

ATTRIBUTES OF THE CARING TEACHER OF NURSING
AS PERCEIVED BY DIPLOMA NURSING STUDENTS
AND FACULTY

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

BY
JUDITH A. NORTRIDGE, R.N., B.S.N.

DENTON, TEXAS
DECEMBER 1986

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

June 16, 1986
Date

To the Provost of the Graduate School:

I am submitting herewith a thesis written by

Judy Nortridge, R.N., B.S.N.

entitled Attributes of the Caring Teacher of Nursing

as Perceived by Diploma Nursing Students and Faculty

I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

Helen R. Bush
Major Professor

We have read this thesis and
recommend its acceptance:

Cynthia M. Hughes
Lois Hughes

Accepted

Jessie M. Thompson
Provost of the Graduate
School

Copyright © Judith A. Nortridge, 1986
All rights reserved

DEDICATION

To the two significant people in my life:

The first is Ester Dengler, a caring nurse, who introduced me to the Evanston School of Nursing (affiliated with Northwestern University). She instilled a hope in me that I would succeed in nursing.

The second person is my husband, Dave, my best friend, and continuing staunch supporter.

ACKNOWLEDGMENTS

Appreciation is expressed to the following individuals:

To my committee chairperson, Dr. Helen A. Bush, who is an exemplar role model of the caring teacher of nursing. Her guidance and calm manner will always be remembered.

To Dr. Lois Hough and Dr. Oneida Hughes, who provided valuable suggestions that added to the study.

To Dr. Rose Nieswiadomy, coordinator of graduate studies, who was always there to offer support, encouragement, and a wonderful sense of humor.

To the new friends made while attending the summers only program. The support network helps one survive graduate school.

To Marion Smalley, my typist, for her positive attitude and her help with A.P.A.

ATTRIBUTES OF THE CARING TEACHER OF NURSING
AS PERCEIVED BY DIPLOMA NURSING STUDENTS
AND FACULTY

ABSTRACT

JUDITH A. NORTRIDGE, R.N., B.S.N.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DECEMBER 1986

The problem of the study was to explore and compare the differences in perceptions of the attributes of the caring nurse teacher. Responses were compared to the Bush Model of the caring teacher of nursing. Data were obtained from a convenience sample of 51 diploma nursing students and their 24 faculty members. Student and faculty groups completed an open-ended questionnaire that elicited a total of 441 responses. A majority of the responses supported the major concepts and subconcepts of the Bush Model.

The null hypothesis was rejected. There was a significant difference between students and faculty based on Spirituality with a secondary contribution of Sensitivity. Findings revealed that students' responses with the highest consensus were: (a) good listener, (b) knowledge of field, and (c) willing to explain. The faculty's highest frequency of responses was: (a) honesty, knowledge of field, and professional role model; (b) good listener, enthusiasm, and empathy; and (c) sense of humor.

TABLE OF CONTENTS

DEDICATION	iv
ACKNOWLEDGMENTS	v
ABSTRACT	vi
LIST OF TABLES	ix

Chapter

I. INTRODUCTION	1
Problem of Study	4
Justification of Problem	4
Conceptual Framework	9
Assumptions	10
Research Question	11
Hypothesis	11
Definition of Terms	11
Limitations	12
Summary	12
II. REVIEW OF LITERATURE	13
Humanistic-Holistic Health Care	13
Caring	17
Caring and Nursing	20
Caring and the Nurse Teacher	27
Effective Nurse Teacher	31
Humanistic Education	37
Summary	44
III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA	45
Setting	46
Population and Sample	47
Protection of Human Subjects	48
Instruments	49
Data Collection	49
Treatment of Data	50

IV. ANALYSIS OF DATA	52
Description of the Sample	52
Findings	63
Summary of Findings	76
V. SUMMARY OF THE STUDY	79
Summary	79
Discussion of Findings	82
Conclusions and Implications	89
Recommendations for Further Study	90
REFERENCES	91
APPENDICES	
A. Concepts of the Caring Teacher of Nursing	97
B. Graduate School Approval Letter	100
C. Agency Permission Form	102
D. Permission to Use Bush's Model	104
E. Research Review Committee Exemption Form	106
F. Oral Presentation to Students and to Nursing Teachers	108
G. Demographic Data Sheet for Students	113
H. Demographic Data Sheet for Faculty	116
I. Frequency of Responses from All Participants Under Each Major Concept	119
J. Percentage Comparison of Frequency Responses Between Nursing Students and Nurse Teachers Under Six Major Concepts	123

LIST OF TABLES

1.	Distribution of All Participants by Age Range and Gender	53
2.	Distribution of Nursing Students by Age Range and Gender	55
3.	Distribution of Nurse Teachers by Age	56
4.	Distribution of Nurse Teacher Participants by Number of Years of Teaching Experience and Clinical Nursing Experience Apart from Teaching	57
5.	Distribution of All Participants' Prior Experiences With a Caring Teacher	59
6.	Perceptions of the Caring Nurse Teacher Identified by Nurse Teachers and Nurse Students	60
7.	Comparison of the Five Most Frequent Responses of Both Students and Nurse Teachers	64
8.	List of Responses Found in the Present Study that Are Congruent With the Subconcepts of the Bush Model	66
9.	Same or Similar Terms in Present Study as Found in the Bush Model Under the Same Major Concept	67
10.	Comparison of the Categorization of the Subconcepts in the Present Study Cate- gorized Under a Different Major Concept from the Bush Model	68
11.	Terms Found and Categorized in the Present Study that Differ From the Bush Model	71
12.	Comparisons of Nursing Students and Faculty Response Distribution Under Each Major Concept	75

CHAPTER I

INTRODUCTION

Caring and nursing are not new. Nursing's heritage has had its roots in "care" (Gaut 1984; King & Gerwig 1981; Watson, 1979). The construct of "care, caring" has been used to describe nursing for over 100 years. Only recently have nurse scholars and researchers delved into the care phenomenon. Leininger (1981c) asserted that the term "caring" is ambiguous, and has been a neglected area of study for nurse researchers. Leininger (1981b) contended that caring is the essence of nursing and "is the central unifying domain for the body of knowledge and practices in nursing" (p. 3). Leininger (1984a) further predicted that by the year 2000, care and health will be utilized with increasing frequency to explain nursing. Other nurse researchers also agree that the practice of caring is central to nursing (Bevis, 1982; Carper, 1979; Gaut, 1979; Watson, 1979).

Recently, there has been a shift in health care toward a holistic-mind, body, spirit approach (Blattner, 1981; Flynn 1980). The holistic approach to care entails a humanistic revolution that deals with wellness goals in the client. King and Gerwig (1981) contended this

humanistic philosophy was needed and allows nursing to return to the art of caring.

New technology has been rampant the last few decades, and continues to accelerate. Garrett and Garrett (1982) contended that while consumers are grateful for the advances in technology, they hold an increased criticism of their quality of care. This criticism suggested a missing link of interpersonal relationships with health care providers resulting in depersonalization. Naisbett (1982) proposed that "as new technology is introduced into society, there must be a counter-balancing human response that is high touch" (p. 39). The invasion of new technology has resulted in an emphasis on caring within the nursing profession. Flynn (1980) concluded the act of caring and involvement with the client is the essence of healing. Blattner (1981), Flynn (1980), and Leininger (1981a) believed that the caring nurse assists in the achievement of wellness goals in the client. Leininger (1981a) further asserted that there can be no curing without caring. Ray (1981) maintained care provided by nurses is intricately woven into the recovery process of clients.

With the increased competition among hospitals for patients, hospitals are using advertisements that include

the word "care." Slogans of "we care," and "in touch with care," are used by hospitals' public relations departments. Courses in kindness and "hospital hospitality" are being instituted for hospital employees (Carey, Buckley, & Smith, 1985). These programs stress the value of caring in relation to patient recovery.

The pendulum of the importance of caring in nursing is swinging wider. The value of caring in relation to client recovery has implication for the future of nursing. The teaching of caring by nurse educators must be addressed. Nursing faculty serve as role models for future generations of nurses. If caring is purported by some researchers to be a central and unifying focus of nursing, nurse educators are a vital link in assisting nursing students with incorporating caring characteristics into their practice.

Carpenito and Duespohl (1985) pointed out that in order to foster a caring attitude among students, the nurse teacher must be a role model. Carpenito and Duespohl added further that most learning occurs as a result of actions, not words, of the nurse teacher. Nursing education needs teachers who can serve as caring role models to students of nursing. Further research is needed as to what the attributes are

that make up a caring nurse teacher. The present study addressed this need.

Problem of Study

The problem of the study was two-fold: (a) to determine how the attributes of the caring teacher as perceived by diploma nursing students and their teachers compare with the Bush (in press) Model of the caring teacher, and (b) to determine if there is a difference between nursing students and their nurse teachers in perception of the attributes of the caring nurse teacher.

Justification of Problem

In the past decade there has been interest in investigating the "care phenomenon" as it relates to nursing. This has prompted a change in focus from research studies about disease to research which explores the total person. Boyle (1981) has acknowledged that the focus of health care has moved from cure oriented toward health promotion and maintenance. Boyle contended that this paradigm in health care will allow nursing to make a unique contribution to improvement of human life.

Leininger (1984b) predicted that "care" will be the goal of nursing and will be the distinguishing feature to set nursing apart as its own discipline. Leininger

further claimed that the area of care needs to be explored and defined.

While the notion of caring is seen as a matter of concern to nurses, there has been no standard use of "caring" in nursing discourse. Carper (1979) observed that with emphasis on the cure component, the concept of "caring" is neglected in discussions of health care. Gaut (1979, 1981) acknowledged caring has been used indiscriminantly as a slogan for nursing, while the nursing literature offers no standard definitions of care. In addition Gaut suggested that clarification of caring is needed as it relates to nursing education. Leininger's words should have an impact on nursing educators since they must act as teachers of caring to their students. Bush (in press) viewed caring as an underlying assumption of nursing. In addition, Bush declared teaching a way of being caring to students of nursing is imperative. Bush pointed out that by being a role model in caring, the nurse teacher may initiate a caring posture in the student. Bush contended students are searching for a role model, someone after whom to pattern.

Leininger (1984a) supported this view and further declared nursing students need educators who are committed

to caring activities rather than medical activities. Leininger reported that nursing students want to be taught about care and expressed concern about how few faculty teach it. Leininger (1984b) further maintained that "in order to help students know and practice care further, role models are needed in education. Needed are role models who can teach and demonstrate care, competence, support, protection, presence, touch, and tenderness" (p. 91).

Carpenito and Duespohl (1985) asserted that programs in nursing need to adopt the concept of caring within the conceptual threads of the nursing curriculum. Carpenito and Duespohl viewed this as an effort to refocus warmth, kindness, and compassion as the basis of patient care.

Richards (1975) spoke to the qualities of caring, and felt it should be part of the educational climate. Richards believed that students cannot be expected to be caring in the role of a helper without appropriate role models. Clark (1978) supported this by claiming that elements of role modeling are crucial to the nurse educator. Watson (1979) added that humanistic values can be enhanced through role modeling.

Empathy and communication have been seen as a necessary ingredient in the nurse/client relationship. It

seems only logical that empathy and communication should be important in the student/teacher relationship. Communication, the development of a trusting relationship, and empathy can be viewed as attributes of being caring in the student teacher relationship. The development of a trusting relationship which includes communication skills is a component of Watson's (1979) carative factors, and empathy is an ingredient of Leininger's (1981b, 1981c) caring constructs. Smith (1977) addressed constructive empathetic student contacts. Smith suggested empathy in faculty/student relationships "can provide stimulation and recognition, as well as an environment of human concern and interest, which, in turn can foster the ability of students to relate helpfully to patients" (p. 79).

The use of therapeutic communication skills has long been recognized as imperative in the nurse/client relationship. Karns and Schwab (1982) claimed effective interpersonal skills are needed by the nurse teacher, especially when working with students in the clinical areas. Rosendohl and Ross (1982) further specified the importance of the nurse teacher demonstrating attending skills to students. Hassenplug (1965) pointed out the manner nurse educators revealed themselves to students via verbal communication and action, served as an example for

identity and comparison. In addition, Carpenito and Duespohl (1985) added that the nurse teacher must display empathy when acting as a role model caring for clients. Carper (1978) claimed "caring for another human being involves becoming a certain kind of person" (p. 22).

The area of interpersonal skills as related to teaching techniques has not been well explored. The nurse teacher's knowledge of concepts inherent to facilitative communication skills does not always imply the nurse teacher puts these to use when teaching in the clinical area. Karns and Schwab (1982) believed effective interpersonal behaviors on behalf of the nurse educator enhance trust, learning, reduce stress, and are a prerequisite in making the transition from student to professional.

Educators in nursing have acknowledged the importance of an effective teacher role model. While the importance of the caring role model is stressed in the literature, what constitutes this nurse teacher has been researched only by Bush (in press). In order to recognize a caring nurse/teacher, characteristics had to be determined. Thus, the present research has relevance for the nursing profession which depends upon its educators to prepare appropriate practitioners of the profession.

