

**STUDENT PERCEPTIONS OF  
FACULTY CARING: A DESCRIPTIVE  
SURVEY STUDY OF NURSING STUDENTS IN A  
FOUR YEAR GENERIC BACCALAUREATE PROGRAM**

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B.N., McGill University, 1975

A One-Credit Project  
Submitted to the Faculty of Education  
of the University of Lethbridge  
in Partial Fulfilment of the  
Requirements for the Degree

**MASTER OF EDUCATION**

LETHBRIDGE, ALBERTA

November, 1998

## DEDICATION

Sometimes when you least expect it you find someone that makes a difference in your life. They help you to understand who you are and are an example of the kind of person you would like to become.

It's not so much in what they say, it's how it was said; they help to build your confidence, maintain your dignity, but most of all they show unconditional understanding. Whoever this person may be, they do their best to help you find the good in what is not so good, and illuminate what is. They help you to understand that you are not alone in the struggles you face. This is a person with whom you are not afraid to share your fears and hopes because you know, that even when they have other things to do, they make you feel important and that what you say is important to them. They help you to learn from your mistakes, they will never let you fall.

This is the person that even though you only know for a brief moment, has left something that will always remain; and even when they are gone they have left the greatest part of themselves within those of us that had the chance to know them.

*Written by a student nurse  
and presented as a gift to  
her nursing instructor.*

*This project is dedicated to  
all students and instructors of nursing.  
May you know, live, and practice  
the art and science of caring.*

## ABSTRACT

Researchers exploring the role of caring in nursing education have focused attention on the importance of instructor caring as a fundamental component of the student-instructor relationship. The literature supports the need to study student perception of faculty caring and to identify instructor caring and uncaring behaviours in order to enable students to develop professional care practices.

A descriptive study was conducted at a Canadian college with a collaborative four year generic baccalaureate nursing program in order to determine student perceptions of faculty caring and the extent to which instructors are perceived as demonstrating caring qualities in their relationships with these students. By means of a survey comprising three questions and a semantic differential rating scale developed by Golden (1993), 27 students were asked to rate faculty caring, determine its importance, and describe the most and least caring behaviours demonstrated by this faculty.

The faculty was rated as highly caring and demonstrating all 16 of the caring attributes defined by Golden's tool. Students also identified "available" and "unavailable" as important to their perceptions of instructor caring and uncaring. These were not included in Golden's tool which suggests that it may be incomplete and not inclusive of all instructor behaviours identified as important by students.

Instructor caring was rated as highly important. Four dominant themes and one sub-theme revealed that students perceive instructor caring as having a significant impact on their learning, motivation, confidence and sense of support. As well, they feel that instructors should be role models of caring.

The findings provide significant information for this particular faculty and cannot be generalized to a larger population. Faculty growth and development of caring behaviours and practices can be facilitated by the knowledge and insights generated by this study.

## ACKNOWLEDGEMENTS

I would like to express my most sincere gratitude and appreciation to the following people who have provided me with invaluable support and encouragement throughout the completion of this project:

To my life-long partner, Cliff, whose enduring patience, understanding and assistance have remained close and present to me at all times. (His expert typing skills were especially appreciated on numerous occasions).

To my two daughters, Nicola and Alyssa, who supported me each in their own unique way.

To Dr. Cynthia Chambers and Dr. Myrna Greene for their feedback and patience while I was completing the project.

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## Introduction

Caring is regarded by many as the "essence" of nursing (Leininger, 1984). In the past decade, many nurses have come to believe that caring is the foundational symbol, the moral ideal, and the fundamental responsibility of all who practice nursing. It was Florence Nightingale in the nineteenth century who first described the selfless dedication and devotion required of nurses in caring for their patients. For years nurses were 'trained' in hospital-based schools of nursing according to Nightingale's edict of nursing practice. The neophyte nursing student was soon indoctrinated into her role of obedience and servitude. These 'angels of mercy' were hard-working women utterly dedicated to their calling and to a greater cause, that of tending to and caring for the weak and infirm. By the 1970s, however, nursing had changed and nurses had become increasingly more involved with the technological aspects of nursing practice. This led some nursing scholars to fear that nurses were "becoming less caring and less interested in care-giving practices" (Leininger, 1986, p. 2). Consequently, by the 1980s, researchers and theorists began to focus on caring as a core curricular issue vital to nursing education and practice.

Many North American nursing programs, particularly in the last decade, have specifically introduced a caring component into their curricula. This study focuses on one Canadian community college which engaged in a collaborative

effort with two other academic institutions to develop a nursing program which incorporates the concept of caring as one of seven major themes occurring throughout the curriculum. This four year program leads to a Bachelor of Nursing degree. The students pursue their studies for the first two years at the college and then are required to choose a completion option. Either they take the diploma exit and complete the program after one more semester or they continue on for two more years in the baccalaureate route.

The curriculum of this program contains seven conceptual threads one of which is 'caring.' The faculty has identified caring attitudes as honesty, empathy, warmth, hopefulness, flexibility, commitment, compassion, generosity and genuineness. According to the program standards of professional conduct, all students are expected to demonstrate behaviours that reflect these attitudes in both the classroom and clinical practica experiences. It is expected that these behaviours are evident to all nursing instructors within the program and its related courses. As well, students are expected to maintain positive interpersonal relationships with faculty, treating them with dignity, respect and consideration. It is the contention of this researcher that, in order to foster the students' capacity to respond in a caring way, it is necessary for nursing faculty members to engage purposely in caring relationships with their students and create a climate for

caring in both classroom and clinical learning. This will facilitate the development of the knowledge and skills students require to practise care as professional nurses. Support for this point of view is found in a study by Appleton (1990) who explored the perceptions of two doctoral students concerning the meaning and experience of caring. Although the sample size was small, the findings of Appleton's study are considered by other researchers to provide a significant contribution to the understanding of the role of caring in the student-instructor relationship and learning environment (Cohen, 1993; Frank, 1994; Hanson & Smith, 1996). Subsequently, it was decided to conduct a study of how nursing students at the aforementioned college perceive caring from their nursing instructors in this particular program.

### Background

For the past two decades, nursing education has been undergoing a paradigm shift. Since the fifties, nursing curricula have been developed according to Tyler's behaviourist model (1950) which requires "behaviourally defined measurable objectives" and "prescribed outcomes" for learning based upon the teacher's prescribed set of goals for the students (Chally, 1992, p. 117, 118). By the seventies, a number of nursing educators began to feel that this approach was too restrictive and teacher-centred. According to Carter (1978), many believe that the theory of behaviourism "offers an incomplete and seriously inadequate

description of human beings rendering it unacceptable as a theory with which to guide human-to-human activities" (p. 556). Furthermore, Carter notes that "concerns such as commitment, caring, and acceptance cannot be fitted into the behavioural structure" (p. 556). Similarly, Bevis (1989) argues that behaviourism "has ignored all aspects of education not covered by behaviour and finite preconceived measurable outcomes" (p. 32). As a consequence, nursing curricula have become "inadequate" and "limited." She contends that, although behaviourism has produced efficient, technically competent nurses, it has not kept pace with the changing demands of society and the evolution of nursing as a profession.

As a result of these issues, a new focus began to emerge for nursing theorists and educators. A shift in philosophical orientation from behaviourism to humanism has been occurring and consequently both nursing education and clinical practice have adopted a perspective that is more humanistic. The past decade has seen what has been called the 'Curriculum Revolution' in nursing education. Advocates of the revolution called for major reforms within nursing education and argued that it no longer was meeting the demands of a changing health care environment. Major transformation of nursing curricula became the primary focus of change and gave birth to the "Caring Curriculum Movement" (Frank, 1994, p. 33).

Tanner (1990b) describes two themes which have emerged:

"the centrality of caring," and "the primacy of the teacher-student relationship" (p. 297, 298). She asserts that caring has been 'reclaimed' as a core value of nursing practice and education. Many believe that a devaluing of the care ethic has occurred within the profession and the health care system. The demands of rapidly-changing technology and economic pressures within health care have left nurses with less time for direct patient care. The focus of nursing practice has become more task-oriented and less patient-centred as workloads and patient acuity have increased. Stress levels are dramatically escalating for nurses as their work becomes more labour-intensive with fewer resources under more strenuous conditions. The question has been raised: How is this compatible with the caring ethics of the profession? Consequently, concern has developed over nursing's apparent difficulty in sustaining "its caring ideology in practice" (Watson, 1988, p. 28). Thus, in the past decade, a number of nurse educators began to focus their attention on "the preservation and advancement of human care" in nursing (Watson, 1988, p. 29).

Paterson and Crawford (1994) describe the changes that have been occurring in the nature of the teacher-student relationship which has shifted "from the behaviourist focus on evaluation of student performance to an educative focus on student learning" (p. 169). The importance of the teaching of a caring ideology and the development of caring interactions between teachers and students are central

themes within this redefinition of the teacher-student relationship in nursing education. The teaching of caring behaviours and attitudes has become a basic component of current nursing curricula (Komorita, Doehring & Hirschert, 1991).

Like many other schools of nursing across the country, the nursing program at this particular college has been caught up in the curriculum revolution. In addition to this, two other important factors have been responsible for this impetus to change. The Canadian Nurses Association has mandated that the entry level to practice by the year 2000, will be a baccalaureate degree. As well, the provincial government with its cost-saving measures, reduced the number of nursing programs in the province where this college is located and dictated the need for a collaborative effort amongst the remaining schools of nursing. The result for this college has been the development of a new collaborative program which began its first class in September 1995.

#### Purpose of the Study

The general purpose of this study was to explore, by means of a survey, how second year nursing students in the aforementioned program perceived caring from their nursing instructors. Teaching within a nursing curriculum supporting a caring ideology and which specifically defines expectations of caring behaviours from students, presumes that instructors value caring and adopt an attitude of

caring in their relationships with their students. Determining the extent to which these students perceive their instructors as caring becomes important particularly with respect to the degree of success instructors have in creating a caring learning environment. The consequence of this could affect the capacity of these students to learn caring and to respond in caring ways within their nursing practice. It is anticipated this study will provide information that will help this nursing faculty know and understand how their caring attributes are perceived by their students. With this knowledge, they can determine what actions are warranted.

#### Research Questions

The following research questions guided the study.

1. To what extent do students perceive their nursing instructors in this program as demonstrating caring behaviours towards them?
2. To what extent do these students perceive instructor caring as important?
3. How do these students describe the most and the least caring behaviours of instructors?

#### Definitions of the Terms:

To help clarify the research questions, the following important terms are defined:

**Students:** all nursing students completing the second year of the four year baccalaureate program at the particular

college referred to in this study.

**Perceive:** this term is used in reference to student "perceptions." Golden (1993) has defined this to mean "student perspectives" and "students' opinions" (p. 142). Students will be asked for their perceptions of instructor caring. Golden's semantic differential scale and the open-ended survey questions will be used in this study to determine what these perceptions are.

