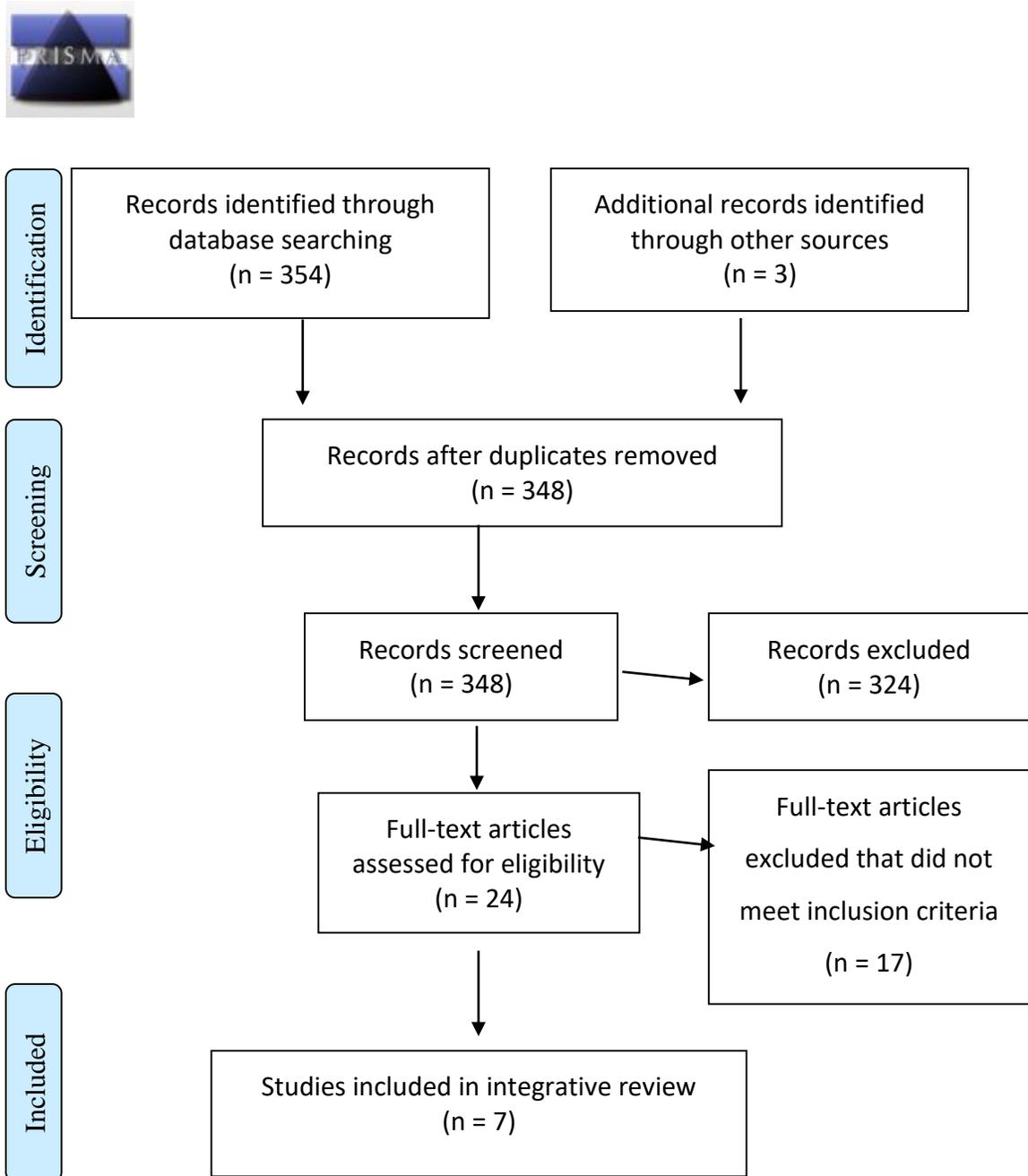
Labrague et al. (2016)	Quantitative, Cross-sectional, comparative	Discovery of student perception of nursing instructors' caring behaviors across four countries.	Nursing students enrolled full-time in nursing schools in India, Greece, Nigeria, and the Philippines and in their 2nd-4th year of nursing school.	450	Level 3 Non-experimental study
Mastel-Smith et al. (2015)	Qualitative	To provide insight into nursing faculty's perceptions and expressions of online caring presence.	Nursing faculty, full-time, doctoral-prepared level teaching 100% online	6	Level 3 Qualitative study
Sitzman (2016)	Qualitative	To describe how instructors respond to students' demonstrating a need for caring in online classrooms.	Nursing educators from 10 states and 20 institutions in the USA.	56	Level 3 Qualitative study
Torregosa, Ynalvez, & Morin (2016)	Quantitative: Cross-sectional, correlational	Examine the influence of students' perception of faculty caring on academic performance and the moderating role of campus racial climate on the relationship between perceptions of faculty caring and academic performance.	Baccalaureate students enrolled in Medical-Surgical 1 course in seven universities.	327	Level 3 Non-experimental study

^a Johns Hopkins Nursing Evidence-Based Practice

Table 2. Aspects of Caring

Aspects of Caring	Supporting statements	References
Intentional	• Genuine interest and care	• Aasen & Nåden (2008)
	• Understanding caring science	• Coffman (2016)
	• See students as unique individuals	• Mastel-Smith et al. (2015)
	• Look and listen for student cues	• Sitzman (2016)
Confirming	• Confirmation • Good basis for reflection and development	• Aasen & Nåden (2008)
	• Using scenarios that are well written • Providing a safe environment • Debriefing	• Coffman (2016)
	• Affirming voice and caring feedback	• Mastel-Smith et al. (2015)
	• Reaching out • Offering concrete academic support • Intentional caring comportment	• Sitzman (2016)
Optimizing	• Makes students feel secure • Strengthens relationships	• Aasen & Nåden (2008)
	• Establishes a safe environment	• Coffman (2016)
	• Instills confidence	• Labrague et al. (2015) • Labrague et al. (2016)
	• Gratitude • Helps students “find their voice” • Improvement in academics and attitude	• Sitzman (2016) • Torregosa et al. (2016)

Figure 2.1. PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

CHAPTER III
METHODS AND FINDINGS

A Paper Submitted for Publication in the
International Journal for Human Caring

Suzanne Gillson, MSN, RN Wyona M. Freysteinson, PhD, MN, Sabrenda Littles, PhD,
DNP, MBA, APRN, CRNA, Sandra K. Cesario, PhD, RNC-OB, FAAN

Caring in Nursing Education: The Role of the Educator

As nurse educators enter into academia, they bring with them their clinical experiences of caring. However, they often discover that the identity of being a nurse lies separate from the identity of being an educator. The National League for Nursing's (2021) core values that were established over a decade ago incorporated caring as an integral part of the culture of nursing education. The literature of the 1990s and early 2000s reflected the topic of caring (MacNeil & Evans, 2005). However, as the years progressed, researchers moved on to other topics of interest leaving the focus of caring behind. In the past decade, there has been little research based on caring in both nursing and nursing education.

The need to focus on caring in our current environment is valid because nursing education is in crisis. Presently, there is a shortage of nurse educators and a shortage of nurse educators entering academia who have received formal pedagogical training

(National Advisory Council on Nurse Education and Practice, 2020). Consequently, nurses who transition to academia may experience isolation, stress, and role confusion (Summers, 2017).

