**PREPARING TO CARE: CREATING A CULTURE OF CARING
IN PROBLEM BASED LEARNING TUTORIAL GROUPS**

TRACY ANN OOSTERBROEK, RN, BN
Bachelor of Nursing, University of Lethbridge, 1995

A Thesis
Submitted to the School of Graduate Studies
Of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER of SCIENCE (NURSING)

School of Health Sciences
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

DEDICATION

This thesis is dedicated to

my family.

To my husband Rod, who has taught me the true meaning of unconditional love and

committment.

To my dear sweet children, Brett, Eric, Scott and Olivia, who have taught me to cherish

each moment.

To my late parents and brother; Bob, Carolyn and Jeff Neilson, who were the first to care

for me, and taught me what it meant to care for others.

~

"If you think of what you ought to do for other people,

your character will take care of itself."

(Woodrow Wilson, 1914)

ABSTRACT

"I feel the capacity to care is the thing which gives life its deepest significance."

(Pablo Casals, n.d.)

The purpose of this study was to explore with fourth year nursing baccalaureate students, their perceptions of experiences of caring using ethnographic design, and examine the phenomenon of caring and whether the development of caring relationships occurs among students and faculty members. Furthermore, the study sought to understand how nursing students perceive these relationships as influential in their learning, and ability to cope with stress. The sample consisted of ten fourth year nursing students who volunteered to be interviewed as well as one focus group of seven faculty members. The major findings of the study illuminated five general constructs: (1) The caring art of nursing in large part is a way of *being* in the world, an attitude that is inherent in the personality; (2) the caring science of *nurse doing* can indeed be taught and learned; (3) non-caring behaviors, experiences and relationships negatively impact the learning environment and therefore the learning outcomes for students; (4) Problem Based Learning (PBL) method cultivates a safe and caring learning environment; (5) caring is valued by students and positively impacts their educational experience, including learning outcomes, clinical experiences and their ability to cope with stress. The findings of the study may be utilized as a component of faculty growth and development as well as internal curriculum review.

ACKNOWLEDGEMENTS

Caring Mentorship

Strangers drawn together in mutual bond,
expert nurse and novice exploring life.
Take my hand…
I will lead you to the water hole
that reflects the wisdom of the sky,
holds knowledge deep that you must find.
Refresh yourself by the telling water,
then walk with me,
see with new eyes
the world and self,
and all that is between.
Sit with me,
hear with new ears, our talk of nursing caring journey,
of family and peers, joys and fears.
of possibility beyond the moment.
Feel the mystery of nursing melt away
as trust chases awkward silence.
Our relationship co-created
in the self-space we opened to each other.
Forever changed,
each more capable of new discovery,
we spiral toward the stars.

(A. Lynne Wagner, 2008)

~

"A teacher effects eternity: He can never tell where his influences stop"

(Henry Adams n.d.)

~

forward at all the right times. You guided me with gentle kindness, and provided constructive feedback every step of the way. You were a true role model of caring. Many thanks goes to the other members of my research committee: Dr. Ruth Grant-Kalischuk, Dr. Robert Runté, and Dr. Rene Day; your belief in me lifted and sustained me throughout each stage of this project. I am deeply grateful for the privilege of being able to learn from each of you. My educational and research experience has been enriched by your knowledge, wisdom and mentorship.

I wish to extend sincere gratitude and appreciation to each of the students and faculty members who willingly participated in this study, for without you, it would have been impossible to see this research to fruition.

Finally, I would like to thank my family, friends and colleagues who have cared for me with support and encouragement. Most significantly I would like to thank my husband Rod, for your unconditional love and patience every step of the way. I am blessed.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE: INTRODUCTION

"The main hope of a nation lies in the proper education of its youth."

(Erasmus, n.d.)

