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Running Head: CARING IN NURSING EDUCATION

Cultivating Caring in Nursing Education

Systems Change Project
Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Doctor of Nursing Practice

St. Catherine University
St. Paul, Minnesota

Patricia Ann Fahey Bacon

May, 2012

ST. CATHERINE UNIVERSITY
ST. PAUL, Minnesota

This is to certify that I have examined this
Doctor of Nursing Practice systems change project
written by

Patricia A. Fahey Bacon

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

Graduate Program Faculty



Name of Faculty Project Advisor

May 10, 2012

Date

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To my Doctoral Committee

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Dedications

A journey is not to be experienced alone; a journey is meant to be shared with those who feed your soul and bring joy to your heart. My journey at St. Catherine's University has fed my soul, and one that has been interesting and fulfilling and brings closure to my nursing education. The terminal degree of Doctor of Nursing Practice has been a goal of mine for several years. The faculty and staff at St. Catherine's University have helped me far more than I can ever express. Thank you so much.

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Executive Summary

There has been an increase in incivility in nursing education. The uncivil behaviors that are demonstrated most frequently are anger, frustration, and disrespect toward others. The uncivil behaviors may be exhibited by nursing faculty or nursing students. The reasons for uncivil behavior are varied and are identified in studies by nurse researchers. While the problem of incivility has been difficult to resolve, it is important to address incivility because it is in fact escalating in nursing education. It is hoped that the integration of caring theories within nursing education will lead to an understanding and expression of caring behaviors, which will decrease incivility.

The purposes of this phenomenological study, *Cultivating Caring in Nursing Education*, were to obtain personal perspectives and understandings of caring from student nurses and to enrich the nursing curriculum with a caring theory that will heighten trust, communication, and respect.

The current nursing curriculum was enhanced with caring lectures and narrative story-telling. Eighteen students participated in focus groups and answered questions related to caring. The questions were: When you think about caring, what are the first words that come to your mind? What is it to care for self and others? Tell me of a caring action that you witnessed in the school environment this semester? How can you help decrease negative attitudes in school? Tell me how you can demonstrate caring behaviors with students and faculty. Data were analyzed using qualitative thematic analysis.

Themes related caring included “expressing genuine interest in others, listening, being present, providing comfort, and role modeling”. Students were able to describe

caring attributes and behaviors in nursing that have been exhibited while in nursing school. The nursing students felt that caring behaviors have been role-modeled by nursing faculty and that they have experienced and developed caring relationships while in school. Nursing educators will be able to promote civility in nursing education and practice by more intentionally incorporating caring in the nursing curriculum and environment.

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Chapter I

Introduction

In this chapter the concept of incivility is identified as a growing concern for faculty in nursing education environments. Caring, the alternative to incivility is discussed and brought forth as paramount to the foundation of nursing education and the development of knowing, ethical practice for nursing. Significant evidence is presented that supports the importance of caring practices as the basic tenant of nursing and therefore supports the need to bring caring to the forefront in nursing education.

Incivility in Nursing Education

Incivility in the classroom has been identified as a growing concern by nursing faculty at a faith-based baccalaureate nursing school in the Midwest. Angry outbursts, rolling eyes, and students failing to attend clinical have ignited concern from the nursing faculty. The exact cause of incivility is not readily identified, however, nursing faculty feel the presence of unrest. Clark and Springer (2007) wrote that incivility is that behavior that is rude and ranges from “insulting remarks and verbal abuse to violent behaviors” (p. 93). Clark (2008) further suggested that stress and attitudes of disrespect foster an unhealthy learning environment. Teaching and demonstrating caring within nursing education will help create a culture where incivility becomes unthinkable. Because there were no formal lectures in the nursing curriculum which defined caring behaviors or discussions that promoted civil relationships in the college identified in this research, this systems change project focused on incorporating conscious caring in an intentional manner within the nursing education environment. It was profoundly important to nursing education and the environment of the college to promote caring and

respect within the education system. On the nursing department website, it states that caring is the essence of nursing and that caring, as the essential in nursing, involves the whole client, mind, body, and spirit. Further, it is believed by nursing faculty that when caring ceases, nursing ceases.

The connectedness of humans is transferred daily through conversation. To be receptive during conversation requires attentive listening and thoughtful respect. The responsive person remains focused and complete within the moment. Of critical importance is that throughout the conversation there is a conscious presence, a knowing, and a commitment to the moment. Mutual respect is required in daily conversation, but is often lost related to disunity of the human connection. The loss of mutual respect is demonstrated through thoughtless and rude behavior. That behavior leads to a loss of connectedness and human caring (Watson, 1988).

Caring

Caring had not been intentionally taught in the nursing curriculum. The incorporation of caring in nursing education will once again bring the importance and thoughtfulness of caring to the forefront of nursing education. Caring must be defined, understood, and practiced in everyday living and serving. Nursing faculty and nursing students must become aware of caring behaviors. When caring is demonstrated through action and word it allows intentional being with others, promotes respect, and encourages open, trusting communication (Watson, 1988). Caring leads to a supportive reciprocal relationship.

Watson (2002a) stated that caring is an assumed behavior in nurses. Nursing students and nursing faculty expect caring, respectful behaviors; however, if left only as

an expected assumption caring, behavior will not become alive in nursing practice.

Further assumptions are that foundational change will occur through the demonstration of being present with others, listening respectfully, and communicating effectively with positive self-regard.

Nursing faculty and students must be open to develop attributes that foster caring and utilize communication skills that support respect and healing. Nursing education is a formative time for students to learn the role of caring. Nursing faculty at the faith-based baccalaureate nursing program supported the urgent need to cultivate and integrate caring behaviors in nursing education. This receptivity by faculty facilitated the integration of caring throughout the nursing curricula through curriculum enhancement.

Identification of Theoretical Frameworks Supporting Curriculum Enhancement

According to Bevis and Watson (2000), a caring approach to nursing education and nursing curriculum are positioned to provoke a critical awakening of the evolving human consciousness, the human spirit and consciousness of wholeness and healing. A framework such as this offers nursing an opportunity to become its full professional self. A human caring curricula approach requires a personal and spiritual engagement of the nurse educator and a commitment to self and others. Bevis and Watson emphasized that the current educational world does not have the critical consciousness to acknowledge the empty space in adaptation-maintenance education. The empty space is distinguished as human learning and human caring and healing.

Bevis and Watson (2000) identify curriculum as “those transactions and interactions that take place between students and teachers and among students with the intent that learning take place” (p. 72). A curriculum should be full of stimulation and

inspiration. It is important that the curriculum should not always be pre-planned. Because different learning requires different technique, curricula should be updated and enhanced to promote inspirational learning (Bevis & Watson, 2000).

Integrating caring into the curriculum requires different techniques. Liberating faculty-student interactions support educative learning (Bevis & Watson, 2000) and promote graceful enrichment of the pre-planned curriculum without augmenting change in the process of enrichment and enhancement.

Social Justice/Ethical Principles

Equality for self and others is felt within a spiritual environment (Watson (2002a). The genuine respect and expression of trust leads to moral behaviors and fair treatment of others. Being with others in service to promote dignity and justice is critical to the nursing profession. Caring attributes promote moral development and an ethical base that represent nursing (Watson, 2003). Compassion and conscience are important to nurses because they bring an understanding of another's experiences and bring attention to the moral being of others. Roach (1987) posited that through a sensitive awareness of personal values and morals, nurses are reminded that all humans have inherent and equal worth.

Chinn and Kramer (2008) explained that emancipatory knowing makes social and structural changes possible. Emancipatory knowing is "the capacity not only to notice injustices, but also to critically examine why injustices seem to remain invisible and to identify social and structural changes that are required to right social and institutional wrongs" (p. 78). It is important to note that humans recognize problems of injustice and inequity; and only after that recognition can change occur to improve lives. Incivility is often subtle, creating injustice and institutional wrongs. According to Chinn and Kramer

(2008) “any condition that limits people from developing to their full human potential becomes problematic and must be changed” (p. 90); incivility and injustice limit human potential. It is important that “injustices can be made visible, that what is imagined can become real, and that humans have the innate capacity to bring about changes to improve human conditions” (p. 90).

The American Nurses Association (ANA) (2001) described nursing ethics and actions “to respect the worth, the dignity and rights of all human beings” (p. 7) and “to maintain compassionate and caring relationships with colleagues and others” (p. 9). The ethical expectations of the ANA extend to all nurses within all relationships. This standard of conduct precludes prejudice and is a fundamental principle that frames nursing practice. Human rights and fair treatment are expected for all individuals. Further, ANA stated that “the nurse owes the same to self as to others” (p. 18). Compassion, collaboration, and caring are the framework of nursing and are brought forth in nursing ethics and practice.

Educational Disparity-Incivility

Diekelmann (1990) wrote “in our preoccupation with nursing curriculum, we stand in danger of losing something crucial; clarity of vision” (p. 303). The daily lived experiences of faculty and students are lost in the artifacts and constructs of education. The connectedness to students is gone, as well as the moral significance of the practice of nursing education. Disparity in nursing education can be eliminated by educating students respectfully and empowering the students to learn within a caring framework (Diekelmann, 1990). A common commitment of nurses is to care; the question is how to incorporate the practice of caring within the current educational system. We must come

together to recognize the practices in nursing culture that serve to make caring impossible, such as disrespect, frustration, and a lack of connection with others.

Diekelmann encouraged reflection and called on nurses to dialogue. She further asserted that to listen and seek to understand opens up endless possibilities to change the current trends of incivility. With active dialogue of who we are, stories of lived experience will provide rich information and new possibilities for nursing education.

Nursing education can no longer ignore occurrences of violence and incivility. It is only after recognition of problems in nursing education that change can and will occur. The nursing faculty from the participating nursing program recognized the importance of reducing or eliminating incivility and uncaring behaviors. The reduction or elimination of incivility would be brought forth through social and structural change in the education environment.

Problem/Purpose

The purposes of this systems change project, *Cultivating Caring in Nursing Education*, were to obtain personal perspectives and understandings of caring and to enrich the nursing curriculum with a caring theory that would have the potential to heighten trust, communication, and respect. This systems change project hoped to reduce incivility in nursing education by enriching the nursing curriculum with caring principles so that authentic being and caring would occur.