Other challenges facing nursing educators may be the intense focus on academic outcomes and large class sizes as nursing programs strive to educate more nurses to address economic and community healthcare goals (Ndawo, 2016). In the face of these challenges, there is a focus on the technical act of caring (Mantovan et al., 2020). Content-laden lectures fixated on evidence-based care and objective outcomes may have tipped the scale in this direction.

Modeling behavior for students has long been a preferred method of acquiring nontechnical caring skills (Bussard & Lawrence, 2019). The purpose of this pedagogy is to demonstrate caring actions that cannot be said with words. Caring ways of being exhibited by nurse educators in the classroom setting have the potential to set the stage for enhanced nontechnical caring practices of students (Amsrud et al., 2019). Of interest is the state of caring competencies within nursing education.

Study Purpose

The purpose of this study was to discover how experienced nursing faculty perceived and demonstrated caring towards students in the classroom setting using a face-to-face teaching methodology. Defining what this type of relationship looks like within the academic setting can serve as a foundation to assist nurse educators in interpreting the caring aspect of their roles.

Research Question

The research questions guiding the study were: 1) What is the perception of caring by the nurse educator in the nurse educator to nursing student relationship? 2) How is caring demonstrated in the nurse educator to nursing student relationship?

Method

Design

The research design selected for this study was Ricoeur's (1981) phenomenological hermeneutic. Phenomenology seeks meaning within the lived experience of a person "...every question concerning any sort of 'being' is the question about the meaning of that 'being'" (Ricoeur, 1981, p.74). Hermeneutics is "the theory of the operations of understanding in their relation to the interpretation of texts" (Ricoeur, 1981, p. 3).

Participants and Setting

Participants in this study were obtained from a large, multi-campus university located in the southwestern United States. Participants were recruited using convenience sampling through the use of an approved recruitment flyer. Authorization to recruit was obtained through the deans of the nursing program at two participating campuses. Inclusion criteria were: current full-time teaching load, use of a face-to-face method to deliver content, greater than 18 years of age, English as the primary language, and 1 year of teaching experience. Educators were designated as being in charge of a course and in communication with students in a setting that constituted a classroom. A classroom was

defined as a physical classroom, clinical or online setting that used synchronous face-to-face technology to engage students during a set time of instruction.

Ethical Considerations

Approval for this study was received by the Texas Woman's University Institutional Review Board with a designated status of expedited review. Participants electronically signed an informed consent and received a \$25 gift certificate for their time. Confidentiality was maintained using code names and password-protected computer files.

Data Collection

Nurse educators conveyed caring through stories. Data collection was obtained through audio-taped virtual interviews using a semi-structured interview guide (see Table 3.1). Demographics were collected before each interview. The audio recordings were then individually transcribed by the primary investigator and reviewed to ensure accuracy.

Data Analysis

The transcribed interviews were analyzed and interpreted according to the phenomenological-hermeneutic espoused by Ricoeur. This method of data analysis consists of a three-level approach that begins with a reading of the naïve text, a structural analysis of the text, and a phenomenological interpretation of the text through the establishment of themes and use of metaphor to aptly interpret and extract meaning from participants' narratives (Ricoeur 1981).

Rigor

The trustworthiness of findings was guided by the principles set forth by Lincoln and Guba (1985), which consist of credibility, transferability, confirmability, and dependability. Credibility was demonstrated through the use of qualified participants who had experienced caring within the nurse educator to nursing student relationship. Representative texts were selected from the transcripts that served to paint an emerging picture of the phenomenon under study, and comprehensive categories and themes were created to encompass the experience (see Table 3.2). Transferability was achieved through a thorough description of the research process and setting. Confirmability was established through the data analysis process which connected participants' statements to latent meaning and themes. Dependability was tested through the implementation of four validation interviews following data analysis.

Results

Demographics

The sample included 13 nurse educators currently teaching undergraduate and graduate nursing students full-time using the face-to-face method to deliver content in the classroom. All of the participants were female, spoke English, and were between the ages of 33 and 67 years ($M = 53$; $SD = 11.7$). The 13 nurse educators interviewed collectively represented 165 years of experience in the field of nursing education (see Table 3.3).

Structural Analysis

The structural analysis provides a framework of explanation that is needed for an in-depth understanding of the meaning of the text. To derive the perception of caring from nurse educators, it was first necessary to understand what forces impacted their environment and affected their demonstration of caring. Ricoeur (1981) defines these forces as actants that serve as the object of an action. Through the application of structural analysis, three actants emerged: students, the classroom, and the university. (see Figure 3.1) Each of these actants was defined within the tension of their opposing boundaries.

Students: Entitled versus Engaged

Nurse educators described their students on a horizon of being entitled versus engaged. Entitlement ran the gamut from apathy and wanting to be “spoon-fed” through to hostility and aggression. Being “spoon-fed” was interpreted by Beth as, “trying to narrow their focus,” which she responded to by providing them a study guide and used traditional lecture. Tina assigned a more negative connotation to this term as she used it to describe the pushback students demonstrated when teaching methods were changed from a lecture style to a more hands-on approach to learning in the classroom setting. Juxtaposed to the entitled student was the engaged student. Mary portrayed these individuals as the students who “wanted to do hard things,” and Sarah recounted, “These students are teaching me so much.” Educators shared experiences of how student engagement forged bonds that transformed the educator into a mentor for the student

even after graduation. Student engagement often resulted in relationships between the nurse educator and student that extended past the academic setting.

Classroom: Large Versus Small

The classroom, as interpreted by the class size, influenced the ability of the nurse educator to display caring towards students. The large didactic class size, which may consist of 100 students in a classroom, was perceived as impersonal and a barrier to caring for students. Rosa reflected, “We have, lecture sizes of 110... It’s hard to connect with so many students.” Nurse educators frequently spoke of the clinical setting as being ideal to convey caring which averaged approximately eight to ten students. Jean explained, “It’s easier when you’ve got them in clinical, and you’ve got those ten students for hours each semester. It’s much easier to forge those relationships.”

University: Struggle Versus Support

The nurse educator operates within the boundaries set by the university. There was not always an alignment of values between the university and nurse educators. Educators reported incidences of the university increasing enrollment numbers while expecting the same outcome from existing faculty along with mandates and micromanaging leadership styles that challenged them. On the opposing end of the spectrum, when the university was seen as valuing the goals of their nurse educators, an arm of support was extended that served to enhance the educator’s role. Nurse educators that felt supported by the university, in turn, felt better equipped to support and care for their students.

Phenomenological Interpretation

The origins of the nurse educator lay within the experiences of the professional nurse. Nurse educators retained their professional nursing identity as they passed into the world of academia in hopes of disseminating their knowledge to future generations. Students served as patient proxies and the healthcare setting was exchanged for a learning environment. Phenomenological interpretation allowed for an understanding of the subjective perception of caring. The themes that emerged from the text analysis included embodied caring, why we care, developing a rhythm of caring, influences on caring, and caring communication. Each of the themes was presented as an independent function of nurse educator caring. The theme, influences on caring, was unique in the fact that it surrounded the other four themes and influenced how and when nurse educator caring was demonstrated (see Figure 3.1).