The dynamic health care workplace of the 21st century has prompted a re-evaluation of traditional nursing curricula among nursing programs in an attempt to prepare nursing students for the complexity and diversity of the workplace. In 1987, members of the National League for Nursing unanimously called for curricular transformation that moved away from a training model in addressing the changing health care environment (Goldenberg & Dietrich, 2002). Subsequent curricular changes have emphasized goals in education that foster development of caring and critical thinking behaviors among graduates, promoting a "renewed focus on caring and caring knowledge" (Duffy, 2005, p. 61). These changes included not only what was taught in nursing schools, but also the manner in which nurses where educated.

Influential commentators such as Clark (2004) argued that traditional behaviorist pedagogies were no longer adequately preparing nursing students for the advanced and highly technical workplace. This led to a new way of understanding and valuing previous knowledge from a constructivist viewpoint. It was no longer the role of the nurse educator, nor the goal of nursing education to impart knowledge, rather to allow students to build upon previous life experiences in determining learning needs (Clark). Hooks describes this educational process as one of "practice of freedom" where the role of the teacher moves from one of sharing knowledge, to one sharing in the growth and development of the students (1994, p.13). Furthermore, Goldenberg and Dietrich (2002) describe how nurse educators have begun increasingly to ascribe to a "humanistic-

1

educative paradigm" (p. 303) liberating the student-teacher relationship and focusing on the relationships that develop between students and teachers. This transition is characterized by a movement away from traditional didactic, lecture style teaching methods toward a pedagological framework that embraces and promotes active student participation and collaboration in the learning process (Weyenberg, 1998). Problem Based Learning (PBL) is one such method of instruction that has been implemented in numerous nursing and other health-related education programs to meet the needs of the changing health care environment.

Background and Significance

Since the move toward a humanistic framework in nursing, little research has been conducted examining the student-teacher relationship under this framework (Gillespie, 2002, 2005). A paucity of evidence concerning caring competencies among newly graduated nurses has been noted (Duffy, 2005). Several authors have identified a dearth of research examining or supporting the positive effects of connected faculty-student relationships on learning outcomes (Gillespie, 2002; McGregor, 2005; Paterson & Crawford, 1994). Nursing research that examines the process of development of faculty-student connection (Gillespie, 2002) and transmission of caring between faculty and students is also lacking (Beck, 2001; Paterson & Crawford, 1994).

The changing role of the nurse within the health care system necessitates a change in the way nursing students are prepared for the workplace. There is also an absence of research that has evaluated the role of the PBL setting in the development of a culture of caring among nursing students. In addition, the majority of PBL research is limited to medical schools with limited nursing PBL research. PBL is an innovative way of

socializing students to value and mobilize past knowledge, constructing new knowledge from this foundation. PBL is process learning requiring group collaboration and teamwork that is successful only when students are able to communicate effectively between their peers and the group tutor.

Heidegger (1976) states that human activity is best understood as it is cultivated and accomplished as a culture. Clearly, the gap in the literature regarding the inter-relationship between PBL and development of humanistic caring learning environments supports the current ethnographic study. The findings of this study may be utilized in future curriculum planning in development of nursing curricula program delivery that meets the needs and demands both of the student and the health care workplace, while attempting to maximize limited faculty resources. Duffy (2005) suggests that studies that endeavor to measure educational outcomes may be used to improve program competencies, thus contributing to improved quality of patient care, thereby fulfilling the ultimate "social responsibility of nurse educators" (p. 60).

Purpose of the Study

The purpose of this thesis is twofold and seeks to (1) examine and understand fourth year nursing student perceptions of the development of caring relationships between themselves and faculty members within the PBL environment of their four-year baccalaureate nursing program and (2) determine whether experiences of caring are exhibited and how these encounters influence student learning, and student response to stress.

The overall goals of this qualitative research study were to:

1. Explore student perceptions of the development of caring relationships between faculty and fourth year nursing students within tutorial groups of a baccalaureate nursing program.