Specific Aim

The aim of this systems change project was to identify caring attributes in nursing education and support a caring environment. Defining caring attributes support the act of

caring. Expressions of caring embody nursing; however, nurses need to understand what caring is, how to be caring, and the impact of caring and non-caring on others.

Research Objectives

The research objectives of the systems change project were to:

- Define the concept of caring from the student nurse perspective
- Identify for students the connection of caring to self and others utilizing caring paradigm narratives and reflection
- Facilitate students' exploration of caring communication
- Facilitate faculty and student participation in caring communities

Chapter 2

Introduction to Theoretical Underpinnings

An extensive literature review identified theories related to caring and nursing education that undergird this project. Central to the theories chosen for the systems change project are the development of wholeness, caring, and authentic relationships. The promotion of love of self and others is a common thread within the theories and fosters caring relationships which are paramount in life experiences. The ability of nurse educators to enhance the nursing curricula with caring will improve nursing practice and support social justice values.

Caring Research

In this section, research related to caring theories, caring actions, and caring relationships will be presented.

Caring Theorists

Watson (2003) invited nurses to come together for a common purpose, to unite and reconsider what nursing really is, and to “speak and listen without judgment, working from a heart-centered space; working toward shared meanings and common values” (p. 201).

Nurses are called to cultivate and sustain caring, healing practices. Watson (2003) framed her theory of caring and love as a call to open and to uncover the latent love in our (nurses) caring work. Nurses are reminded by Watson that “it is our humanity that both wounds us and heals us, and those we serve; and in the end only love matters” (2003, p.199). Similar to Watson, Roach (1987) stated, “nurses do not care because they are nurses, they care because they are human” (p. 30). Defining caring attributes supports the act of caring. Expressions of caring embody nursing; however, nurses need to

understand what caring is, how to be caring and the impact of caring and non-caring on others.

Turning away from shared humanity and spiritual connection perpetuates inhumane acts, violence, and the destruction of the human spirit. Caring moments, defined by Watson (2003) are “energetic fields of cosmic love; radiating reciprocity and mutuality, which transcends time and space” (p. 200). Nursing faculty and nursing students will be part of caring moments and be reminded that “connections between caring, loving, and infinity mirror humanity” (p. 202) of self and others.

Caring Actions

Watson (2002b) suggested that nurses clarify, articulate, and manifest values through worthy action. When values are congruent with actions, there is harmony and wholeness. Watson encouraged nurses to remember that being and becoming in the caring moment brings forth a mindful and reflective practice. We must “awaken to our source, our philosophical traditions and ...return to our roots and our deepest ethical ideas and values for human service” (p. 3). Roach (1987) defined the attributes of caring as compassion, competence, confidence, conscience, and commitment as threads in human caring. Roach (1987) expressed that conscience is “the caring person attuned to the moral nature of being...out of a process of valuing self and others it manifests as care” (p. 64).

Caring Relationships

Boykin, Schoenhofer, Baldwin, and McCarthy (2005) described the “dance of the caring persons” and its importance in the theory of nursing as caring (p. 16). Utilizing the theory of caring within nursing education encourages students to focus on nursing as

nurturing, loving, and caring. The value of relationships in shared lived experiences leads to the importance of person as person. Nursing faculty and nursing students together participate in the dance of caring. As the dance of caring intensifies, shifts and changes will occur as nursing faculty and nursing students begin to share and connect. Boykin et al. (2005) expressed that all who participate in the dance have a contribution to make and caring to create. According to Roach (1987) caring is perhaps the most important medium through which the human being is “being-in-the-world” (p. 2).

Educational Theories

In this section educational research related to student-teacher relationship, incivility, nursing education, and caring as a mediator of incivility will be presented.

Student-Teacher Relationship

Gillespie (2005) described the student-teacher connection as the creation of space; transforming within the space students are affirmed of who they are, aware of their potential, and supported in professional growth. Gillespie supported the student-teacher connection by describing the qualities it embodies: “trust, knowing, respect and mutuality” (p. 213). Honestly knowing students becomes a clear intention of looking beyond the surface of the students and being non-judgmental and accepting. The positive influence of the student-teacher connection leads to a caring environment. The deepening relationship affirms the student-teacher connection. Respect is a contributing quality in connection, “one that commands the innate worth and capacity of the student” (p. 215).

Incivility

Clark (2008) described uncivil and disruptive behaviors in nursing education as “serious problems” (p. E37). Uncivil behavior leads to a loss of connection and when

there is a loss of connection, disparities arise. Active, caring communication, however, can create civility in nursing education. When mutual respect is not developed, unfairness and anger can develop. Clark expressed that “like most human behavior, incivility in the student-teacher relationship is dynamic and reciprocal” (p. E38). There are many reciprocal behaviors; students or faculty may be late for class, or be rude to each other, the anger growing into a hostile situation. The implications from the exchange of negative reciprocal behavior trigger incivility.

Clark (2008) described incivility as a dance; one dancer leads and the other follows. One rarely dances alone and dancing requires interaction and engagement. Feelings are expressed throughout the dance. In her study on incivility in nursing education, Clark developed the dance metaphor because of the emerging themes of (negative) interaction between faculty and students. Clark emphasized the ability to foster civility occurs when faculty and students engage, discuss, and listen to one another.

Clark (2008) found stress and attitudes of disrespect foster an unhealthy learning environment. Reciprocal negative behaviors, such as frustration and anger result when stress and disrespect are present in the classroom. Nursing faculty and students must be open to develop attributes that foster caring and utilize communication skills that support caring and healing. Clark’s use of the dance (of incivility) metaphor holds a key to resolution to the current trend of incivility in the classroom. Learning to dance (communicate) in a civil manner will promote caring nurses and ultimately lead the nursing profession into a new era of caring.

Nursing Education

In her book *Quality Caring in Nursing*, Duffy (2009) informed nursing “that professional caring may be best learned through the caring relationships and role modeling that faculty enact during the educational process” (p. 135). Duffy points out that nursing education is more than imparting and sharing information, “it is also about openness, connection, and creativity” (p. 135). Caring relationships are mutually beneficial and offer a connection that enhances authentic learning and a positive environment.

Nursing educators are reminded that it is ethical and responsible to bring forth caring in the education environment. Abundant research supports the incorporation of caring into nursing curriculum. Researchers, such as Watson (1988, 2002, 2003), Clark (2008), Clark and Springer (2007), and Gillespie (2005) suggest that incorporation of caring into nursing curricula will enhance the nursing profession and improve nursing practice.

Caring as a Mediator of Incivility

Nursing education requires a development of caring interactions between nursing faculty and students. Watson (2003) reminded nurses to seek what we already know at some deep human, experiential level as care is provided to those who are vulnerable. What nurses know is that deep caring sustains healing practices and opens us to the ethics of being. The ethics of being is a form of human literacy and includes emotional heart intelligence, consciousness, and intentionality in a lifelong process of self-growth and self-awareness (Watson, 2008). This being should be considered as nursing faculty educate those who so desire to make a difference.

Addressing the need for nurses to make a difference, Tanner (2000) wrote about the patriarchal ideology of control in practice and nursing education as a crisis in health care and health policy. Advocating for change, Tanner suggests that caring must be a core value in nursing education and the adoption of caring will be a transformation, a paradigm shift. The National League of Nursing (NLN) (2000) adopted resolutions to address the crisis in health policy and nursing education. The NLN resolutions encourage the development of curricula that reflects caring principles through faculty-student relationships characterized by cooperation and community. Social values that support cultural diversity are necessary to support positive change in nursing education.

NLN (2000) identified that caring is a core value of the nursing profession. Nurses cannot be separated from what it is to care for, and about others. “Caring means that people, interpersonal concerns, and things matter” (Tanner, 2000, p. 71). According to Tanner, caring is learned by experiencing caring practices. These practices must occur between faculty and students and are “only possible when the culture of the school supports enactment of caring practices among faculty” (p. 71). It is important for students to witness the caring practices of nurses because if caring practices are witnessed in nursing education, the nursing students will bring those attributes forward in their professional practice. Finally Tanner suggested that we must work with intelligent, caring nurses to nurture them to become knowledgeable and compassionate nurses. Caring practices must be nurtured and cultivated if they are to be protected from assault.

The development of caring within nursing curricula will bring about a natural development of trust, mutual respect and being with others authentically (Watson,

2002b). Although this presents a change in course, nurse educators must accept the challenge as a means to nurture and cultivate nursing students.

Higgins (1996) suggested that caring is a thread in nursing curricula. The faculty within a caring curriculum nourish the student; the thread is then cut as the student ventures beyond the classroom and is present and caring with others. Caring outcomes in practice depend on a caring, teaching-learning environment. Roach (1997) described caring as the most authentic criterion of humanness. Caring is not to be suppressed or its expression inhibited, but within the core of humanness caring is indestructible and is waiting to be called forth. Nursing educators must bring forth caring, to ignite and cultivate the spirit of caring within nursing students.

Caring is the human mode of being and must be nourished through the professional development of nursing students. Gramling (1997) suggested that caring must not be left to chance; it must be carefully orchestrated, cultivated, and sustained. Beck (2001) identified that when students experience caring from a faculty member or other nursing student, they learn how to care for themselves. Further, with this learned experience the student then develops a desire to reach out to others using learned caring attributes. Beck proposed that for nursing students to care for patients, it is necessary for students to experience caring in their education environment. According to Beck, caring must become a way of being for both faculty and students and caring must be cultivated among all members of the academic community.

Nursing education is entering into challenging, changing times; we must recognize the call for connection and unity. A challenge of particular importance at this time is the relationship between nursing faculty and nursing students. The literature

reveals that caring and connection between nursing faculty and nursing students is critical in the development of professional, caring nurses. Clark and Springer (2007) wrote that fostering civility on campuses presents a challenge, however, the engagement in sustained and deliberate conversations and behaviors of caring and respect can promote the civility faculty and students desire. It is hopeful that caring will become a way of being, authentically practiced, and morally addressed.

Chapter 3

Introduction to Methodology

Because the systems change project involved curriculum enhancement, qualitative research was chosen to describe the phenomena of caring in nursing education as witnessed by nursing students. Curriculum enhancement does not promote change; however, it does promote an adoption of ideas to further build upon the current curriculum designed to educate student nurses. Enhancement calls for integrating caring within an already developed curriculum and is best unfolded after nursing students clarified what caring means, how caring is demonstrated in nursing education, and if nursing students could identify uncaring and caring behaviors in the nursing education environment.