Embodied Caring

Nurse educators expressed experiencing feelings of inspiration as well as physical and emotional stress in their conveyance of caring towards students. Jackie found herself getting emotional during the interview because of her deep-seated belief that it was a gift to be able to help her students along their journey. Mary went to great lengths to ensure that her students felt cared for even though it meant self-sacrifice at times to the point of unintentional weight loss to deliver the level of care she believed her students deserved. Beth admitted that maybe she cared too much while Jean found herself reaching a breaking point and needing to take a step back when she got to the point of wanting to

resign from teaching. They spoke of their student self with many of the participants recounting stories of feeling afraid, being made to cry, and experiencing feelings of inadequacy, which often resulted in a renewal of nurse educators' motivation to become more supportive and caring for their students (see Figure 3.1).

Why We Care

The recurring term of being human, becoming human, or treating students as human was a key motivating factor in conveying caring toward students. Humanity served as the connection that brought students into proximity with the educator. The educators acknowledged that all students and faculty come to the classroom with “luggage” from their past. This less than perfect human nature acted as a leveling field between the educator and student. Some of the participants remembered what it was like to work and go to school full-time, which helped them relate to students in the same situation. Other educators felt inspired by the nursing instructors that showed caring towards them and made them feel valued which led to a desire to emulate these behaviors. A maternal self was revealed motivating nurse educators to care for students as a mother cares for her children. This view of self portrayed the educator as feeling responsible for students and enabled them to empathize with students who were also mothers.

Drawing upon their belief in a shared humanity, nurse educators verbalized a desire to utilize their role beneficially by helping to empower students. They were aware of their ability to be, as one educator stated, “the sage on the stage,” but for some nurse

educators, the ability to utilize their power effectively led to a magical and sometimes spiritual moment that served as a perpetual motivator. Mary described the feeling as “magical” and “transformative.” Tina likened the experience to a drug when she saw a student have an “ah-ha moment.” Others received a reinforcement of their efforts through student feedback in the form of words of praise or gifts from students. Jackie’s statement that “those are the pieces that lift us up” embodied the sentiment of how positive student feedback motivated her. In contrast, Maria explained that negative student feedback could have the opposing effect and turn her day “for the worst” (see Figure 3.1).

Developing a Rhythm of Caring

The objective act of caring revealed and projected the caring nature of the nurse educator towards the student. Nurse educators broadly described caring actions in terms of developing a rhythm with students. This meant interacting with students consistently and progressively over the course of the semester or program. Ann described it as, “Trying to establish a relationship with someone where when I say how are you, they should feel free to say, I’m worried about this or that.” To reach that point, a rapport needed to be created starting from the first day of class in the form of an introductory welcome. Beth explained, “It starts with us extending our hand to them. And saying — welcome to the class.” This should be followed by friendly and continual communication. Karen stated, “I’ll say ‘Hi’ as I’m walking down, or if I see them in the hospital in their uniforms. I’ll say hi to them, so I think that’s a way to just be friendly when you see them... I think that’s how you present the caring, that you’re friendly to the students.” It

also included commiserating with students as well as one-to-one conversations that inquired of barriers to their learning. These relationships provided a filter for language and a model for actions from the educator to the student.

The defining characteristics within the educator-student relationship consisted of love, trust, commitment, and value. The love for teaching and interacting with students was best described by Mary as “establishing a blanket of love.” This motivated educators to push not only their students but also themselves in pursuit of achieving learning outcomes. Trust was an essential part of the caring relationship that allowed for caring to take place. Students had to trust that the educator had their best intentions in mind as they led them through the learning process. Allowing time for the relationship to develop required a commitment on the part of the nurse educator to be available to students both in and out of the classroom in person as well as through text or email. Valuing students meant to know them and to see them which projected the message that they mattered. Knowing students’ names signified the students’ unique identity while seeing them acknowledged the student as a person with unique learning needs.

Caring for students required a discretionary effort best described by Ann as “grace with boundaries.” The boundary was formed by the nurse educator’s designation of the learning outcome for the student. The aspect of grace was given when the educator decided to alter the course of how a student reached that outcome, which involved balancing professional standards of excellence with caring. Participants told stories of being flexible with students to help them be successful, which was represented by

extending assignment deadlines or excusing absences when students experienced extenuating circumstances (see Figure 3.1).

Influences on Caring

Nurse educators also spoke of the multifaceted influences that impacted and surrounded their caring efforts (see Figure 3.1). One of the political factors during the time of the study was the immigration policies impacting students. Jean told the story of a Hispanic student coming into one educator's office to simply obtain a signature on a form. Recent immigration policies led the educator to briefly acknowledge the difficulties that must be present for the Spanish-speaking population during that time. The student promptly responded by bursting into tears because of this moment of educator caring. Jean also found the nursing culture in America, "completely normed on white middle class American female values," which may create situations of unconscious bias and microaggressions towards students and faculty of ethnic descent. Sarah's effort to be culturally sensitive was evidenced by how she introduced her students to her course through utilizing multicultural pictures in her slides that she believed projected a message of acceptance for all students. The level of experience a nurse educator had influenced the conveyance of caring towards students. Jackie remembered being a new educator and being so consumed with preparing lectures, syllabi, and figuring out her role that she had to remind herself not to forget about the student aspect of her role. Socioeconomic factors influenced when nurse educators decided to transition into academia with many of the

participants starting in the adjunct role and putting off teaching full-time until after retirement.

During this research study, the Coronavirus Disease 19 (COVID-19) pandemic occurred creating a worldwide crisis. The pandemic prevented in-person learning resulting in a shift from the physical classroom to an online format for education. The crisis affected each person which meant that while nurse educators were trying to maintain a sense of caring towards students they were at risk for developing compassion fatigue. The nurse educators in this study utilized Zoom as their video conferencing software during this time to conduct online learning which allowed for synchronous, face-to-face interactions. Initially, there was frustration. Several of the nurse educators expressed concern about not being able to engage students in learning or keep them engaged especially when students did not turn on their video during class as this made it difficult to connect with students and elicit feedback. However, some of the participants felt that the Zoom environment made them feel closer to their students because they could read their names, see them up close, and it provided for more flexibility in scheduling conferences with students.

Caring Communication

A key to successful nurse educator and student relationships was communication. All aspects of communication were addressed including verbal, nonverbal, written communication, and listening. Conveying caring through verbal communication addressed how nurse educators conducted their lectures. Speaking to students in a

conversational style dialogue while walking around the classroom and asking questions was perceived favorably. The use of humor helped to break the ice, put students at ease, and encouraged dialogue.

Nonverbal communication included smiling, making eye contact, and using a gentle tone of voice. Written communication involved the use of email and journaling. The consensus among participants was that responding to student emails in 24 to 48 hours represented a caring response. The implementation of private discussion boards that allowed nurse educators to engage with students throughout the semester was also perceived as caring. Lastly, taking the time to listen to students portrayed caring and addressed their need to be heard.

Communication within relationships served as more than just a passing on of knowledge. It often resulted in encouragement for students. Many nurse educators utilized therapeutic communication within the relationship to reach out to at-risk students to convey caring. Rosa explained how she was proactive in seeking out at-risk students to identify problems and asked them to meet with her. She stated that those meetings often resulted in identifying student financial needs that impacted their academic performance. Nurse educators frequently relayed stories of trying to locate free textbooks or scholarship opportunities for students as well (see Figure 3.1).