2. Describe student perceptions of the impact that caring student-teacher relationships have on learning and stress.

3. Examine how students perceive faculty caring in an academic environment.

4. Investigate how students perceive the PBL environment as influential in development of caring relationships.

5. Study the culture that develops within the PBL environment over the course of a semester, and how caring is experienced and demonstrated within this culture.

Research Questions

The following research questions guided the study:

1. What are students' beliefs about human caring?

2. What are students' perceptions of caring within student-teacher relationships?

3. What is the relationship between instructor caring and learning?

4. What is the relationship between instructor caring and student coping (in relationship to stress)?

5. According to the students, what are the most or least caring behaviors as demonstrated among students and by their tutors?

6. What is the relationship between the PBL environment and the development of caring relationships?

Definitions of Terms

In an attempt to clarify the preceding research questions within the context of this study, the following terms have been defined:

- **Caring**: intentional interpersonal processes, behaviors and relationships (Watson, 1988) that are assistive, supportive, or facilitative towards or for another individual or group (Leininger, 1988).

- **Culture**: group attributes, exhibited in patterns of daily living through words, actions or behaviors of members of the group (Creswell, 1998; Spradley, 1980).

- **Nursing Students**: all nursing students, including post-diploma students enrolled in fourth year PBL courses of the four-year Nursing Education in Southern Alberta (NESA) baccalaureate program (as described in the description of the setting in Chapter 3, Methodology).

- **Nursing Tutors**: all Nursing Education in Southern Alberta faculty involved in facilitating third and fourth year PBL courses during the semester of the study (as described in the description of the sample in Chapter 3, Methodology).

Assumptions

The premises of this research are based upon the following four assumptions:

1. Humanistic theory places value in the development of authentic relationships and interactions between teacher and student (Basuray, 1993; Bevis & Watson, 2000; Gillespie, 2002).

2. "Building better human relationships lies at the basis of quality education, mental health, and happiness in general" (Wubbolding, 2005, p. 43).

3. Caring, described as the essence of nursing, although in part instinctive, is a behavior that can be taught and learned, first experienced in a nursing context in the classroom among students and between students and faculty (Bankert & Kozel, 2005; Beck, 2001; Pang & Thomas-Wong, 1998; Paterson & Crawford 1994; Sadler, 2003; Scotto, 2003; Watson, 1988; Woodward, 2003).

4. The nature of small group PBL tutorials enhances development of a learning environment most conducive to development of authentic interpersonal relationships (Bankert & Kozel, 2003; Brandon & Majumdar, 1997; Bruhn, 1997).

Summary

The purpose of this study was to examine fourth year nursing students' experiences of instructor and peer caring throughout their four years as nursing students. The study was motivated by a desire to understand the significance of tutor and peer caring experienced in classes and what, if any, this caring had on academic success and provision of nursing "care" within an ever-changing learning environment and professional workplace.

CHAPTER TWO: LITERATURE REVIEW

"I do not pretend to teach her how, I ask her to teach herself,

and for this purpose I venture to give her some tips."

(Florence Nightingale, n.d.)

Conceptualizations of Caring Relationships in Nursing Education

There is an abundance of literature and texts written on the nature of caring in the nursing profession. At times described as the essence of nursing, or the fundamental human condition, some authors suggest that people long for and seek out caring interpersonal relationships (Bevis & Watson, 2000; Watson, 1988). Cohen (1991) suggests that the development of caring interpersonal relationships are central to the art of nursing. However, there is little consensus in the literature identifying a universal definition of caring. Nonetheless, several scholars and nurse researchers have conceptualized caring and provided definitions that are accepted in caring literature. Roach (1992) describes the human capacity to care as the primordial mode of being which drives our moral and ethical behaviors. Heidegger (as cited in Roach) describes caring as different ways of being in the world. Leininger describes human caring as a universal phenomenon, central and unifying to the domain of nursing knowledge, critical to human growth and development and manifested through cultural context (as cited in Cohen). Watson, on the other hand conceptualizes human caring in a more existential manner, as a transpersonal, interpersonal process between two people (as cited in Cohen). Boykin and Schoenhofer (as cited in McCance, McKenna, & Boore, 1999) conceptualized nurse caring as intentionally shared experiences between the nurse and the patient, that are dependent upon the authentic intention of the nurse to be present with

and understand how to best support the patient. Other models of caring expand beyond the nursing perspective and examine relationships between gender and caring. However, for the purpose of this study, I focused on the theory of caring from the nursing perspective which impacted the data collection, analysis and interpretation of the data.