Conceptual Framework

The framework for the study was derived from Bush (in press) who generated a model for the caring teacher of nursing. Six major concepts comprise the Bush Model: (a) Spirituality; (b) Presence; (c) Mutual Respect; (d) Sensitivity; (e) Communion With the Other; and (f) Organization of Teaching-Learning. The major concepts and subconcepts of the caring teacher of nursing are shown in Appendix A.

Bush (in press) explored the nursing literature and found no specific research study to describe a caring teacher of nursing. Nursing students were surveyed by Bush to determine their perceptions of a caring teacher. Additionally, literature from the field of education was researched. The student survey resulted in 53 attributes of the caring teacher of nursing; while 90 attributes were derived from the educators' research studies. After comparing the 143 concepts with Leininger's (1981b, 1981c) ethnocare constructs, Watson's (1979) carative factors, and Gaut's (1979) caring conditions, Bush determined that the concepts belonged to the caring domain. The 143 attributes or concepts were coded and clustered into theoretical blocks to show interrelationships. Major concepts were named with the remainder of the concepts

becoming subconcepts. The model of the caring teacher of nursing was used in the present study to organize and compare concepts generated by the diploma nursing students and their nurse teachers.

Within the review of the research conducted by the educators, Bush found several studies which reported that students' perceptions of what constituted a caring teacher were significantly different from the attributes listed by their teachers. This finding was the basis for the proposition which was tested in the present study: students and their teachers have a different idea of the caring teacher.

Assumptions

The assumptions of this study were:

1. Caring is central to nursing.
2. Nurse teachers are role models.
3. The professional nurse teacher should display caring attributes.
4. The students and faculty completing the survey on the caring teacher are knowledgeable regarding caring attributes of a caring nurse teacher.

Research Question

The following research question was investigated in this study:

How will the responses identified by the subjects in the present study compare with the subconcepts located in the Bush Model?

Hypothesis

The following hypothesis was tested in this study:

There is no difference between diploma nursing students and their nurse teachers in perception of attributes of the caring nurse teacher.

Definition of Terms

For the purpose of this study, the following definitions were used:

1. Diploma nursing students--students enrolled in a diploma nursing program.
2. Nurse teachers--nurse teachers who are employed by the same diploma nursing program.
3. Perception of the attributes of the caring nurse teacher--actions, and behaviors that are believed to describe caring in a teacher of nursing as listed by nursing students and faculty.

4. Bush Model--major concepts and subconcepts that describe the caring teacher of nursing (Appendix A).

Limitations

The study was subject to the following limitations:

1. Data were limited to what was reported to the investigator.
2. Data were limited to the perceptions of the reporting individual of the diploma nursing program completing the data collection instrument.
3. No control was exerted over the background and life experiences of the subjects.

Summary

Nurse teachers serve as role models for the nursing student. The future nurse practitioner is expected to be knowledgeable in both the science and art of "caring" for individuals. As a result of this expectation, it is appropriate to question what constitutes a caring nurse teacher so these attributes can be further validated. This chapter has presented the problem of the study and the conceptual framework. The hypothesis, research question, pertinent terms, and limitations have also been presented.

CHAPTER II

REVIEW OF LITERATURE

The review of the available literature did not reveal articles specifically regarding the caring nurse teacher. The literature reviewed is presented in six sections, each portion relates the content area to the concept of caring and its relevance to the nurse teacher and nursing education. The first section is entitled Humanistic-Holistic Health Care, and the second part is entitled Caring. Section three covers Caring and Nursing, while the fourth part includes Caring and the Nurse Teacher. The next area discusses The Effective Nurse Teacher, and the final portion is entitled Humanistic Education.

Humanistic-Holistic Health Care

Holism implies a gestalt or total person centered approach in health care that includes the notion of caring. Humanistic health care was explained by Chapman and Chapman (1975) as the ability of the health care professional to possess beliefs and actions that signify dignity for the client as well as the self. The practice of humanistic care is presumed by Chapman and Chapman to be a helping or caring interpersonal process.

The history and concepts involving the relatively recent holistic health movement were explained by Blattner (1981) and Flynn (1980). Both authors concluded caring attitudes are the interactive medium when a humanistic philosophy and holistic healing is practiced. Blattner developed a holistic nursing model that views humanism as a subconcept of holistic health. Flynn felt the art of care is based on the humanistic application of scientific knowledge. Flynn asserted that how the care is delivered is more significant than what care is done.

The American Nurses' Association Social Policy Statement included the humanistic concept by maintaining that "Nurses are guided by a humanistic philosophy having caring coupled with understanding and purpose as its central feature" (p. 18). Ray (1981) augmented this statement by proposing that the practice of humanistic nursing is a commitment immersed in human to human interaction.

Significance of human interaction and deliverance of care has relevance in that despite the advances in medical technology, clients continue to speak out for a more caring, personalized, and humanistic mode of treatment. Both Chapman and Chapman (1975) and Knowles (1973) acknowledged the advantages of modern technology should

not be discounted; however, the element of how the effects of technology influences human needs should be addressed.

Chapman and Chapman (1975) emphasized that it may sound trite to assume all humans have the right to dignity, respect, and be treated with a total person approach. However the authors pointed out dehumanizing practices in health care do exist, and can prove to be devastating to clients. Knowles (1973) proposed in some instances the threat of dehumanization of the client was a reality. The efficiency centered approach of modern technology rather than a total person approach to health care, concluded Knowles, has the potential to dehumanize what should be a unique and growth producing relationship between client and health care provider.

The paradox of increased knowledge of technology, coupled with diminished effective treatment of people, was addressed by Garrett and Garrett (1982). The authors believed a missing link consisting of the personal relationship between the client and health care worker, has prompted clients to act out in a critical and hostile manner regarding the care they receive. Kreps and Thornton (1984) argued that it takes no more time to communicate personally to clients as it does to communicate in an object manner. Personal communication

is delineated as a humanizing mode of imparting honesty, respect and trust. On the other hand, object communication is identified as tending to be an insensitive and dehumanizing form of interaction. Unfortunately, the authors affirmed, verbal and non-verbal communication cannot be withdrawn. This implies that attention be paid to how the health consumer is spoken to, incorporating both verbal and non-verbal systems.

The demand for increased personalization by clients, according to Garrett and Garrett (1982), is asking for additional humane care with attention to emotional needs. The authors contended humane care and caring involved more than empathy. A caring attitude promoted an increased sense of connectedness when incorporated with eye contact, non-judgmental listening, and touch. Perhaps a balance of caring behaviors and therapeutic communication can provide an answer for the dehumanization expressed by unhappy clients. Kreps and Thornton (1984) observed that caring expresses empathy and concern along with demonstrating compassion to the other.

Implications for nursing education are brought out by Chapman and Chapman (1975) when asserting that priority is not always given to teaching concern for the welfare of others. Role models are needed to stress humanistic

values in health care. Gaut (1979) provided insight into teaching principles of caring by nurse teachers. As suggested by Gaut, "caring about" eradicates the non-facilitative elements of a relationship represented by withdrawal, apathy, manipulation, indifference, possession, obligation, and isolation.

Caring

The humanistic revolution in health care has been linked to a way of caring. Thus, caring can be viewed as a key focus in overcoming clients' cry of depersonalization occurring from the effects of "high tech." A review of the literature revealed disciplines other than nursing are also acknowledging the positive effects of caring. The prevalent literature relating to caring lies in the domains of psychology and education.

In addressing a graduating class of Canadian nursing students, Floyd (1979) asserted that real caring comes from the heart and has the strength to transform one's life. Caring actions provide a focal point out of which actions flow that enable positive growth. Floyd cautioned that when there is a disruption in this focal point upon interacting with patients, disharmony will be a sequela.

Two ways of caring are discussed by Richards (1975). The first is specified as "caring for" and the second way

is designated as "caring about." Thus, how caring is performed is deemed to be of significance. Caring for is defined as providing care in a manner that is more object centered and leads to invalidating the person. Richards suggested the care giver may experience reduced vulnerability when experiencing a person as an object. On the other hand, caring about is described as the ability to project the self to meet another as a unique person who has the potential to become. Care is provided without pretense by the care giver. This attitude of caring parallels the importance Buber (1970) placed on the "I-thou" relationship, in which dialogue is promoted and others are seen as people rather than objects or "it." Efforts to create a caring climate should result in the promotion of increased authentic dialogue in the nurse client relationship.

Stiver (1985) distinguished between the "giving of care" and "caring about." The giving of care, implied Stiver, suggested a parental unequal relationship; while caring about suggested an investment of feeling without an implication of status. Stiver observed that clients want to be cared for in a particular way--to be listened to and understood. A patient's plea to be cared about and seen as a person is vividly portrayed in the poem "Listen

Nurse" by R. Johnson (1971). A line from the poem reads "help me, care about what happens to me" (p. 303).

Perception is an antecedent of understanding another, as well as the ability to project oneself to meet the needs of another. Mayeroff (1971) believed many things must be known when caring for another. The notion of perception was clarified further by Mayeroff, and linked with knowing the other, including how best to assess his needs. Awareness of the powers and limitations of the self as well as the other was recognized as crucial in a relationship. The ability to perceive and to sense the other is not seen as book knowledge but rather as a way of knowing. Major ingredients of caring offered by Mayeroff included honesty, humility, trust, courage, hope and patience.

Love was identified by two authors as being necessary in a growth promoting relationship. Love was designated by Frankl (1963) as a method to reach the inner core of man's personality, and helped to realize potentialities. Buscaglia (1982) has been associated with love and purports an unconditional love. The loving person is described by Buscaglia as an individual who has the capability to love the self. Thus, in order to love another, one must love oneself first.

Floyd (1979) cautioned that technical skills and knowledge lack power if the caring ingredient is missing. In this regard, Richards (1975) emphasized the necessity of evaluating nurses in the affective domain as well as their technical expertise. The nurses' proficiency in perceiving clients' needs, contended Richards, is essential in caring about others.

The concept of caring puts forth a challenge to nursing in allowing actualization of the self and the client. An additional challenge is to reverse the client's cry of depersonalization, by incorporating caring principles alongside the tools of technology. The nurse must be able to "care about" while caring for clients.

Caring and Nursing

The nursing profession has been committed to the care of people whether they are sick or well. Bevis (1982) maintained that caring is implied when attending to nursing care. Although caring has been viewed as being synonymous with nursing, only recently has this phenomenon been explored by nurse researchers. The first national caring conference was held in 1978, providing a means for nurse scholars to share papers regarding caring. Early nurse leaders did not define care/caring. As pointed out by Leininger (1981c), nursing's "product" is care but it

is not a defined and tested product. Gaut (1981) surmised there would be a family of meanings of care that are broad in scope. Leininger (1981b) defined care/caring as "those assistive, supportive, or facilitative acts towards or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway" (p. 9). Gardner and Wheeler (1981) explored the relationship between caring and support. The authors believed the lack of a clear definition is due to nurses practicing by guidelines of intuition and experience.

Nursing has the option to determine the future of nursing and the human care phenomenon, declared Watson (1985b). A new lens will need to be utilized when looking at human behavior in both health and illness. Nursing has the dilemma, Watson added, of choosing to follow the continuation path of traditional nursing or to follow the alternative path which integrates science with art, ethics, and the esthetics of human care in nursing. Watson further asserted the decision to adhere to an alternative path could restore professional nursing to its "roots" and impact future practice. Gaut (1984) also held that nursing's traditions are rooted in care, an essential component of nursing.

Griffin (1983) felt caring was fundamental to understanding human nature and regard for the other person. Two major complimentary components to caring viewed by Griffin included the activities aspect and the underlying attitudes and feelings. Carper (1979) further affirmed that in order to be a sensitive caring practitioner one must believe in the dignity and worth of the person.

The process of caring was outlined into four stages of development by Bevis (1982). The four stages are categorized as: (a) attachment, (b) assiduity, (c) intimacy, and (d) confirmation. Bevis specified the tasks included in each stage; thus each stage would be built upon another in hierarchical fashion.

While Carper (1978) acknowledged caring as an ingredient of nursing, four interrelated patterns were presented as requirements for mastery in nursing. The four patterns designated by Carper were: (a) empirics, (b) esthetics, (c) personal knowledge, and (d) ethics. Carper submitted that nursing is dependent upon scientific knowledge, esthetic perception, and moral judgment in order to meet individual client needs and effect appropriate chores in their care. Watson (1985a), likewise, described human science as including beauty,

art, ethics, and esthetics. Knowledge of how human behavior and human caring relationships aid clients was denoted by Watson as transpersonal caring.

One of the essential elements of caring is the moral component. Watson's (1985a) theory of human to human transpersonal inter-subjective caring denotes a moral ideal of nursing. According to Watson, moral commitment should stem from a philosophy that is reflected in a caring that preserves the dignity of man. Griffin (1983) also identified moral and social ideals in nursing issues. Curtin (1979) affirmed technical nursing activities and epistemological practices need to be shaped by the moral art of nursing.

Both Bevis (1982) and Griffin (1983) proposed caring involves vulnerability on behalf of the client and nurse. Bevis contended vulnerability occurred due to the level of trust and self disclosure required during caring interactions. Griffin further believed nurses see ill clients at a vulnerable period, thus allowing opportunity to be open to the positive effects of a caring relationship.