**Nursing Instructors:** all instructors in nursing who have taught this group of students since the beginning of their program.

**Demonstrating:** this term refers to nursing instructors showing or exhibiting characteristics which convey caring to students. In this study, Golden's instrument will be used to rate the extent to which the instructors do this. The open-ended questions will provide students with an opportunity to offer additional perspectives.

**Caring Behaviours:** Golden has defined instructor caring and caring behaviours as "attitudes," "characteristics" and "qualities" of being respectful, sensitive, supporting, trusting, warm, honest, patient, personal, competent, considerate, flexible, genuine, attentive, nonjudgmental, positive and concerned (p. 142). In this study, Golden's instrument and the survey questions are used to identify caring behaviours.



### Assumptions of the Study

The assumptions underlying this investigation are as follows:

1. Caring behaviour can be taught and learned.
2. Instructor caring can be assessed.
3. Experiencing a caring environment is important for the students' learning to care for others.
4. Faculty behaviours are an important component in the teaching of caring.
5. Nursing students in this program will have had enough experience with a variety of classroom/clinical teachers to have developed a concept of caring and be able to identify both caring and uncaring qualities of faculty.
6. Students will respond truthfully to the research tool.

### Review of the Literature

It was decided for the purposes of this study that an examination of the relevant research and literature would be undertaken and organized under the following three areas: the concept of caring in nursing education and practice; student and faculty perceptions of caring; and the student-teacher relationship. It is anticipated that this will facilitate the reader's understanding of the nature and scope of the concept of caring and its implications for nursing education.

#### The Concept of Caring in Nursing Education and Practice

Leininger (1978, 1984, 1986, 1988) is credited with

being the first nursing researcher to study the complex and multidimensional nature and phenomenon of care. Her work in the seventies led to the development of her theory of cultural care diversity and universality which "opened the door for a paradigm shift in nursing" (Belknap, 1991, p. 176). Her concept of care as "the essence of nursing and the central dominant and unifying feature of nursing" (Leininger 1988, p. 152) is widely accepted by nursing educators and scholars as a core value in nursing practice (Appleton, 1990; Belknap, 1991; Kosowski, 1995; Nehms, Jones & Gray, 1993; Paterson & Crawford, 1994).

Leininger (1986) identified major factors in nursing which result in either "facilitation" or "resistance" to care practices. She discusses "care constructs" in terms of "respect, empathy, compassion, trust, touch, and comfort," and asks the question, "What specific knowledge about human care must be learned and transmitted to nurses so that nursing becomes a caring profession?" (p. 3). She advocates for nursing students to be taught care knowledge and care values early in their programs by faculty who should role model care practices. She states: "Without explicit teaching and practice opportunities of care in schools of nursing, one cannot ensure that graduates will know and practice care later" (p. 4). According to Belknap (1991), Leininger's significant contribution in this area has brought about the systematic study of caring within nursing and nursing education.

Watson (1979) has been another very influential force and is well known for her theory of nursing as human science and human care. She envisions caring as "the moral ideal of nursing" and advocates "a health care revolution that will create a new perspective of caring" (Belknap, 1991, p. 178). Watson (1979, 1988) in her human care theory describes ten primary "carative" factors which include:

1. The formation of a humanistic-altruistic system of values.
2. The instillation of faith-hope.
3. Sensitivity to self and others.
4. Helping-trusting human care relationship.
5. Expressing positive and negative feelings.
6. Creative problem-solving care process.
7. Transpersonal teaching-learning.
8. Supportive, protective, and/or corrective mental, physical, societal and spiritual environment.
9. Assistance with the gratification of human needs.
10. The allowance for existential-phenomenological forces.

She views these carative factors as becoming actualized within the nurse-patient relationship. She acknowledges that nursing education has not adequately addressed the problem of teaching students a special 'way of being' as caring professional nurses in helping relationships.

Similarly, Berman (1988) concludes from her observations of student nurses and clinical instructors, that "the core of nursing education" should be "the

personhood of the nurse-to-be.... Learning to be a nurse... becomes learning to be a person committed to the care of others" (p. 14). Developing this particular 'way of being,' then becomes an integral part of the student's personhood and therefore becomes an essential component of their nursing practice. Barker and Reynolds (1994), on the other hand, argue that Watson's caring theory has certain limitations. In their opinion, the most significant drawback is that "it offers no theory governing people's behavior within the caring context: it does not explain, in any way, why they do what they do" (p. 19). Furthermore, the authors suggest that nurse educators, in particular, should be concerned about this as many consider Watson's theory to be complete.

Caring in nursing practice has been more widely explored and numerous studies have examined the significance of caring within the nurse-patient relationship (Brown, Kitson & McKnight, 1992; Kosowski, 1995; Kyle, Paterson & Crawford, 1994). Miller (1995), in considering the challenges of caring faced by many nurses in today's profession, discovered that patients are able to distinguish between caring and uncaring nurses. Furthermore, she states: "Nurses who are caring, whose caring skills are expert, are professionals greatly valued by the recipients of care" (p. 32). Consequently, many assert that it is imperative for nursing educators to prepare student nurses to become caring practitioners.

However, there is a general consensus that in nursing education, research in this area is limited and therefore an understanding of the meaning and significance of the concept of caring is lacking for educators (Beck, 1991; Cohen, 1993; Frank, 1994; Golden, 1993; Halldorsdottir, 1990; Hanson & Smith, 1996; Miller, Haber & Byrne, 1990; Paterson & Crawford, 1994). According to Frank (1994), more exploration of teacher-student caring interactions needs to be done. Determining exactly what caring is in nursing education and how it is conveyed to students still needs to be studied in more depth (Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al, 1990; Paterson & Crawford, 1994).

Nursing educators and theorists, in attempting to gain a better understanding of the nature of caring, have come to recognize the relevance of the work of Noddings (1984), an educator and author of a book on the ethics of care and moral education (Appleton, 1990; Cohen, 1993; Frank, 1994; Greene, 1990; Halldorsdottir, 1990; Hughes, 1992; Sellers & Haag, 1992; Symanski, 1990). Noddings maintains that "educators must provide a climate that enables students to internalize caring behaviors and identifies as foundational to the creation of such a climate the interactions that are experienced between the teacher as the one caring and the student as the recipient of caring" (cited in Hughes, 1992, p. 61).

Paterson and Crawford (1994), in their examination of the concept of caring in nursing education, have summarized

what is presently understood about caring. They note that many authors have focused their attention on the importance of caring as a core value in the student-teacher relationship (Bevis, 1989; Diekelmann, 1990; Tanner, 1990a, 1990b; Watson, 1988) and others have determined the need to focus on how caring is perceived and transmitted in teaching practices (Beck, 1991; Frank, 1994; Hughes, 1992; Kelly, 1992; Komorita, Doebring & Hirschert, 1991; Leininger & Watson, 1990).

#### Student and Faculty Perceptions of Caring

Cohen (1993) reports a lack of research addressing the "lived experiences and meaning of caring" for both students and faculty in nursing programs (p. 624). Paterson and Crawford (1994) further suggest that "students' perceptions of caring and how they view the caring practices of nurse educators has not been extensively studied" (p. 167). Lastly, Komorita et al. (1991) state that there are "few studies of perceptions of caring focused on nursing faculty" (p. 23) and there is a need to identify essential caring behaviours in order to teach caring. A review of the research reveals several studies which offer significant findings and contribute to the knowledge in this area.

Appleton's phenomenological study (1990) describes and analyses the meaning and experience of caring as perceived by two doctoral students during their program at a National League for Nursing accredited university school of nursing. Open-ended in-depth interviews were used and transcribed for

analysis. Central themes about the expressions and process of caring emerged and were described in the study and presented in two tables. As reported by Appleton, the findings revealed several significant aspects of caring: (1) caring is expressive and involves treating students with respect, understanding their interdependence, helping them to grow and letting them become, i.e. growth of being; (2) caring is a process of commitment, involvement and belonging; and (3) caring has an environmental dimension as it occurs within time, place and space. She concludes that when students experience caring within their educational environment, "human care knowledge is advanced through nursing" (p. 92).

Halldorsdottir (1990) studied the perceptions of nursing students in order to determine the fundamental constructs of caring and uncaring interactions with teachers. Nine former Bachelor of Science in Nursing (BSN) students from Iceland participated in this phenomenological study which used "intensive unstructured interviews and constant comparative analysis" (p. 97). Halldorsdottir found four basic components of a caring encounter with a teacher as described by the participants. These included: (1) the teacher's professional approach which incorporates professional competence and commitment, genuine regard and a positive personality; (2) reciprocal trust between student and teacher; (3) the development of a professional working relationship; and, (4) positive student responses to caring

which include a sense of acceptance, self-worth, personal and professional growth, gratitude and appreciation of the caring teacher and modelling themselves on this. Uncaring teacher behaviours were described by Halldorsdottir as a lack of professional competence and concern, a need for power and control, and destructive behaviour such as disrespect and contempt. These uncaring encounters were discouraging and distressing for students, resulting in a lack of trust and connectedness towards the teacher.

Nehms' (1990) phenomenologic study of 17 baccalaureate nursing students whose lived experiences were "systematically illuminated" also revealed significant findings. Students expect faculty to be supportive, caring, competent and have genuine regard for them. The researcher determined that these students perceived "the one-to-one, student-teacher encounter" as "the core of education" (p. 296).

Other studies reveal findings which are similar in nature to those previously discussed. Beck (1991) asked 47 junior and senior BSN students to describe the "thoughts, perceptions and feelings" they could recall about a caring student-teacher interaction in nursing (p. 19). Their written descriptions produced three clusters of themes describing the importance of a caring experience between a student and a faculty member. Beck describes these as consequences, sharing of selves, and attentive presence. As well, she discovered that feeling respected and valued were



identified as important to students. Recalling the caring interaction "energizes" and "rejuvenates" them (p. 21). Complete attention and giving of time by a nonjudgmental faculty member were also described as significant to the caring experience. Beck concludes that the faculty caring behaviours identified by students in her study, show the five characteristics of caring as defined by Roach (1984): "compassion, competence, confidence, conscience and commitment" (p. 21). Implications for faculty include intentionally creating a learning environment in which students feel enveloped in care. "Students need to have a sense of being cared for to nurture their abilities to care for others" (p. 21).

Miller, Haber, and Byrne (1990) explored the experiences of caring within the teaching-learning process as perceived by both students and teachers. Four parallel themes of caring emerged from the open-ended interviews of six nursing students and six nursing faculty members. Transcribed data were given to participants for validation. The results indicated that both students and faculty saw holistic regard as fundamental to the caring relationship. Both groups identified certain characteristics as important to their ways of being. Students emphasized the need for a climate of support while faculty identified a conscious effort to use various strategies to provide this support. Empowerment, growth, and future hope were recognized by both groups as student outcomes of a caring relationship. Both

faculty and students described caring as an interactive and ongoing process between them (mutual simultaneous dimensions). Both consider trust, sharing, and respect as essential elements. Students emphasized intimacy and connectedness as important to them in a caring relationship. Faculty, on the other hand, stressed the importance of openness and reciprocity. This study provides some support for the proposition that a caring academic environment provided by a caring teacher, helps students learn how to care (Paterson & Crawford, 1994). Also, as Kelly (1992) points out, nursing faculty can have a powerful influence not only when they demonstrate caring behaviours in their interactions with students but also when they demonstrate uncaring behaviours which can negatively impact students learning how to become caring in their nursing practice.