The Practice of Caring: A Learned Art

The activity of caring in nursing has been described as the art of nursing (Cohen, 1991; Noddings, 1984). The art of caring, while instinctive, can be taught, learned, observed and measured (Woodward, 2003). Others suggest that caring is learned through experiences of caring and faculty role modeling (Beck, 2001; Duffy 2005). Still, other authors note that it is the role of the nurse educator to create a "caring learning environment, founded on partnerships and collaboration, mutual respect and commitment, self-direction and creativity" (Bankert & Kozel, 2005, p. 229). It is the nurse educators' role to ensure their caring practices are visible to nursing students (Paterson & Crawford, 1994). Therefore, the role of faculty in developing faculty-student connection is the cornerstone of fundamental possibilities that lie in supporting students in achievement of academic success (Gillespie, 2005). This process of learned caring has been described as the socialization of the professional health care provider (Jackson, 2004; Roach 1992).

Previous Studies of Caring in Nursing Education

Several comprehensive reviews of the literature have been conducted in the area of human caring in nursing (Beck, 2001; Smith, 2004). Smith identified "four major categories of research; the nature of nurse caring, nurse caring behaviors as perceived by clients and other nurses, human experiences and caring needs, and evaluating outcomes

of caring in nursing practice and education" (p. 13-14). Beck analyzed previous nursing research in the area of caring among faculty and students in attempt to generate an understanding of factors that contribute to the development of a caring community within nursing education. For the purpose of this research study, only those studies examining faculty-student caring will be reviewed.

Few quantitative studies have been conducted that specifically examine caring relationships in nursing education (Lea, Watson, & Deary, 1998; Wade & Kasper, 2006). A recent study by Wade and Kasper identified only two quantitative instruments currently used to measure nursing student perceptions of instructor caring, which led them to document the process of developing a quantitative tool to provide additional empirical evidence of student perceptions of caring interactions with faculty members.

Of the fourteen qualitative studies analyzed by Beck (2001) in her metasynthesis, only six studies were found between 1974-1998 that explored caring between nursing students and faculty, all of which were phenomenological studies. She found that for students to learn to care for their patients, it is essential that they first experience caring within the learning environment. She concluded that the process of reciprocal connecting between faculty and students occurs when the cultivation of caring within the academic community is nurtured as a new "way of being" (p. 108). Duffy's (2005) quantitative study that assessed student caring competencies, found that central to the caring relationship, was the concept of connection between nursing students and faculty and the development of a caring community in the academic environment. Other authors that have studied the meaning of caring relationships or encounters between faculty and students have also identified faculty-student connection and creation of caring learning

environments that enhance empowerment as major themes revealed from their studies (Bankert & Kozel, 2005; Beck, 1992; Cohen, 1993; Gillespie, 2002).

Sadler (2003) encourages research across a variety of nursing programs to assess the nature of caring relationships between students and faculty. Clearly the literature has illuminated the importance of creating a caring community in academia and many nurse authors and researchers have suggested that an authentic caring climate is most conducive to academic success. Nonetheless, few current qualitative studies have employed ethnographical methods to examine the phenomenon of caring from the student perspective.

Problem Based Learning in Nursing Education: What it is, what it is not

"Tell me and I forget. Teach me and I remember. Involve me and I learn."

(Benjamin Franklin, n.d.)