Human care continues to be a critical issue in an increasingly depersonalized society. The threat of biotechnology and depersonalized fragmented care are

encroaching health care--efforts must be made to practice a human care philosophy (Watson 1985a). Carper (1979) revealed two factors that have contributed to the erosion of the caring process. These factors are designated as the development of high technology and specialization. These factors correlated with the findings of Knowles (1973), Chapman and Chapman (1975), and Garrett and Garrett (1982). Johnson (1959) warned the central focus of the science and art of nursing would be lost to the trend toward specialization. To counteract this trend Johnson (1959) and Boyle (1981) avowed nursing activities need to be person centered. Boyle claimed care provided in a detached manner with focus on technical expertise would create a withdrawal from a relationship that could have generated personalized care.

Ray (1981) declared that nurses must be alert to the importance of human to human interaction. This idea was augmented when Bevis (1982) maintained that the perspicacity of the nurse should be to allow for rapid insight into the client's behavior. Griffin (1983) extended this notion further by emphasizing that a nurse's perception of a client's needs is a key component in nursing. Perception was alluded to by Henderson (1964) as the nurse having the ability to "get inside his skin" (p.

66). The nurse's ability to understand the client's human experience is essential in a caring relationship. Carper (1978) emphasized the nurse's capacity to perceive and interpret the subjective experiences of another was a necessary skill.

When contrasting caring and noncaring behaviors, Watson (1985a) held that the most abstract characteristic of the caring person lies in the ability to perceive the other's feelings along with being responsive to the person as an unique individual. Caring is then shown to be a subjective rather than an objective experience. Taylor (1934) predicted "that the real depths of nursing can be known through ideals, love, sympathy, knowledge, and culture expressed through the practice of artistic procedures and relationships" (p. 476).

Leininger (1981a) described a humanistic caring that involved the subjective feelings and interactional tone manifested by warm and thoughtful verbal and nonverbal responses. Leininger held that professional caring enabling actions allowed the human person(s) to develop and sustain a lifestyle of wellness. Boyle (1981) and Watson (1981) acknowledged the need to clarify the contribution caring makes toward improved health care of clients. The question was raised by Leininger of how and

why caring makes a difference in the recovery of clients. Science and technology receives credit for the recovery of clients, while the caring component is seldom acknowledged. There must be a balance of curing and caring without mitigating the effects of medical cures.

The merit of caring continues to be undervalued and almost mythical. Research is required to reveal how caring is essential to curing. A change of enthusiasm from medical cures to nursing care models and how they promote recovery is needed (Leininger, 1981a).

Leininger (1984b) emphasized the relationship between caring and recovery time of clients. The use of care concepts was observed to enhance recovery time and aid in reduction of stressors. In addition, Bevis (1982) noted caring creates a positive environment. Henderson (1964) outlined 14 basic helping activities (interventions) that were purported to be unique functions to attend to needs of clients. The art of listening was seen as a primary intervention. Griffin (1983) further suggested that the nurse client relationship happens through performing tasks which are attentive to needs. This performance enshrines caring. Nurses hold the potential to heal others (Ray, 1981). Thus, nursing has an obligation to proceed in

caring actions to enable lives to be changed for the positive.

Caring and the Nurse Teacher

A review of the relevant nursing literature found that Bush (in press) provided the only information specifically addressing the characteristics of the caring nurse teacher. Several nurse authors gave reference to the significance of the caring element in the teacher-student relationship (Carpenito & Duespohl, 1985; Clark, 1978; Gaut, 1979; King & Gerwig, 1981; Leininger, 1984a; Rosendahl & Ross, 1982; Smith, 1977; Watson, 1979). In addition to the nurse teacher portraying caring in the teacher-student relationship these authors supported the influence of role modeling caring behaviors. Smith (1977) further extended the notion of looking at the quality and purpose of the relationship the nurse teacher has with students.

Caring behaviors as proposed by Gaut (1979), are best defined as actions with an intent. Gaut further generated the premise that when teaching nursing students the facts and actions that denote caring, an additional balancing factor consisting of nourishing a caring attitude by the nurse teacher is essential.

The teaching of caring, as explained by Gaut, involves a series of connected actions. These actions include: (a) selecting a goal, (b) deciding on a tactic, and (c) implementing the tactic to achieve the goal. Gaut was not content exclusively to communicate the cognitive and affective domains of caring knowledge to the student. The ultimate goal was to have the student incorporate caring actions into daily nursing practice upon graduation. Bush (in press) held the basic assumption that a caring nurse teacher is required to teach the student to be a caring person. A caring teacher was submitted by Carpenito and Duespohl (1985) as involving the criteria of respect.

A respectful teacher-student relationship is offered by Hammer and Tufts (1985) as an antecedent factor in promoting a positive professional image. Two elements, interest and acceptance, were believed to be the key elements in a respectful relationship.

Nursing students commonly lack self confidence and display a diminished self-concept because of the many hurdles seen to be overcome before graduation. Guidelines were offered by the authors to aid in promoting a more positive image in the student and consisted of the nurse teacher: (a) conveying genuine respect, (b) employing

positive reinforcement and constructive feedback, holding realistic expectations, and seeing each student as unique. Immediate positive reinforcement or feedback was seen as most significant in creating a positive image. Thus, a more positive student self image would in turn develop an increased positive professional self image. Nurse teachers have the potential of being an important link in promoting a meaningful change in the self image of professional nursing.

Hammer and Tufts (1985) believed that nursing students must be looked at as consumers, thus the nurse teacher should be accountable to supply a product of value. An appropriate action for the nurse teacher would thus be to employ caring behaviors in order to foster a positive image as well as promote a caring image of the professional nurse practitioner. This points to an almost overwhelming responsibility of the nurse teacher. As submitted by Major (1962), the nurse teacher must look at what motivated her to nursing education in the first place. By aiding in the growth of the student, the teacher would move closer toward reaching a goal of self-actualization, suggested Mayeroff (1971). Montagu (1958) made it explicit that loving and teaching cannot be separated. Application from this can be made to the nurse

teacher. Teacher behaviors that foster an increased self image of nursing students would then also include the caring concepts identified by Bush (in press), Leininger (1981b, 1981c), and Watson (1979).

The trend toward holistic-humanistic health care can be extended to the arena of the nurse teacher-student relationship. Just as the public sector is demanding to the treated in a more personalized caring manner, nursing students desire to be seen and heard in an individualized manner, accompanied by respect and an "I care about you" attitude by the nurse teacher. By feeling cared about, the nursing student will be better able to incorporate caring behaviors into a nurse-client relationship. One must care for the self before being able to care for another. Bush (in press) maintained that in order to acquire caring concepts, nursing students must first see their nurse teachers role model caring.

A model of the caring nurse teacher was developed by Bush (in press), that provides a means of recognizing and assessing the caring nurse teacher. The major concepts identified by Bush also offered an opportunity for nurse teachers to see how they fit within the model of the caring teacher. Once the nurse teacher has developed a framework for caring and has looked closely at the inner

self, she will not take caring lightly. Caring will then be taught when the nurse teacher exemplifies genuine attributes towards caring during daily encounters (Bush in press).

Effective Nurse Teacher

More than 50 years ago, Taylor (1934) claimed that "a great teacher is rare and if found will emerge as a pearl of great price" (p. 476). As explained by Taylor, this great teacher contains the dual attributes of an extensive knowledge base coupled with a capacity to perceive human needs. The question can be raised if the great teacher would not also be the effective teacher.

The effective teacher, contended Major (1962), retains the ability to know the self, as well as the motivating factors that led to the decision to become a nurse teacher. When discussing teacher-student interactions, Major maintained that the "teacher who views her relationship as a circular relationship creates a climate of warmth in which the seeds of learning can readily germinate and flower" (p. 509). A nurse teacher is often in the role of a mentor. A mentorship role must respect each student's uniqueness, and involves guidance that is influenced by a personal and professional code of ethics affirmed Major. The quality of guidance was also

identified by Hassenplug (1965), as being a crucial factor in the making of the good teacher. Through direction and leadership the nurse teacher is able to create and influence an aggregate of behaviors that shape the novice graduate.

The early views of Taylor (1934), Major (1962), and Hassenplug (1965) were expanded on by Pugh (1976). The nurse educator is viewed as both a helper and facilitator who is "tuned in" to the individual student. This effective nurse educator is regarded as having developed the skills to communicate knowledge and respect to the individual student. Aoption of these skills would act as a catalyst to enhance learning. In order to achieve success and a rewarding teacher-student relationship, students' needs must be perceived and acted upon (Pugh 1976).

Humor in health care was promoted by Robinson (1977). With the current emphasis on humanistic care in the field of health, Robinson found humor to be a natural phenomenon, which also included incorporation of humor by nurse teachers. The timely use of humor can offer a means of coping during stress as well as being a communication tool. Thus, Robinson saw humor as a basic need. Robinson acknowledged that humor can enhance the teacher-student

relationship by providing a vehicle to develop the students' ability to communicate with warmth and humanness to others. Rogers (1969) also supported the practice of humor and felt a teacher's sense of humor was one of the essential qualities that facilitated learning. While humor is identified as having a positive influence, often there is not a deliberate attempt to use humor in clinical teaching. The efficient use of humor includes creativity on behalf of the effective nurse teacher. Thus, humor can lead to an increased relaxed atmosphere and sense of trust. Robinson advised instructors to role model humor.

The characteristics of the effective nurse teacher were studied by Kiker (1973). Comparisons of the characteristics of teaching effectiveness were examined from responses elicited from junior level nursing students, junior level education students, and graduate nursing students. The undergraduate nursing students ranked organization of classroom content and clinical learning experiences first. Second ranked by the junior level nursing students were the characteristics of teacher demonstration of procedures, and teacher attitudes and values. Undergraduate nursing students' responses included fair evaluation of the student, professional competence, and a sense of humor.

Effective and ineffective teacher behaviors as perceived by students and faculty in a baccalaureate nursing program were investigated by O'Shea and Parsons (1979). The researchers compared perceptions of 205 students. Facilitative behaviors ranked highest by all participants included positive feedback, availability in the clinical setting, supportive, concerned, understanding, and friendly. Interfering behaviors were identified as authoritarian, intimidating, criticized in presence of others, and impersonal. The response that had the greatest difference of opinion between students and faculty was the opinion of role modeling. Faculty were found to respond 5 times as often as the students. The investigators acknowledged the faculty may have had an automatic response, as role modeling is a familiar term to nurse educators.

Therapeutic communication has been purported to be a basic element in nursing. Karns and Schwab (1982) affirmed the nurse teacher's effective use of communication can enhance the learning process as well as reduce student stress. However, the question raised by the authors is, why nurse faculty are not consistently employing interpersonal skills in the clinical areas. Some educators may be unaware of the effects of positive

interpersonal skills, or as pointed out by the authors, lacked content in this area in their master's program.

In a study conducted by Karns and Schwab (1982), 31 Junior level nursing students were asked to list five behaviors that promoted a positive relationship between students and faculty. The responses were placed under Rogers' (1980) concepts of learning: empathy, congruence, and positive regard. The participants' responses which were elicited fell under each concept at the rate of 93%, 64.5%, and 80.6%, respectively. Responses under empathy included the following; understanding, sees students as individuals, realistic expectations, cares about students, knows her students, supportive, sensitive to student's other problems, willing to help, and can remember she once was a student. The concept of congruence contained the following responses: shares self, will admit mistakes, willing to evaluate self, is human, acknowledged limitations, can accept criticism, can relate on person-to-person level, and honest. The category of positive regard was composed of the following responses: gives positive feedback, trusts students, respects students, receptive to student input, willing to listen to student, acceptance, promotes discussion and questioning, and treats students as intelligent individuals. Two other

main categories of facilitative behaviors identified in the study were availability of instructor 51.6% and knowledge base 28%. Attrition in nursing schools may be decreased if interpersonal skills were more constructively employed by faculty. This finding, maintained Karns and Schwab, has significance in the declining enrollment in baccalaureate nursing schools.

Effective clinical instruction requires communication skills along with characteristics that display attitudes of caring, understanding, acceptance, and sincerity.

Facilitative behaviors of the nurse educator that promoted effective clinical instruction were discussed by Carpenito and Duespohl (1985). While communication is supported by the authors as a core of the effective teacher, application of creativity is seen as essential in all areas of nursing education. This creative teacher seemed to fit the pattern of an effective teacher by encouraging self-direction and responsibility of the student.

Qualities that made up the creative nurse teacher were identified by the authors. These creative qualities were demonstrated by: (a) an ability to be assertive and a risk taker by incorporating a sense of worth and dignity resulting from a positive self concept and high self esteem, (b) utilizing a nursing model to promote

independence and further creativity in practice, (c) exhibiting a broad knowledge base of subject, (d) flexibility and open-mindedness, and (e) performing leadership skills in group process, including delegation, decision making, and communication. Two other important characteristics of effective nurse teachers described by Carpenito and Duespohl were accountability to prepare a safe competent practitioner, and communication skills.