In this chapter the foundation of the project will be described as well as the methodology for project implementation. Methods for data collection and data analysis used during the project will be briefly discussed with evidence presented to support the research project.

Philosophical Underpinnings

The utilization of interpretive phenomenology to analyze the lived experience of students enhanced the systems change project. Scott (2003) identified phenomenology as the being of consciousness. Phenomenology is the science of essence and seeks to understand the experience of individuals and a deeper understanding of the nature or meaning of our everyday experiences (Van Manen, 1990). The task of phenomenology is to manifest the incessant tangle of action, situation, and reality in the various modes of being in the world. Further phenomenology emphasizes human life with the world. Van Manen (1990) proposed that textual reflection on the lived experiences and actions of

everyday life increase one's thoughtfulness and resourcefulness. Van Manen also asserted that phenomenological research is always to question the way we experience the world, to want to know the world. Burns and Grove (2007) identified phenomenologists as researchers who view the person as integrated with the environment. Important within the realm of phenomenology is that the phenomenon occurs only when a person experiences them. Every experience is unique to each individual. Van Manen posited that phenomenology is a philosophy or theory of the unique; an interest which is not replaceable-the story of the life world. Further, Burns and Grove (2007) explained that phenomenology describes experiences as they are lived to capture the lived experience of study participants.

Phenomenology is the philosophical approach to inquiry within Dr. Jean Watson's Theory of Transpersonal Caring. Watson (2008) proposed that phenomenology supports a subjective appreciation of the inner-life world of the experiencing person. It is the use of broad interpretive questions that look into the meaning of one's lived experience which allows us the opportunity to understand human behavior or experience (Burns & Grove, 2007). It is necessary to understand how human behavior and caring tenets are understood; which is achieved through phenomenological inquiry in this system change project. Van Manen (1990) is explicit on phenomena: "anything that presents itself to consciousness is potentially of interest... whether the object is real or imagined, empirically measurable or subjectively felt (p.9).

Methodology

Qualitative research gives meaning to phenomena that may be difficult to measure through other research methods. This research project sought to uncover the meaning of caring through focus group meetings after the introduction of caring through curriculum enhancement. Prior to beginning curriculum enhancement and then data collection, support was obtained from the faculty and staff at the participating college. It was imperative to experience collaboration throughout the research process because the faculty permitted the researcher to have in-class access to the students through the semester of inquiry and the faculty also gave important feedback to the researcher.

After meeting with students and introducing the research project, the nurse researcher met in the classroom with each level of student (sophomore, junior, and senior) separately. At the first meeting, the students were asked three questions related to caring (see Appendices A-C) and following their written responses, the researcher described caring theories in nursing. The nurse researcher analyzed the student answers and uncovered themes of caring which would be utilized to write caring narratives, or caring stories. At the subsequent visit with the students, again at each level of learning, the researcher presented the caring narrative developed and written from the student's caring themes. The students then wrote a caring narrative based on a caring encounter they had experienced. The students also participated in caring communities which took place during their clinical rotations.

Finally, data collection took place through focus group meetings. After informed consent was obtained and confidentiality was assured, nursing students answered five

questions (see Appendix D) related to caring and caring in nursing education. The focus groups were taped and transcribed verbatim and analyzed for themes identifying caring.

Focus Group Data Collection

Data collection was realized through focus group meetings. According to Burns and Grove (2007) the focus group has the potential for learning about the focus of the research, as well as the group. An important aspect for the success of focus group rests with the people who are speaking to the phenomena of interest. The nursing students had a shared interest in caring and are experienced in caring so they had knowledge with which to build upon.

Focus Group Data Analysis

The ability to analyze the data rests with the nurse researcher. A hands-on approach was used and strict adherence to a structured format was followed. Benner (1994) suggested a specific approach in analysis suggesting that reading each transcription (from the focus groups) and treating it like a case allows themes to stand out. Studying the themes for similarities or contrasts will allow further development of themes.

Project Plan

Introduction of Project to Faculty and Stakeholders

After thorough evaluation of the identified problem, the systems change project was presented to the President of the College, the Chair of the Nursing Department, and the Nursing Faculty. Incivility in nursing education was distinguished as a problem and focus of an extensive literature review. The concept of caring was introduced as the solution to resolve concerns with incivility in nursing education. The nurse researcher

described the systems change project in detail with a focus on curriculum enhancement as a means to introduce caring in nursing education. Further detail was provided on how data collection would determine the effectiveness of the project. The nurse researcher also identified important concepts and theories revealed throughout the literature review which framed the SYSTEMS CHANGE PROJECT. A timeline was presented to the Academic Administration and nursing faculty members who then assessed the project. The nurse researcher invited feedback and addressed their questions. After significant discussion, the President of the college identified herself as a key stakeholder by offering support for the project and accepted the project as an extension of the mission of the college.

The Chair of the Nursing Department committed to the role of site mentor, and nursing faculty committed to support the project as committee members, all affirming the important role caring plays in nursing education. Of critical importance, was the willingness of the stakeholders and committee members to give of their time, a significant request. It was also important to recognize that the contribution of their critical analysis was essential to the development and implementation of the project.

The Chair of the Nursing Department (site mentor) offered continued support during the course of the project through discussions about caring, qualitative research, and respectful dialogue and inquiry about the implementation of the project. The site mentor offered valuable support for the research project by allowing the nurse researcher to present the project to faculty and staff and offering assistance when and where needed.

The nursing faculty was informed that the project would take place during the 2011 fall semester of nursing school. Further, the faculty understood that while caring

seems innate in nursing, there had been no formal assessments to determine the understanding of caring from the perspective of the nursing students at this college. The nursing faculty was presented with supporting evidence from the literature review incivility and caring in nursing education completed by the nurse researcher. The nursing faculty were introduced to the work of Higgins (1996) who suggested that caring is a thread in nursing curricula. The faculty within a caring curriculum nourish the student; the thread is then cut as the student ventures beyond the classroom and is present and caring with others. It was with this perspective in mind and the immense desire to inspire others that the nursing faculty adopted the caring project. Nursing faculty granted the nurse researcher didactic time to present caring to nursing students.

After support was received from the site college, the nurse researcher developed and created the proposal for the project. After review with the researcher's advisor, the proposal was submitted to the Institutional Review Board (IRB) at St. Catherine University, the primary site of the investigation did not require IRB approval.

The proposal was also presented to the Academic Administration, Nursing chair, and nursing faculty from the primary site of the investigation to assure they were apprised of the project progression. Identification of educational theories, the use of level specific questions to identify the nursing students' knowledge and understanding of caring, the development of caring communities in clinical, and the use of focus groups to determine the effectiveness of the curriculum enhancement were discussed to further clarify the project.

Identification of Aim of the Project

The aim of the systems change project was to determine how nursing students define caring, how caring is demonstrated in nursing education, and if nursing students at all levels of learning while in a baccalaureate nursing program could identify uncaring and caring behaviors in the nursing education environment.

Framework Supporting Focus Groups

Lambert and Loiselle (2008) suggested the primary goal of focus groups is to use interaction data to increase the depth of the inquiry and to accentuate members' similarities and differences. The rich information obtained provides a range of perspectives and experiences. The use of focus groups allows for an exploration of opinions and beliefs about a specific phenomenon.

Bradbury-Jones, Sambrook, and Irvine (2009) propose that focus groups are congruent with phenomenology because they support the notion of collaboration and dialogue (part of the phenomenological endeavor); the group approach applies to descriptive phenomenology, and because the focus group stimulates discussion, opens new perspectives, and encourages exchange.

Redmond and Curtis (2009) described focus group research as a legitimate qualitative methodology. The focus group concept may be used as the primary source of data or in association with other methodologies. The focus group is "a form of group interview where the aim is to understand the social dynamic and interaction between the participants" (Redmond & Curtis, 2009 p. 57). Focus groups also offer an opportunity for participants to answer a question, but modify answers after listening to others.

Framework Supporting Narrative Pedagogy

Nehls (1995) utilized narrative pedagogy as an interpretive approach to teaching and learning. The use of narrative pedagogy will assist nursing students to learn about caring by sharing and reflecting on their lived experiences. Nehls credited Diekelmann (1990) for developing narrative pedagogy in nursing education; narrative pedagogy is useful in interpreting meanings in lived experiences. The nurse researcher would design caring narratives (developed from the self-assessment of the students) and present the narratives to the students. The nursing students would then develop a caring narrative; a story in which they described how they “cared” for a patient, co-workers, or fellow student; sharing and reflecting on the narrative would lay the foundation for valuable teaching moments. Interpreting life stories amplifies the lived experiences of students and faculty (Nehls, 1995). This approach would help the students develop a caring approach based upon real stories of life.

An advantage in the use of narratives as a way of storytelling is that it enables feeling and emotion to be communicated (Priest, 2000). Further, Priest encouraged narrative analysis as an appropriate methodology with which to study nurses’ perception of caring, as it permits the researcher to enter their world and to explore experience as expressed through stories. It is an appropriate approach to extend knowledge about care and caring.

Ethical Considerations

Levi-Malmberg and Eriksson (2010) found that care is an ethical act that can be described “as an endeavor to mediate faith and hope, among other qualities, through learning” (p. 107). Further, there is a need to develop caring theories and to ensure more presentations on caring within the caring sciences. There is a responsibility and

commitment needed to move the theory into ethical action inspired by a responsibility towards others.

The ANA (2001) mandates that nurses engage in scholarly inquiry which is intended to refine the body of knowledge that frames the discipline of nursing. The standards of nursing reflect the practice of nursing, which is grounded and committed to ethical practice and knowledge. Nurse educators are called forth with a specific responsibility to enhance students' commitment to "professional and civic values" (p.22). To foster ethical integrity and professionalism, nurse educators must promote an environment of caring and honesty.