Problem Based Learning (PBL) is a method of curriculum delivery that fosters development of self-directed, critical thinking and problem solving skills. A review of the literature suggests that PBL students develop enhanced abilities to utilize resources and retain new information, thereby preparing them better for the rapidly changing information and technological era (Brandon & Majumdar, 1997). These skills are developed and reinforced through student choice of available client cases, identification of learning needs related to the chosen case and subsequent presentation of the information within the group format.

PBL has been implemented in medical and law schools since the 1960s and most recently in nursing and other health science education programs. PBL has become accepted as a method that engages the learner in the process of learning, by stimulating

10

curiosity and motivation in the content (Peterson, 1996). The process of PBL attempts to empower students to identify what is already known about a topic, and determine personal learning needs in regards to case, or "problem" concepts or topics (Woods, 1994).

PBL is a method of student-centered learning that occurs in small tutorial groups where the "teacher" becomes a tutor, or facilitator of student learning (Barrows, 1988; Knowles, 1975; Rideout, 2001). It is important to note, that the tutor guides the students towards learning outcomes as needed, but must allow the students autonomy to determine the learning needs of the group. The tutor will also stimulate critical thinking and problem solving of the students when groups are struggling or in need of guidance. The most effective groups are those that have developed good working relationships and are able to communicate in a clear and honest manner with one another. Group rules and roles are determined to effectively and efficiently address their learning needs as well as any difficulties that may arise within the group.

Problem based learning is not, however, learning that occurs in a traditional didactic manner, where the "teacher" is the expert, imparting knowledge deemed by the teacher as essential. The teacher is not the fount of all knowledge and the learner the vessel. On the contrary, students in the PBL model of learning are encouraged to recognize and acknowledge previous learning and knowledge they possess while determining new learning needs. Furthermore, PBL is not complete when the bell rings. Learning continues independently as students are required to access available literature and resources available to provide a breadth of subject knowledge during their subsequent tutorial sessions.

The majority of evaluative PBL research has been conducted in medical schools (Brandon & Majumdar, 1997; Segers & Dochy, 2001; Vernon & Blake, 1993), most of which has focused on evaluation of learning assessment tools and methods. Other current PBL studies, however, have acknowledged the value of student perceptions and have therefore evaluated student perceptions of effective tutors, group dynamics, and clinical outcomes of both medical and nursing students (Albanese & Mitchell, 1993). There have also been numerous studies comparing PBL medical education to traditional methods of medical education but their relevance is questionable when discussing nursing students. However, there are few evaluative studies that compare outcomes of PBL nursing students to nursing students of conventional nursing programs. Common areas of PBL research in nursing are in the area of student perceptions of effective tutors and evaluative methods. In addition, few current nursing studies can be found that examine student perceptions of caring within the PBL classroom. The exceptions will be discussed below in more detail.

Learning Culture and Group Collaboration

One comprehensive critique of the literature found that in general, graduates from PBL programs appear to develop social and interpersonal skills that are more advanced than their non-PBL counterparts (Bruhn, 1997). Other researchers have suggested that PBL students are socialized to work effectively in teams with improved skills in self-directed learning, communication, and interdisciplinary collaboration (Alexander, McDaniel, Baldwin, & Money, 2002). In addition, these researchers also found that students are skilled in seeking and accepting both information and feedback. Others still

12

found that PBL students rated above average in their interpersonal skills (Brandon & Majumdar, 1997).

Another comprehensive study specifically attempted to ascertain student perspectives of factors contributing to effective groups (Willis et al., 2002). The Willis study evaluated the perspectives of first and second year medical students using a mixed method design; focus groups were utilized in a grounded theory design, from which themes were used to develop a questionnaire providing quantitative analyses. The researchers found that the development of an effective learning culture as evidenced by collaborative group process contributed to both individual and group learning needs. This study emphasized the influence of motivational theories in the development of interpersonal relationships, which in turn contributes to intra-group cohesion, thus facilitating group success. However, these studies did not focus on specific concepts of caring or the significance of the development of caring relationships among faculty members and students.