Similarly, a study by Hughes (1992) of students' perceptions of a climate for caring offers additional support. Ten junior nursing students from five different BSN programs (two from each) were interviewed and provided detailed descriptions of their perceptions of a climate for caring which they experienced through certain faculty behaviours and interactions.

Hughes' (1992) philosophical underpinnings guided her research questions and provided a basis for her investigation. She believes that caring is a "normative value within the discipline of nursing" and that "caring is learned through interaction with others in which one

experiences being the recipient of caring and through the provision of interactional opportunities in which one's ability to see and use the self as caring are cultivated" (p. 60). She asserts that "there has been limited investigation of the educational process by which students internalize caring as a normative value or the environmental contexts that foster the demonstration of caring behaviours" (p. 61). Furthermore, she contends that "the primary method by which students are socialized to normative values and attitudes is through their interaction with faculty" (p. 61). The climate of these interactions implicitly conveys to students the norms and values deemed important by the profession and nursing education. To substantiate her contentions, she cites Noddings' (1984) arguments from her analysis on the ethics of care and moral education.

In her descriptive study, Hughes (1992) used a 10 question interview guide and began each interview with the same question. "How would you describe the atmosphere in the school of nursing?" (p. 62). Data analysis of interview transcriptions was conducted by placing statements into categories and subcategories on filing cards. Hughes did not describe how the categorization was accomplished. However, the coding decisions used to categorize the data were assessed for consistency and interrater reliability. A written summary of the findings was validated by eight of the participants, representing all five schools.

Noddings' (1984, 1988) four components, through which a

moral education can be experienced, guided the data analysis. Students depicted a climate of caring as one in which modelling, confirmation/affirmation, the practice of caring behaviours and dialogue occur. "The ability of faculty to model caring provided the foundation for the enactment of the remaining three components of a moral education" (Hughes, 1992, p. 63). Nehms et al. (1993) also noted how the behaviours of teachers have "potential for serving as a powerful modelling for students" (p. 23), therefore requiring a conscious commitment to be caring in student-teacher relationships.

One other important aspect that emerged from Hughes' (1992) research was the recurring theme of student vulnerability. Hughes asserts that this has not been clearly documented in other studies investigating students' perceptions of a climate for caring. Students reported that they felt "dependent" and "vulnerable" particularly with clinical teachers whose behaviours and actions have the potential for either caring or uncaring encounters with students. This sense of vulnerability triggered in students a recognition of the need to experience a caring climate with faculty. Similarly, Berman (1988) in her study of nursing students and instructors in the clinical setting, recognized the "fragility" of students especially with regards to their "professional self-image" (p. 8).

Students' perceptions of uncaring behaviour have also been addressed (Halldorsdottir, 1990; Hughes, 1992; Kelly,

1992; Theis, 1986). Students were able to identify uncaring behaviours in faculty and reported how "devastating" these interactions were to them. It left them with less confidence and diminished self esteem.

In the research that has been conducted in this area of student-teacher perceptions of caring, there have emerged recurrent themes which emphasize the importance that nursing students place on feeling valued and respected by faculty who model caring behaviours. The research does, however, raise certain questions. Do nursing students emulate their role models or are these behaviours already present when they enter the program (Frank, 1994)? Are students' perceptions and experiences of faculty caring actually significant to their learning outcomes... and their ability to provide quality patient care? Conversely, if faculty are perceived as exhibiting uncaring behaviours towards students, is this detrimental to learning and nursing care outcomes? Paterson and Crawford (1994) suggest that further investigation need to be done to determine this.

#### The Student-Teacher Relationship

The research indicates the significant impact that student-teacher interactions have upon nursing students whether they perceive them to be caring or uncaring. It also stresses the importance of a supportive, mutually trusting and caring relationship between students and their classroom/clinical teachers. Miller et al. (1990), in their investigation of student-teacher interactions, found that

mutual trust, sharing, and connectedness within a climate of support and holistic concern were identified by students as the essential dimensions of a caring relationship with teachers.

Appleton (1990), Beck (1991), Cohen (1993), Halldorsdottir (1990), and Hughes (1992) all report similar findings. Paterson and Crawford (1994) note that the literature suggests that "mutuality" and "reciprocity" are generally expected by both students and teachers in a caring relationship and that "caring for students is the moral imperative of the nurse educator" (p. 165). In addition, they point out that the ontological definitions of caring suggest that it is both a process and an action which implies that teachers can learn specific skills which convey and teach caring to nursing students. Furthermore, they report on one study that found nursing teachers believe that there is a positive relationship between their ability to foster caring in students and the students' ability to implement caring practices. Paterson and Crawford (1994) conclude that "the assumptions that caring for students teaches them how to care as nurses requires further investigation" (p. 170). Also, constraints which affect a teacher's willingness and ability to exhibit caring behaviours and engage in caring practices need to be examined. Jacono and Jacono (1995) identify "vanity, perfectionism, interference and insensitivity" i.e., lack of feeling/caring as the most detrimental characteristics of a

teacher (p. 14). Teaching success is believed to be affected by teacher characteristics (Halldorsdottir, 1990; Miller et al., 1990; Nehms et al., 1993). "Teaching a caring ideology includes living caring experiences between students and faculty" (Cohen, 1993, p. 622).

The literature indicates that there is some controversy over whether or not caring can be directly taught or learned. The critical issue is: How do students learn caring? Tanner (1990a) claims that students learn caring through their caring experiences with faculty. Forsyth, Delaney, Maloney, Kubesh and Story (1989) argue that caring can be taught by "socializing students to exhibit caring behaviours" (p. 165). Formative and summative methods of evaluation were used by those researchers to demonstrate that students can be taught caring behaviours and evidence of caring can be assessed.

Other researchers also argue that role modelling of caring behaviours by nursing faculty facilitates students' abilities to learn professional care practices (Beck, 1992; Kelly, 1992; Nehms et al., 1993). Role modelling has been identified as the most frequent learning mode for caring (Kosowski, 1995). In a study by Kelly (1992), nursing students perceived their most influential forces in order of importance as (1) faculty, (2) clinical preceptors, and, (3) family or friends. Beck (1992) concluded that nursing students also learn caring from fellow nursing students. Paterson and Crawford (1994) question what effect patient

and staff interactions might have on students learning to care. It is believed that both caring and uncaring practices in nursing help students professionalize caring. They note that reflection, journaling and dialoguing have been suggested as additional strategies to facilitate students' caring practices.

Condon (1992), on the other hand, presents a critical perspective of caring. She is critical of the responsibility given to women to be the selfless caregiver. She notes that caring has historically been a "gendered" quality. This has implications for both the nursing profession and nursing education since both are associated almost exclusively with women. The majority of nurses and nursing faculties remain predominantly female. It could, therefore, be argued that nursing faculties in 'caring for' students, assume the mothering role, thereby perpetuating the historical image of the selfless female caregiver. Condon maintains that caring must not be viewed as "gendered." "There is no conclusive argument about caring that suggests it could not or should not be practiced by everyone" (p. 19).

Furthermore, Nelson (1992), in agreement with Condon's viewpoint, argues against making caring an "ethical ideal" as it will only serve to oppress nurses and foster the "existing stereotypes of selfless, womanly sacrifice" (p. 10). As well, she maintains that "an ethics of care that perpetuates nurses' self-effacement, then, does not advance the profession" (p. 11). She regards the nurse-patient



relationship as "the archetype of unidirectional care" in which "nurse and patient meet within the context of dependency" (p. 10). The notion of caring as perpetuating female oppression and patient dependency has not been widely explored in the literature. In fact, very few authors have expressed any criticism or argument against caring. Paterson & Crawford (1994) may provide some explanation for this. They have noted that a number of "untested assumptions" have been made about caring in nursing based upon the conviction that caring is fundamentally significant to the practice of nursing (p. 171).

Therefore, many nurse researchers have come to believe that the identification of factors which encourage the development of caring is important to nursing education. As well, it may be just as important to identify any factors that could prevent students from learning how to care effectively. Schaffer and Juarez (1993) maintain that "nursing faculty need to develop a greater awareness of how students view faculty behaviours and to realize that there may be discrepancies" (p. 28). Golden (1993) also determined the importance of developing faculty awareness by identifying student perceptions of faculty caring behaviours. To date, she appears to be the only researcher to attempt to quantify student perceptions of instructor caring by using an evaluation tool which measures this on a semantic differential scale. Her instrument requires students to choose one position along a seven-point graphic

scale separating bipolar adjectives (16 in total) which Golden selected from the relevant literature describing the characteristics of a caring instructor (see Appendix A). Computing the overall scores for each respondent indicates a positive or negative opinion about the caring they receive from their instructors. While this measurement technique presents some limitations (which will be discussed later), it can provide faculty with useful information and feedback concerning their caring attributes.

A review of the literature has determined the importance that many researchers place on the role of caring within nursing practice and education. Although there has been some criticism, many researchers agree that nursing students need to experience caring student-teacher relationships and a supportive climate for care in order for them to learn how to care for others. There is evidence to suggest that it is difficult for students to learn to care in the absence of a caring and supportive environment. As Beck (1991, 1992) points out, students need to experience being cared for in order to develop their abilities to provide care for others as nurses.

### Methodology

A descriptive study was conducted to determine the extent to which nursing students at the aforementioned Canadian college perceive their nursing instructors as demonstrating caring behaviours in their relationships with

these students. At the end of their second year, the entire class was asked to voluntarily complete a survey which took approximately 15 to 20 minutes to finish. In assessing instructor caring, students were asked to consider all of their nursing instructors since beginning the program in September 1995. No differentiation was made in the survey between situational settings in which students had encountered these instructors. These settings included both classroom and clinical areas.

#### Description of the Sample

A non-randomized convenience sample of all second year nursing students (29 in total) was selected for this study. Two students were not permitted to participate in the study. One had just transferred from the other college in the collaborative program and the other student was taking one course as a licensure requirement and was not enrolled in the program. The students in the sample were chosen to participate because they had worked with most, if not all, of the nursing faculty. First year students had only encountered approximately one half of the faculty by this time of year. Second year students ranged in age from 19 to 43 years. The majority of them were female and three were male.

It would seem pertinent here to provide a description of the nursing faculty being assessed by the participants of this study. The students had been involved with 18 classroom/clinical instructors since beginning the program

in September 1995. These instructors were all members of the college faculty with the exception of one who was a member of another faculty in the collaborative partnership and co-taught one class in the previous semester. The faculty varied considerably in the number of years of teaching experience amongst its members. This ranged from 3 to 27 years with approximately half of them prepared at the Master's level. Two had no degrees and the remainder had baccalaureate degrees in nursing.