The notion of the nurse teacher functioning as a role model in caring is further addressed by Carpenito and Duespohl (1985). The authors emphasized the essence of nursing included a combination of the art and science of conferring care. Caring was further identified as providing kindness, compassion, and empathy in interactions. Carpenito and Duespohl concluded that before the nurse teacher can advocate empathetic health, she must display genuine empathy in both teaching nursing students and in implementing care for clients.

Humanistic Education

The question "as nurses we've come a long way . . . or have we?" (p. 18) is posed by King and Gerwig (1981). Many nurses are able to deal with highly technical tasks and possess the cognitive skills to compliment it. However, King and Gerwig stressed that it is clear nurses

must also foster an interpersonal process that provides caring and humanizes the client. These authors furthermore felt the process of nursing education holds the responsibility to prepare this humanistic, caring nurse. Rogers (1980), Patterson (1973), and Aspy (1972) contributed a theory for human behavior and interpersonal relationships that provided a basis for humanistic education.

Humanistic qualities that were found by King and Gerwig (1981) as relevant include: (a) responding to a client as a unique person, (b) empathize to understand and comprehend the behavior of the client, (c) tuning in to the client, (d) acceptance of client's feelings and ideas, (e) spontaneous genuineness, (f) caring for and about other people while fostering self actualization, and lastly, King and Gerwig (g) reaffirmed that all people need the "me" in them to be respected, recognized, and related to. The latter quality, the authors maintained, is the most significant task of a humanistic nurse. Despite busy schedules and complex technical tasks involved in the care of clients, the nurse must not fail to perceive each individual as an individual. A primary concern should involve growth of rapport in the nurse-client relationship (King & Gerwig, (1981)).

The role of the nurse teacher is to act as a catalyst to influence affective growth of the student nurse. King and Gerwig (1981) further suggested that if the humanistic principles of empathy, respect, and genuineness are not taught as well as modeled, the nursing student could be potentially harmed. The harm would be observed in the nursing student functioning at a low level affectively with clients. More than a didactic approach to humanistic concepts is needed. To be effective, humanistic behaviors must be exhibited by the nurse teacher. Montagu (1958) commented that the influence of the teacher acts as an instrument to lead and allow for growth of the student.

Humanistic ideas that were established by Lambertson (1958) have guided the way for present humanistic goals in the education of nurses. The ideas and goals can be summarized as follows: (a) critical thinking is required to provide for professional growth, (b) education should act as an instrument for social change, (c) students should be active participants in learning, (d) teachers hold the responsibility to increase learning and facilitate student sharing, (e) a link is needed between theory and clinical practice, (f) the teacher's ability as a teacher and clinical practitioner will determine educational outcomes, (g) the relationship of

teacher-student serves as a model that influences clients and co-workers, and (h) a professional education demands a careful selection process to screen for evidence of future potential. The last goal is not practiced as stringently as it was in the past, and perhaps is an area that needs to be addressed further by nursing education. Years earlier, Taylor (1934) warned that the selection of students should be based on ability to perceive behaviors of others rather than strictly academic ability.

Rogers (1980) proposed three conditions that promote student centered teaching as well as a growth producing climate. All three conditions have overlapping qualities, act as vehicles to facilitate communication, and aid in learning. The first condition for learning is denoted as genuineness. Rogers described this condition as being real and congruent, and allows a person to know where the person is emotionally. This characteristic is what Jourard (1971) acknowledged as being "transparent." There is no front or facade on behalf of the teacher.

Unconditional positive regard is the second condition identified by Rogers (1980). Prizing the other which entails acceptance, respect, trust, and caring is included as an integral component of this condition. According to

Rogers, the feeling of being prized, loved, and appreciated aid in the development of the unique self.

Rogers further indicated that in select situations the climate of caring may turn out to be the most significant element. These situations may involve verbal and nonverbal interaction. Rogers believed the attribute of caring would foster a nurturing milieu for the process of change.

The third condition examined by Rogers (1980) was empathy. Empathy accounts for the most powerful method of using the self, concluded Rogers. Rather than a static state, empathy is viewed as a process. An essential component of empathy is specified as an ability accurately to perceive the feelings another is experiencing, and in return communicate this understanding to the other. Patterson (1973) and Rogers (1980) contended listening contributed to an environment of empathy. Few people really listen, maintained Patterson, and further concluded listening is an antecedent to empathetic understanding. Patterson felt listening required concentration and remained a basic method of showing respect for another. Seldom is listening done with empathetic understanding complained Rogers.

Research conducted by Aspy (1972) showed that the quality of empathy can be developed in an empathetic climate. Rogers (1980) further proposed that empathy can be developed by training, and will most likely occur if the teacher is sensitive and understanding. Aspy found no link between the degree of empathy and academic performance.

Upon examining the facilitative dimension of empathy, regard, and genuineness, Aspy made the assumption that it is possible for people to learn to be more understanding and caring for others. This assumption, claimed Aspy, is critical with the current focus directed toward improvement in health relations.

A positive relationship with empathy and congruence and cognitive growth of students was found by Aspy (1972). This finding pointed out the need to evaluate teachers on something other than an intelligence scale. In one study, Aspy discovered that highly genuine teachers tended to use more praise and less criticism. Additionally, it was observed that highly congruent teachers behaved differently from teachers with low genuineness.

When addressing positive regard, Aspy (1972) found it closely allied with warmth. Cronbach (1963) identified

warmth as a necessary quality in the teacher-student relationship. Although it was difficult to prescribe a precise meaning to warmth, Cronbach listed the following essential behaviors: (a) spontaneous with feelings, (b) expressing enthusiasm, (c) providing support and encouragement, and (d) offering praise and approval when deserved, utilizing tact and consideration when expending criticism. Additionally, Cronbach believed these behaviors need to be accompanied by acceptance and encouragement of the student's feelings.

Patterson (1973) felt role modeling by the teacher was imperative in the teaching of humanistic concepts, as well as in reinforcing desirable human behavior. The teacher is not able to instill humanistic principles in students if the teacher is not an example of this attitude. Patterson maintained, whether intentional or not, the teacher will teach what the teacher signifies.

Embracement of humanistic principles has implications for nursing education. Employment of humanistic principles would be of special significance in the clinical area where learning must often be done quickly, often under stressful conditions, and where self-confidence is frequently lacking. Nurse teachers must ask themselves if, indeed, the elements of

genuineness, positive regard, and empathy are being practiced.

Summary

The study conducted by Bush (1984) provided the base for further exploration of the caring nurse teacher. The literature reviewed offered support for the need to add more caring content to nursing curriculums. Common themes and threads of caring were found regarding education and the nurse teacher. Critical factors emphasized included the nurse teacher's knowledge, moral code, and ability to act as a role model. Although the term "caring teacher" was not always found in the nursing literature, the terms "good," "effective," "facilitative," and "creative" seemed to fit the picture of a caring teacher. Attributes stressed as essential in a nurse teacher that described caring behavior included perception, listening, warmth, and facilitative communication skills.

Means to reduce student stress were discussed as well as an increased need to focus on the interpersonal relationship process between nurse teacher and student. High technology was discussed as creating a propensity to emphasize humanistic caring principles, taught by a caring nurse teacher, which in turn would enhance personalized care to clients.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Attributes of the caring nurse teacher as perceived by nursing students and their teachers were investigated. A descriptive method with an exploratory and comparative design was selected for the two aspects of the study, thus making the study both qualitative and quantitative.

A major aim of descriptive research proposed by Abdellah and Levine (1979) is to discover new facts and help provide a descriptive picture. Polit and Hungler (1983) explained a non-experimental descriptive design. The authors contended descriptive research has two goals: (a) obtaining an accurate representation of characteristics of groups, and (b) noting the frequency with which certain phenomena occur. Abdellah and Levine (1979) pointed out that descriptive studies can generate ideas and inferences for further investigation and, thus, are not considered a final product. Descriptive research provides no attempt to explain or understand what is observed or to manipulate or control the variables.

Certain portions of the study were quantitative in nature. Quantitative analysis, as described by Polit and

Hungler (1983), provides statistical methods to manipulate numerical data in order to organize, interpret, summarize, and evaluate findings.

In addition, qualitative methodology was also utilized by the present researcher. Polit and Hungler (1983) viewed qualitative analysis as helpful in interpreting patterns of relationships. According to Polit and Hungler, qualitative studies aid in descriptions when there is insufficient information about a phenomenon. Qualitative studies can generate hypotheses for subsequent research. Leininger (1985) strongly emphasized the importance of qualitative research methods in nursing in order to reach the qualities that are at the heart of nursing. Carter (1985) stated that in order to provide forecasts in nursing, qualitative research methods are needed to further develop the discipline of nursing. The combining of quantitative and qualitative data sets as seen by Tripp-Reimer (1985) can be complimentary and provide a clearer picture than when used alone.

Setting

The research setting for this study was a religious affiliated diploma nursing program with a population of approximately 200 nursing students and 26 nurse teachers. The nursing school is located in a large city in a

southwestern state. Persons who chose to participate in the study completed the survey questionnaire in a familiar large classroom.

Population and Sample

The accessible population for this study consisted of nursing students enrolled in the diploma nursing program and their nurse teachers. The sample of convenience contained a class of 51 students who had completed two semesters of nursing courses and 24 nurse teachers.

According to Polit and Hungler (1983), the target population is the entire population of concern, about which the investigator would like to make generalizations. The target population for this study was nursing students and their nurse teachers.

Sampling as specified by Polit and Hungler (1983) is a process of selecting a part of the population to be representative of the whole population. Additionally, these authors further presented that the elements make up the sample units, the most common being individual. The nursing school in the present study made up the sample unit. The nursing students and nurse teachers constituted the elements.

Two primary modes of sampling methods are addressed by Polit and Hungler (1983); probability and

nonprobability. In a nonprobability sampling procedure there is no method of assuring that each element of a population has a chance for inclusion in the study.

The sampling procedure used in this study was nonprobability sampling. The sample reflected an accidental sample. Polit and Hungler (1983) called this a sample of convenience and claimed it is most readily available to the investigator.

Protection of Human Subjects

Permission to conduct the survey was obtained from Texas Woman's University (Appendix B). A signed consent was acquired from the director of the participating facility prior to the beginning of the study (Appendix C). Permission was granted to use the Bush Model (Appendix D). The study was in compliance with Category I of the Federal Regulation for Protection of Human Subjects (Appendix E) as there were no risks to the participants except the possibility of an increased awareness of feelings. Possible risks and benefits were enumerated (Appendix F). The participants were informed of the purpose of the study and their participation was voluntary. Anonymity was assured by requesting that participants write no names on the demographic or survey form. Nursing students and nurse teachers were assured

that participation or nonparticipation in the study would not influence student grade or faculty position.

Instruments

Two researcher-developed instruments were used in the study:

1. A one-page demographic sheet was used to obtain a general description of the nursing students. Attached was an open-ended questionnaire to elicit responses regarding attributes of a caring nurse teacher (Appendix G).

2. A similar demographic data sheet and attached open-ended questionnaire was used for the nurse teachers (Appendix H).

Data Collection

Data were collected for the study by administration of the demographic and open-ended questionnaire. The demographic sheet and the sheet with the one question were stapled together. A non-nurse employee of the nursing program distributed the instruments to both nursing students and nurse teachers. The non-nurse explained the purpose of the study and read instructions. The data of the nursing students were collected during the first 20 minutes of a class. Data from the nurse teachers were gathered during the first 20 minutes of a faculty

meeting. After the open-ended question was dispensed, participants were requested to use one to two words or short phrases to write their perception of the attributes of a caring nurse teacher. Adequate space was provided on the survey form to write responses. All subjects finished replying to the demographic data and survey form within 20 minutes. The instruments were collected by the non-nurse employee and returned to the investigator.

Treatment of Data

The data from the demographic data sheet and survey question were analyzed by sorting and grouping information. Demographic information was tabulated as percentages to describe characteristics of the sample. The eight steps of the treatment of responses taken from the survey instrument were as follows:

1. Each responses was transferred to a card.
2. Each response card was categorized into one of the six major concepts of the Bush Model by two judges. Consensus of the two expert judges knowledgeable in the caring literature was considered adequate for the purpose of response classification.
3. Response cards from both groups were fully randomized into a single deck with group number unknown to the raters. This assured that any potential rater bias

toward a particular major concept was equally distributed across groups.

4. Responses were transferred to a flow sheet to compile the frequencies of responses which resulted from the card sorting procedure.

5. Response consistency within each group was established by randomly assigning participants from a group into two subsets. The distributions of responses were then tested for significant differences using the chi-square test for two independent samples (Siegel, 1956).

6. To determine whether a difference existed between nursing students and their nurse teachers, the chi-square test for two independent samples was applied (Siegel, 1956).

7. In order to determine which major concepts in the Bush Model accounted for the significant difference in the overall distributions, chi-square tests were applied to the percentage of responses exhibited by each group for each concept.

8. The responses from all participants in the study were compared to the Bush subconcepts placed under each major concept.

CHAPTER IV

ANALYSIS OF DATA

The descriptive study was conducted to investigate the differences between nursing students' and their teachers' perceptions of the attributes of the caring nurse teacher. All subjects were administered the demographic data form and survey questionnaire. Description of the sample, findings, and summary of the findings are presented in this chapter.