The systems change project was reviewed and approved by members of the Institutional Review Board at St. Catherine University and administrative faculty at the primary site of the investigation. All students who took part in the study were fully informed of the purpose of the research and were assured that complete confidentiality would be maintained throughout data collection, as well as, the analysis stage and the subsequent report of the data collected. The students were further informed that the data collected would be shared with the nurse researcher's advisor and possibly published in the future; however, no names would be associated with the data. The research project was explained in-depth to the nursing students during first semester nursing classes. Students received an explanation of the curriculum enhancement project as well as an introduction to focus groups. Each student was given written explanation of the stages of the research and a consent form to review for focus group participation. The students were invited to ask questions for further clarification.

All students were informed that focus group participation was voluntary and that confidentiality would be maintained throughout the project. Students who chose not to participate in the focus group discussions were assured their decision would not affect their student role in any way. All students participated in the curriculum enhancement portion of the research which was integrated within the curriculum and presented during nursing classes.

Study Population

All nursing students attending the participating research site, where the nurse researcher is a faculty member, were asked to participate in focus groups on caring in nursing education. The students in the study were sophomore, junior, and senior level nursing students. There were approximately 75 students eligible to participate in the focus group aspect of the research investigation. The students were over 18 years of age. There were no exclusion factors. The initial phase of the research was that of curriculum enhancement which was integrated into the first semester classes; participation was expected.

Timeline for Project

The systems change project was initiated at the beginning of the school year to promote new ideas and inspiration at a time of great excitement for the students. As a new school year begins, students are eager to learn and ready to work hard to grasp new information. It was a crucial time to introduce new topics and to engage the students in conversation.

Incivility in nursing education requires that the systems change project progress smoothly and effectively to assist in the development of caring nurses. Duffy (2009)

posited that human relationships are transpersonal and create possibilities for the development and progression of all involved. The call to research and experiment with ways to “deepen your knowledge of the other” (p. 218) according to Duffy, facilitates actions such as teaching and learning. The importance of caring in nursing education and the current trend of incivility in nursing led to the decision to limit the length of the study to one semester. The nurse researcher also felt that extending the study might decrease the student’s interest in joining focus groups and findings could be diluted by student attrition and sequencing.

Resources

Efficiency requires that all resources needed to complete the systems change project be utilized meticulously and respectfully. Resources needed for the systems change project were people, time, and money. Funding for this project included the support of the participating college nursing program administration which allowed for the integration of the time spent on the project to be incorporated into expected work hours of involved faculty. A small gift certificate was given to the focus group facilitator, who was not part of the nursing faculty, in appreciation of her contribution to the research project.

The project plan facilitated implementation and the nurse researcher acted carefully with a commitment to being efficient in the value of the project. Resources most valuable to the project were the faculty, staff, and students of the participating college nursing program and the faculty advisors from St. Catherine University who supported the project. In-kind contributions from the Chair, the advisor, and nursing faculty were minimal. Maintaining value for the project was critical for sustainability; the project

could not rely on external financial resources. Maximum investment of the project had been realized through the support of faculty and staff at the college involved in the research.

Implementation

Introduction of Project to Nursing Students

After IRB approval was obtained, the study was introduced to all nursing students at the primary research site. The research project was described to nursing students at an orientation session prior to the start of the fall semester of school. The introduction included information about the research project and the importance of the project to nursing. Explanation was given about how the project would progress and the involvement of the students through the self-assessment on caring and caring narratives (story-telling). The nurse researcher explained the concept of data collection which would occur through focus group meetings, and finally, informed consent was explained and a sample informed consent form was given to the students. The students were asked to keep these consents for their review and if attending a focus group, they would be asked to sign an informed consent prior to starting the focus group; the students were reminded that questions would be answered at any time. Students were informed that focus group dates and times would be announced via posters and in class through their instructors. The role of the facilitator was briefly explained, however, the students were assured that the facilitator would maintain strict confidence and was independent of the nursing department. Specific information was given to the students about voluntary participation in the focus groups and students were given an opportunity to ask questions about the research project.

Summary of Methodology

This chapter reflected on the use of phenomenology to study the phenomena of caring. The rich experiences of nursing students were sought to clarify and strengthen the meaning of caring in nursing education. Data collection was achieved through focus groups and identified caring from the perspective of the nursing student; through specific thematic analysis, reading and rereading the transcripts, rich themes were derived.

Introduction of the project and the proposed plan for implementation was presented to nursing faculty and stakeholders who were interested in caring in nursing education and who had offered support for the research project. Specific details related to the systems change project were presented and feedback was received.

Information presented in this chapter supports the use of focus groups and narrative pedagogy to frame the research. Strict adherence to ethical considerations was discussed, as well as resources and a timeline for the project. Finally, the aims and identification of the study population were identified and how the research project was explained to the student population was described.

Chapter 4

Introduction to Findings and Analysis

This chapter presents a review of the management of findings through qualitative research. Criteria used to evaluate qualitative research findings are discussed and the results of this project developed through curriculum enhancement are identified. Data were collected through focus group meetings. The findings and analysis of the focus group data are presented in light of major theories supporting the project, caring, and education.

Criteria for Qualitative Research

Qualitative research aims to give privilege to the research participants and to give voice to their stories. Fossey, Harvey, McDermott, and Davidson (2002) support an interpretive research paradigm to seek an understanding of human actions and their experiences. The evaluation criteria utilized is consistent with the philosophical paradigm aim of the research. Lincoln and Guba (1985) posit that trustworthiness is important in evaluating the worth of research and can be demonstrated by evaluating credibility, transferability, validity, and confirmability.

Trustworthiness

Credibility. The perspectives of the participants have been brought forth through data analysis. The interpretations derived were from information gathered through focus group meetings, which were transcribed verbatim as presented in the participants' own voices. The nurse researcher did not attend the focus group, with an intentional attempt to allow participants freedom of voice. Lincoln and Guba (1985) also maintain that credibility is found through prolonged engagement and observation of the participants which was accomplished through the 5 month interaction with nursing students.

Transferability. The description of the phenomena being studied is detailed and offers others the opportunity to apply the conclusions to other times and schools of nursing.

Validity. The transcribed data were not reviewed by participants; however, the participants have been fully informed of the process for data analysis. Participants have expressed interest in reviewing the final report.

Confirmability. Records have been kept demonstrating a clear, concise data analysis and content has been retained to demonstrate trustworthiness throughout the research process. Internal consistency of coding was achieved by having the investigator assume the primary responsibility of documenting the analysis and communicating with team members as the analysis was completed.

The beliefs and values of the nurse researcher were recognized within the focus of the study. The nurse researcher believed in the value of caring behaviors and the importance of demonstrating caring behaviors in the practice of nursing. There were no preconceived notions of the nurse researcher, only the hope of bringing forth the reality and words of the participants (Lopez & Willis, 2004). Ethical behavior was maintained throughout the study, following IRB guidelines, specifically by respecting voluntary participation of the nursing students, by giving informed consent, and maintaining confidentiality at all times.

Wojnar and Swanson (2007) suggest that phenomenology is grounded in the belief that the researcher and participants come to the investigation with fore-structures of understanding (shaped by their background) of the phenomenon being studied. The assumptions of an interpretive research approach are that pre-understanding and co-

creation by the researcher make the interpretations meaningful. Jasper (1994) emphasized that conclusions reached from research should arise from the data and not from the concepts imposed by the researcher. Including text and themes from the data collected prevents the loss of original ideas through translation and emphasizes objectivity of the researcher.

Pringle, Hendry, and McLafferty (2011) encouraged researchers to bracket or “cut off” as a form of reducing the influence of the bias in phenomenology. To “cut off” is to put aside past knowledge or experience related to the phenomena. In order to prevent preconceptions of knowledge of the phenomena and to decrease credibility of the study the authors suggested bracketing as a method of increasing the rigor of the research. Bracketing allows the researcher to be objective and yet acknowledge preconceptions as part of the research project.

Curriculum Enhancement Process

The investigation began the third week school in the fall semester. The students were given a self-assessment/evaluation of their understanding of caring and caring behaviors. Each self-assessment evaluation was developed for the level of learning of the student. The pre-assessment form had a simple box to check, which if the student did check, would give the researcher permission to use the information obtained to develop themes for the caring narrative presentation (see Appendices A, B, and C for pre-assessment forms).

After the students completed the self-assessment of caring and caring behaviors, the nurse researcher presented Jean Watson’s Theory of Human Caring to each of the three levels of nursing students: sophomore, junior, and senior. Caring in nursing

education was a prominent focus of the caring presentation. The presentation was meant to enhance the students' education as well as stress the importance of caring behaviors.

Sophomore level nursing students were introduced to caring for self as they began their first year of nursing education. The sophomore students had not had clinical exposure and it was important for them to understand how to care for themselves prior to begin caring for others. The nursing students answered questions related to caring for self and experiences of caring in their college experience.

Junior level nursing students were introduced to caring for self and others as they began their introduction to acute care hospital nursing. The nursing students answered questions related to caring for self and experiences of caring in nursing education.

The senior nursing students were introduced to caring for self, others, colleagues, and co-workers as the seniors prepare for graduation and entrance into the professional world of nursing. The nursing students answered questions related to caring for self and experiences of caring in nursing education.

Caring Narratives

Themes of caring attributes were developed from the self-assessment questions the students answered. The themes identified by the students were: compassion, love, listening, and respect. The questions focused on caring practices and caring in nursing education. The researcher returned to class for a second time to present to the students the caring themes identified from the self-assessment questions and a caring narrative based on those the themes was presented to the students. The researcher then assisted the students in writing a caring narrative of their own.

The sophomore class was assisted in writing a caring story based on caring for self, the junior level class wrote a caring story based on caring for self and others, and the senior level class wrote a caring story based on caring for self, others, co-workers, and colleagues. The specific caring stories relate to where the students were in their nursing education and their level of interaction with patients. After completing the caring narratives, discussion and reflection on caring practices occurred in the class room. This discussion led to a greater understanding of caring in nursing and in nursing education.

To further build upon the learned caring behaviors, caring communities were developed by the clinical nursing faculty and held during post clinical and post lab sessions; the caring communities were held at least two times per month during the first semester of classes and clinical rotations. Caring communities were designed to be time set aside from usual clinical experience where the students can discuss their day, how they cared for patients, and how they cared for fellow students. The discussions, led and developed by each clinical instructor, were held during clinical or lab time and were approximately 15 minutes in length. The caring communities were a source of support for the nursing students and nursing faculty. Student participation was required as clinical and labs are curriculum based. There was no data collection related to the caring communities.