Participant Recommendations

Nurse educators that participated in the study were given the opportunity to provide recommendations to help further caring in nursing education among their peers. They

were thankful to be able to reflect on how they have cared for students over the years and realized that their caring efforts had made a difference in the lives of their students.

Many of them stressed the need to take the time to hear your students and to keep your office door open. Understanding starts from the student's point of view. Teach like you would want to be taught. Let students know when they are doing well and what they need to work on.

As it pertained to the professional role of the educator, it was recommended to be personal by showing some of yourself to them and not to get caught up in the syllabus. When it comes to confidence, "fake it 'til you make it," but never fake knowledge. When you "mess up, fess up" and be okay with knowing that you do not know all the answers. Approach everything purposefully and do not listen to negativity among faculty. Lastly, do not take it personally and "get a mentor because you will need it."

Discussion

Nurses who choose to enter academia full time face unique challenges as compared to their clinical counterparts. They are charged with shaping the future of our profession, and students look to them as role models for both technical and nontechnical skills. This places nurse educators in a prime position for influencing students' opinions of caring. The experiences of caring as perceived by the educators in this study were found to exist within a setting composed of entitled versus engaged students while teaching both large and small classes against a university backdrop that provided its unique challenges and resources. The five themes of embodied care, why we care,

developing a rhythm of care, influences on caring, and caring communication discovered in this research helped to reveal the lived experience of these nurse educators as they cared for their students.

“Embodied care” spoke to the emotional and spiritual aspect of caring within the heart of the educator that motivated them to go the extra mile even to the point of self-sacrifice. Actions resulting from embodied caring revealed to students the character of the educator. This aspect of faculty caring formed the basis of the faculty-student relationship (Amsrud et al., 2019). While well-intentioned, embodied caring should be tempered with predetermined boundaries to prevent negative outcomes for the educator. “Why we care” described a shared humanity. Knowing what nurse educators experienced as nursing students, mothers, and nurses enabled them to better place themselves in the shoes of the other and allow for a reciprocal relationship of caring to develop (Noddings, 2013). Relationships characterized by love, trust, and valuing reinforced the affective domain of caring supported by the literature of the past decade (Sitzman, 2016). The physical aspects of caring were seen through the stories of the nurse educators speaking of how they formed relationships and “developed a rhythm of care” by building rapport with their students and being available both in and out of the classroom setting and learning students by name. Akin to this theme was the theme “caring communication,” which transmitted the message of caring. Verbal and nonverbal communication created a filter through which the educator was able to therapeutically interact with the students and role model caring (Bussard & Lawrence, 2019). In doing this, educators felt that they

were able to provide safe places for students to voice concerns and seek help as was discovered within the literature as well (Torregosa et al., 2016).

The unique findings that differed from the review of the literature were the “influences on caring” that nurse educators faced as they cared for their students. The political and cultural influences spoken about are dependent upon the time and place of the formal program and world events. Both the nurse educator and student live in a shared world impacted by the decisions and actions of stakeholders. Politics at the university level and stretching to the national level must be mitigated by the educator to consistently deliver the same level of care for students across the program. Cultural influences are a foundation from which values and beliefs are developed and should be considered in the process of caring for students. The years of experience an educator had contributed to a greater understanding of what caring is and how to best demonstrate it. The presence of crisis at a global level was unique to the present study in the form of the COVID-19 pandemic, but the principles of “we’re all in it together” can be extrapolated and applied to a general crisis within the lives of students or at the university level.

Implications for Nursing

Nurse educators possess the power to influence future generations of nurses. The findings of this study reinforced that caring is rooted in the human condition to be loved and valued, and the ability of the educator to fulfill this need optimizes the learning environment for the student. The technical skills of lecturing, evaluation, and advising fall flat without an underlying caring component. When nurse educators are not proactive

in displaying caring towards their students and fellow educators, caring behaviors are at risk for becoming diminished as the program evolves into a checklist of tasks to be accomplished and courses to be taught. To help ease some of the stress of caring, nurse educators should establish boundaries before encountering students. University administrators and nurse educators should be interested in maintaining a caring environment for students that can optimize the learning environment by enhancing communication and building relationships with students to ensure needs are met, standards of the profession are upheld and caring nurses are produced.

The findings of the study can act as a foundation for nurse educator guidelines. These findings can serve as a platform for tool development to investigate the caring ability of nurse educators and their contribution to the caring values of nursing programs, which will lead to a caring workforce of nurses.

Limitations

This study was limited to the perception of the nursing faculty giving care to students and did not include the perception of the students receiving care. Other limitations included the recruitment of participants from one public university setting in an urban population. The culture and setting of the university provided a narrow insight into the whole of nursing education. Greater insight could be gained from including nurse educators from both public and private nursing programs in urban and rural settings. The sample was convenient to the investigator, and participants self-reported stories of caring. This research design has the potential to introduce bias on the part of the participants in

telling only the positive aspects of their caring. All interviews were conducted by one investigator which also has the potential to introduce bias into the interpretation of participant stories of caring.

Conclusion

This study brings to light the perception and demonstration of caring on the part of the nurse educator towards the nursing student. It is a multidimensional act that encompasses the heart, mind, and body of the educator. The revealed caring role of the nurse educator is to role model both the technical and non-technical aspects of caring and instill its value in the hearts and minds of students for it to be perpetuated within the profession of nursing.

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Table 3.1

Interview Guide

Interview Schedule for Caring in Nursing Education: The Role of the Educator Semi-structured Interview Questions with Prompts
1. In your role as a nurse educator, what is your perception of caring for students?
2. What motivates you to care for your students?
3. How do you convey to a group of students that you care about them?
4. How do you convey caring to one student?
5. Has the COVID-19 pandemic changed the way you convey caring to your students?
6. Do you face any challenges that inhibit you from conveying caring?
7. In your view, how do your caring behaviors impact your students?
8. What recommendations do you have for other nurse educators?

Table 3.2

Data Validation Table

Themes	Supporting Statements
	Structural Analysis
	The framework within which the nurse educator operates and the forces that impacted their environment and affected their demonstration of caring are referred to as actants.
<i>Students: Entitled Versus Engaged</i>	Entitled Students
Entitlement ran the gamut from apathy and wanting to be “spoon-fed” through to hostility and aggression.	“Then you have the other people who are just here because of the scholarship, that they don’t want to do the work.”
Engaged students are portrayed as the students who “wanted to do hard things”.	“You know, of course, there’s gonna be students that do all the work and some that don’t.”
Student engagement created relationships between the nurse educator and student that extended past the academic setting.	“I think especially with some of our students who are privileged white people. Who mommy and daddy pay for the tuition, and they haven’t had to think about any of that kind of stuff.”
	“A lot of the students are very hostile, ya know. I teach myself, I don’t need you then... They wanna be spoon-fed, so we get a lot of push back.”
	Engaged Students
	“And we have this dynamic...students who want to do hard things, they want this intense measuring, they want to learn how to do these things.”
	“They’ll say, you know how you interacted with patients in clinical, how you interacted with us really moved me and I haven’t forgotten it.”
	“And so it’s just those little moments like that that you’re like, oh my gosh. These students are teaching me so much.”