<div align="center">**Stress in Nursing Education**</div>

Although stress is inherent for students enrolled in post-secondary education (Lo, 2002), a study conducted by Solomon and Finch (1998) which identified stressors associated with PBL among medical students found that there may be stressors unique to PBL. Many of the teaching-learning strategies implemented in PBL courses are new and unknown to most students. Stressors specifically associated with PBL may include: pressure to perform within small group environment; lack of familiarity with computers essential for accomplishment of self-directed study and class preparation; ambiguity regarding tutor expectations and feedback; and, inconsistencies in expectations of

learning goals between tutorial groups (Solomon & Finch). However, a study conducted by Beck and Srivastava (as cited in Adejumo & Brysiewicz, 1998) found that baccalaureate nursing students reported higher levels of stress than other students. Nonetheless, the researchers reaffirm the important role faculty members have in the support of students in achieving academic success. They concluded that at times students need guidance in seeking out and utilizing effective coping strategies and faculty members are in the best position to offer this assistance to students. Other studies that sought to identify baccalaureate nursing student stressors and ways of coping (Lo, 2002; Mahat, 1998; Omigbodun, Onibokun, Yusuf, Odukogbe, & Omigbodun, 2004) also determined that understanding student stressors is an essential faculty role in developing and implementing coping strategies, with the ultimate goal of fostering successful learning. Mahat highlights the importance of the faculty-student relationship, stating students expressed their desire to develop empathetic, supportive relationships between themselves and faculty members. Omigbodun et al. also found that students who sought out and received faculty support achieved greater academic success. The findings of these studies of student stressors and coping reaffirm the important role of the development of faculty-student relationship's and the impact these relationships have on student success and ability to cope with stress. However, none of the preceding studies examined stress from the perspective of students who were enrolled in a collaborative university-college program. In addition, the preceding studies did not focus specifically on how caring relationships between tutors and students develop within the PBL environment.

Summary

The preceding review of the literature examined caring as it is conceptualized and practiced by nurses. The importance of caring in the classroom has been examined and reaffirmed by the findings of previous research studies. Problem Based Learning (PBL) in nursing education was described and rationale for this teaching learning method was articulated. The unique learning culture that develops in the PBL classroom was also explored. Finally, student stress associated with the PBL learning environment was discussed and the importance of faculty-student connectedness was reaffirmed.

An abundance of literature and research examining caring in nursing exists and continues to grow; however, gaps remain. Ethnography continues to remain an uncommon method of choice for nurse researchers who seek to better understand the student experience in the classroom. Few current evaluative studies exist that examine student perceptions of caring experiences in the PBL classroom or how experiences of caring between faculty and students are linked to the practice of caring in the clinical setting. In addition, the findings of this study will build on previous research by examining student perceptions of caring through an ethnographic lens. These findings also offer the perspectives of a unique population of students enrolled in a collaborative PBL nursing program.

CHAPTER THREE: STUDY DESIGN AND RESEARCH METHODOLOGY

"It always comes back to the same necessity: Go deep enough

and there is bedrock of truth, however hard."

(May Sarton, n.d.)

Philosophical Stance

The foundation of this study is a humanistic-educative paradigm in the

development of caring faculty-student relationships. Constructivist theory of knowledge

development is applied as the rationale for implementation of PBL methodology.

Application of Humanistic-Educative Theory

Several authors have identified the evolution of a humanistic paradigm in nursing

as one that embodies concepts of caring and connection between nursing students and

faculty (Clark, 2004; Gillespie, 2002; Gillespie, 2005; Goldenberg & Dietrich, 2002).

This has been described as nourishing a mutual relationship between faculty and students,

thus facilitating growth and learning for both parties (Gillespie, 2002). Within this

paradigm, interactions between faculty and students are shared encounters, described as

"partnerships" in the learning and evaluative process (Goldenberg & Dietrich, p. 303).