Focus Group Data Collection

Focus groups were held to assess and evaluate the effectiveness of the curriculum enhancement on caring in nursing education. The focus groups were held the second week of December, at multiple times and sites available to the students. The researcher placed posters in strategic locations to alert students to the focus group meetings. The

students were asked to signify which group they could attend by signing their names to a list of multiple focus groups meetings (this was done to limit the size of each focus group). The students attending the focus group meetings were asked to review the consent to participate form, student's questions were answered. Students were asked to sign the consent after reviewing the information with the group facilitator. A non-faculty facilitator was chosen to facilitate the focus groups to prevent student concerns for confidentiality or concerns about a possible impact on their grades should the student say something that could be viewed as negative. The students were asked several questions regarding caring and uncaring behaviors (see Appendix D for focus group questions). The focus group sessions were audio-taped and the tapes were given to the nurse researcher immediately upon completion of the focus group meeting.

Data collected from the focus group meetings were analyzed for essential themes and thematic structure leading to an understanding of the student nurses' perception of caring in nursing education, the nursing education environment, and in the relationships between students and faculty. The data derived from the focus groups determined the effectiveness of the curriculum enhancement. Specifically, it was important to determine if the nursing students did gain a better understanding of caring in nursing and if the students have witnessed a change in behaviors (their own and others) after the introduction to caring in nursing education.

Data Analysis

In an attempt to limit suggestions of researcher bias, a data analysis protocol was followed to review and analyze participant's words. Initially the nurse researcher listened to the audio tapes of each focus group prior to transcribing the data. This review allowed

the nurse researcher the opportunity to hear the words and feel the emotion of the participants as they responded to questions fielded by the focus group facilitator. The second phase of the data analysis began with the transcription of the audio-tapes. Tapes were transcribed verbatim by the nurse researcher, and to retain confidentiality, no identifying information of the participants was transcribed.

The next phase of data analysis was to listen and proof transcripts against the transcription. According to Burns and Grove (2007) the proofing process is often the first time a researcher gets a sense of the interview as a whole. During this proofing process, there was an opportunity to gain a greater understanding of key phrases, yet without a clear structure or impression of the data. It was important to note that the recordings contained more than words; they contained feelings, and emphasis that provided clues about the participants' feelings. Proofing allowed the researcher further opportunity to become familiar with the rich, meaningful data.

Reading and re-reading the data allowed the nurse researcher to become fully immersed in the data and gain a better understanding of what was said, how it was said, and to begin the process of identifying themes relevant to the phenomena of interest (Burns and Grove, 2007). The immersion process allowed the nurse researcher to live within the data and begin to connect answers to the research questions while leaving the data intact.

The next step in the analysis process was that of developing a thematic framework (Rabiee, 2004). Descriptive notes, phrases, and concepts were written in the margins of the transcripts. Initial analysis of the data in this step allowed the nurse researcher to begin to form descriptive and informative statements regarding the phenomena. This

review led to indexing the data which involved highlighting specific quotes and comparing the quotes with identified concepts. At this stage data reduction was completed through comparison and contrasting similar information maintaining organization specific to each question and responses of participant. Taylor-Powell and Renner (2003) suggested in qualitative data analysis that organizing data into categories by question would allow the researcher to begin to recognize patterns and connections within and between categories.

According to Taylor-Powell and Renner (2003) analysis continues until no new themes can be identified. This analysis was completed by reflecting, re-reading, and interpreting the data. Throughout the analysis all data were considered important and relative to the study, however general patterns were found through an exhaustive analysis. Asking questions such as: How do things relate? What data support this interpretation? What other contributing factors will help solidify relationships and themes (p. 5).

In summary, utilizing Benner's (1994) approach to describe analysis, data were organized to identify repetitious themes for and within questions and categories; exemplary quotes were found to illustrate themes and meanings. Further, data brought forth and interpreted were found to identify the phenomenon of caring in nursing education through participant-generated information. Wojnar and Swanson (2007) suggest that researcher and participant come to the investigation with forestructure of understanding "shaped by their respective backgrounds, and in the process of interaction and interpretation, they generate an understanding of the phenomenon being studied" (p. 175).

Findings

Eighteen out of a possible 75 (24%) nursing students participated in focus group meetings. Twelve senior level nursing students and 6 junior level students participated in the focus groups. There were seventeen female participants and one male participant. The participants responded to five questions involving their perceptions to caring. Five main themes were found related to each of the five questions. Findings are presented according to the major themes identified and were not analyzed by the level of the student participant. Responses are presented in the students' words and express clarity to themes and meanings.

1. When you think about caring, what are the first words that come to mind?

Identified themes identified related to what caring is included: genuine interest, listening, providing comfort and compassion, selflessness and advocating for the other person, and touch and smiling.

Genuine interest. Genuine interest was identified through these words of one student: "an aspect of care is follow-up, for instance, people are interested in taking care of patients, but to follow-up, (asking the patient) how did it go? Or if a patient tells you something earlier, whatever, asking the later about what they said, how did it go? Showing interest, that makes a big difference. That makes a huge difference because the patient knows you listened and have a genuine interest in their life. Care is like going beyond the tasks and duty, they don't have to ask... it is like going beyond and caring". Another student connected caring to her family by describing how she felt cared for because family members asked... "what her research project was about and how she was doing, she felt they cared".

Listening. Listening was thought to be important from this student who felt “if you listen to what they are concerned about that shows the person you care about their feelings”. A student added, “care about what they are saying and their feelings and what they are concerned about (if you listen) that really shows the person that you care about their feelings and what they are saying”. Another student expressed “when you spend time with the person and sit down and listen to the other person... you cared”.

Comfort and compassion. Comfort and compassion was exemplified through these words from a participant “providing comfort to patients when they are in need, and spending time with the patient was important when identifying caring”. “Passion and compassionate-being shows care and love”. “Caring is to remember that the patient is a person, a human being, kind of putting you in their shoes and making sure that they feel safe and their privacy is still intact because they are in such a vulnerable position. A lot of times when we are doing care they are vulnerable because you might have to expose certain parts of their body, that is embarrassing to them and providing cares and privacy help them feel cared for”.

Selflessness. Devoting of oneself was discussed as “selflessness – advocating for the patient and not expecting anything in return for caring and being interested”. “It is important when you care to put the patients’ needs before your own needs”. One word brought forth from a student was nurturing. “When she thinks of caring she thinks of nurturing, seeking to understand another person’s experience, their experience instead of just diabetes, (I know what that is) instead of finding out their experience from their point of view. Instead trying to find out what it is like for them”.

Touch. Touch was an important theme and a participant felt it to be important to demonstrate caring. A student asked about “touch and hugs, is that appropriate”? It is important. A student identified that touching was important; “when someone comes up to me and touches my shoulder I sense immediately how much they care with that touch”. One identified “...a hug” as an important demonstration of caring; or even “when a nurse walks in the room, the attitude, the walk, whatever says something”.

Smiling. Another student felt that “caring could be as simple as smiling, that is showing you care instead of a straight face; they know you are there for them”. “When I smile, the patients smile”.

2. What is it to care for self and others?

Themes identified related to caring for self and others were: Take care of yourself and make good decisions, ask for help, do not judge others, to lead by example, and stress.

Self-care. The participants felt self-care was important, it was brought forth in these quotes, “Taking care of yourself; if you don’t take care of yourself, you probably won’t be able to care for patients, family, or friends”. “To take care of others you have to take care of yourself first; you will give assurance to the patients when you walk into their room, (when I was) being in that position, I have been worried about the care I am getting from a nurse who I was not sure about”. “You have to take care of yourself if you are going to take care of others”. “Caring for yourself, take care of yourself in your life and your best interest in life”.

Making good decisions. “I think also knowing your limits, know what you can handle for certain; a certain period of time or just even I guess just know whether you are

capable. (I don't know how to describe it) I guess setting boundaries basically, because if you are spreading yourself too thin you are not going to give the right care to somebody else, so if you are realizing that you are too tired or you are too whatever...you aren't going to be able to give, you don't have the reserves to give to somebody else and give them caring". A student felt that "caring for the physical part of the person was not enough, but you must care for the whole person, spiritual and emotional".

Ask for help. The concept of asking for help and not being alone to make decision was discussed by the participants and felt to be important, "You have to make sure to ask for help at work or in real life; to talk about it. To make sure they know that something is going on, to make sure to ask if you need something". A student identified that "sad memories surfaced and the instructor spent time with her and stayed with her. She let me talk". "One of the students felt at clinical she had a really difficult patient and got a lot of help". Another pointed out to "think about our class, we make sure if a classmate is absent we give them the PowerPoint, which helps. Our class supports each other".

Don't judge. "Caring for yourself is also like making good life decisions and then trying to help care for others by not judging them for decisions they have made which are different than the decisions you would have made". Fairness and equity were discussed in terms of being non-judgmental to those around the students: "I think that is true too", commented a student, "caring for everybody around you, your patients you know like we do focus a lot on you, and you do need to care for you patients, and whatever, but if you are not creating that caring atmosphere with everybody that enters, then they are going to question whether you are being sincere or not...there have been scenarios in the past

where you see somebody who is a nurse in the community doing something not very caring or saying something is really judgmental or whatever, and you are like, you know, I don't think I would want her as my nurse. I don't want her taking care of my family, and so I think that caring needs to extend to everybody and not just your patients while you are on the clock".

Role model. Another student said "that the clinical instructors are really good and lead by example. How they treat patients and other staff and students sets a good example of what caring is about". Another student commented briefly: "so much helping and caring here". Role-modeling self-care was suggested as important by the students: "It can be as simple as hygiene if you wake up in the morning and brushing your teeth and taking a shower you are obviously doing that for a reason, and then at the end of the day though, if you had a stressful day, how do you handle it? You need to care for yourself; you might need to debrief, you might need to take those extra steps to care for yourself to be the better nurse".

3. Tell me of a caring action you witnessed in the school environment this semester.

Themes identified related to caring actions were: touch, listen, value each other, to lead by example, and teaching.