Themes	Supporting Statements
<p>Classroom: Large Versus Small Classroom, as interpreted by the class size.</p>	<p>Large Class Size “It is harder in the bigger classroom. I tend to only get to know a certain percentage of the students.”</p>
<p>The clinical setting was portrayed as the ideal setting to convey caring.</p>	<p>“We’ve got 550 students at any time in our program. I can’t spend time with all 550 students.”</p>
<p>The large didactic class size was perceived as impersonal and a barrier to being able to provide caring for students.</p>	<p>“So in the classroom, that’s a little bit different because it’s a large group...we’re meeting them in a professional atmosphere.”</p> <p>“You don’t really get to know the students that don’t approach you, or aren’t in your clinical group.”</p>
<p>University: Struggle Versus Support There is not always an alignment of values between the university at large and the nurse educator.</p>	<p>Smaller Groups “It’s easier when you’ve got them in clinical and you’ve got those ten students and you’ve got them for hours each semester. It’s much easier to forge those relationships.”</p> <p>“So, how do I act like I care in this big group? Well, I do the same thing I did before, but I put them in teams.”</p> <p>“You do get closer to your clinical group than you get to the larger group of students.”</p> <p>Struggle “What happened is, the university tripled the program without any strategic planning. And so, basically, we had no idea this was coming down the pipe.”</p>
<p>When the university was seen as valuing the goals of their nurse educators, an arm of support was extended that</p>	<p>“Leadership’s mandates. You have to do things this way. You must have this much here; you must say it this way... more was asked than ever before.”</p>

Themes	Supporting Statements
served to enhance the educator's role.	"What I'm kinda afraid is going to take away some of my joy for the job, with this shift that the university is moving towards... I have more students that I'm responsible for now."
Nurse educators that felt supported by the university, in turn, felt better equipped to support their students.	Support "Our administration's very supportive... they're very student-friendly as well but they're very supportive of us... So, you know, if we have an issue with a student we can let them know and they're supportive of us." "I have been teaching with the same team since 2008. We are like sisters, we fight like sisters, but if I'm about to circle the drain and do something really, really stupid they're gonna pull me out of the drain."

Phenomenological Interpretation

The interpretations of the text that answered the research questions:

1. What is the perception of caring by the nurse educator in the nurse educator to nursing student relationship?
2. How is caring demonstrated in the nurse educator to nursing student relationship?

Embodied Caring

Nurse educators expressed experiencing feelings of inspiration as well as physical and emotional stress in their conveyance of caring towards students.

"I don't why I'm getting emotional over this topic, but it's getting deep. I do, I just see it that to be able to just help a student along that journey that's so difficult. Every little piece is truly a gift between them and me, but not only them and me but a higher being."

"There's so much about nursing education that I think is just stupid. A lot of it gets in the way of what makes an educator good... I got down to 90 pounds, so I mean that was the price"

Themes	Supporting Statements
	<p data-bbox="831 323 1377 541">“I think there’s a part of it that’s just, it’s kind of who I am and it’s reflexive that I want to care for people. And part of that’s what drew me to nursing, is that I want to take care of people, I want to be caring towards them.”</p> <p data-bbox="831 583 1414 646">“I’ll be honest with you, in that, I think I care too much.”</p>
<p data-bbox="347 688 532 724">Why We Care</p> <p data-bbox="347 766 743 982">The recurring term of being human, becoming human, or treating students as human was a key motivating factor in conveying caring toward students.</p>	<p data-bbox="831 688 1013 724">Being Human</p> <p data-bbox="928 730 1393 835">“They all come with luggage. They all come with something. They have their lives.”</p> <p data-bbox="928 877 1393 982">“If you reveal a little bit about yourself, that all of a sudden they’re like, oh, you’re a human being.”</p>
<p data-bbox="347 1060 743 1197">Nurse educators reminisced on their unique experiences that motivated them to be caring towards their students.</p> <p data-bbox="441 1207 613 1312">Student self Maternal self Clinical self</p>	<p data-bbox="928 1060 1398 1165">“Of course there’s gonna be students that are lazy, they’re all human beings.”</p> <p data-bbox="831 1207 1003 1243">View of Self</p> <p data-bbox="928 1249 1409 1417">“I cried a lot in nursing school! Especially in clinicals. So, I vowed that if I ever became an instructor, then I would be the most caring and supportive instructor that I could be.”</p>
<p data-bbox="347 1386 760 1533">Nurse educators expressed a desire to optimize their power by helping to empower students to take charge of their learning.</p>	<p data-bbox="928 1459 1409 1533">“I always tell my clinical groups that they’re my babies now.”</p> <p data-bbox="928 1570 1398 1675">“Being a nurse, you’re always gonna have that aspect of you...I think that it’s just that nurse in you.”</p>

Themes	Supporting Statements
	<p data-bbox="927 323 1399 432">“It’s taking that nursing mindset and all of the attributes that make a nurse and applying it to the student.”</p> <p data-bbox="927 470 1409 653">“I think it’s our, our duty, to have the high standards and hold students to it. Because we’re talking about a profession here... I see it as, it’s my job, as part of my caring.”</p> <p data-bbox="927 726 1414 1052">“I also was trained as a nurse to think of a person holistically. They are not just their disease process. They are not just a student. They are not just anything. They are a person who has multiple, physical, emotional, spiritual dimensions to them that need to be seen, addressed, acknowledged.”</p>
<p data-bbox="833 1094 1122 1127">Power/ Empowerment</p>	<p data-bbox="927 1131 1414 1346">“We have to be cognizant of not being accusatory, not being, you know, an admonisher... We don’t know what they’re going through. We should try to see how you can make a difference.”</p> <p data-bbox="927 1388 1409 1493">“I want to make you the best nurse ... that’s the greatest impact is making them the best nurses they can be.”</p> <p data-bbox="927 1535 1406 1749">“Because I know the passion that I have and what feeds my soul is when I see the ah-ha moment. There’s nothing like. That’s my drug, that’s like a drug. You know, when you see that and you’re like - I did that!”</p>

Themes	Supporting Statements
<p>Developing a Rhythm of Caring</p> <p>Nurse educators broadly described caring actions in terms of developing a rhythm with students. This meant interacting with students consistently and progressively over the course of the semester or program at both an individual and collective level.</p>	<p>“Trying to establish a relationship with someone where when I say how are you, they should feel free to say, I’m worried about this or that.”</p> <p>“I think that there’s just a lot of love in what I do...all you really need to do is to love students... just establishing that blanket of love.”</p> <p>“You still have to have that relationship to build the trust before they’re going to open up so that they can trust you with that information and you’re not going to use it against them.”</p>
<p>The defining characteristics within the relationship consisted of love, trust, commitment, and valuing.</p>	<p>“Just hanging around after class, being the last person to leave the room... Just being present also is a way, just being there I believe shows caring.”</p>
<p>Caring for students required a discretionary effort on the part of the nurse educator best described as “grace with boundaries”.</p>	<p>“That somebody knows you and would know if you’re not there.”</p> <p>“You start to see this whole other side of a student once you see them as a person and talk to them like a person instead of speaking to them like they’re a child.”</p> <p>“I think there’s so much stress in nursing school, and if you can be relatable, if you can relieve some of that stress, and you can be understanding with boundaries. I think that makes a big difference too.”</p> <p>“It’s something that needs to be modeled... And if it’s seen enough then the students will pick it up.”</p>
	<p>“We don’t know what their situation is. So, I like to use grace with boundaries with the idea that, we don’t know, and I’d rather err on the side of grace than the side of boundaries.”</p>