The faculty-student relationship is described as one holding shared responsibility for

learning that is a liberating, collaborative process, focused on inquiry as opposed to

"banking" and where faculty and students are co-learners (Weyenberg, 1998, p. 350).

Intentionality has been described as purposeful interactions with students, necessary to

the development of these caring faculty-student relationships (Sadler, 2003; Watson,

2002). While caring is not unique to nursing (Cohen, 1993; Roach, 1992), these

intentionally formed, meaningful caring relationships between faculty and students may

render "expressions of care" (Cohen, 1993, p. 625) that are unique to nursing. The perspective of intentional caring provides the moral foundation for ethically responsible practice (Watson, 2002; 2005). Doing so, forces us to "step outside our personal frame of reference into the other's" (Noddings, 1984, p. 24). The most significant results of caring for another person in this manner are described as assistive in achievement of personal growth and self-actualization (Mayeroff, 1971).

Application of Constructivist Theory

Knowledge is acquired and assimilated through an entirely different process in PBL as opposed to conventional learning methods. Perhaps most notably, prior knowledge is valued and assessed for relevance and application. Under a constructivist point of view, one assumes knowledge is constructed upon an existing foundation (De Grave, Boshuizen, & Schmidt, 1996; Doig & Werner, 2000; Segers & Dochy, 2001). This method of understanding imposes a belief that this foundational knowledge must exist to provide context for more complex learning (Doig & Werner). Others have found that through collaboration, student groups constructed knowledge about new concepts both individually and co-operatively, therefore resulting in conceptual change (De Grave, et al.). The authors suggested that conflict occurring as a result of a gap in knowledge stimulated elaboration on new concepts. This elaboration was most likely to involve conceptual change and new knowledge building when students felt required to articulate and defend their information, thus allowing them to integrate new knowledge. This constructivist type of learning is essential in nursing as it enables the nurse to learn and perform new skills with "flexibility and creativity" across a variety of health care settings using memory and critical thinking (Goldenberg & Dietrich 2002, p. 302).

17

Research Design

Humanistic-educative theory, which provides the philosophical foundation for the study endeavors to facilitate development of unique learning cultures (Ward & McCormack, 2000). McCance, McKenna, and Boore (1999) suggest that the humanistic nature of nursing favors qualitative research methods. For the purpose of this study, a qualitative focused ethnographic research design has been utilized. Focused ethnography allows the researcher to "study the practice of nursing as a cultural phenomenon (Roper & Shapira, 2000, p. 9). A dearth of ethnographic research has been conducted focusing on students and faculty in nursing and medicine (Leung, 2002; Rosenthal, 1989; Speziale & Rinaldi-Carpenter, 2003). Ethnography, largely overlooked in nursing education research, provides for a "logical and systematic method for studying events and people's behavior over time in an unobtrusive manner" in a variety of settings including clinical settings and nursing schools (Rosenthal, 1989, p. 116). Focused ethnography, applied in nursing research allows for explanation and understanding of small group culture, norms and values within a limited time-frame (Morse, 1994; Roper & Shapira). Furthermore, ethnographic methods recognize nursing as a distinct sub-culture within the larger health care system, therefore holding its own unique set of values, beliefs, principles and practices (Roper & Shapira). Leung suggests that the way in which students are socialized into their professions significantly impacts development of professional values and beliefs, calling this the "informal curriculum" that is directly linked to educational culture (p.170). Ethnography allows for an exploration of the unique culture that develops within small PBL tutorial groups. Furthermore, nurse educators are in the best position as researchers to learn the "culture" of their classroom by observing the activities that take

place there. Thus, the nurse researcher is able to accomplish the principal goal of ethnographic research: providing etic meanings, insights and explanations behind the participant's emic view of their world (Roper & Shapira).