#### Procedure for Data Collection

This study used both quantitative and qualitative methods to explore the research questions. A two-page survey comprising a 16-item semantic differential rating scale and three questions, comprised the instrument used for data collection (see Appendix B). Each survey was accompanied by a letter to the participant describing the study and stressing confidentiality, anonymity, and the freedom of each individual to participate or not (see Appendix C). Data collection took place in the classroom after the surveys were distributed and the informed consent letter was reviewed with the students who had the opportunity to ask questions at this time. Completion of the survey constituted informed consent. Any student who did not wish to participate in the study could return an uncompleted survey. In order to ensure anonymity for all students, this researcher left the classroom following distribution of the surveys. Students were instructed to place their survey in a

pile as they left the classroom. The surveys were then handed directly to one of the secretaries in the Nursing Department who had consented to read each survey and delete any identifying information in order to protect the instructors' and students' rights to confidentiality and anonymity. It was felt that this secretary was an appropriate choice for this task as she routinely handles confidential information regarding instructor evaluation.

Permission to conduct this study had been obtained from the Faculty of Education Human Subjects Research Committee at the university and from the Faculty Association of the participating college prior to any data being collected.

#### Description of the Instrument

The two-page survey consisted of a 16-item semantic differential scale and three questions, one close-ended and two open-ended. To provide reliability and validity to the instrument, a preliminary draft of the survey was pilot-tested with a small group of former nursing students who graduated in 1996. As well, the survey was subjected to review by experienced college and university educators who provided pertinent input. This feedback resulted in several revisions and refinement of the instrument.

The rating scale designed to measure student perceptions of instructor caring was developed by Golden (1993) (see Appendix A). Golden granted verbal and written permission to use her unpublished evaluation tool in the present study (see Appendix D). Following expert review and

the outcomes of the pilot testing, it was determined that some amendments to her original tool were necessary to improve the clarity and simplicity of the format (see Appendix B). As well, Golden's ordering of the 16 adjective pairs was reported to be confusing. She provides random polarity of adjective pairs so that positive or negative responses may occur at either end of the scale. However, her random ordering of these pairs presents itself as positive, negative, positive, negative, etc. Consequently further randomization of the order was carried out (see Appendix B). Randomization was important here to eliminate or minimize response bias tendencies (King, 1984; Polit & Hungler, 1987). It was felt that, even though some minor revisions were made to Golden's original instrument, the form of her semantic differential remained intact and unchanged.

Golden's instrument is a 16-item semantic differential rating scale designed to measure the concept of "instructor caring" as perceived by nursing students. The semantic differential is a technique of measurement originally developed by Osgood, Suci and Tannebaum in 1957 as a method for measuring attitude or psychological meaning of a given concept or theoretical construct for an individual (Brink & Wood, 1989; Kerlinger, 1973; King, 1984; Osgood, Suci & Tannebaum, 1967; Polit & Hungler, 1987; Shelley, 1984). These concepts can include people, places, situations, abstractions, controversial ideas and so forth (King, 1984; Shelley, 1984).

Waltz, Strickland, and Lenz (1984) describe three components of semantic differential scales. These include 1) the concept being measured, 2) bipolar adjectives which are relevant to the concept being investigated, and 3) a five to nine point graphic scale which separates each pair of adjectives and requires the respondents to choose a position between the negative and positive poles of each pair. Osgood et al. (1967) point out that this allows the respondent to "indicate both the direction and the intensity of each judgement" (p. 20). Osgood et al. consider seven scale points to be optimum as respondents can become annoyed by fewer divisions, and more divisions may produce unsatisfactory distribution of the responses (King, 1984).

Golden's semantic differential scale contains 16 pairs of polar adjectives selected by her from the nursing literature describing caring characteristics. This number of adjective pairs (16) is considered appropriate according to Shelley (1984) who claims that 9 to 20 pairs are acceptable. Golden cites Halldorsdottir (1990), Leininger (1986), Miller et al. (1990), and Watson (1988) as the experts from whom she has derived these adjectives chosen for their relevancy to the concept of instructor caring. She states that she has attempted "to provide an exhaustive list of caring attributes gleaned from research and published authorities" (Golden, 1993, p. 143). Golden has inserted seven scale points between each pair of polar adjectives requiring respondents to choose one position which will indicate both

direction and intensity of their responses. Golden's instrument was the only attempt found in the nursing literature to specifically quantify the concept of instructor caring as perceived by students. Typically, this has been studied using qualitative methodologies. Dillion and Stines (1996) report that Larson (1981) developed the Caring Assessment Report Evaluation Q-sort (CARE-Q) which has been used in studies to quantitatively measure perceptions of caring in nursing practice. In her review of the literature, Kyle (1995) describes two other instruments which have been developed for the quantitative approach: the Caring Behavior Inventory (CBI) which ranks 75 words or phrases representing caring on a Likert-type scale, and the Caring Behavior Assessment (CBA) which ranks on a Likert-type scale, 61 nursing behaviours arranged under seven subscales in accordance with Watson's ten carative factors. Golden's instrument is briefly mentioned by Dillon and Stines but, to date, there have been no published reports of any studies that have used her tool.

An examination reveals that Golden's tool is relatively easy to administer and not as time consuming as many of the qualitative methods appear to be. It is efficient especially in terms of scoring. Raw scores can be easily obtained and results determined expeditiously. Feedback to faculty can be presented with minimal delay. As well, the instrument can be used by any number of other nursing faculties and individual nursing instructors who are interested in gaining a better



understanding of how their students perceive them in terms of their caring attributes. Waltz et al. (1984) maintain that "the semantic differential is one of the most valid measures available for assessing the connotative aspects of meaning, particularly the evaluative connotations of objects" (p. 10).

In developing her tool, Golden claims an "exhaustive list of caring attitudes" was derived from the leading authorities on caring (p. 143). The "completeness" of the tool was determined by pilot-testing and input from experienced educators which she claims establishes content validity of the instrument. Imle and Atwood (1988) assert that "easy yet sound procedures are needed to pilot-test a scale and its quantitative items... while preserving the assumptions underlying the qualitative mode of inquiry" (p. 62). Golden endeavours to retain the qualitative meaning of the concept of instructor caring while meeting the criteria for quantitative psychometric scale construction.

Certain limitations are discussed by Golden in her article. She contends that tools which measure attitude may demonstrate "inconsistency" between the measured attitude and the actual behaviour. Relatively weak predictive validity of these instruments is a factor to take into consideration as well. Moreover, King (1984) questions whether overt behaviour can be predicted from semantic differential measurements. She advises that scores produce "only general impressions" (p. 154). Response bias,

respondent commitment and mood fluctuation may affect the reliability of semantic differential scales. King (1984) reports that response bias is "a primary source of invalidity" for this scale if anonymity is not guaranteed (p. 156). Respondents may not disclose their true feelings but instead, respond in ways that they think are socially desirable. Golden (1993), however, argues that this bias is an "inherent" source of invalidity for all attitude measuring instruments in general. Valid data collection requires a trusting and accepting environment for respondents. Lastly, individual interpretation of the scores by the researcher may be subjective to some extent. For example, when the lowest score is 16 and the highest is 112, how will a score of 63 or 65 be interpreted? In addition, Golden discusses the face validity of her instrument and suggests that it must be judged. "An instrument has face validity when the distinctions it provides corresponds with observations made without the tool" (Golden, 1993, p. 143).

Golden (1993) reports that "subjective validation of reliability" of her instrument was obtained through a pilot study (p. 143). She offers no further explanation; nor were any details provided concerning sample size or respondents' scores. She contends that as "a generalizable technique of measurement," the semantic differential scale has proven high test/re-test reliability (p. 142). She refers to research cited in King (1984) in which split-half reliability indicating a correlation between scores has been

used to further establish reliability of the semantic differential scale.

In addition to Golden's instrument, three questions were included in the survey in order to gather qualitative data that would 'enrich and extend' the quantitative data provided by her instrument. Brink and Wood (1989) recommend the use of different data collection procedures which help in "assessing the range of relevant outcome measures" and minimize biases (p. 44). Dillion and Stimes (1996) claim that "caring cannot be solely measured quantitatively" and therefore suggest that a more comprehensive approach would include quantitative and qualitative methodologies. (p. 115). This approach was adopted for this study in order to explore the possibility that within this particular student population, there existed other data that could be relevant to their perception of instructor caring. Kyle (1995) points out that caring must not be viewed as only a "set of caring behaviours and activities" (p. 507). She contends that "there is more to caring than what one can see" (p. 508). Therefore, she argues that qualitative methodologies enhance and strengthen the quantitative approach.

The first question in the survey is a close-ended question which asks "As a nursing student, how important is it for your nursing instructors to demonstrate caring towards you?" The respondent must choose one position along the seven point continuum between the adjective pair, "unimportant" and "important." The response format

replicates Golden's rating scale and was used because of familiarity and ease for the respondents. Also, it takes into consideration all possible answers to the question. Each option is "inclusive and also mutually exclusive" in that there is no overlapping of the stated alternatives (Kovacs, 1985, p. 72).

The purpose of this question was to obtain information from this student population specifying the degree to which each respondent values instructor caring. Golden's instrument requires students to rate instructor caring. In doing so, there is an underlying assumption that this concept is significant, or at least holds some importance for students. The literature substantiates this; however, there was no way of knowing if this was true for this particular group of students unless they had the opportunity to express how they felt. They were also asked to explain their answer in order to provide some understanding of their choice. While it is important to know what value they place on instructor caring, it is equally important to know why they feel as they do.

Questions two and three are open-ended questions which ask respondents to think about their nursing instructors who most often and least often appear caring in their interactions with them. "In what ways and to what extent do you see this demonstrated?" Open-ended questions allow respondents to write as much, or as little as they choose, thus eliciting a greater expression of feeling. These

questions were included in the survey for the purpose of determining whether student perceptions of instructor caring and uncaring behaviours went beyond the scope of Golden's instrument. Golden has defined instructor caring characteristics and, as well, uncaring characteristics by her choice of the 16 pairs of polar adjectives which she claims attempts to provide "an exhaustive list... gleaned from research and publishing authorities" (Golden, 1993, p. 143).

The data obtained from questions two and three assisted in determining if indeed, she had included all instructor characteristics identified as important by students. Is her instrument representative of "the total collection of test items" as a measure of the concept of instructor caring (Waltz, Strickland, & Lenz, 1984, p. 195)? The subjective descriptions of instructor caring/uncaring behaviours generated by these questions helped to address the validity of Golden's rating scale.