Themes	Supporting Statements
<p data-bbox="289 327 760 359">Influences on Caring</p> <p data-bbox="289 401 760 617">Nurse educators also spoke of the multifaceted influences that impacted their caring efforts which included political, cultural, socioeconomic factors, level of experience, and presence of crisis.</p>	<p data-bbox="784 327 1419 394">“One of the big things in the last couple of years has been their immigration status.”</p> <p data-bbox="784 436 1419 617">“They’re butting up against systemic issues. They are butting up against microaggressions in clinical. They are just butting up against a culture of nursing that is completely normed on white middle-class American female values.”</p> <p data-bbox="784 659 1419 945">“In fact, the picture that was displayed, like the first picture of the slide was this montage of nurses and all ethnicities and all genders. So that everybody saw themselves in this picture. And so that helps because then everybody knows that I’m welcome in this classroom as well. And so I think that kinda starts the idea that you’re where you’re welcome.”</p> <p data-bbox="784 987 1419 1125">“I had to wait until I could retire and get my pension so I could take the forty percent cut in pay and come and teach ... we’re not there for the money.”</p> <p data-bbox="784 1167 1419 1272">“We all base it on our experience... Don’t forget about the students, right? You’re so consumed with the job. And how to do it.”</p> <p data-bbox="784 1314 1419 1381">“I think I cared then, but I’m, I don’t think maybe I knew how to show it as well.”</p> <p data-bbox="784 1423 1419 1680">“Sometimes I get compassion fatigue. From the constantly hearing the sad stories of people. That started to happen with COVID. I mean it was the faculty and the students. And we’re all sorta in it together and nobody, nobody had the high ground to be able to pull people up. We’re all just down in the muck together.”</p> <p data-bbox="784 1722 1419 1820">“Learning to teach in a pandemic, on Zoom. You know, you’re not getting that feedback. You are teaching to a panel of names because most</p>

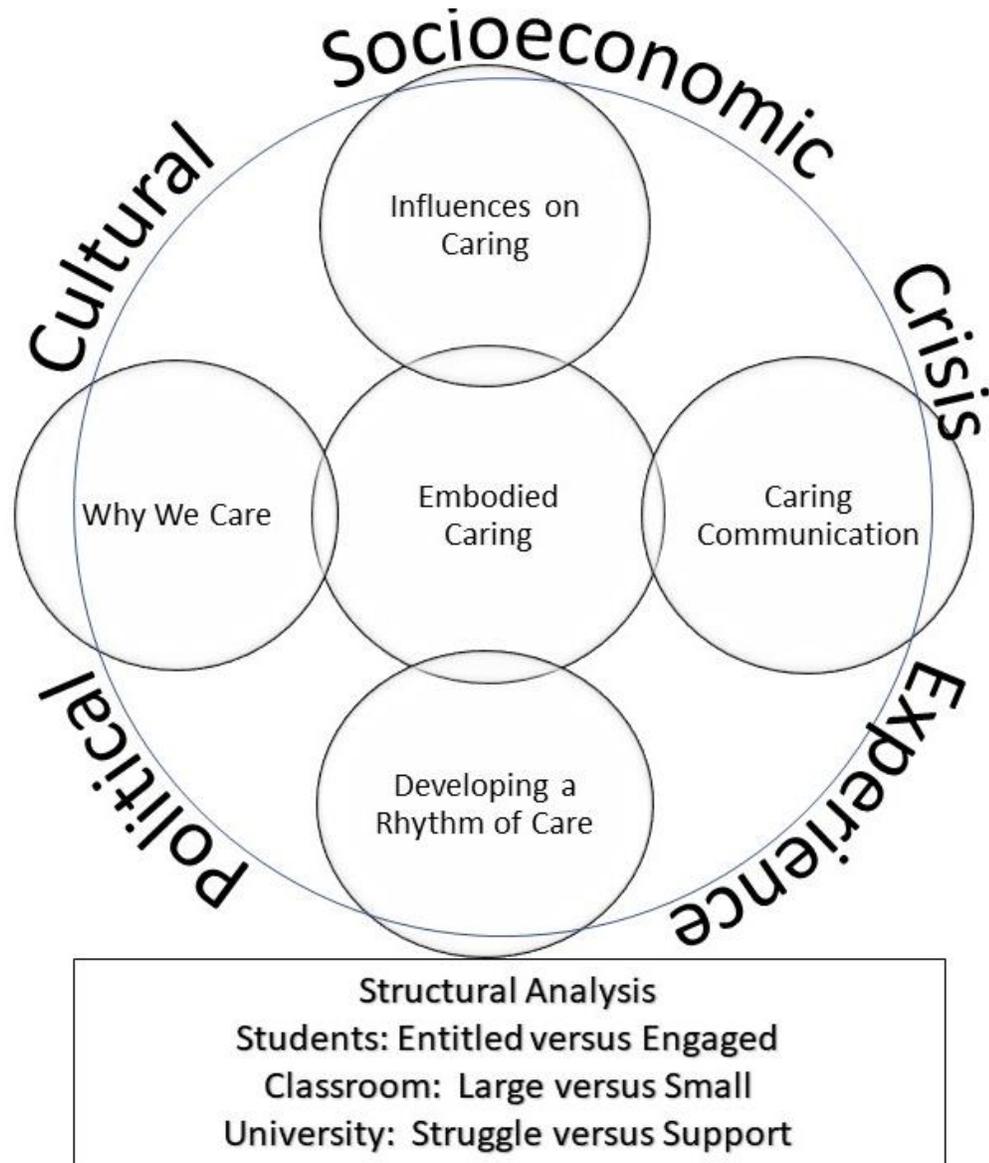
Themes	Supporting Statements
	<p>people have their camera off... You've got the 50 or 60 who have the Zoom on and the picture off and they're probably doing something else... But it's frustrating because it's like, okay, I can't see your faces."</p>
<p>Caring Communication</p> <p>A key to successful nurse educator and student relationships was communication.</p>	<p>"You get out from behind the podium. And so you're by the students. So when they're talking to you, you can hear them and they don't have to be real loud."</p>
<p>All aspects of communication were addressed including verbal, nonverbal, written communication as well as listening.</p>	<p>"One of the main things is just as simple as you know, you go over your calendar and your syllabus the first day of class. And one of the things that we say in there is you know we know this is a lot.... I mean, we tell them multiple times. If something is keeping you from being successful, come talk to us."</p>
<p>Communication within relationships served as more than just a passing on of knowledge. It often resulted in encouragement for students. Many nurse educators utilized therapeutic communication within the relationship to reach out to at-risk students to convey caring.</p>	<p>"I think humor is a great reduction of barrier between people...it's important to me to make my students laugh."</p> <p>"Caring is also having a smile on your face, watching your tone of voice with students."</p>
	<p>"One of the ways you can show you care to a student is by answering their email within a reasonable time. Like within 24 hours."</p>
	<p>"And that's part of caring, isn't it? If you take the time to listen to the student."</p>
	<p>"Showing that your care is also you approaching them... I've talked to the student who I've noticed is struggling. Asked them to meet with me."</p>

Table 3.3*Participant Demographics*

Nurse Educator Demographics	N
Sex	
Female	13
Ethnicity	
Hispanic or Latino	0
Not Hispanic or Latino	13
Race	
Asian	1
Black or African American	2
Caucasian	10
Highest Education Level	
Master's Degree	6
DNP/PhD/EdD	7
Years of Experience	3.5-36
Currently teaching in the following programs	
Bachelor's	11
Master's	3
Doctoral	1
Currently teaching in the following environments	
Traditional College Classroom	10
Zoom Synchronous Teaching Platform	13
Hospital Post Clinical Debriefing	11
Community or Health Agency	2

Figure 3.1

Structural Analysis and Phenomenological Interpretation of Nurse Educator Caring



CHAPTER IV

DISCUSSION

This study sought to discover the perception and demonstration of caring by experienced nurse educators towards students using a face-to-face teaching methodology. While this topic has been studied in the past, a review of the literature indicated a need to validate caring in our contemporary environment. The core values established by the NLN in the 1990s have remained consistent through the decades, yet the world around us has changed with technological advancements and social influences. Caring remains a multifaceted term in the nursing profession and one of the roles of nurse educators is to both define and model this concept for students.