Description of the Sample

The participants in the study consisted of a convenience sample of 51 nursing students and 24 faculty members. Demographic information included age and gender of all participants. In addition, faculty demographic information included number of years of teaching experience and nursing experience apart from teaching. The age range and gender of all participants are presented in Table 1. The study sample was comprised of 70 females (93.3%) whose ages ranged from 18-49 years. Five males (6.7%) ranged from 18-33 years. The highest concentration (66%) of the female participants was in the 21-41 year age range. The male participants had the highest concentration (60%) of ages in the 18-25 age range.

Table 1

Distribution of All Participants by Age Range and Gender

Age range	Females		Males		Total	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
18-25	20	28	3	60	23	31
26-33	23	33	2	40	25	33
34-41	21	30	0	0	21	28
42-49	<u>6</u>	<u>9</u>	<u>0</u>	<u>0</u>	<u>6</u>	<u>8</u>
Total	70	99	5	100	75	100

N = 75.

The age range of the nursing students was 18-49 years. There were 46 females (90%) of the student group. Five (10%) males of the student group ranged in ages 18-33 years. Table 2 provides a summary of the distribution by age and gender for the student group.

The age range of the nursing faculty was 21-49 years. Four percent of the faculty were in the 21-25 age range. The majority of the faculty (84%) were in the 26-41 age range. Table 3 summarizes the distribution of the age range of the faculty.

Examination of the range of years of teaching experience revealed 50% of nurse teachers were in the 1-5 year range. The lowest reported range of teaching experience was in the 16-20 year range, which was 4%. Analysis of data regarding years of nursing experience apart from teaching showed the majority of the nurse teachers, 42%, had 6-10 years of clinical nursing experience apart from teaching. Twenty-five percent of the nurse teachers had either 1-5 or 11-15 years clinical nursing experience. Table 4 presents a summary of the teaching and clinical nursing experience apart from nursing of the nurse teacher group.

All participants were requested to respond to the question, "have you experienced a caring teacher in the

Table 2

Distribution of Nursing Students by Age Range and Gender

Age range	<u>Females</u>		<u>Males</u>		<u>Total</u>	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
18-25	19	41	3	60	22	43
26-33	14	30	2	40	16	31
34-41	10	22	0	0	10	20
42-49	<u>3</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>6</u>
Total	46	100	5	100	51	100

n = 51

Table 3

Distribution of Nurse Teachers by Age

Age range	Total <u>n</u> %
21-25	1 4
26-33	9 38
34-41	11 46
42-49	<u>3</u> <u>12</u>
Total	24 100

n = 24

Table 4

Distribution of Nurse Teacher Participants by Number of Years of Teaching Experience and Clinical Nursing Experience Apart from Teaching

Range of years	Teaching experience		Clinical nursing experience apart from teaching	
	<u>n</u>	%	<u>n</u>	%
1-5	12	50	6	25
6-10	7	29	10	42
11-15	4	17	6	25
16-20	1	4	1	4
21-25	<u>0</u>	<u>0</u>	<u>1</u>	<u>4</u>
Total	24	100	24	100

n = 24

past?" Participants were asked to indicate approximately how many caring teachers were experienced. All of the 74 participants responded in the affirmative; they had experienced a caring teacher in the past. Within both students and nurse teachers, 35% reported 1-3 caring teachers in the past as the highest frequency. The highest concentration (60%) of caring teachers experienced by all participants were in the 1-6 number range. There were 14 nursing student participants (27%) and 5 nurse teacher participants (21%) who did not report how many caring teachers had been experienced. Table 5 summarizes the range of the number of all participants prior experience with a caring teacher.

Frequency of responses from all participants under each major concept of the Bush Model is displayed in Appendix I. Table 6 presents a summary of 103 very similar or like responses of nursing students and nurse teachers' perceptions of the caring nurse teacher. The summary table represents a collapsed version of the total responses from all participants. There was a total of 441 responses. The nursing student group yielded 265 responses. The nurse teachers produced a total of 176 responses. The nursing students had a mean of 5 responses per nursing student compared to a mean of 7 responses per

Table 5

Distribution of All Participants' Prior ExperiencesWith a Caring Teacher

Range of number of prior experiences with a caring teacher	<u>Responses of</u> <u>nursing students</u>		<u>Responses of</u> <u>nurse teachers</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
1-3	16	31	10	42	26	35
4-6	14	28	5	21	19	25
7-9	2	4	1	4	3	4
10 or more	5	10	3	12	8	11
*Non-reported number	<u>14</u>	<u>27</u>	<u>5</u>	<u>21</u>	<u>19</u>	<u>25</u>
Total	51	100	24	100	75	100

*These participants responded yes they had experienced a caring teacher in the past but did not report how many.

Table 6

Perceptions of the Caring Nurse Teacher Identified by Nurse Teachers and Nurse Students

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
S-10 F- 8 Honesty (18)	S-12 F- 5 Patient (17)	S- 2 F- 3 Non-judgmental (5)	S-12 F- 3 Understanding (15)	S-19 Good F- 7 listener (26)	S-16 Knowledge of F- 8 field (24)
S- 3 F- 7 Enthusiasm (10)	S-10 F- 4 Compassionate (14)	S- 2 Maintains F- 2 confidentiality (4)	S-10 Concerned (10)	S- 9 Sense of F- 6 humor (15)	S-13 Willing to F- 2 explain (15)
S- 4 Positive F- 3 attitude (7)	S- 6 F- 7 Empathy (13)	S- 3 Respects F- 1 others (4)	S- 5 F- 4 Available (9)	S- 5 Gives positive F- 1 reinforcement (6)	S- 6 Professional role F- 8 model (14)
S- 3 Offering F- 4 self (7)	S- 4 F- 5 Fair (9)	S- 2 Treats others as F- 2 valuable persons (4)	S- 6 Constructive F- 3 criticism (9)	S- 4 F- 1 Encourages (5)	S- 9 Willing to F- 2 help (10)
S- 2 Self- F- 4 confident (6)	S- 3 F- 4 Kind (7)	S- 3 Student F- 1 advocate (4)	S- 8 Giving of time (8)	S- 3 F- 1 Gives praise (4)	S- 4 F- 4 Flexible (8)
S- 1 F- 4 Integrity (5)	S- 4 F- 2 Approachable (6)	S- 2 Non-vindictive (2)	S- 1 Gives positive F- 2 and negative feedback (3)	S- 2 F- 2 Smiles (4)	S- 2 Challenges to F- 2 full potential (4)
S- 1 F- 2 Humanness (3)	S- 5 F- 1 Genuine (6)	F- 1 Objective (1)	S- 1 Remembers being F- 1 a student (2)	S- 1 F- 3 Touches (4)	F- 3 Fosters Independence (3)
F- 1 God-centered (1)	S- 4 F- 2 Friendly (6)	S- 1 Permits autonomy (1)	S- 1 Not be- F- 1 littling (2)	S- 2 F- 1 Communicates (3)	F- 3 Problem solves (3)
F- 1 Spiritual (1)	S- 4 Warm and F- 2 open (6)	S- 1 Does not intimidate students (1)	S- 2 Flexible to needs of individual students (2)	S- 1 F- 1 Forgiving (2)	S- 2 F- 1 Consistent (3)
F- 1 Accepts criticism from students (1)	S- 4 F- 1 Calm (5)		S- 1 Not flippant (1)	F- 1 Giving (1)	S- 2 Assess students' emotional state (2)
F- 1 Humility (1)	S- 1 F- 2 Supportive (3)		S- 1 Gives emotional boost (1)	F- 1 Able to deal with individuals (1)	F- 2 Makes expectations known (2)
F- 1 Laughs at self and with others (1)	S- 1 Thoughtful (1)		F- 1 Makes student feel competent (1)	S- 1 Able to instill confidence (1)	S- 1 Confident in F- 1 student's ability (2)
F- 1 Manages own stress (1)	S- 1 Considerate (1) F- 1 Gentle (1)		S- 1 Attentive to basic needs (1)	S- 1 Eye contact (1) S- 1 Not moody (1)	

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
F- 1 Sincerity (1)	S- 1 Ethical (1)		F- 1 Puts student at ease (1) S- 1 Causes student to be not nervous (1) F- 1 Recognizes strengths and weaknesses (1) F- 1 Slow to anger (1) S- 1 Not a know-it-all (1) F- 1 Sees student viewpoint (1) S- 1 Sensitive (1) F- 1 Gets along with others (1) S- 1 Likes all people (1)		S- 2 Alert to problem areas (2) S- 1 F- 1 Cooperates (2) F- 1 Stimulates creativity (1) S- 1 Makes learning fun (1) F- 1 Evaluates objectively (1) F- 1 Identifies students' strengths and weaknesses (1) S- 1 Not threatened by students' knowledge (1) F- 1 Seeks student input for clinical schedule (1) F- 1 Prioritizes effectively (1) S- 1 Asks for suggestions and uses them (1) S- 1 Projects confidence in students (1) F- 1 Works with students in patient care (1) S- 1 Realistic expectations (1)

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
					S- I Assertive with problems students encounter (1)
					F- I Secure in teaching role (1)
					F- I Knows when to accept problem as own (1)

S = 265.
 F = 176.
N = 441.

nurse teacher. Five nursing student responses which reflected the highest number of very similar or same responses were: (a) good listener, 19 (37%) students; (b) knowledge of field, 16 (31%) students; (c) willing to explain, 13 (25%) students; (d) patient and understanding, 12 (24%) students; and (e) honesty, compassionate, and concerned, 10 (20%) students. Humor ranked as the sixth most frequent response by 9 of the nursing students (18%). The nurse teachers' responses with the highest consensus were: (a) honesty, knowledge of field, and professional role model, 8 (33%) nurse teachers; (b) good listener, enthusiasm, and empathy, 7 (29%) nurse teachers; (c) sense of humor, 6 (24%) nurse teachers; (d) patient, fair, and kind, 5 (21%) nurse teachers; and (e) compassionate, available, and flexible, 4 (16%) nurse teachers. Table 7 portrays a comparison of the five most frequent responses of nursing students and nurse teachers.

Findings

One research question was investigated in the study: How will the responses identified by the participants in the present study compare with the subconcepts located in the Bush study? The responses of all participants in the present study were compared to the subconcepts found in the Bush Model. The same or very similar responses were

Table 7

Comparison of the Five Most Frequent Responses of Both Students
and Nurse Teachers

<u>Nursing students (n = 51)</u>			<u>Nurse teachers (n = 24)</u>		
Response	<u>n</u>	%	Response	<u>n</u>	%
1. Good listener	19	37	1. Honesty, knowledge of field, professional role model	8	33
2. Knowledge of field	16	31	2. Good listener, enthusiasm, empathy	7	29
3. Willing to explain	13	25	3. Sense of humor	6	24
4. Patient, understanding	12	24	4. Patient, fair, kind	5	21
5. Honesty, concerned, compassionate	10	20	5. Compassionate, available, flexible	4	16

located in the present study and the Bush Model. Fifty-three terms were congruent with the subconcepts of the Bush Model and are presented in Table 8. Table 9 represents 29 of the same or very similar terms placed under the identical major concept in both the present and Bush Study. Organization of Teaching-Learning and Communion With the Other received the highest similar response rate. Table 10 represents a comparison of the categorization of the 23 subconcepts in the present study categorized under a different major concept from the Bush Model.

There were 50 responses in the present study not found in the Bush study. Depicted in Table 11 are 50 responses located only in the present study under the six major concepts. Major concepts Organization of Teaching-Learning, Sensitivity, and Spirituality obtained the highest number of unlike responses.

Heterogeneity of Chi-Square

The test for heterogeneity of chi-square could not be completed for the study. In order to use heterogeneity of chi-square, the following conditions must be met. Fewer than 20% of students and faculty should have an expected response rate of 5, and no less than 1 response per major concept (Siegel, 1956). Both groups had too many

Table 8

List of Responses Found in the Present Study that Are
Congruent With the Subconcepts of the Bush Model

Sense of humor	Knowledge of field	Makes expectations known
Enthusiasm	Explains	Stimulates creativity
Sincerity	Willing to help	Prioritizes effectively
Compassionate	Challenge to full potential	Gets along with others
Empathy	Consistent	Gives positive and negative feedback
Fair	Non-judgmental	Identifies strengths and weaknesses
Kind	Respects others	Projects confidence
Genuine	Student advocate	Treats others as valuable person
Friendly	Objective	Works with student in patient care
Warm	Understanding	Professional role model
Supportive	Concern	Sensitive
Thoughtful	Available	Able to deal with individuals
Considerate	Constructive criticism	Make student feel comfortable
Good listener	Giving of time	
Gives positive reinforcement	Flexible	
Encourages	Recognizes strengths and weaknesses	
Smiles	Honesty	
Communicates	See student's viewpoint	
Giving		
Instills confidence		
Eye contact		

n = 53.