Touch. Touch was important as a caring action and was brought forth through these words: "The one I can recall was so cool the nurse held a patient's hand and just stared at her and stroked her hair and just kind of came up and hugged her and uh... the patient relaxed and the nurse did the same thing and just sort of felt the presence and it was that moment that I was like this is why I am in nursing. It was really cool umm she

showed complete care and compassion and then even to the family members”. “I have one it wasn’t much, but it made a huge difference to me. We were just in class one day and I was having a really hard day... and I was just kind of sad and a little bit down and one of my classmates could kind of sense... that I was sad or upset about something, she didn’t even say anything, she just rubbed my back and I could just feel that she was there and she cared about how I was feeling, to tell that I was sad about something; but didn’t have to ask, just to rub my back, that meant a lot to me I could just feel how much she cared about me and that felt good.”

Listening. “Here at school an instructor listened to a student, the instructors were good and I thought that was important.” There has been people in nursing in the last 2 ½ years and our class steps up to show that we are all here to support one another we are in this together we all know how stressful and emotional rollercoaster that nursing school is”. No one knows what we are going through except us and this is everybody that I can relate to.”

Value each other. “I think sometimes we get so caught in the day to day and I have this assignment and this assignment and you get so overwhelmed and when you sit down with a classmate or whatever or you are working on a group project, like we have had to do this semester, and you really just break it down; is this really going to be this hard? If you do this little part and I do this little part and she does this little part, it will all come together and it will all be done. And I think that is just caring in it; that knowing that you will get through it, it’s just another assignment even though it may seem like the end of the world.” “A couple of classmates went out of their way to congratulate me and let me know they were proud of me that I worked hard at it”. I don’t think our class

realizes how it's all second nature to everyone how everyone treats one another and how close we are and we don't even realize it."

Lead by example. Being a role-model was important and the participants felt that behavior exemplifies caring: "Cause I know this has been my toughest semester; and like last year and the year before I'd said when I was a sophomore, I knew I was able to get through the semester because of the classmates and just the fact that we are pretty lucky that our instructors are nurses because they know what we are going through because they went through nursing school and I even talked to instructors about personal things and I know they legitimately care because the next time I come to class they ask me how things are going. It is a huge thing to me that they thought about me outside of this environment it's not just like taking care of your patient and go home, it's taking care of your students. I know our instructors will be seeing us in the public someday they are not just going to walk by us, they are going to give us a hug, ask us where we are at, and they care and will be thinking about us".

"That shows a lot of caring when the instructors have set the standards they want you to meet and by when and whatever, and then we can go to them and say and we are kind of struggling right now and they are always understanding and really flexible and I...that's just caring right there; it shows that they know that they are human and know that we are all human and we ... They are not here to fill the jobs...I am just saying". "I think that what makes this experience so awesome, I have never felt in other classes before that I can approach my professors with such umm friendly and I feel like every day I walk into the classroom and just a caring atmosphere and because you know that everyone cares... I know that the professors would work with me and they have told us

before if you have something going on in your life, come talk to us, we want to see you succeed we value each and every one of you so come talk to us, don't give up; we are here for you".

Teaching. Teaching caring was acknowledged through these words: "I know that people said how can you teach caring? That was just teaching it, how she talks to us; that's how I want to talk to my patients; it can be taught and should be, if I see a nurse that holds a patient, it's okay to do that; that is what we should do; it's comfortable to do that".

4. How can you help decrease negative attitudes in school?

Themes identified regarding negativity were: Be positive, laughter, courage, non-judgmental, and caring.

Be positive. Participants found that negative attitudes can be deflected and their ideas and thoughts were found in these quotes: "Have a positive attitude; if someone reacts to you in a negative way, you still need to say positive things". "Smile at them, say something nice". Acknowledge each other".

Laughter. "Laughter and smile, that helps". "I was crying because I did poorly on a test and my roommate told me a joke and it made me laugh". "All have been pretty positive this year, except worrying about grades". "Someone needs to stand up even if the nurses do it, there are those who are caring and kind; they should say something".

Courage. "I agree it takes courage to stop negative attitudes from spreading; you know saying that I don't agree that is something to gripe about. Maybe that sounds kinda like not caring, you know, shutting someone down; if someone is complaining, you know, they probably have a reason to complain. Try to identify that with them, but also it

should not let it affect you and don't spread it to someone else. It is still honoring what they are feeling. Not just turning it into a positive swing and be like that shouldn't be I think everything is honky dory, so umm honoring what they feeling and not letting it be your problems too".

Don't judge. "Have an open mind and whether it seems people are negative and be open minded, take the information, analyze (it). Be open minded and non-judgmental, so that after you take the information analyze, make a decision for your own and not just say okay they are that way so I will be that way too. Be open-minded and nonjudgmental can help you take that information and break it down and figure it out for yourself which will help stop negative attitudes".

Caring. "Don't let negativity spread. I think it goes right back to caring whether, in anything if you are dealing with bullying in high school it is caring enough, if you put an end to it. If negative attitude, it is caring to ask what are bringing those negative attitudes on? "I think that is a huge part of caring because everyone is unique and different and I mean...shouldn't we appreciate them"?"

5. Tell me how you can demonstrate caring behaviors with students and faculty?

Themes identified related to demonstration of caring behaviors were: Talking and listening, smiling, being positive, role-modeling, and showing an interest in others.

Talking and listening. Sharing time with other students was brought forth through these quotes: "I think it is important to say hello to people when you see people in the halls. We kind of all know each other, so it is kind of comes as second nature to us". "Not only that but when we start a new semester instead of saying it is going to be so

hard, saying we can do it. Encouragement, just keep (it) up”. “Ask about their day and helping someone that is not necessarily to your advantage or that you expect something in return”. “Manners, open doors”.

Smile. “Smile, simple and caring act ever, just smile. If I am having a bad day it warms your heart you know. It’s when you walk into the classroom, it is having a test. I hope I tell myself, I wake up, I am upset, my stomach hurts, I don’t want to take it, but I tell myself everyone in the class is having the test. You are not the only one I come into the classroom and everyone is laughing and positive and just totally smiling. So yeah smiling is good, be approachable”.

Be positive. “If they do an action; nice for you, it would be good to say thank you, let them know you care for them”. “Being together is very supportive and the bonding, I think it shows that you care about your classmate like you enjoy them around you like the time that classmates feel like they are included, I think our class does; everyone feels like they are wanted. Someone said on the first day of class this semester, they said umm become best friends with your classmates, because they understand what you are going through and they are there for you and you guys are together and understand, so be there for each other”. “Our nursing instructors demonstrate caring behaviors; my advisor, they are always willing to meet with us and model good example of how we should be with our classmates and our instructors”. “Good role modeling they go out of their way to be flexible with schedules acknowledging that to staff”.

Role modeling. “Ummm, once again role modeling...umm I mean I feel like a lot of my attributes as a nurse will come from the attributes I’ve seen modeled here so; I know the one person that liked this paper and only one instructor read it, my family

doesn't read it, my friends don't read it; so hearing her saying that wow you did a good job, I didn't know that. That's huge Just hearing that feedback is pretty cool".

Show interest in others. "The biggest frustration in school is when teachers don't take your considerations; I understand when they have guidelines, but if the fact that they even show an interest in working with you is a day and a paper we all know that one more day for a paper can mean just less depression; it can happen and it is inspiring they want you to perform well and they want you to succeed". "Be recognized; an instructor told us after almost every paper I am so proud of you all the work you have put in". "Staff and faculty have been there, there have definitely been some mornings when I wake up and I am not interested in going to class, but I try to remember that the instructors, that they have worked on this presentation and that they have something to offer to me so I really try to keep that in mind when I coming to class; to really try to listen to what they are saying and to try to participate instead of asking when they ask questions, I know we all want to get out of there like that is just the way it happens, but try to participate when they ask questions, give some feedback, so they are not just standing there and saying I have a family and I spent all this time on this presentation and whatever you guys aren't listening. I can see that would be really frustrating and so I think just listening caring enough to listen to what they are trying to offer in our discussion." "Inviting people to do things together". "Being together is very supportive and the bonding, I think it shows that you care about your classmate like you enjoy them around you; everyone feels like they are wanted".

Summary of Findings

This investigation into the perception and lived experiences of student nurse reflects the importance of cultivating caring within nursing education. The data have been reported in relation to specific questions and resulting themes; however, more in-depth analysis developed the themes further into five specific categories which encompass student responses: Expressing interest in others, being non-judgmental, having a positive attitude, role-modeling, and caring.

Expressing Interest in Others

Participants identified genuine interest in the person as very important in caring. The interest in the person was demonstrated through caring and understanding the patient and others around you. One student identified *“that showing interest makes a big difference. That makes a huge difference because the patient knows you listened and have a genuine interest in their life”*. Watson (2008) holds that “authentic caring” is an important aspect of the helping-trusting relationship (p. 72). It was important for the students to understand the skill of being-in-relation with others. Watson identifies one of the problems in nursing as the inability to establish rapport or a connection with others. The nursing students identified through their lived experiences that connection with others is very important: *“I don’t think our class realizes how it’s all second nature to everyone how everyone treats one another and how close we are and we don’t even realize it.”*

Being Non-Judgmental

The social justice theme of tolerance was brought forth by the students as they described how to decrease negative behaviors in nursing school. *“Have an open mind and whether it seems people are negative, be open minded, take the information, analyze*

(it), and trying to help care for others by not judging them for decisions they have made which are different than the decisions you would have made”.

Having a Positive Attitude

The idea of helping others through a difficult time or demonstrating a positive caring attitude was important to the students. The discussion of positivity was surrounded by laughter and smiles. *“Smile, simple and caring act ever, just smile. If I am having a bad day; it warms your heart you know. “Laughter and smile, that helps”. “I was crying because I did poorly on a test and my roommate told me a joke and it made me laugh”.* Going above and beyond and making others smile was important for the students to decrease negative attitudes.

Role-Modeling

Leading by example was another important aspect of caring. Important to the lived experiences of the students was the example set by peers and faculty. *“Once again role modeling umm I mean I feel like a lot of my attributes as a nurse will come from the attributes I’ve seen modeled here so. Clinical instructors are really good and lead by example. How they treat patients and other staff and students sets a good example of what caring is about”.*

Caring

The depth of discussion and lived experiences of the students related to caring brought forth the true purpose of this study. The expressions of caring were demonstrated through words and expressions of love and compassion. The nursing students felt strongly about how to care and why to care; their rich descriptions of caring for friends, family, and patients demonstrates an understanding of what is important in nursing, the

essence of the nursing profession. *“I know that people said how can you teach caring? That was just teaching it, you should see how she talks to us; that’s how I what to talk to my patients; it can be taught and should be, if I see a nurse that holds a patient it’s okay to do that; that is what we should do; it’s comfortable to do that. Care is like going beyond the tasks and duty, they don’t have to ask them it is like going beyond and caring”*.