The key findings of this study were guided by the hermeneutic phenomenology of Ricoeur (1966, 1974, 1977, 1981, 1991b). This interpretation revealed the world of the nurse educator as being grounded in the clinical nurse and adding to this identity the role of the educator who is impacted by the individual student, collective classroom of students, and university at large. Each of these actants contains opposing poles of influence to enhance or inhibit the nurse educator's abilities. The phenomenological interpretation of the lived experiences of the nurse educators in this study revealed an embodied caring that was depicted as being the innermost aspect of caring. Feelings of spirituality and self-sacrifice were described with an emotional intensity that exposed a

depth of feeling about the topic. Caring as described in this sense is greater than an act carried out towards students; it is a willed decision of those choosing to educate and may even be described as a passion. When caring is recognized it has the power to fuel the nurse educator's efforts as well as drain them mentally and physically if not kept within a healthy work-life boundary.

Embodied caring was knitted to the humanity embraced by the nurse educators, the participants in this study, as they repeatedly expressed a need to see, hear, listen, and relate to their students. Reflections of their personal stories as students, mothers, and bedside nurses were used to help provide empathy and grace towards students while maintaining a professional boundary and expectations for students to strive for. The pathway that made this possible was described as developing a rhythm of caring in which the nurse educator and student established a cadence of interaction, beginning with the establishment of trust and continuing with love, commitment, and valuing.

The nurse educator to student relationship was not built within isolation as nurse educators described influential factors consisting of political, socioeconomic, cultural, experience, level of the educators, and the presence of crisis. These factors shaped the moments of educator caring towards students at both an individual and collective level. Caring in the face of the global COVID-19 pandemic was the most significant influence during this study. The pandemic resulted in educators having to become resourceful and creative with their caring efforts during this time. It was discovered that caring can still

take place in an online, synchronous environment as long as the educator is committed to caring for students for the duration of the relationship.

Relationships are not possible without the presence of communication. Nurse educators described the many ways that they conveyed caring towards their students through their communication in both lecture and personal emails. Communication was discovered to be more than just the dissemination of knowledge. Educators used it to encourage and assist students who were considered at risk of being unsuccessful due to academic or financial reasons.

The findings of this study add to and expand upon the literature of the past, which established three moments of caring: intentional, confirming and optimizing. The intentional act on the part of the educator to behave in a caring manner aligned with the themes embodied caring and why we care in the current study. The intentionality of caring was seen more clearly as participants described the gamut of emotions they experienced in their expressions of caring that ranged from inspiration to stress, and which drove them to behave in ways that were described as self-sacrificing at times. The lens of their intentional caring was filtered through a belief in their shared humanity with their students. Nurse educators remembered what it was like to be a student and chose to utilize their position in the relationship to empower their students.

The confirmation of caring in the past found its contemporary counterpart through educators' descriptions of developing a rhythm with students and utilizing caring communication. Previous research expressed the affirmation of caring through verbal,

nonverbal, written feedback, and listening. Each of these avenues of communication was replicated in the current study and utilized in a therapeutic manner to not only assist students, but to seek out at-risk students and give them a chance to overcome financial obstacles. The theme of developing a rhythm of caring put these affirmations into context as nurse educators in this study described how and when to communicate with students in order to develop relationships built on love, trust, commitment and value.

The optimizing moment of caring described by earlier research findings was not isolated into a solitary theme within the current study, but it was woven into the conversation as educators described giving “grace with boundaries” within the theme developing a rhythm of caring. The grace that educators spoke of essentially optimized the educator-to-student relationship through identification of students’ unique learning needs. Nurse educators in the study were unanimous in the need to uphold the professional standards of their role, yet the caring lens they applied to students allowed them to react within the framework of a shared humanity that optimized the learning process.

The new insights gained through this research were the formal actants of the students, classroom and university which created a clearer understanding of the nurse educator’s world. The influences that impacted nurse educator caring also added to the literature of the past. While the level of experience was unique to the nurse educator, the contemporary influences of political, cultural, socioeconomic factors and the presence of crisis were shown to impact both the educator and student.

Implications for Nursing Education

The contributions that this study makes to the literature are a confirmation of the presence of nurse educators caring efforts towards their students in the current environment. The delineation of the perceptions of caring as well as the stated demonstrations of caring contribute to the role definition of the nurse educator. Caring as perceived within this study was not frequently seen within the didactic setting as compared to the clinical or office setting. This caring lack does not support a need to negate a caring attitude during the formal classroom setting but instead suggests where caring efforts may be more precisely placed to make a more significant impact. It also brings to light a need to reflect on caring and how and when it begins for the educator. Caring was engrained in the educator long before formal teaching began. The educator as a nurse at the bedside learned to place patients' needs first. As these nurses transition to the educator role, students replace patients and educators often give all they have which places them at risk for compassion fatigue in their teaching. Creating boundaries with students and aligning all communication within a caring framework can help the nurse educator consistently provide caring for students throughout their career.

The presence of caring is not a measured trait among faculty and is left to the discretion of the nurse educator. However, caring is a part of the professional competencies outlined by the AACN (2021) in *The Essentials: Core Competencies for Professional Nursing Education*. These competencies provide a framework for nursing programs within 4-year universities and are comprised of 10 domains that outline the

expectations for nurse educators while bridging the classroom to the clinical gap. The specific domain that addresses caring is Domain 2: Person-Centered Care. This domain provides guidance for the development of care for the student and mirrors the competencies necessary for the nurse educator. If educators are to develop the competencies of caring in their students based on formal objectives, they should also reflect on their perceptions and demonstration of caring within the classroom. The findings from this study support this competency as it outlines a need to develop caring relationships and effective communication.

Recommendations for Future Research

Future research efforts in caring in nursing education should focus on replicating the present study to confirm or expand the findings. A limitation of the current study was a lack of male nurse educator insight. A future study focused on including this unique perspective would further enhance the perception and demonstration of all nurse educators. The overarching goal would be to solidify a theory of caring in nursing education to prepare better those entering into academia and strengthen caring for those currently in their roles. Other efforts for research on this topic can lead to tool development to objectify the presence or absence of caring from the perception of the educator and students. There is value in nurse educators being able to self-reflect on their ability to care for students as verbalized by participants in the current study.