There was some evidence from the pilot study that indicated Golden had not included all identified instructor caring attributes as revealed in the literature. "Availability" was identified by students in the pilot study as an important caring characteristic of an instructor. Yet, Golden's instrument does not include "availability." It was important to explore the possibility that Golden's list of adjectives is not "exhaustive." These two questions could provide useful information that enhances the content

validity of Golden's instrument or refutes it. Tilden, Nelson, and May (1990) discuss their use of "qualitative methods to enhance the content validity of a new psychometric measure" (p. 172). In this case, they used qualitative data obtained through semi-structured interviews to construct items for a new psychometric instrument. While Golden is careful to point out that the construction of her psychometric instrument from current research and various experts followed an established procedure to ensure content validity, it does not preclude the possibility that the respondents of this particular study may identify other items important to their perceptions of instructor caring.

#### Limitations of the Study

There are several limitations of this study which need to be addressed. Firstly, as caring is a complex and multidimensional concept, it poses the possibility that students and faculty may not share the same definition and comprehension of its meaning. Individual interpretations of 'caring' may result in discrepancies when assessing faculty caring behaviours. However, students should be guided somewhat towards a similar understanding as the curriculum specifically defines its meaning of caring.

Secondly, although Golden (1994) claims evidence of both reliability and validity of her semantic differential rating scale, she does point out that "an inconsistency may exist between measured attitudes and behavior of the

instructor" (p. 142). As well, reliability of measured attitudes may be affected by mood fluctuation of respondents.

Thirdly, the open-ended questions in the survey were subjected to content validity but not reliability testing. A pilot study was conducted to refine the questions and expert input was obtained.

Fourthly, the identification of dominant themes and data examples of Golden's adjectives are based solely on this researcher's perceptions and interpretation of the data. Findings were not subjected to review by the respondents or any other individuals.

Lastly, the results of this study cannot be generalized due to the fact that a small convenience purposive sample was selected for investigation at the participating college. However, this study could be replicated by the other two nursing faculties involved in this collaborative program which would help to establish the validity and generalizability of the findings from this study.

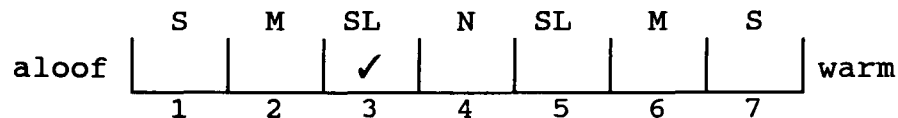
#### Data Analysis

The data of this study were analysed using content analysis and various statistical techniques appropriate for the nature of the data and level of measurement. The semantic differential has a scoring procedure similar to that used for Likert scales (Kerlinger 1973; King 1984; McLaughlin & Marascuilo 1990; Polit & Hungler 1987; Shelley

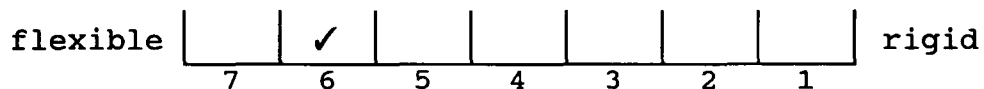
1994). There are, however, various approaches that can be taken in analysing and interpreting the data obtained. The numerical scores can be calculated in more than one way as described by McLaughlin and Marascuilo (1990), Polit and Hungler (1987), Shelley (1994), and Thomas (1990). The analysis of the semantic differential developed by Golden (1993) is relatively simple and straightforward as her instrument measures only one concept (instructor caring) in one dimension (evaluative). In other cases, where numerous concepts and other dimensions of the adjective pairs (such as, potency and activity) comprise one instrument, various factor analytical procedures can be used to produce "a surprising amount of data" (Kerlinger, 1973, p. 572). Kerlinger further explains that these "scores can be analysed for differences *between concepts, between scales, between subjects* on any combination thereof" [italics in original] (p. 573).

Each response is assigned a numerical score. In this study, values from 1 to 7 were be assigned to each of the seven positions located on the semantic differential scale separating each of the bipolar adjectives. The positive adjective was assigned the highest value (7) and the negative adjective was assigned the lowest (1) as recommended by Polit and Hungler (1987). For example:





Score for this item = 3



Score for this item = 6

S = strongly; M = moderately; SL = slightly; N = neither

Therefore values of 1, 2 and 3 indicate a negative response while values of 5, 6 and 7 indicate a positive response. The option "neither" which denotes a neutral position was assigned a value of 4.

For each of the 16 adjective pairs, a score (as indicated in the examples above) was determined. These 16 scores were then totalled to produce one overall score for each respondent indicating either a negative or positive response. The range for this semantic differential is 16 through 112, with 16 being a minimal score value, 112 being a maximal, and a middle score being 64. In other words, if a respondent scored one (1) for each of the 16 adjective pairs, the overall score would be 16 (1 x 16) indicating the most negative response possible. Similarly, if a respondent scored seven (7) for each of the 16 adjective pairs, the overall score would be 112 (7 x 16) indicating the most positive response possible. The results of this study were interpreted in the following way: all scores falling to the left of the neutral zone (64) indicated a negative student

perception of faculty caring while those scores falling to the right indicated a positive perception. As King (1984) has pointed out, interpretations are "always somewhat subjective" and the overall scores produce "only general impressions" (p. 153, 154). Findings are discussed and presented in tabular form showing frequency distribution and percentages of the overall scores.

More specific information was obtained through analysis of the scores from each one of the 16 adjective pairs which are, according to Golden (1993), "mutually exclusive" and require a separate independent judgement from the respondents. Findings are in tabular form and described in terms of frequency distribution and results obtained from the application of certain descriptive statistical techniques. Techniques which are most appropriate for interval data such as this, include measures of central tendency and variability, namely, the mean and standard deviation. Besag and Besag (1985) describe the mean as "the strongest, most informative, and most sensitive measure of location" (p. 81). Standard deviation is "the most frequently used measure of variability, because it is based on every score in the distribution and takes into consideration how each score deviates from the mean" (Kovacs, 1985, p. 169). The mean scores are ranked from the lowest to the highest followed by a comparative examination of the results.

Question number one of the survey was analysed using a

frequency distribution for the scale. These findings were then discussed accordingly. Data collected from the explanation of the response were processed through content analysis. The explanations were read, coded, and categorized into groups according to dominant themes which emerged from the content. Tabulation of these themes was carried out. Each identified theme was presented and substantiated by numerous quotations from student responses, resulting in an extensive table which was considered appropriate for this data. It was determined that summarizing the responses could possibly diminish the intensity of student responses to the importance of caring.

Questions two and three were also subjected to content analysis. Firstly, each one of Golden's 16 adjective pairs was coded. Then, responses to the question were read and coded for congruence with those adjectives. Any responses which did not reflect Golden's adjectives were assigned a different coding system and reported on separately. The results are discussed and presented in tabular form using example quotations from the data which contributes to the content validity of the study. The findings of this study will be made accessible to both students and faculty.

## Results

### The Rating Scale

#### Semantic differential scores.

Out of a possible range of 16 - 112, the actual range

of scores obtained from Golden's semantic differential rating scale was 85 - 112 with a mean of 100 (SD = 8.31). Table 1 represents the distribution of the overall scores.

Table 1

Distribution of Semantic Differential Scores

Range (Mean = 100)	Frequency (N = 27)	Percent
85 - 90	3	11.1
91 - 100	8	29.6
101 - 112	<u>16</u>	<u>59.3</u>
Total	27	100.0

Note. Possible range: 16 (low caring) to 112 (high caring).  
Neutral zone = 64.

All students rated faculty above the neutral zone (64) indicating a positive perception of faculty caring. The distribution of scores depicted a range from the lowest score of 85 to the highest score of 112. Three students gave the faculty a score of 85 while the remaining 24 students rated the faculty above 91 revealing that 88.9% of the students perceived faculty caring to be at the higher end of the scale (highest score = 112). The overall mean score of 100 also reflected this. As well, 59.3% of the students rated faculty above the mean indicating that they perceived faculty as demonstrating a high degree of caring behaviours as defined by Golden's instrument (1993).

Analysis of the 16 adjective pairs.

For each pair, the positive adjective was rated more highly than the negative adjective as indicated in Table 2. Faculty were perceived by the majority of students as having all of the positive attributes of caring as defined by Golden (1993). The adjective pair with the widest dispersion of responses was "nonjudgmental/judgmental" making this item the least agreed upon although still favourably rated with a mean score of 5.33 (maximum = 7) and a standard deviation of 1.66. The nature of the distribution for this item revealed that only 70.4% of the students perceived faculty to be nonjudgmental while 18.5% rated them judgmental and 11.6% considered them neither. Of the five students rating them judgmental, four chose slightly judgmental and one chose strongly judgmental.

Six of the adjective pairs generated the highest positive response (100%). All of the students perceived faculty to be highly attentive, warm, positive, supportive, concerned, and honest.

As illustrated in Table 2, the mean scores indicated that students rated "honest" and "concerned" most highly and the distribution of their responses was the same between the options of slightly (SL), moderately (M) and strongly (S) ( $\bar{M} = 6.70$ ;  $\underline{SD} = .54$ ). There was slightly more variation in their responses to "supportive" ( $\bar{M} = 6.67$ ), "positive" ( $\bar{M} = 6.48$ ), "warm" ( $\bar{M} = 6.41$ ), and "attentive" ( $\bar{M} = 6.37$ ) which represented less consensus amongst the students with regards

Table 2

Distribution of Responses to Each of the 16 Adjective Pairs

N = 27

Positive adjective	Frequency <sup>a</sup>	Negative adjective	Frequency <sup>a</sup>	Neither	M <sup>b</sup>	SD
nonjudgemental	19 ( 70.4%)	judgemental	5 (18.5%)	3 (11.6%)	5.33	1.66
flexible	25 ( 92.6%)	rigid	2 ( 7.4%)		5.89	1.19
genuine	25 ( 92.6%)	superficial	2 ( 7.4%)		5.96	1.19
respectful (N=26)	24 ( 92.3%)	disrespectful	2 ( 7.7%)		6.04	1.37
competent	25 ( 92.6%)	incompetent	2 ( 7.4%)		6.15	1.56
personal	25 ( 92.6%)	impersonal		2 ( 7.4%)	6.15	.91
considerate	26 ( 96.3%)	inconsiderate	1 ( 3.7%)		6.30	1.03
sensitive	26 ( 96.3%)	insensitive	1 ( 3.7%)		6.30	.99
attentive	27 (100.0%)	inattentive			6.37	.79
patient	26 ( 96.3%)	impatient		1 ( 3.7%)	6.37	.97
warm	27 (100.0%)	aloof			6.41	.64
trusting	26 ( 96.3%)	distrustful	1 ( 3.7%)		6.44	.89
positive	27 (100.0%)	negative			6.48	.70
supportive	27 (100.0%)	nonsupportive			6.67	.48
concerned	27 (100.0%)	unconcerned			6.70	.54
honest	27 (100.0%)	dishonest			6.70	.54

Note. <sup>a</sup>Frequency = total number of respondents rating each adjective pair in either a positive or negative direction as indicated by a scale response of SL (slightly) or M (moderately) or S (strongly). <sup>b</sup>Mean scores are listed in ascending order from the lowest to the highest. Maximum score value is 7.

to their perceptions of these particular attributes.