Watson (2012) posited that caring as a practice depends on teaching a caring ethic; in order for nursing to be responsive to the needs of society, nursing education must be based on human values and concern for others. *“Here at school another instructor listened to another student she was having a hard time..., the instructors were good and I thought that was important. One of my classmates could kind of sense that I was sad or upset about something she didn’t even say anything, she just rubbed my back and I could just feel that she was there and she cared about how I was feeling, to tell that I was sad about something; but didn’t have to ask, just to rub my back, that meant a lot to me I could just feel how much she cared about me and that felt good”*.

Watson (2012) offered that human caring can be most effectively demonstrated and practice only interpersonally. When the nursing students identified themselves with others, they kept the human process of caring alive. Through this identification process, the humanity of one is reflected in another. It is the moral responsibility of nursing to sustain and advance caring in nursing education (Watson, 2012). *“That is a huge part of caring because everyone is unique and different and I mean...shouldn’t we appreciate them”?* Watson identifies nursing as the moral ideal. Nursing consists of “knowledge, thought, values, philosophy, commitment, and action, and some degree of passion” (p.

65). These attributes, actions and beliefs are related to human interaction within the lived experience of the person.

Summary

Every project of phenomenological inquiry is driven by a commitment of turning to a phenomenon which interests us, investigating that interest, reflecting on the essential themes derived from participants, and then describing the phenomenon through writing and re-writing. The balance throughout the process is maintained by considering parts and whole (Van Manen, 1990). Phenomenology further aims at establishing a renewed contract with an original experience: caring. To re-awaken that experience means to re-learn from those in the world around us. It was required that the nurse researcher stand in the world of others and explore their life experiences.

Chapter 5

Introduction to Discussion of Findings and Outcomes

The purposes of this systems change project, *Cultivating Caring in Nursing Education*, were to obtain personal perspectives and understandings of caring and to enrich the nursing curriculum with caring theories through curriculum enhancement. By enriching the nursing curriculum with caring principles it was hoped that incivility in nursing education would be relegated to the past. This chapter offers reflections and findings of the systems change project. The findings shed light on the significance and impact of educating nurses in a caring environment. Discussion leads to implications for nursing, education, and recommendations for future inquiry. Limitations are addressed, as well as a summary of plans for dissemination. A conceptual model is then introduced to illustrate the attributes of caring as described by nursing students. Watson's (2008) Philosophy of Caring was utilized to support and frame the findings.

Watson (2008a) theorizes that the caring relationship is foundational to any professional relationship, and through human connections, awareness and awakening will be cultivated into belonging and connecting to share human conditions. The intention of the study was to "hear" the students' stories that speak to caring, connection, and compassion to others as witnessed through respectful and compassionate behaviors. The lived experiences of the students' offered an understanding of how nursing education can influence the caring practices of the students. The data collected gave voice to the importance of caring, how caring can be demonstrated, and the effect of role-modeling in nursing education.

It is through awareness and awakening that nursing students will bring forth caring in their professional practice. The participants were acutely aware of caring and negative behaviors in nursing. The nursing students described caring actions, which suggests caring matters and caring is an important link in human relationships whether in nursing school or nursing clinical experiences.

Discussion of Findings

What is Care?

Discoveries from this study are supported by caring research and caring theories. Spichiger, Wallhagen, and Benner (2005) suggest that human beings dwell in human worlds constituted by care. This “caring involves human beings situated in a meaningful world” (p. 307). The humans are connected to others through significance and giving. The participants felt a connection to others by giving of their time, listening to others, and showing genuine interest. Advocating for others, especially for those who are vulnerable was very important and is significant when caring and being present. To seek another’s life experience, explained a nursing student, is to nurture their being. The students described a smile as being therapeutic and an important demonstration of caring.

Watson (2011) calls nurses to be an instrument to sustain human caring and humanity. She reminds nurses that as the ultimate instrument, we give voice to the phenomena of caring. The participants identify passion and suggest that caring is to remember that the patient is a human being. So indeed does Watson (2011) who proposed that how we are present with another human being affects them and us forever. The nursing students were able to articulate caring through actions sometimes simply by being present.

Discussion of Findings Related to Caring and Educational Theories

Watson (2012) describes the transpersonal caring process as largely art and human artistry because “of the way it touches another person’s soul and feels the emotion and union with another” (p. 84). The promotion of transpersonal caring in nursing education has been identified through the words of the nursing students. The intentionality of the words describing caring and touch bring forth the importance of human connection and appreciation of others. Watson described the uncaring individual as one that is “insensitive to another person as a unique individual and not perceptive of the other’s feelings” (p. 44). The perceptions of the students were that persons are unique and there should be respect because of the uniqueness of the individual.

As discussed earlier, Higgins (1996) described caring as a thread in many nursing curricula. Although the intent is to cut the cord and send the students out to nourish and care for others, the students must first feel cared for in the education arena. This cared for nursing student must be able to identify what caring is, how caring is demonstrated, and how the student can prevent uncaring ways. Higgins found in her research that “students learn to value and choose caring behaviors and integrate them into practice mainly through role-modeling of these behaviors by caring nurse educators”(p. 135).

Teaching and learning are human processes which demand philosophically and morally consistent human caring behaviors (Bevis and Watson (2000). Caring outcomes in practice depend on a caring, teaching learning environment. The subject of caring has been artfully addressed through the words of the nursing students. As suggested by Higgins (1996), “high technology must be accompanied by high touch if students are to learn the art and science of human care” (p. 136).

Clark (2008) emphasized the ability to foster civility occurs when faculty and students engage, discuss, and listen to one another. The data collected from focus group discussions identified the students engaged in conversation, however, the suggestion from the data was that civility had been fostered through relationship and respect. The effects of faculty caring through action and word had a profound impact on the students. It is through engagement and action that civility will continue to occur and it is through the learning environment that students will be able to have their voices heard.

Caring for Self and Others

Ethics in nursing behavior were brought forth by the participants as they provided meaningful descriptions of caring for self and others. Being non-judgmental of others and accountable to care for self were key themes brought forth. Forni (2002) proposed to build caring relationships “there is a need for respect, consideration, and kindness that are easy to grant and receive...when we are civil” (p. 14). Respecting another’s life choices requires self-esteem, sensitivity, and tolerance. The participants recognized that although a friend or a patient may make a decision that is unusual or at least a decision that is different than the student would have made, it is still important not to judge that person. Watson (2008b) proposed that “to look into the face of another, not as a different other, but as a reflection of each of us” (p. 58) is a way to sustain humanity and establish a basis for caring. The ability of the participants to look at the other as important just by being human and vulnerable suggests a depth of understanding about caring and respect. To suggest that humans may gaze into another’s face and see themselves offers nurses the hope that the analogy will bring forth a moral and ethical context in nursing practice. Boykin and Schoenhofer (2001) propose “valuing and respecting each person’s beauty,

worth, and uniqueness” (p. 5) as a way of being with another. To celebrate the wholeness of the human is the “foundation for understanding nursing as a human endeavor” (p. 5). Watson (2008a) proposes that experiences of love and kindness make us human that deepens our humanity. The students’ desire to be open-minded, to be understanding of others, care for others is demonstrated through their caring descriptions. Watson (2012) proposes that “the most abstract characteristics of a caring person is that he or she is somehow responsive to a person as a unique individual, perceives the other’s feelings, and sets apart one person from another from the ordinary” (p. 44). *“Caring for the physical part of the person is not enough, but you must care for the whole person; spiritual and emotional”*.

Caring Actions

The students described demonstrations of caring through touch, holding, and listening to others. The actions were found to be a source of strength during difficult times in their lives and the lives of others. Supporting each other through challenging and demanding stages of learning proved to be significant. The participants felt successful knowing someone else cared enough to listen. Watson (2011) advocated that to sustain humanistic values and to deepen our humanity we (nurses) must offer help to others, often just by our presence. This in essence is the foundation for developing caring, authentic relationships.

Nursing faculty were described as caring because they listened to concerns and problems the students were having. The participants felt that the nursing faculty wanted them to succeed and would nurture the students through difficult times. MacNeil and Evans (2005) suggested that there is importance in a learning climate that is caring, safe,

and welcoming. This environment was conducive to academic growth for all students. It is true that nursing educators have moved caring to the forefront of education; however, MacNeil and Evans proposed there is little clarity of how caring models that are designed for nursing practice can be articulated and applied to the academic setting. They further suggested that studies be designed to determine caring from the student perspective. Through this systems change project there is clarity amidst the themes developed from the student's perspective on caring in nursing education.

Demonstration of Caring Behaviors

Caring behaviors can be demonstrated through simple actions like smiling and be positive to others. Again the students felt that listening and showing a genuine interest in others endorsed caring behaviors. There was a belief that speaking to others offers encouragement and simply smiling demonstrates caring. Forni (2002) found by sharing with others how we feel about them, we let them know something about ourselves and in the process strengthen the bonds between us. Also, Forni encourages that we speak kindly and with consideration, as it is the basis of civil behavior.

The demonstration of caring behaviors through role-modeling was recognized by the students as validation that caring was present. The positive attitudes that were modeled led the students to believe they were cared for. The participants believed that nursing faculty cared for the students when there were flexible schedules and class assignments and that faculty listened to concerns.

The nursing students who participated in this study were able to identify caring behaviors and express how caring was important to them while in nursing school. The nursing students affirmed that caring behaviors were significant in their relationships and

that ethically, they were more aware of being open-minded and non-judgmental with others.

Caring for their classmates allowed for growth and the acknowledgement that everyone wants to feel that they are wanted and important. The strength in their commitment to caring for others was clear when discussing negative behaviors. The participants acknowledged that negative and uncivil behavior was evident in nursing, however, the participants were determined that to stop it you must take a stand against bullying. By not becoming part of the negative behavior, by standing up and speaking up the students believe the behavior will stop. The students also stressed that in the end, by talking to the negative person, and listening to their story, reasons for the negativity might be understood. Again, the emphasis on the uniqueness of the individual and their personal struggles were brought forth as a reason to reverse negative and uncivil behavior.