Table 9

Same or Similar Terms in Present Study as Found in the Bush Model Under the Same Major Concept

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
Enthusiasm	Fair	Non-judgmental	Understanding	Good listener	Challenges the full potential
Sincerity	Friendly	Respects others	Makes student feel competent	Smiles	Professional oral role model
	Warm	Treats others as valuable persons	Sees student's point of view	Communicates	Makes expectations known
		Objective	Sensitive	Giving	Works with students in patient care
			Gets along with others	Able to deal with individuals	Stimulates creativity
				Gives positive reinforcement	Prioritizes effectively
				Eye contact	Consistent
				Sense of humor	Knowledge of field

n = 29.

Table 10

Comparison of the Categorization of the Subconcepts in the Present Study
Categorized Under a Different Major Concept from the Bush Model

Response	Present study	Bush Model
honesty	spirituality	communion with the other
positive attitude	spirituality	organization of teaching learning
empathy	presence	sensitivity
supportive	presence	sensitivity
compassionate	presence	sensitivity
kind	presence	mutual respect
genuine	presence	mutual respect
considerate	presence	mutual respect
thoughtful	presence	spirituality
student advocate	mutual respect	sensitivity
recognizes strengths and weaknesses	sensitivity	mutual respect

(table continues)

Response	Present study	Bush Model
constructive criticism	sensitivity	communion with the other
gives positive and negative feedback	sensitivity	communion with the other
available	sensitivity	organization of teaching learning
giving of time	sensitivity	organization of teaching learning
concerned	sensitivity	organization of teaching learning
encourages	communion with the other	sensitivity
able to instill confidence	communion with the other	sensitivity
willing to explain	organization of teaching learning	communion with the other
identifies strengths and weaknesses	organization of teaching learning	communion with the other
willing to help	organization of teaching learning	communion with the other

(table continues)

Response	Present study	Bush Model
flexible	organization of teaching learning	communion with the other
projects confidence	organization of teaching learning	sensitivity

n = 23.

Table 11

Terms Found and Categorized in the Present Study that Differ From the Bush Model

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
Self-confidence	Approachable	Non-vindictive	Flexible to needs of individual students	Gives praise	Secure in teaching role
Offering self	Calm	Permits autonomy	Remembers being a student	Touches	Fosters independence
Integrity	Gentle	Does not intimidate students	Not belittling	Forgiving	Problem solver
Humanness	Ethical	Maintains confidentiality	Not flippant	Not moody	Assesses student emotional state
God-centered	Patient		Causes students not to be nervous		Confident in student's ability
Spiritual			Slow to anger		Alert to problem areas
Wholesome			Not a know-it-all		Cooperates
Accepts criticism from students			Gives emotional boost		Makes learning fun
Humility			Likes all people		Evaluates objectively
Laughs at self and with others			Attentive to basic needs		Not threatened by student's knowledge
Manages own stress			Puts student at ease		Seeks student input for clinical schedule
					Realistic expectations

(table continues)

Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
					Asks for suggestions and uses them
					Assertive with problems students encounter
					Knows when to accept problem as own

n = 50.

responses less than 5 and cells fewer than 1. Because the above criteria could not be met, the preliminary test for heterogeneity of chi-square could not be used in the study (Zar, 1974).

A weaker approximation of the recommended procedure was employed in an attempt to determine the consistency with which participants in groups responded. Students were randomly assigned to one subgroup and the other half to another subgroup. The same procedure was carried out with the faculty. The distribution of frequencies over the six major concepts was tested. Although the numbers of the subgroups were not the same, they fell into the same pattern.

The marked degree of consistency within the randomized subgroups of students and faculty was adequate to permit pooling of the data for the within groups to test for differences between nursing student and faculty participants.

Hypothesis

The hypothesis tested in the study was stated in the null form: There is no difference between nursing students and their nurse teachers in perception of the attributes of nurse teacher. The chi-square test for two independent samples was applied (Siegel, 1956) with a computed value

of 19.94 ($p < .02$). Therefore, the null hypothesis was rejected. There was a significant difference in the overall distribution of responses between nursing students and their teachers in perception of attributes of a caring nurse teacher. The level of significance was set at $\alpha = .05$.

In order to determine which specific concept(s) accounted for the overall difference observed above, paired comparisons (between groups) were computed for the percentages of responses in each conceptual category. Chi-square comparisons of nursing students and faculty for each major concept in the Bush Model is provided in Table 12.

The greatest deviations from expected values between nursing students and faculty were observed under the major concepts Spirituality and Sensitivity. The faculty had a higher Spirituality frequency response rate. The computed chi-square was 6.13 ($p < .04$), using a two-tailed test. This finding was significant. The students had a higher frequency response rate than nursing faculty under the major concept Sensitivity. The computed chi-square was 2.26 ($p < .22$), using a two-tailed test.

Table 12

Comparisons of Nursing Students and Faculty Response Distribution
Under Each Major Concept

Group		Major Concepts of Bush Model						Totals
		1	2	3	4	5	6	
Students	Observed frequencies	24	60	16	53	49	63	265
	Expected frequencies	38.5	57.7	15.6	43.9	44.5	64.9	
Faculty	Observed frequencies	40	36	10	20	25	45	176
	Expected frequencies	25.5	38.3	10.4	29.1	29.5	45.3	
Totals:		64	96	26	73	74	108	441

Note. Chi-square value of 19.94 ($p < .02$).

Although this was not a significant difference between nursing students and faculty, it does indicate a trend. Paired comparisons of the four remaining major concepts statistically showed very little difference. Both nursing students and faculty had a like frequency response rate on the major concept Mutual Respect. A percentage comparison of frequency responses between nursing students and faculty under the six major concepts is shown in (Appendix J). Spirituality and Sensitivity manifested the greatest difference between the nursing students and nurse teachers. Mutual Respect obtained a like response rate by the two groups of participants.

Summary of Findings

The following is a summary list of findings:

1. Faculty and students in the sample were in the same age range.
2. Most study participants had experienced from 1-6 caring teachers.
3. Four hundred forty-one responses describing the attributes of the caring teacher were elicited from 75 faculty and students.
4. The faculty's mean response rate was 7, while the students' mean was 5 responses.

5. The nurse teachers identified five attributes more times than the other attributes: (a) honesty, knowledge of field, professional role model (33%); (b) good listener, enthusiasm, empathy (29%); (c) sense of humor (24%); (d) patient, fair, kind (21%); and (e) compassionate, available, flexible (16%).

6. The attributes found more times within the nursing students' responses by rank order were: (a) good listener (37%); (b) knowledge of field (31%); (c) willing to explain (25%); (d) patient, understanding (26%); (e) honest, concerned (20%); and (f) compassionate, sense of humor (18%).

7. Fifty-three responses used by the study sample were identical or very similar to the subconcepts located by Bush (in press).

8. The null hypothesis was rejected. There was a significant difference between the faculty and students in their perception of the attributes of the caring nurse teacher.

9. Within groups students and faculty responded in a consistent manner.

10. Most of the difference between groups was based on Spirituality with a secondary contribution from Sensitivity.

11. Both groups were very similar in frequency responses exhibited in the other four major conceptual categories.

CHAPTER V

SUMMARY OF THE STUDY

This chapter includes four segments. The summary is the first subtitle and describes how the study was conducted relevant to the research question and the hypothesis. Discussion of findings is the next segment, and discusses the meaning extrapolated from the findings and presents relevant findings from the literature with reference to the findings of the present study. The third segment, conclusions and implications, includes conclusions based on the findings of the study, and suggests appropriate implications. The concluding segment, recommendations for further study, suggests future areas of research which stem from the present study.

Summary

The present study investigated the following two-fold problem: (a) to determine how the attributes of the caring nurse teacher as perceived by diploma nursing students and their teachers compare with the Bush (in press) Model of the caring teacher; and (b) to determine if there is a difference between nursing students and their nurse teachers in perception of attributes of the caring nurse teacher. The Bush Model of the caring teacher of nursing

provided the framework for the present study. The responses generated from the participants in the present study were placed under the six major concepts of the Bush Model.

The convenience sample was comprised of 51 nursing students and 24 faculty members. A diploma school of nursing in a southwestern state provided the setting.

A demographic data collection sheet and an open-ended questionnaire to elicit responses were researcher developed. A total of 441 responses was obtained from both groups.

Descriptive statistical techniques were used to analyze the variables from the demographic data sheet. A nonparametric statistic, the chi-square for two independent samples was used to analyze differences in perceptions of attributes of the caring nurse teacher between nursing students and their nurse teachers. The null hypothesis was rejected. There was significant difference found in the perceptions of caring attributes of the nurse teacher between nursing students and their nurse teachers. A majority of the responses in the present study supported the concepts and subconcepts of the Bush Model.

A summary of the findings of the study include:

1. Nurse teachers and nursing students in the sample were in the same age range.

2. Most study participants had experienced from 1-6 caring teachers.

3. Four hundred forty-one responses describing the attributes of the caring teacher were elicited from 75 nurse teacher and nursing student participants.

4. The nurse teachers' mean response rate was 7, while the nursing students' mean was 5 responses.

5. The nurse teachers identified five attributes more times than the other attributes: (a) honesty, knowledge of field, professional role model (33%); (b) good listener, enthusiasm, empathy (29%); (c) sense of humor (24%); (d) patient, fair, kind (21%); and (e) compassionate, available, flexible (16%).

6. The attributes found more times within the nursing students' responses by rank were: (a) good listener (37%); (b) knowledge of field (31%); (c) willing to explain (25%); (d) patient, understanding (26%); (e) honest, concerned, compassionate (20%); and humor (18%).

7. Fifty-three terms used by the study sample were identical or very similar to the terms located by Bush (in press).

8. The null hypothesis was rejected. There was a significant difference between the faculty and students in their perception of the caring nurse teacher.

9. Within groups students and faculty responded in a consistent manner.

10. Distributions of responses were statistically different between nursing students and faculty.

11. Most of a difference between groups was based on Spirituality with a secondary contribution of Sensitivity.

12. Both groups were very similar in frequency responses categorized under the major concepts Presence, Mutual Respect, Communion With the Other, and Organization of Teaching-Learning.

Discussion of Findings

The findings of the study are discussed utilizing the 12 summarized findings. Both nursing student participants and nurse teachers were in a majority age range of 26 years or older. The older age of the nursing student reflects current career changes during life transitions. Because of the older age of the nursing student, prior life and work experiences are an added contribution to their nursing education. The average age of the entering nursing student in the diploma nursing program in the study was approximately 28-30 years. This factor

mentioned here may have had some effect on the similarity of student responses to faculty responses.

Sixty percent of all subjects had experienced 1-6 caring teachers in the past. This was in contrast to 11% of all subjects who experienced 10 or more caring teachers. This does not appear to be as high as would be anticipated. It could be the nursing students and nurse teachers were looking more critically at the criteria of a caring teacher because of participation in the study.

The 441 responses constituted a large number, and indicates how strongly the participants felt about identifying attributes of the caring nurse teacher. The nurse teachers were more productive than the nursing students in identifying attributes. Past experiences and added exposure to nurse teachers could have magnified the perceptions of the nurse teachers regarding caring attributes. Practice as a nurse teacher may also have biased some faculty to share personal values and beliefs which could have affected the number of responses per nurse teacher participant.

Comparison of the average four responses (53 total) elicited from the doctoral students in the Bush (in press) study fell short of the 5 and 7 average responses (441 total) acquired from the nursing student and nurse teacher

subjects in the present study. The subjects in the Bush study may have had a shorter time frame to list responses. The basic nursing students may have had more of a need to list attributes they would like to see in a nurse teacher.

Nurse teacher and student groups identified five attributes most regularly. The nurse teachers ranked knowledge as the most frequent response and nursing students ranked knowledge as number 2. This high consensus of the knowledge component affirms Taylor's (1934) belief that the teacher requires broad knowledge. Hassenplug (1969) also saw the good teacher as a communicator of knowledge. Knowledge was identified as one of Gaut's (1979) conditions of caring. In addition to performing motor functions of a task correctly, Gaut found both the cognitive and affective domains as inclusive in discussing knowledge. The attribute of knowledge would allow the caring nurse teacher to possess an awareness to perceive a need based on knowledge and in turn, promote a positive change. In a study that looked at characteristics of the effective teacher, Kiker (1973) found organization of classroom and clinical expertise was given the highest ranking by the undergraduate students. Faculty demonstration of skills and attitudes to be

developed by the student was ranked second. The nursing student group gave precedence to good listener as a most frequent response regarding a caring nurse teacher. Good listener was the second most frequent response of nurse teachers. Listening skills are a significant element of the therapeutic communication process. Karns and Schwab (1982) contended that the presence of interpersonal skills of the nurse teacher is desired when interacting with students in the clinical area. Rogers (1981) maintained that active listening denotes a form of empathy which in turn promotes a climate of prizing (caring) of the student. This caring attribute (good listener) can in turn be growth producing to the student. A willingness to explain was the third most frequent response of the nursing students. This caring attribute identified is a reflection of the nurse teachers ability to be empathetic and to recognize the need to explain material to explicate understanding. The high ranking of this response informs teachers of the need to take extra time to be certain subject matter is adequately covered.