The remaining adjective pairs also received highly positive ratings but represented more variation in student response. Between 92.3% and 96.3% of the students perceived faculty to be respectful, flexible, genuine, competent, personal, considerate, sensitive, patient and trusting. The mean scores reflected the order in which students rated faculty according to these attributions of caring. Only 7.4% (two) of the students indicated a negative response and perceived faculty to be rigid, superficial, disrespectful and incompetent. As well, 3.7% (one) of the students perceived faculty to be inconsiderate, insensitive and distrustful. It is unknown whether the students who perceived faculty in this way were the same one or two students rating these items negatively, or whether they were different students each time. However, according to Table 1 only three students responded with the lowest overall score of 85.

One of the adjective pairs, "respectful/disrespectful," was rated by only 26 of the respondents. It is unknown why one student did not respond to this item. Besides the item "nonjudgmental/judgmental" which was previously discussed, two other items, "personal/impersonal" and "patient/impatient" elicited a response of 'neither' from some of the students. As Table 2 reveals, 7.6% (two) of the students thought faculty were neither personal or impersonal and 3.7% (one) thought they were neither patient or

impatient.

All of the mean scores varied little from the maximum score value of 7, with 5.33 being the lowest mean and 6.70 being the highest. Similarly standard deviations indicated little variability with .48 being the lowest and 1.66 being the highest. The most agreement amongst students occurred with their perception of faculty being supportive ( $\underline{M} = 6.67$ ,  $\underline{SD} = .48$ ). The most variability amongst the responses occurred with two items, "competent/incompetent" ( $\underline{M} = 6.15$ ,  $\underline{SD} = 1.56$ ) and "nonjudgmental/judgmental" ( $\underline{M} = 5.33$ ,  $\underline{SD} = 1.66$ ).

#### Responses to Question One

All responses were highly positive to this question which asked students to rate the importance of instructor caring. Twenty-four students (92%) considered instructor caring to be strongly important while two students (8%) rated it moderately important.

All 27 students included an explanation of their choice. These explanations were read, reread and then coded according to particular categories which emerged as representative of student comments. The coded content was reviewed and it was determined that four dominant themes existed. Subsequently, it was also determined that one of these themes yielded a sub-theme. The four dominant themes were identified as 1) the effect on learning, 2) role-modelling, 3) confidence, and 4) support. The most prevalent theme, effect on learning, elicited the sub-theme,



motivation. Table 3 illustrates these findings. Data examples of the comments written by students were included to validate the themes that were identified.

#### Effect on Learning

The most prevalent theme found within student comments referred to the effect of instructor caring on student learning. Students felt that it eased their transition into the nursing program and lowered stress levels. Some students viewed instructor caring as generic to their overall success in the nursing program. A number of students wrote specifically about its effect on their motivation and subsequently their learning (see Table 3). Therefore motivation was identified as a sub-theme of the more dominant theme, effect on learning. According to their comments, students perceived instructor caring as very influential and significant to their learning in this program.

#### Role Modelling

The second most prevalent theme was that of role modelling. Students stressed how important it is for them to "see their instructors as caring and feel cared for." One student commented on the importance of instructors role modelling caring in terms of its effect on student socialization to the nursing role. Several students recognized and acknowledged the caring aspect of the nursing role and the need for their instructors to be examples for them. This, they felt, was salient to their own care

Table 3

Dominant themes emerging from student responses to the importance of instructor caring

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Dominant Themes with Data Examples

Effects on Learning

1. Going into a new profession is scary. Having someone genuinely caring for you makes the transition much easier. It is also easier to come forward with problems.
2. The course load is high with lots of stress for the students to contend with; if instructors are uncaring this would add even more stress.
3. If an instructor is caring, learning can be easier with less stress.
4. How much an instructor cares directly effects on my own personal performance in both class and clinical.

Sub-theme - Motivation

1. It makes you feel special and important which helps motivation and determination.
2. I feel that if the instructor cares about you, you will put more effort into your work out of respect.
3. When you feel cared about you are more apt to care about what they are putting across to you.
4. Makes it easier to ask questions/encourages learning environment, motivating.

Role Modelling

1. Instructors are our role models and we are supposed to receive encouragement, direction and guidance from them which is accomplished only through caring attitudes.
2. How can instructors teach us to be caring if they do not demonstrate it? Therefore it is very important because it involves my learning.
3. As nursing students we are being socialized into our role as nurses. Part of that role involves caring so instructor needs to be example we can look at.
4. Validates and enforces my choice of becoming a nurse. Incentive, a role model.
5. By showing caring, the instructors model behavior that we as future nurses are supposed to "learn."
6. Instructors role model caring to us, which we would like to exhibit as nurse to patient.

Confidence

1. I tend to have more self-confidence when an instructor is caring. It influences me to be that type of RN when I graduate because I feel it is an important aspect of my profession.
2. Gives a sense of worth - increases self-esteem and reflects on the care we give. Realize the importance of care, it's crucial for the students.
3. Without the care of instructors, I can see students giving up because they do not have the confidence in their learning.

Support

1. One needs caring for support and encouragement.
2. When an instructor shows that she/he cares about a student, the student feels that the instructor is supporting them in the student's school work.
3. I feel it is incredibly important. Confidence and support are necessary aspects in a nursing school.
4. If the support and positive feedback was not given to me I may have quit a long time ago.

practices as nursing students and future professionals.

### Confidence

Students reported that instructor caring was important in the development of their self-esteem and confidence. One student felt that it "gives a sense of worth" and added: "Realize the importance of care, it's crucial for the students."

One student also considered the effect of instructor caring on self-esteem and confidence "reflects on the care we give."

### Support

Three students discussed the importance of instructor caring in terms of the support they require. One student wrote: "I feel it is incredibly important" and "support and confidence are necessary aspects in a nursing school." Another student attributed "the support and positive feedback" given by instructors to continuation in the program. "I may have quit a long time ago."

The analysis of the data from question one also revealed other significant perspectives. One student felt that caring "makes you trust and respect your instructor." Similarly, another student considered "caring towards students" as conveying "warmth and acceptance." The instructors make you feel part of the nursing group and respected."

There were two students who wrote about instructor caring as an expectation. One student stated: "I would

expect them to show caring towards me and be genuine." This student felt that this was particularly important when problems occurred for the student. Another student also agreed that instructor caring should be an expectation. However, this comment conveyed a very different viewpoint. "We pay good money to receive our education and therefore expect the instructors to be caring in all respects."

Lastly, there were two students whose comments encompassed all of the dominant themes. One student remarked that instructors should "encourage you, boost your confidence, serve as role models, make adjustment to post-secondary life easier." The other student proclaimed that instructor caring is important because "caring promotes communication, self-esteem, greater participation, and is an excellent role model."

#### Responses to Question Two

This question asked students to describe their perceptions of caring as demonstrated by their instructors. As well, they were asked to describe the extent to which their instructors demonstrated caring. All students responded with at least two statements while the majority (60%) responded with four or more. All statements were read, reread and then coded according to the positive (i.e. caring) adjective they represented from Golden's instrument. All 16 of these adjectives were found to be illustrated by statements from the respondents. Table 4 lists the adjectives and provides examples from the data. For the sake

Table 4

Student Responses Illustrating Golden's Caring Adjectives

Adjective	Data Examples
Nonjudgmental	They take time to listen and discuss problems or difficulties of the student and remain nonjudgmental.
Flexible	Open to suggestions/discussions.
Genuine	They are not superficial, they are concerned about our well-being.
Respectful	These instructors show respect for who I am.
Competent	Professional, competent, knowledgeable.
Personal	They focus on us as individuals and adhere to our individual needs which are diverse.
Considerate	Placed reasonable expectations on students.
Sensitive	The majority of my instructors know and understand what it is like to be a student.
Attentive	They often gave us their full attention (even one-on-one) both in the classroom and the clinical area.
Patient	They tell you it's okay to make a mistake when you are learning.
Warm	They smile, they put their hand on my shoulder or arm.
Trusting	They are encouraging and confident in our abilities.
Positive	Through positive feedback. Being cheerful, enjoying life.
Supportive	Allowing you, as a person, to achieve and do the things that enable you to function and do the best that you can do.
Concerned	They are concerned about the assignment they give, offering help and advice.
Honest	Trustworthy.

of brevity, only one example statement (with one exception) has been given for each of the adjectives.

Besides the 16 caring behaviours described by Golden, two other behaviours emerged from the data. Fifteen of the students (55%) indicated that instructor availability was an important aspect of demonstrated caring. The pilot study described previously in this study supports this finding. The following example statements from the data illustrate the behaviour "available":

Caring is demonstrated by instructor availability.

Accessible/available have time for you.

Taking the time out to discuss progress with the individual students.

Being available just to talk with.

Being available without hovering in clinical.

They want you to do well in this program and are willing to spend quite a bit of personal time with you explaining/reviewing or just talking.

The other behaviour that emerged from the data was described as "holistic." Two students felt that instructors who exhibited a holistic approach in their interaction with them demonstrated caring. One student wrote: "[They] view you as a whole person not just student (i.e. a mom with children, financial responsibilities, work outside school, etc.." The other student elaborated on this perspective:

To a good degree the instructors I have had demonstrated caring by understanding that I am not just a student here to learn, I am a human being with feelings, outside stressors. They have taught me a holistic manner not just hard knowledge, but they have helped me mature spiritually and emotionally as well.

A few students included other comments which, in general, illustrated their feelings about the importance of having caring instructors. One student maintained that "their caring attitude actually pervades everything they do with me as a student." Another declared that "I can share most anything with some instructors and I could not do that if I felt that they did not care about me." "Often feels like a big happy family," was a comment made by one other student. Yet another concluded that "they [the instructors] are most vital to the program."

In responding to the second part of question two in which they were asked to comment on the extent to which their instructors demonstrate caring, only four students (15%) directly commented on this:

I find that it is individualistic to each nursing instructor.

I think that the majority of my instructors know and understand what it is like to be a student.

I would say that the majority of the instructors are this way. They were great.

It is important to note here that the next question, question three, to some degree, presumed that this population of students had experienced nursing instructors who were not caring in their interactions with them. Some students indicated that they had not encountered an uncaring instructor, and thus provided comments which further elaborated on the extent to which instructors showed caring behaviours. These are discussed as part of the findings for question three.

#### Responses to Question Three

This question asked students for their perceptions of instructors who least often appeared caring and the extent to which this occurred. All students responded with at least one statement. Most students (63%) provided three or more responses. As described in question two, a coding system was utilized to match student comments to Golden's adjectives. Only 15 of the negative (i.e. uncaring) adjectives were found to be represented by students' comments (see Table 5). No statements were found to depict "dishonest." This would indicate that students had no experience of their instructors demonstrating dishonesty and therefore made no reference to this behaviour in answering question three.