One student approached nursing faculty at the end of the first semester and told the faculty that this was the best semester ever while she had been in nursing school. The atmosphere was that of mutual respect and caring. The conversations were respectful and everyone, no matter what class, really acted differently. That conversation turned into another group of students and faculty discussing caring and how nurses should be acting. It is apparent that the curriculum enhancement made a resounding difference in the behavior of faculty and students. The students felt strongly that discussing caring during clinical made them more aware of un-caring behaviors and perhaps made them more responsive to talk about what is important when caring for others.

Implications

Nursing Education

The participants identified that caring practices were important to them as nurses and as friends. The ability to recognize what caring is and how caring is demonstrated enhances the students' ability to care when they are practicing as a professional nurse. The use of the focus groups gave the students a platform to express what they identified most important about caring.

Introducing caring through discussion and story-telling was central to the development of nursing students' understanding of caring. Asking the students to write a story about caring opened the door to enlightenment and allowed the students, perhaps for the first time, to be the author of the definition of caring. Their definitions of caring can be used for future nursing classes as an introduction into what and how caring is best demonstrated. The implementation of caring narratives in nursing education will give voice to the students and offer the students an opportunity to describe how and when they care for self and others. Opening this door to self-discovery and self-reflection will lead to a greater understanding of who the student is in the world of nursing and nursing education. Reflection is integral to nursing education. It is only when the student begins to understand how and why caring matters that they will be able to practice caring.

Faculty development is needed to instill a commitment to caring in nursing education. While caring may seem to be an understood and expected behavior in nursing it is evident through previously discussed studies on incivility that caring is absent in academia. Because there was no financial burden to implement this caring model, nursing faculty and nursing schools could easily develop faculty into caring educators. This

systems change project is easily transferrable to other schools of nursing and is needed to foster caring nursing students.

In order to eliminate incivility in nursing education there must be clarity in the explanations of caring and un-caring. Explanations of caring brought forth by students are perhaps the best way to end incivility. Clark (2008) proposed through her research that effective communication and active engagement create a culture of civility in nursing education. The participants suggested that communication and listening are important and these behaviors imply caring is present. Fostering a caring environment through effective communication will help students identify and model caring in their practice. It is important for schools of nursing to implement communication sessions so that student voices and faculty voices may become one. Incivility may become a distant memory, as more intentionality is witnessed in our actions.

Nursing Research

Future research must be conducted on how nursing faculty participate in the practice of caring. Of significance is whether caring can be taught or if role-modeling is the mode of transferring caring attributes to the nursing student. It would be important to determine the perception of caring from nursing faculty and if nursing faculty understand how their behaviors influence the environment within nursing education. The profound impact that nursing faculty have on nursing students is yet to be measured.

Replication of this study is important; it is recommended that the study take place through an entire year of nursing school which may offer greater insight into the different levels of learning of nursing students throughout learning experiences specific to each level of learning. This was not addressed in this study. It would be important to identify if

there are different understandings of caring and definitions of caring for different levels of nursing students. There would be valuable data obtained regarding caring from those students who are not yet in clinical practice versus the students who have been caring for patients during clinical rotations. Examination of student experiences during clinical rotations would also be important as related to experiences of caring.

Future research should be completed regarding how the students who were part of the enhanced curriculum continued to care as practicing nurses. Additionally, the researcher to determine through a comparison study how students who did not have the caring curriculum enhancement and those students who did have the curriculum enhancement managed caring and un-caring behaviors during their first year as a professional nurse.

Based on the findings of this study, caring communities should be continued as a means for students to discuss caring in clinical situations. Research on the value of caring communities would provide a framework for implementing curriculum enhancement throughout a nursing program. To sustain the project, caring communities will continue within the current environment.

Nursing Service

The Doctor of Nursing Practice (DNP) promotes change through leadership and vision. This systems change project offers a framework for further development of civility and caring in academia and the healthcare arena. The opportunity to transfer this study to clinical practice to generate knowledge and promote change is significant. Hospitals and clinics have expressed interest in learning more about caring models and theories. It is hopeful that this research will bridge the gap between education and

practice to allow collaborative partnerships to build relationships and continue learning. It is well within the scope of the DNP to lead change in healthcare and to promote safe, quality care to patients provided by caring, attentive nurses.

Limitations

There were limitations in this study. First, the small size of the focus groups may have limited the rich detail and data for the study. The small focus groups have been attributed to the schedule of the focus groups; however, the students were not polled as to why they did not attend focus group discussions. Second, no field notes were completed during the focus groups data collection, this may have led to incomplete information. Third, the study was completed during one semester, which may have limited student involvement. Fourth, the study took place at one college, again limiting the number of students, and the college is localized to a rural area.

Dissemination

The systems change project will be presented to nursing faculty and students to allow them to hear the voices of caring. The faculty has been present and supportive during the project, but have not heard the results of the data collected.

Additionally, the findings will be disseminated at a national nursing education conference and submitted for publication so nursing faculty throughout the country may be witness to the effect curriculum enhancement had on the environment within nursing education and realize the change evidenced in this study.

Conclusion

Findings identified caring as important in relationships within nursing. The nursing students were able to internalize the concept of caring and then speak to the

attributes and behaviors that make caring visible (see Figure 1). The nursing students' awareness of caring and the need to help others through being present and listening were brought forth through the stories they told. The ability for the student to recognize caring as a framework for nurse giving and life living is significant. The students have been able to integrate and discuss social justice and the importance of equality with others as they developed an understanding of caring for and being present with others. A caring environment nurtures the student and supports the very being of the professional nurse.

According to Beck (2001) creating a sense of being present to others facilitates the unfolding of caring in nursing education. It is evident from this study that the students felt a presence of support and caring from faculty and fellow students. The students affirmed the importance of caring for self and others, while understanding that differences may exist between the patient and the nurse. When this difference does occur the nursing students have acknowledged that being judgmental is detrimental to the nurse patient relationship, and caring for the uniqueness of the individual is most important. The success of this systems change project was achieved through an enhanced awareness of caring and respect between nursing faculty and students. Enhanced awareness was witnessed within a moral/ethical foundation as student and faculty exhibited respect, caring, and compassion in their daily encounters.

While incivility does exist in nursing education, this study presents findings that suggest nursing educators are able to change the anger and frustration of nursing students by listening and being present with the students. Nursing students do not ignore the potential problems within academia; however, they choose to care and to role-model what they have witnessed in a caring environment. Caring is not meant to be put on the

shelf for safe keeping, it is meant to be revealed each day through our behaviors, attitudes, and conversations.

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Appendix D

FOCUS GROUP QUESTIONS

WHEN YOU THINK ABOUT CARING, WHAT IS THE FIRST THING THAT COMES TO MIND?

WHAT DOES IT MEAN TO CARE FOR SELF AND OTHERS?

TELL ME OF A CARING ACTION YOU WITNESSED IN THE SCHOOL ENVIRONMENT THIS SEMESTER.

HOW CAN YOU HELP DECREASE NEGATIVE ATTITUDES IN SCHOOL?

TELL ME HOW YOU CAN DEMONSTRATE CARING BEHAVIORS WITH FELLOW STUDENTS AND FACULTY.

Appendix E

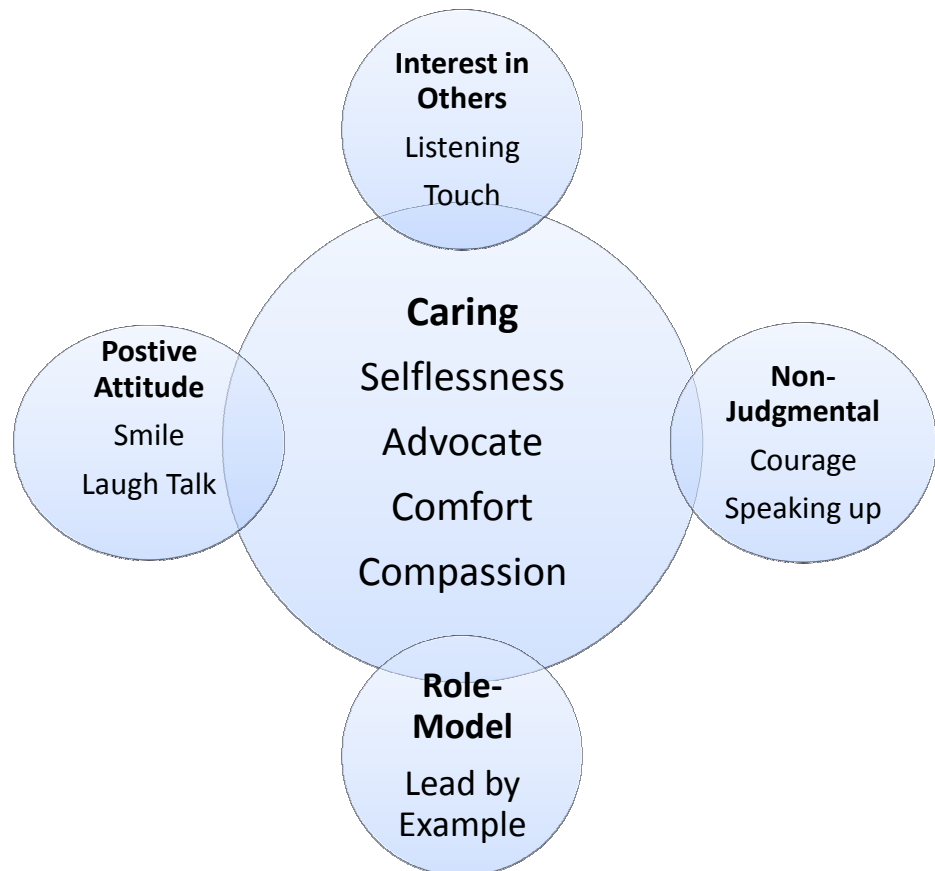


Figure 1. Caring Model.

This caring model identifies themes that the students felt defined caring and caring practices. The model demonstrates attributes found to be important in the nursing school environment, as well in the care of patients. © Patricia A. Fahey Bacon