Nursing students placed patient and understanding as the fourth most popular response. This caring attribute would follow the ingredients of empathy as discussed by Carpenito and Duespohl (1985), Rogers (1981), and Watson

(1979). Honesty, compassionate, and concerned were the fifth rank ordered response of the nursing students. These attributes would fall under the three conditions of a student centered approach as denoted by Rogers. The nurse teachers listed honesty among the first most frequent responses and patient as the fourth most common response. O'Shea and Parsons (1979) reported students and faculty ranked honesty as a faculty facilitative behavior. Honesty can also be viewed as a component of a professional model. Professional role model and enthusiasm were ranked first and second respectively by the nurse teachers. Nursing students also saw professional role model as important, but not located in the top five responses. The nursing education literature purports the importance of nurse faculty serving as role models. The nurse teachers responding with high frequency indicates an obligation to serve as role models to nursing students. Enthusiasm tends to go with role model as it displays a positive feeling towards teaching and the nursing profession.

Sense of humor was considered significant to both nursing students and nurse teachers. Sense of humor was ranked number 3 by nurse teachers and number 6 by nursing students. The finding of sense of humor identified as a

caring attribute is viewed as a medium to encourage trust and can serve to communicate a relaxed tone to stressful situations (Robinson, 1977). Kiker (1973) noted humor may be an important element in aiding to decrease student anxiety in the clinical setting. Availability was ranked as a fifth most frequent response by the nurse teachers. In a study conducted by O'Shea and Parsons (1979), availability of faculty in the clinical setting ranked high. This also seems to correspond with a willingness to help (explain). Both groups of participants placed compassionate as a fifth most common response. Much of the literature links the nurse providing compassion in her care of clients. Nursing students also need to feel compassion from their nurse teacher.

Some new terms were elicited from the present study which were probably attributed to the larger sample. A significant difference between nursing students and their nurse teachers was found in perceptions of the caring nurse teacher. The nursing students placed a higher priority in a sensitive nurse teacher while the nurse teachers viewed spirituality as having priority importance in the caring nurse teacher. The student role can induce stress and affect self-concept, thus a sensitive caring nurse teacher would be observed as more important to the

student group. As spirituality encompasses "the self," the nurse teachers may have more of a personal need to list more attributes under this major subconcept. The fact this study was conducted in a religious orientated school, could have had an impact on the faculty responding more frequently under the major concept Spirituality.

These findings suggest nurse teachers should seek to develop skills in listening to be able to better "tune in" to their students, as well as continuing to update knowledge. To cultivate a caring attitude, the nurse teacher should be willing to explain material in an understanding and patient manner. Honesty and the capacity to project as a professional role model are additionally observed as influential in recognizing the caring nurse teacher. Displaying kindness, fairness, and concern for the welfare of students, on behalf of the nurse teacher, is furthermore evident as a priority by all participants in the study. Nurse teachers also need to give attention to how humor can be included into the teaching learning situation.

The five highest frequency responses of both groups could be organized into one cluster of identified major elements that comprise a caring nurse teacher. These

elements would hopefully be incorporated by students when "caring" about their clients.

Conclusions and Implications

The conclusions and implications are stated below:

1. The Bush Model of the caring nurse teacher was appropriate as a framework for the present study. The major concepts and most subconcepts of the Bush Model were found in the present study. The implications of this conclusion is that the Bush Model and the present study should be used to encourage nurse teachers to determine their personal caring attributes as well as reassess and redevelop the attributes from time to time. Additionally, nursing education administrators should use the attributes to evaluate caring in nurse teachers. The major attributes identified should be specified in the position description of the nurse teacher. Furthermore, faculty development programs could address interpersonal communication skills in reference to clinical teaching. The application of interpersonal skills would increase incorporation of caring attributes. Graduate nurse programs preparing nurse teachers should include content directed at developing a caring nurse teacher.

2. The participation of only one school of nursing in one geographic section of the United States serves as a

limitation to state further conclusions. The obvious implication is to expand the numbers of student and faculty participants and to test additional sections of the country.

3. The significant finding in the study (differences between students' and facultys' perceptions) suggests people in a like group tend to respond in the same manner. Thus, a similar group's perceptions will be biased by what is most important and meaningful to them.

Recommendations for Further Study

The following recommendations are made:

1. The study should be replicated utilizing ADN, BSN, and MSN nursing students and their faculties.
2. A study could be conducted to evaluate frequency of the top five responses of both nursing students and faculty.
3. A study could be conducted wherein enough responses by each individual for each concept were generated so that a heterogeneity test could be applied.
4. A study could be conducted utilizing a tool comprised of an abbreviated version of the table generated by the Bush Model, allowing nursing students and their faculty to rank caring attributes.

REFERENCES

- Abdellah, F., & Levine, E. (1979). Better patient care through nursing research (2nd ed.). New York: Macmillan.
- American Nurses' Association. (1980). Nursing: A social policy statement. Kansas City: Author.
- Aspy, D. (1972). Toward a technology for humanizing education. Champaign: Research Press.
- Bevis, E. O. (1981). Caring, a life force. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 49-59). Thorofare, NJ: Charles B. Slack.
- Bevis, E. O. (1982). Curriculum building in nursing: A process (3rd ed.). St. Louis: C. V. Mosby.
- Blattner, B. (1981). Holistic nursing. Englewood Cliffs, NJ: Prentice-Hall.
- Boyle, J. S. (1981). An application of the structural-functional method to the phenomenon of caring. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 37-47). Thorofare, NJ: Charles B. Slack.
- Buber, M. (1970). I and thou. New York: Scribners.
- Buscaglia, L. (1982). Living, loving, and learning. Thorofare, NJ: Charles B. Slack.
- Bush, H. A. (in press). The caring teacher of nursing. In M. Leininger (Ed.), Care: Discovery and Uses in clinical/community nursing. San Diego: Cabashan.
- Carey, J., Buckley, J., & Smith, J. (1985, February 11). Hospital hospitality, Newsweek, pp. 78-79.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. Advances in Nursing Science, 1(1), 13-23.
- Carper, B. A. (1979). The ethics of caring. Advances in Nursing Science, 11(3), 11-19.
- Carpenito, L., & Duespohl, R. (1985). A guide to effective clinical instruction (2nd ed.). Rockville, MD: Aspen.

- Carter, M. (1985). The philosophical dimensions of qualitative nursing science research. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 27-32). New York: Grune & Stratton.
- Chapman, J., & Chapman, H. (1975). Behavior and health care: A humanistic process. St. Louis: C. V. Mosby.
- Clark, C. (1978). Classroom skills for the nurse educator. (Vol. IV). New York: Springer.
- Cronbach, J. (1963). Educational psychology. New York: Harcourt-Brace & Wald.
- Curtin, L. L. (1979). The nurse as advocate: A philosophical foundation for nursing. Advances in Nursing Science, 1(3), 1-10.
- Floyd, K. (1979). Selling water by the river. Canadian Journal of Psychiatric Nursing, 20(4), 9-10.
- Flynn, P. (1980). Holistic health: The art and science of care. Bowie, MD: Brady.
- Frankl, V. (1963). Man's search for meaning. New York: Simon & Schuster.
- Gardner, K. G., & Wheller, E. (1981). The meaning of caring in the context of nursing. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 69-79). Thorofare, NJ: Charles B. Slack.
- Garrett, S., & Garrett, B. (1982). Humanness and health. Topics in Clinical Nursing, 13(4), 7-12.
- Gaut, D. A. (1979). An application of the Kerr-Soltis model to the concept of caring in nursing education. Unpublished doctoral dissertation, University of Washington, Seattle.
- Gaut, D. A. (1981). Conceptual analysis of caring: Research method. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 17-24). Thorofare, NJ: Charles B. Slack.

- Gaut, D. A. (1984). A philosophic orientation to caring research. In M. M. Leininger (Ed.), Care: The essence of nursing and health (pp. 17-25). Thorofare, NJ: Charles B. Slack.
- Griffin, A. (1983). A philosophical analysis of caring in nursing. Advances in Nursing Science, 8(4), 289-295.
- Hammer, R. M., & Tufts, M. A. (1985). Nursing's self-image--nursing education's responsibility. Journal of Nursing Education, 24(7), 280-283.
- Hassenplug, L. W. (1965). The nature of nursing. American Journal of Nursing, 64(8), 62-68.
- Henderson, V. (1964). The nature of nursing. American Journal of Nursing, 64(8), 62-68.
- Johnson, D. (1959). A philosophy of nursing. Nursing Outlook, 7, 198-200.
- Johnson, R. (1971). Listen nurse. American Journal of Nursing, 71(2), 303.
- Jourard, S. M. (1971). The transparent self. New York: Van Nostrand Reinhold.
- Karns, P. J., & Schwab, T. (1982). Therapeutic communication and clinical instruction. Nursing Outlook, 30(1), 39-43.
- Kiker, M. (1973). Characteristics of the effective teacher. Nursing Outlook, 21(11), 721-723.
- King, V., & Gerwig, N. (1981). Humanizing nursing education. Wakefield, MA: Nursing Resources.
- Knowles, J. (1973). The hospital. Illustrated Scientific American, 229(9), 128-137.
- Kreps, G., & Thornton, B. (1984). Health communication: Theory and practice. New York: Longman.
- Lambertson, E. (1958). Education for nursing leadership. Philadelphia: J. B. Lippincott.

- Leininger, M. M. (1981a). Cross-cultural hypothetical functions of caring and nursing care. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 95-102). Thorofare, NJ: Charles B. Slack.
- Leininger, M. M. (1981b). The phenomenon of caring: Important research questions and theoretical considerations. In M. M. Leininger (Ed.), Caring: An essential need (pp. 3-15). Thorofare, NJ: Charles B. Slack.
- Leininger, M. M. (1981c). Some philosophical, historical, and taxonomic aspects of nursing and caring in American culture. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 133-143). Thorofare, NJ: Charles B. Slack.
- Leininger, M. M. (1984a). Care: The essence of nursing and health. In M. M. Leininger (Ed.), Care: The essence of nursing and health (pp. 7-17). Thorofare, NJ: Charles B. Slack.
- Leininger, M. M. (1984b). Caring is nursing: Understanding the meaning, importance, and issues. In M. M. Leininger (Ed.), Care: The essence of nursing and health (pp. 3-93). Thorofare, NJ: Charles B. Slack.
- Leininger, M. M. (1985). Nature, rationale, and importance of qualitative research methods in nursing. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 1-25). New York: Grune and Statton.
- Major, D. (1962). Keys to a philosophy of teaching. Nursing Outlook, 10(8), 506-510.
- Mayeroff, M. (1971). On caring. New York: Harper & Row.
- Montagu, A. (1958). Education and human relations. New York: Grove Press.
- Naisbitt, J. (1982). Megatrends. New York: Warner Books.
- O'Shea, H., & Parsons, M. (1979). Clinical instruction: Effective and ineffective teacher behaviors. Nursing Outlook, 27(6), 411-415.
- Patterson, C. H. (1973). Humanistic education. Englewood Cliffs, NJ: Prentice-Hall.

- Polit, D., & Hungler, B. (1983). Nursing research: Principles and methods (2nd ed). Philadelphia: J. B. Lippincott.
- Pugh, E. J. (1976). Dynamics of teacher learning interaction. Nursing Forum, 15(1), 49-58.
- Ray, M. A. (1981). A philosophical analysis of caring within nursing. In M. M. Leininger (Ed.), Caring: An essential human need (pp. 25-36). Thorofare, NJ: Charles B. Slack.
- Richards, R. (1975). Do you care for or care about? AORN, 22(5), 792-798.
- Rosendohl, P. P., & Ross, V. (1982). Does your behavior affect your patient's response? Journal of Gerontological Nursing, 8(10), 572-575.
- Robinson, V. (1977). Humor and the health professions. Thorofare, NJ: Charles B. Slack.
- Rogers, C. R. (1969). Freedom to learn. Columbus, OH: Charles E. Merrill.
- Rogers, C. R. (1980). A way of being. Boston: Houghton-Mifflin.
- Siegel, S. (1956). Non-parametric statistics for the behavioral sciences. New York: McGraw-Hill.
- Smith, D. W. (1977). Perspectives on clinical teaching (2nd ed.). New York: Springer.
- Stiver, I. (1985). Psychotherapy is uncaring language. American Psychological Association Monitor, 16(6), 5.
- Taylor, E. (1934). Of what is the nature of nursing? American Journal of Nursing, 34(5), 473-476.
- Tripp-Reimer, T. (1985). Combining qualitative and quantitative methodologies. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 179-194). New York: Grune & Stratton.

- Watson, J. (1979). Nursing, the philosophy and science of caring. Boston: Little, Brown.
- Watson, J. (1981). Some issues related to a science of caring for nursing practice. In M. M. Leininger (Ed.), Caring and essential human need (pp. 61-67). Thorofare, NJ: Charles B. Slack.
- Watson, J. (1985a). Nursing: Human science and human care. Norwalk, CT: Appleton-Century-Crofts.
- Watson, J. (1985b). Reflections on different methodologies for the future of nursing. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 343-349). New York: Grune & Stratton.
- Zar, J. (1974). Biostatistical analysis. Englewood Cliffs, NJ: Prentice-Hall.