Five of the students (18.5%) made comments which indicated that the lack of availability of the instructor



Table 5

Student Responses Illustrating Golden's Uncaring Adjectives

Adjective	Data Examples
Judgmental	Instructors who have no faith in your abilities and have labeled you as a failure from the start.
Rigid	Only <u>their</u> opinions are correct and they are not open to suggestion.
Superficial	Couldn't relate to me.
Disrespectful	Are worried about the respect of the students towards them as an instructor, but do not respect the student in return.
Incompetent	I have experienced a teacher who did not teach me a thing.
Impersonal	No self-disclosure, not as if it is necessary but it makes for a relaxed, friendly environment for all.
Inconsiderate	Going overtime (especially in LCC class of day or on clinical) - 10 minutes is enough to make late for a bus or work or to pick up kids.
Insensitive	If instructor would comment (negative remarks) to other students and nurses, about an individual or group of students (maybe overheard in halls).
Inattentive	Class favorites - centered a lot of their attention around a particular student.
Impatient	No patience with questions.
Aloof	Their appearance and mannerisms portray a very unapproachable and uncaring attitude.
Distrustful	Always monitoring everything I did in clinical and constantly questioned why and what I was doing.
Negative	Lack of positive feedback during clinical.
Unsupportive	Don't listen to the students logical thinking and are quick to say that it is wrong.
Unconcerned	If available time-wise, not interested in me and my problems.
Dishonest	No comments.

was viewed as uncaring. The following examples from the data illustrate the behaviour "unavailable":

Not taking time to converse.

Too busy to talk to you.

Not willing to take time for your concerns.

Unavailability.

Being unavailable on the floor.

This behaviour was not included in the list of adjectives used by Golden (1993) in her instrument.

It became evident to this researcher while comparing the coded statements in question three that identical phrases and descriptions were recurring as students described their perceptions of instructors who least often appear caring. While these recurrences also illustrate specific adjectives described by Golden (1993), it is important to illuminate them in order to more fully comprehend the 'lived experiences' of this group of students. The following are data examples:

When instructors talk down to me.

I don't like being talked down to.

Patronizing "talk down" to students.

Belittle you/discourage questions.

They are condescending at times.

Five (18.5%) students felt that patronizing and condescending behaviour from instructors was indicative of a lack of caring towards them.

Another recurrent perspective was that of hostile behaviour towards the students. Three (11%) students described this as follows:

I don't like being... antagonized.

Were... aggressive.

Do not use therapeutic communication when confronted with conflict, instead they attack you.

References were also made to instructors who appeared to have "class favourites." One student wrote: "Instructors who pick class favourites and make them publicly known." Another student agreed: "Class favourites - centred a lot of their attention around a particular student."

A number of students (26%) specifically commented on the manner in which their "opinion" is received by some instructors:

When instructors don't respect my opinion.

Ones who won't listen to others opinions and consider them.

Cutting student off while voicing opinions.

Ask for student... opinion and then say they're wrong.

When voicing opinions at times, I felt that the

instructor was always right and my opinions did not count for anything.

While there is evidence of the importance of respect for students, these comments also provide additional insight into how these students perceive their instructors as demonstrating respect towards them.

In comparison to the coded material in question two, it should be pointed out here, that student descriptions of caring instructors did not reveal similar findings of recurring identical words, with one exception: 55% of students used the word "time" or "availability/available" when referring to caring behaviours. Student comments appeared to reflect a more diverse range of expression about instructor caring. Although descriptions were often comparable in content, identical words or phrases were not apparent as was the case in student description of uncaring behaviours.

In determining the extent to which instructors demonstrate uncaring behaviours, it is important to make a particular distinction. Even though there were examples of 15 of Golden's uncaring adjectives, it was unclear as to the exact number of instructors who demonstrated these behaviours in their interactions with this group of students. There was, however, some indication that only one or two instructors were involved. As well, one student commented, "I haven't [seen uncaring behaviours

demonstrated]." Another student declared: "I have no comment for this section since staff is 'very caring'." However, this student also stated: "On whole, most instructors were caring..." which suggested that this particular student did not perceive all of the instructors as caring. In total then, seven students (26%) offered comments on the extent to which they see uncaring behaviours demonstrated by their instructors. Their comments ranged from: "I haven't" to "There are only one or two instructors who fall into this category." Another student stated that "just one" instructor appeared uncaring.

The data also revealed a problem which some students described in responding to question three. Two students commented on the "difficulty" they had in providing a generalized response when asked to "consider those nursing instructors (both classroom and clinical)..."

This is very difficult to comment on all the instructors as a group because they are so diverse.

To what extent is hard to say as some instructors are better than others or different in ways.

Overall they are good but is hard to lump all together.

Similar opinions were also expressed to this researcher during the period when students had the opportunity to ask

questions before completing the survey. One student specifically asked how Golden's rating scale would indicate that she had encounters with one or two nursing instructors who had demonstrated uncaring behaviours towards her.

No comments of this nature were offered in responses to question two. Students expressed no difficulty in generalizing about those instructors who demonstrate caring behaviours. One explanation for this may be that, in this study, caring instructors were perceived as representing the majority.

In summary, the findings of the survey indicate that student perceptions of faculty caring are highly positive with only "one or two" instructors being perceived as demonstrating uncaring behaviours. One student's perception was that all of the instructors were caring in their interactions. Students emphasized the importance of having instructors who demonstrated caring behaviours.

#### Discussion

This study generated data for the purpose of exploring nursing students' perceptions of faculty caring in the participating college. The results of the survey indicated that students perceive a caring faculty. Golden's rating scale and the three questions provided data which support this finding and answer the research questions.

#### Implications of the rating scale

As suggested by Golden (1993), the results of the

rating scale may provide insightful information for faculty about their caring behaviours towards students. The findings indicate agreement amongst students in their rating of instructor caring behaviours as defined by Golden. Faculty were perceived as displaying all of the caring attributes described in Golden's tool with an overall rating in the highly positive range. Findings also provided information for faculty concerning behaviours which were more highly rated than others, although the distinctions were slight. Students rated faculty slightly higher for the attributes of "honest, concerned, supportive, positive, trusting, warm, patient, attentive, sensitive, and considerate," than they did for "personal, competent, respectful, genuine, flexible, and nonjudgemental." One or two students rated faculty as "distrustful, insensitive, inconsiderate, disrespectful, superficial, and rigid," while five students rated them "judgemental."

Although this information may be useful for faculty, it creates little more than a general impression for them: a starting point. More in depth information could provide clearer insights and a better understanding of what students were thinking when they judged faculty according to each one of Golden's adjective pairs. For example, what do students mean when they rate faculty "judgemental"? According to Golden (1993), this is a negative characteristic, but given the evaluative nature of the instructor's role requiring important observations and appraisals of student

performance, would it not be relatively normal for an instructor to be considered judgemental? Without more information from students, it is difficult to know how this was perceived. There is no clear evidence to suggest how these students interpreted this particular item or any of the others. Golden's instrument offers no explanations for the judgements made by students when rating each of the adjective pairs. This becomes particularly important if a faculty was to receive an overall negative rating.

Therefore, it would be recommended that faculty pursue this by eliciting more specific feedback from students. In this study, the three questions used in combination with Golden's tool afforded students the opportunity to expand on their perceptions of this faculty's demonstrated caring/uncaring behaviours.

In addition, students should be encouraged to identify any difficulties they may have encountered when using Golden's tool which presents students with a list of preselected behaviours to be rated. Are some of these behaviours more difficult for them to determine than others? If so, why? Are some behaviours easier to identify than others? Are some more demonstrable than others? Are the dimensions of the rating scale confusing? For example, what is the perceived difference between "slightly dishonest" and "slightly honest"? Does this affect student perceptions and judgements as they rate the adjective pairs listed by Golden? It is evident, therefore, that a number of questions



emerged from the findings of the rating scale. Further research is required to address these questions. As well, students in this study were not consulted to validate the findings. This researcher relied on Golden's previously reported findings establishing reliability and validity of her instrument, but, as well, included open-ended questions which generated additional data in an attempt to further determine reliability and validity. Other researchers using Golden's tool would be well advised to investigate those questions posed by the findings of this study.

In using quantitative methods such as Golden's semantic differential to investigate the concept of caring, Kyle (1995) points out that researchers presume that "caring can be described [solely] in terms of behaviour," and therefore measured according to a list of preselected behaviours (p. 510). She notes that this approach introduces bias and excludes the emotional and moral components of caring. Furthermore, she mentions that many researchers have attempted to overcome these problems by including qualitative methods such as open-ended questions to reveal the meaning of the caring experience. She suggests that this approach would then incorporate all of the components of caring: cognitive, emotional and moral. This study attempted to utilize this particular approach and the findings are consistent with Kyle's observations. Moreover, Dillion and Stimes (1996) agree with Kyle and contend that students must be given the opportunity to describe, in their own words,

their experiences of caring interactions with instructors. Confining students to one word descriptives such as the adjectives used by Golden to denote certain behaviours, may give an overall impression of perceptions but it does not necessarily define the entire context of what the student may feel is important and meaningful about instructor caring. The two open-ended questions used in this study served to broaden and enhance the findings of the semantic differential rating scale.

An advantage to Golden's tool is that it is easy to use and provides a quick way for faculty to access useful information about their demonstrated caring. However, it becomes necessary to determine if more information is required. Moreover, faculty may need to establish how well Golden's instrument discriminates between those instructors who demonstrate caring and those who do not. Does it clearly indicate how many caring/uncaring instructors there are and to what extent their behaviours are demonstrated? The findings of this study suggest that it does not. Even though Golden's tool is theoretically based, it appears to be more speculative than conclusive.

#### Implications of the open-ended questions

The findings revealed that student descriptions of most caring and least caring instructors were consistent with the results of the rating scale. Students described this faculty as highly caring with the exception of "one or two" instructors. Golden's rating scale did not produce similar

data to indicate exact numbers of caring/uncaring instructors. One explanation for this may be that it requires students to generalize about all of their nursing instructors as an entity. Each one of Golden's caring attributes appears evident in the students' descriptions. With the exception of "dishonest," all uncaring characteristics also appear to be represented; however, students indicated that they were referring to only one or two instructors. In describing the extent to which instructors demonstrate these behaviours, the findings are comparable to those of the rating scale indicating that the majority are caring. Students were not required to rank the importance of their descriptions of caring/uncaring instructor behaviours, therefore, no comparison was made to the findings of the rating scale. Further investigation of this area would be recommended for a future study.

In analysing the data, this researcher found it comparatively straightforward to discriminate between the various caring adjectives and representative descriptions. It was difficult, however, to discriminate between many of the uncaring adjectives. For example, how is "impersonal" distinguishable from "superficial," "inconsiderate" from "insensitive," or "aloof" from "impersonal"? Golden did not provide any definitions of the adjectives she used, thereby leaving them open to interpretation. Analysis of the data from the survey questions was subjective and findings were not discussed with students to verify their descriptions

relative to Golden's adjectives. Although direct quotes were used to illustrate each adjective, content validity of this study would have been enhanced if students had been consulted to validate their descriptions as presented in Tables 5 and 6. As well, responses may have been biased, as students were introduced to Golden's list of adjectives prior to completion of the survey questions. This may have influenced their descriptions of most and least caring instructors as well as making these descriptions appear more compatible with Golden's adjectives. Modifying the survey to a two-staged approach may help to overcome this.