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APPENDIX A

Texas Woman's University Institutional Review Board Approval

August 19, 2019

Suzanne Gillson
Nursing - Houston

Re: Initial - IRB-FY2019-382 Caring in Nursing Education: The Role of the Educator

Dear Suzanne Gillson,

The above referenced study has been reviewed and approved using expedited review procedures on August 15, 2019 by the TWU IRB - Houston operating under FWA00000178. If you are using a signed informed consent form, the approved form has been stamped by the IRB and uploaded to the Attachments tab under the Study Details section. This stamped version of the consent must be used when enrolling subjects in your study.

Note that any modifications to this study must be submitted for IRB review prior to their implementation, including the submission of any agency approval letters, changes in research personnel, and any changes in study procedures or instruments. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All modification requests, incident reports, and requests to close the file must be submitted through Cayuse.

Approval for this study will expire on August 28, 2020. A reminder of the study expiration will be sent 45 days prior to the expiration. If the study is ongoing, you will be required to submit a renewal request. When the study is complete, a close request may be submitted to close the study file.

If you have any questions or need additional information, please contact the IRB analyst indicated on your application in Cayuse or refer to the IRB website at <http://www.twu.edu/institutional-review-board-irb/>.

Sincerely,

TWU IRB - Houston

APPENDIX B

TWU College of Nursing – Houston and Dallas campus Dean’s Approval

RE: Research Participant Inquiry

Thanks for your message, Ms. Gillson – I apologize for the delay in responding due to your message arriving while I was on vacation.

Your project certainly sounds interesting, and I think it is fine for you to solicit participation by the TWU College of Nursing faculty. I encourage you to reach out to Dr. Cottrell and Dr. Hawkins to request participation from faculty in Denton and Dallas as well, if you are seeking a sizable sample.

Good luck, and I will be watching for your IRB application in the online system – Dr. Nibert

Ainslie T. Nibert, PhD, RN, FAAN
Associate Professor & Associate Dean
Nelda C. Stark College of Nursing
Texas Woman's University
6700 Fannin Street
Houston, Texas 77030
(main) 713.794.2100
anibert@twu.edu

From: [Hawkins, Shelley](#)

Sent: Monday, May 4, 2020 7:35 PM

To: [Gillson, Suzanne](#)

Cc: [Freysteinson, Wyona](#); [Nibert, Ainslie](#)

Subject: RE: Doctoral Student Research Participant Inquiry

Dear Ms. Gillson,

Thank you for sharing your research interests. Nursing definitely needs research focused on nursing education topics since this has been an overlooked and underfunded area for many years. You certainly have my approval to recruit faculty from the Dallas campus. Please let me know if I can be helpful to you.

Dr. Hawkins

APPENDIX C

Informed Consent

TEXAS WOMAN'S UNIVERSITY (TWU)
CONSENT TO PARTICIPATE IN RESEARCH

Title: Caring in Nursing Education: The Role of the Educator

Principal Investigator: Suzanne Gillson, MSN, RN sgillson@twu.edu 832/444-3602

Faculty Advisor: Wyona Freysteinson, PhD wfreysteinson@twu.edu 713/794-2891

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Mrs. Suzanne Gillson, a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to determine how caring is displayed by nurse educators towards their students when teaching in a face-to-face method. You have been invited to participate in this study because you are a current full-time nurse educator teaching nursing students in a classroom setting using a face-to-face method. As a participant you will be asked to take part in a face-to-face or technology mediated interview regarding your views on caring in the classroom setting. This interview will be audio recorded, and we will use a code name to protect your confidentiality. The total time commitment for this study will be about one hour. Following the completion of your participation in the study you will receive a \$25 gift card. The greatest risks of this study include potential loss of confidentiality and fatigue. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study you will be asked to spend approximately one hour of your time in a face-to-face or technology mediated audio recorded interview with the researcher. The researcher will ask you questions about your views and opinions on caring and how you convey caring while teaching. You and the researcher will decide together on a private location where and when the interview will happen. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. You may be asked for additional time of approximately 20 minutes to verify information or validate the findings at a later date. In order to be a participant in this study, you must be at least 18 years of age or older and be currently teaching full-time in a classroom environment utilizing a face-to-face method

for delivering content. You must also have at least one year of teaching experience in this environment.

Potential Risks

The researcher will ask you questions about how you convey caring towards your students. A possible risk in this study is fatigue. You may take breaks during the interview as needed. Snacks and water will be available during the interview. You may also stop answering questions at any time and end the interview.

Initials Page 1 of 2

<p>Approved by the Texas Woman's University Institutional Review Board Approved: August 15, 2019</p>

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name.

The audio recording and the written interview will be stored in a locked cabinet in the researcher's office. Only the researcher and her advisor will hear the audio recording or read the written interview. The audio recording and the written interview will be destroyed within five years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed five years after the study is closed. The results of the study may be reported in scientific magazines or journals but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

Your audio recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, date of birth, contact information).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of your participation in the study you will receive a \$25 gift card. If you would like to know the results of this study, we will email or mail them to you. *

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 713-794-2480 or via e-mail at irbhouston@twu.edu.

Signature of Participant

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Address: _____

Initials Page 2 of 2

Approved by the
Texas Woman's University
Institutional Review Board
Approved: August 15, 2019

APPENDIX D

Participant Demographic Questionnaire

Demographic Questionnaire

Name: _____ Date: ____/____/20____
(Last) (First) (Middle)

Age: _____ Gender: Male Female

How many years have you been an educator? _____

What degree-level program are you currently teaching? (Please check all that apply and add the percentage of time spent in each degree-level program.)

- Bachelor's degree _____ %
- Master's degree _____ %
- Doctoral degree _____ %

Check Appropriate Box:

Ethnicity:

- Hispanic or Latino (1)
- Not Hispanic or Latino (2)

Race (please check all that apply)

- American Indian/Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian or Other Pacific Islander (4)
- Caucasian (5)
- Other (6): _____ (Please specify)

Highest Education Level Obtained:

- Diploma or Associate Degree (1)
- Bachelor's Degree (2)
- Master's Degree (3)
- DNP/PhD/EdD (4)

Do you presently teach face-to-face:

- Traditional university/ college classroom (1)
- Zoom or other synchronous teaching platform (2)
- Hospital post clinical debriefing (3)
- Community health agencies, such as clinics, nursing homes, hospice (4)
- Other (5): _____ (Please specify)

APPENDIX E

Journal of Nursing Forum Peer Review Letter

17-Sep-2021

Dear Mrs. Gillson:

Your manuscript entitled "Caring in Nursing Education: An Integrative Review" has been successfully submitted online and is presently being given full consideration for publication in Nursing Forum.

Your manuscript ID is NF-09-21-RVM-1900.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/nf> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/nf>.

Thank you for submitting your manuscript to Nursing Forum.

Sincerely,
Nursing Forum Editorial Office

APPENDIX F

International Journal for Human Caring Peer Review Letter

13-Oct-2021

Your manuscript entitled "Caring in Nursing Education: The Role of the Educator" has been successfully submitted online and is presently being given full consideration for publication in International Journal for Human Caring.

Your manuscript ID is IJHC-2021-0030.

Please mention the above manuscript ID in all future correspondence. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/ijhc> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/ijhc>.

We diligently work with our editorial team to ensure timely reviews and decisions. The review process generally takes three (3) months but may take up to six (6) months in its entirety. Please do not reach out about the status of your manuscript until at least four months have passed since submission.

Thank you for submitting your manuscript to International Journal for Human Caring.

Sincerely,
International Journal for Human Caring Editorial Office