APPENDIX A

Concepts of the Caring Teacher of Nursing

MAJOR CONCEPTS AND SUB-CONCEPTS OF THE CARING TEACHER OF NURSING

Major Concepts	SPIRITUALITY	PRESENCE	MUTUAL RESPECT	SENSITIVITY
Sub-Concepts	<ul style="list-style-type: none"> *a certain personality *assists student with self-fulfillment *dynamic *enhances welfare of student *enthusiastic *interested in person as an individual--sincere *teacher is internally motivated *teacher is joyful *works toward joy filled personal relationships *knows self as teacher *knows what other expects from one-caring *intuitive about who needs time *realistic *remembers a particular interest of student *promotes positive self-concept in self *teacher is self-congruent *promotes student's self-esteem *strong *thoughtful 	<ul style="list-style-type: none"> *affection *available *fair *friendly *nice *offers protection *offers security *personal warmth *unconditional positive regard/caring *unqualified acceptance of student *warm 	<ul style="list-style-type: none"> *considers others' objective needs *considers others' point of view *considers what the other expects *consideration *genuineness *kind *mutual influence *recognizes individual strengths and weaknesses and uses these in interactions *regard *respects differences 	<ul style="list-style-type: none"> *able to bring students along without putting them down *builds confidence *compassionate *develops trust *emotional and physical security *emotional satisfaction *empathy *encouragement *expressions of concern *gives emotional support guards against socio-cultural alienation *infers behavior-intuitive about who needs time *non-aggressively critical of ideas--encourages critical thinking *nurturant *picks up on anxiety-producing situations and discusses with students to diffuse *promotes positive self-concept in student *quietly comforting-sensitive *social sensitivity *strong support *student advocate *student oriented *supportive of student's views and beliefs *understanding

COMMUNION WITH THE OTHER

- *asks questions and answers in a non-judgmental way
- *body language
- *careful listener
- *clear communication
- *concreteness
- *confrontation
- *constructive feedback
- *counselor
- *discusses academic and personal problems
- *effectively manages interpersonal relationships
- *encourages communication
- *expressive facies and body language
- *explains material
- *eye contact
- *flexible
- *helpful
- *helps student learn about interpersonal process
- *helps student learn about self
- *helps student with work
- *honest
- *identifies weaknesses and suggests improvements
- *interacts with all students
- *interpersonal contact
- *makes self vulnerable
- *presents material interestingly
- *reinviting
- *relates with groups
- *responds
- *returns calls or notes
- *motivator
- *shares information freely--not attempting to be one up
- *sharing
- *smiles, cries, laughs sincerely
- *stimulation
- *verbal communication

ORGANIZATION OF TEACHING-LEARNING

- *adequately explains material
- *adheres to standards
- *analytic-synthetic
- *assists student as needed when delivering patient care
- *attentive to environmental signs
- *challenges students' minds
- *clear expectations
- *commitment to creativity
- *communicates positive attitudes
- *concern for student success
- *course organization
- *creates proper learning environment
- *dependable
- *devotes time
- *discipline
- *educationally sound reward and penalty system
- *excellent role model
- *expertise
- *gears materials to learning style and ability
- *gives appropriate work
- *gives extra time
- *giving of time
- *helps student learn effective ways of learning
- *has high expectations
- *low structure in classroom makes student work harder
- *minimizes risk
- *organization
- *positive expectations
- *provides opportunities to release tension
- *provides structure
- *recognizes individual learning needs of students
- *relaxed management of classroom
- *role model in clinical setting
- *social and theoretical orientation
- *takes risks

Bush, H. A. (in press). The caring teacher of nursing. In M. M. Leininger (Ed.), Care: Discovery and uses in clinical/community nursing. San Diego: Cabashan Publishers.

APPENDIX B

Graduate School Approval Letter



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302 Metro 434-1757, Tex.-An 834-2133

THE GRADUATE SCHOOL

August 6, 1985

Ms. Judith Ann Nortridge
2806 E. Rocklyn Rd.
Springfield, MO 65804

Dear Ms. Nortridge:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,

A handwritten signature in cursive script that reads 'Leslie M. Thompson' followed by a large checkmark.

Leslie M. Thompson
Provost

tb

cc Dr. Helen Bush
Dr. Anne Gudmundsen

APPENDIX C
Agency Permission Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO JUDITH A. NORTRIDGE, R.N.
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
of its facilities in order to study the following
problem.

ATTRIBUTES OF THE CARING NURSE TEACHER

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

6/24/85
Date

Rebekah J. Wood, MEd, RN
Signature of Agency Personnel

Judith A. Nortridge
Signature of Student

Kelen A. Bush, Ph.D., R.N.
Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

APPENDIX D

Permission to Use Bush's Model

Judy Nortridge
2806 E. Rocklyn Road
Springfield, MO 65804

Dear Judy:

Permission is hereby granted to use the Bush Model of
the Caring Teacher of Nursing in your thesis research.

Sincerely,

A handwritten signature in cursive script that reads "Helen A. Bush". The signature is written in dark ink and is positioned above the typed name and title.

Helen A. Bush, Ph.D., R.N.
Professor
Texas Woman's University
College of Nursing

HAB:ms

APPENDIX E

Research Review Committee Exemption Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Judy Nortridge

and entitled:

ATTRIBUTES OF THE CARING NURSE TEACHER

Has been read and approved by the member of (his/hers)
Research Committee.

This research is (check one):

xx Is exempt from Human Subjects Review Committee review because the study requirements are within Category I (no risk) according to the guidelines published in the Federal Register, Jan. 26, 1981, Part X, 7/27/81.

_____ Requires Human Subjects Review Committee review
because

Research Committee:

Chairperson, Helen A. Buss

Member, Lois Hough

Member, Quenda M. Hughes

Date: June 17, 1985

Dallas Campus **xx** Denton Campus _____ Houston Campus _____

APPENDIX F

Oral Presentation to Students
and to Nursing Teachers

Oral Presentation to Nursing Students

My name is _____, and I am assisting Judy Nortridge, a student enrolled in the graduate nursing program at Texas Woman's University. She is conducting a research study as partial requirements for her master's degree. The school of nursing administration has given her permission to conduct her study here.

The purpose of the study is to explore the caring attributes of the nurse teacher. Your voluntary participation would be appreciated. You will be asked to complete a demographic form and respond to the survey form by indicating the caring attributes you have observed in nurse teachers. There are no right or wrong answers, and you will have 20 minutes for completion. Do not sign your name, and be assured that your name will in no way be connected to the demographic data or survey form and your complete anonymity will be maintained at all times.

There is minimal risk in participating in this study and there is no risk of your grade being affected if you choose not to participate. The only unforeseen risk would be that of bad feelings of a noncaring teacher. The benefits of participating include adding to a new area of research and making us all aware of being more

caring. I will be glad to help you answer any questions regarding completing the forms.

Thank you for your time and assistance with this study. Your cooperation is appreciated.

Oral Presentation to Nursing Teachers

My name is _____ and

I am assisting Judy Nortridge, a student enrolled in the graduate nursing program at Texas Woman's University. She is conducting a research study as partial requirements for her master's degree. The school of nursing administration has given her permission to conduct her study here.

The purpose of the study is to explore the caring attributes of the nurse teacher. Your voluntary participation would be appreciated. You will be asked to complete a demographic form and respond to the survey form by indicating the caring attributes you feel are important in the caring nurse teacher. There are no right or wrong answers, and you will have 20 minutes for completion. Do not sign your name, and be assured that your name will be in no way connected to the demographic data or survey form and your complete anonymity will be maintained at all times.

There is minimal risk in participating in this study and there is no risk of losing your faculty position if you choose not to participate. The benefits of participating include adding to a new area of research and making us all aware of being more caring. I will be

glad to help you answer any questions regarding completion of the forms.

Thank you for your time and assistance in this study.
Your cooperation is appreciated.

APPENDIX G

Demographic Data Sheet for Students

Survey for Nursing Student

COMPLETION AND RETURN OF THIS TOOL WILL BE CONSTRUED
AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS STUDY

Demographic Questions: Please place an "X" beside the
answer that describes you.

1. Age:

- ☐ 18-25
- ☐ 26-33
- ☐ 34-41
- ☐ 42-49
- ☐ 50-57

2. Gender:

- ☐ Female
- ☐ Male

Survey for Nursing Students

Have you experienced a caring teacher in the past?

_____ Yes

_____ No

_____ one to three teachers

_____ more than three teachers (write in number)

PLEASE INDICATE BELOW THE "CARING" ATTRIBUTES THAT
YOU HAVE PERCEIVED IN A TEACHER OF NURSING.

APPENDIX H

Demographic Data Sheet for Faculty

Survey for Nursing Teachers

COMPLETION AND RETURN OF THIS TOOL WILL BE CONSTRUED
AS YOUR INFORMED CONSENT TO ACT AS A SUBJECT IN THIS
STUDY

Demographic Questions: Please place an "X" beside the
answer that describes you.

1. Age:

- ☐ 21-25
- ☐ 26-33
- ☐ 34-41
- ☐ 42-49
- ☐ 50-57

2. Gender:

- ☐ Female
- ☐ Male

3. Years of Nursing experience apart from nursing education:

- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years

4. Years of experience as a nurse teacher:

- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years

Survey for Nursing Teachers

Have you experienced a caring nurse teacher in the past?

_____ Yes

_____ No

_____ one to three teachers

_____ more than three teachers (write in number)

PLEASE INDICATE BELOW THE ATTRIBUTES THAT YOU BELIEVE
ARE IMPORTANT IN A "CARING" NURSE TEACHER.

APPENDIX I

Frequency of Responses from All Participants
Under Each Major Concept

		Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
Students Group 1							
1	0	0	0	0	0	1	3
2	0	3	1	0	0	0	1
3	1	0	0	0	0	0	0
4	0	2	1	2	0	0	0
5	0	0	0	1	1	0	0
6	2	3	1	3	2	2	2
7	1	0	0	3	1	1	1
8	0	0	0	2	0	0	1
9	1	2	1	0	0	0	0
10	0	2	1	0	0	0	2
11	0	1	0	0	0	0	3
12	0	1	0	0	1	1	1
13	0	2	1	1	1	1	2
14	0	1	0	0	2	1	1
15	1	0	0	0	0	1	1
16	0	0	0	1	0	0	3
17	0	2	0	1	1	1	1
18	1	1	0	1	1	1	0
19	0	0	0	1	1	1	3
20	2	0	0	4	1	1	1
21	0	2	1	2	3	3	3
22	0	1	0	1	2	4	4
23	0	2	0	1	1	1	1
24	0	0	0	2	1	3	3
25	0	3	1	0	0	0	0
26	2	0	1	1	1	1	1
27	0	2	0	1	0	0	0
28	0	3	1	0	2	1	1
29	0	1	0	0	1	1	1
30	1	1	2	1	1	1	1
31	1	3	0	1	2	1	1
32	0	1	1	2	0	1	1
33	2	2	1	2	1	2	2

	Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
34	1	1	1	2	2	2
35	0	0	0	1	1	1
36	0	1	0	1	2	0
37	2	1	0	3	3	2
38	0	0	0	1	1	0
39	0	0	1	3	2	1
40	0	2	0	1	0	0
41	0	1	0	1	3	1
42	1	0	0	1	0	2
43	0	2	0	0	0	0
44	0	4	0	1	0	0
45	0	0	0	1	1	2
46	1	0	0	0	2	0
47	0	0	0	2	2	1
48	0	2	0	0	0	2
49	3	2	0	0	2	2
50	0	1	0	0	0	1
51	1	2	0	1	0	1
Totals	24	60	16	53	49	63
%	9%	23%	6%	20%	18%	24%

n = 51.

Total = 265 responses.

Nurse Teachers Group 2	Communion With the Other						Organization of Teaching-Learning	
	Spirituality	Presence	Mutual Respect	Sensitivity				
1	0	0	1	1	2		2	
2	3	3	1	2	3		3	
3	1	1	1	1	1		4	
4	3	0	0	3	0		2	
5	1	2	0	2	0		0	
6	0	3	1	1	1		1	
7	3	2	2	0	2		0	
8	0	2	0	1	0		3	
9	1	0	0	1	0		1	
10	1	0	0	0	2		0	
11	3	3	0	3	0		2	
12	0	0	1	0	1		4	
13	2	3	2	1	1		4	
14	2	2	0	0	2		1	
15	5	0	0	0	0		1	
16	2	2	0	1	0		3	
17	1	2	0	0	0		1	
18	3	0	1	0	1		2	
19	0	1	0	2	3		0	
20	0	3	0	1	0		1	
21	6	4	0	0	2		1	
22	0	1	0	0	3		3	
23	1	0	0	0	0		4	
24	2	2	0	0	1		2	
Totals	40	36	10	20	25		45	
%	23%	20%	6%	11%	14%		26%	

n = 24.

Total = 176 responses.

APPENDIX J

Percentage Comparison of Frequency Responses Between
Nursing Students and Nurse Teachers Under
Six Major Concepts

Percentage Comparison of Frequency Responses Between Nursing Students and Nurse Teachers
Under the Six Major Concepts

	Spirituality	Presence	Mutual Respect	Sensitivity	Communion With the Other	Organization of Teaching-Learning
Nurse teachers	23%	20%	6%	11%	14%	26%
Nursing students	9%	23%	6%	20%	18%	24%