A major finding from the responses to the open-ended questions was the identification of two behaviours which were not included in Golden's list of adjectives. Fifteen of the 27 students who completed the survey described the characteristic "available" as an important aspect of instructor caring. This was further supported by the findings describing uncaring behaviours in which five students identified "unavailable" as indicative of an uncaring instructor. The question arises as to whether or not Golden's choice of the adjective, "attentive" has the same meaning for students as "available." There is evidence to suggest that it does not. Students used the words "available" and "unavailable" or referred to the "availability" of instructors often in terms of time. As well, findings from the pilot study were consistent with the views of students in this study.

In addition, the findings of Beck's study (1991) support this distinction made by students in this study between instructor attentiveness and availability. In her investigation of student-faculty caring experiences, she found that students viewed "undivided attention" and the "giving of a faculty member's time" as two very important but separate themes. From the three clusters of themes identified from written students' descriptions of caring experiences with faculty, Beck describes attentiveness as the theme of "attentive presence," and the giving of the instructor's time as "sharing of selves" (p. 21). Dillion and Stimes (1996) also determined that caring student-faculty interactions included meeting the needs of students by being attentive and making time for them.

Similarly, in a study by Miller et al. (1990), students identified "available" as an important characteristic of a caring instructor. As well, their study and one conducted by Appleton (1990), found that students perceived "holistic concern" as important to them. In the same fashion, two students in the present study, also described this as an important caring behaviour for instructors.

It would appear that Golden's list of adjective pairs is, therefore, incomplete. She claims that she constructed adjective pairs describing the various aspects of care from "experts" and yet, there is substantial evidence from the literature to suggest that "available/unavailable" should have been included. Holism, on the other hand, is a concept

within nursing education that has taken on meaning which comprises many, if not most, of Golden's caring adjectives. While not specifically included in her tool, there is evidence from the literature to suggest that her caring adjectives incorporate the concept of holism.

It is pertinent to note also that Golden's choice of adjectives is based only on aspects of caring as identified by other researchers. She has selected caring adjectives and used their opposite to denote uncaring characteristics. There is an underlying assumption then, that these adjectives are all inclusive of student perceptions of uncaring experiences.

Therefore it would appear that there is sufficient evidence from the findings of this study to suggest that the validity and reliability of Golden's instrument is questionable.

#### The importance of having caring instructors

Students agreed that this was highly important to them and provided explanations which were categorized into four dominant themes. Hughes (1992) points out that "... the designation of a behaviour as caring rests with the perceptions of the recipient of the behaviour" (p. 63). In this study, student perceptions revealed that caring from instructors can have a significant impact on student learning and motivation. As reported by Hughes in her study of nursing students' perceptions of a caring learning environment, these students, similarly, expressed a sense of

vulnerability and dependency upon the "behaviours and actions" of their instructors (p. 67). One student claimed: "How much an instructor cares directly effects my own personal performance in both class and clinical." As well, Kelly (1992) observed that nursing faculty can have a powerful influence, either positive or negative, on students.

Students also described the importance of having instructors who provide support and facilitate the development of confidence and self-esteem. Students perceived their instructors as role models of caring important to their sense of being cared for as well as setting the example for the moral ideal to which they aspire. Some students described caring in terms of a behaviour they could learn and be taught. One student felt that the instructor should be a caring "example we can look at" in the process of being socialized into the nursing role.

These findings are consistent with those of other studies investigating student perceptions of instructor caring. Nehms et al. (1993) and Kelly (1992) support student perceptions of the importance of faculty as caring role models. Their findings indicated that role modelling of caring behaviours by instructors can have a significant effect on students learning about caring. Furthermore, Kelly reported that good role models were perceived as supportive and giving of their time to students. The findings of the

study by Miller et al. (1990) described the characteristics of a caring instructor and learning environment in which students stressed the importance of having "a pervasive climate of support" created by caring faculty (p. 128). Halldorsdottir (1990) notes that supportive, caring faculty encounters develop confidence and a sense of self-worth in students. The results of her study also support this study's findings regarding the importance of caring instructors as role models and their effect on student motivation and learning.

#### Conclusion

This study was conducted to explore student perceptions of caring in a particular nursing faculty at a Canadian college. Findings produced relevant information about demonstrated caring/uncaring behaviours of faculty members and the perceived significance to students. As well, findings of this study indicated that Golden's semantic differential rating scale may be lacking in completeness and suitability for use as a solitary methodology. Moreover, her tool may be more appropriate for use with individual instructors rather than generalized to the whole group.

The results of this study cannot be generalized to a larger population or to subsequent groups of second year students. Findings are particular to this group of students participating in this study at this time. Golden (1993) has suggested that predictability of the results may be



"relatively weak" (p. 142). Also, since her instrument measures attitudes, there may be an inconsistency between measured perceptions and instructor behaviours. Validity of the survey tool and reliability of the results could be further tested by conducting a similar study with each new group of second year students at this same time each year over a five year period. As well, follow-up studies could address the various questions which emerged from the use of Golden's tool and provide additional information to faculty and to researchers who may be considering the use of this quantitative methodology.

Nonetheless, the information that has been obtained from the findings of this study provide faculty with important insights into student perceptions of the meaning and experience of instructor caring. This knowledge can help faculty develop and strengthen caring attributes as identified by their students. The significance of having caring instructors within a caring learning environment is well documented in the literature and is supported by the findings of this study. Students perceived instructor caring as very important to their learning and personal well-being in this nursing program. As well, role modelling of caring by instructors was seen as influential in their learning to be caring nurses. It becomes critical for faculty to know and gain an understanding of those behaviours which make a difference to students and their learning environment. Faculty members can then commit themselves to caring

practices and avoid uncaring behaviours, which, in turn, will promote a learning environment more conducive to the teaching of a caring ideology.

Faculty growth and development can be facilitated by conferences, seminars and discussions which enhance caring communication skills and student-instructor relationships. Faculty need to review their pedagogical approach to caring in order to develop their care knowledge and caring teaching practices. Faculty also need to be cognisant of their interactions with each other as Simonson (1996) suggests that caring interpersonal relationships amongst faculty members may serve as a model for students. Therefore, it is important for faculty "to exhibit caring as a way of being" (p. 104). The complexities of caring in nursing practice have become more evident during the past two decades. Further research must focus attention on investigations that will uncover new knowledge about the concept of caring in nursing education. This will help nursing educators to more fully comprehend this phenomenon and the role of instructors as facilitators of care.

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## Appendix A

## Student Perception of Instructor Caring

**Directions:**

Please respond by checking one position on each item which corresponds with your impression of the caring qualities of your instructors since beginning this program. The following example illustrates all possible choices in positioning your response according to the characteristics of the faculty being evaluated.

**Example:**

Term X     $\frac{\quad}{1}$ :  $\frac{\quad}{2}$ :  $\frac{\quad}{3}$ :  $\frac{\quad}{4}$ :  $\frac{\quad}{5}$ :  $\frac{\quad}{6}$ :  $\frac{\quad}{7}$ : Term Y

**Key:**

1 = strongly X

4 = neither X or Y

5 = slightly Y

2 = moderately X

6 = moderately Y

3 = slightly X

7 = strongly Y

- |                |                   |                   |                   |                   |                   |                   |                   |               |
|----------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------|
| 1. Unconcerned | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Concerned     |
| 2. Flexible    | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Rigid         |
| 3. Aloof       | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Warm          |
| 4. Respectful  | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Disrespectful |
| 5. Judgmental  | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Nonjudgmental |
| 6. Competent   | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Incompetent   |
| 7. Dishonest   | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Honest        |
| 8. Trusting    | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Distrustful   |
| 9. Inattentive | $\frac{\quad}{1}$ | $\frac{\quad}{2}$ | $\frac{\quad}{3}$ | $\frac{\quad}{4}$ | $\frac{\quad}{5}$ | $\frac{\quad}{6}$ | $\frac{\quad}{7}$ | Attentive     |



10. Considerate     $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Inconsiderate
11. Negative         $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Positive
12. Supportive       $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Nonsupportive
13. Impersonal      $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Personal
14. Sensitive         $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Insensitive
15. Impatient         $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Patient
16. Genuine          $\frac{\quad}{1}$  :  $\frac{\quad}{2}$  :  $\frac{\quad}{3}$  :  $\frac{\quad}{4}$  :  $\frac{\quad}{5}$  :  $\frac{\quad}{6}$  :  $\frac{\quad}{7}$  : Superficial

Please add any comments:



Please answer the following three questions:

1. As a nursing student, how important is it for your nursing instructors to demonstrate caring towards you? Please explain your answer.

	S	M	SL	N	SL	M	S	
Unimportant								Important

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2. Consider those nursing instructors (both classroom & clinical) who **most often** appear caring in their interactions with you. In what ways and to what extent do you see this demonstrated?

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3. Consider those nursing instructors (both classroom & clinical) who **least often** appear caring in their interactions with you. In what ways and to what extent do you see this demonstrated?

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## Appendix C

Dear Nursing Student:

As a graduate student at the University of Lethbridge I am conducting a study of student perceptions of instructor caring in your nursing program. The purpose of this study is to determine your perceptions of caring by your nursing instructors and the extent to which they have demonstrated caring in their relationships with you since you began the nursing program. I anticipate that you and other nursing students will benefit from participation by providing the nursing faculty with useful and important information which will assist them in developing and strengthening their caring qualities, as teachers in a program which supports a caring philosophy.

I would greatly appreciate your participation in this study. Your participation is entirely voluntary and completion of the survey indicates your consent. If you choose not to participate, simply leave the survey blank. There are no penalties or repercussions for non-participation. All information will be handled in a confidential and professional manner. Please do not use any identifying information. Names, locations and any other identifying references are to be avoided when completing this survey in order to ensure anonymity and confidentiality for both students and instructors. If any such information is inadvertently used it will be deleted and not included in any discussion of the results.

You have the right to inquire about this research at any time and if you wish, the findings will be made available to you. If you have any questions, please feel free to ask them now or contact me later at 381-0652. Also feel free to contact the supervisor of my study, Dr. Cynthia Chambers, at 329-2271 and/or the Chairperson of the Human Research Committee, Faculty of Education, University of Lethbridge, Dr. Robert Runté at 329-2454. I very much appreciate your assistance in this study.

Thank you.

Lynda Hartley

## Appendix D

10-21-96

Dear Ms. Hattley,

Thank you for your request of the tool to measure caring. Again I apologize for the difficulty you had in contacting me. You have my permission to use this tool in your research. Good luck in your work.

Sincerely,

Dorren Golden