Ethnographic research has transformed how researchers and educators understand educational processes (LeCompte, 2002). Ethnography in educational research involves an evaluative process (Fetterman, 1986), one of the implications of this project. This research will enhance understanding of the beliefs, attitudes and behaviors that develop within PBL group culture, thereby affording educators with information essential in designing and improving educational strategies (Zahrlick, 1992).

Researcher as Instrument

"Physician, heal thyself. Observer, observe thyself."

(Halcolm, n.d.)

In sharp contrast to quantitative research where the instrument measures the dependent variable, in qualitative research, the researcher *is* the instrument (Lincoln & Guba, 1985; Patton, 2002). According to Speziale and Carpenter (2003) the researcher becomes the instrument through recordings of observational data. Participant observation, a methodological tool used to supplement data collection in various qualitative research approaches, is a fundamental strategy of data collection in ethnographic research design (Roper & Shapira, 2000). Ethnographic fieldwork is viewed as "active involvement in social events as they occur in their natural setting" (Roper & Shapira, p. 13). Furthermore, active participation in the naturalistic setting of the study participants allows the researcher to "learn from" the people, rather than "study them", therefore providing a sense of understanding of "what the world is like to them" (Spradley, 1980,

19

p. 3). Several researchers have defined observer roles for the participant observer. Germain, (as cited in Munhall, 2001) a fellow nurse researcher describes four participant roles and suggests that the researcher "oscillates" (p. 289) between these roles throughout the research process. These four roles are, *complete observer, complete participant, observer as participant,* and *participant as observer.*

Complete Observer. In the *complete observer* role, the researcher is a non-participatory observer who simply watches and observes as an *outsider* without interaction or active participation in group activities. The researcher may be visible or invisible in this role and therefore is potentially unknown to the participants. Analysis and interpretation of observations is done therefore without input or validation from participants.

Complete Participant. The *complete participant* deliberately conceals their role in attempt to become a true member of the group and the research role is therefore by design deceptive. This covert role may be considered unethical as it violates principles of informed consent and right to privacy (Germain, 2001; Roper & Shapira, 2000).

Observer as Participant. As an *observer as participant,* the role of the researcher is known to participants and the researcher therefore has the opportunity to observe and participate in all group activities. However, actual participation is reduced and the role may be more brief and/or formal (Roper & Shapira, 2000). Furthermore, validation of findings may be problematic or impossible due to the brief contact with informants (Roper & Shapira).

Participant as Observer. As a *participant as observer*, the researcher is a member of the study group. In this case, the researcher would have been a student peer or the

tutor. Consequently the researcher role is known to the group, but due to the "insider"

nature of the relationship with study participants, the roles of participant and observer

may also be limited or difficult to maintain as a result.

The preceding section provided a theoretical description of the research method,

while the following section will describe actual employment of the method for this

research project.

Description of the Setting

The study took place at The University of Lethbridge site of the Nursing

Education of Southern Alberta (NESA) program. The NESA program is a four-year

collaborative baccalaureate program between The University of Lethbridge (U of L) and

the Lethbridge College (LC). The first two years of the program are taken at the LC site,

and the final two years are completed at the U of L site. The program recently eliminated

a two and a half year diploma exit program, with the final graduating class of this stream

convocating in December 2008. Post-diploma registered nurses, from a variety of clinical

settings and backgrounds also represent a small proportion of the student population.

According to the NESA mission statement, students are prepared as "excellent generic

baccalaureate" nurses (2005/2006 NESA Student Handbook, p. 7). Clinical experiences

are focused on rural and elderly populations, community and public health, mental health,

and acute care across the lifespan. Further to this, eight values are threaded throughout

the mission and belief statements of the program and these are; critical thinking,

reflective practice, life-long learning, compassion and caring, excellence in

communication, evidence-based practice, excellence in nursing service, and commitment

to the profession. The NESA program was formerly the Southern Alberta Collaboration

for Nursing Education (SACNE), and following a significant curriculum revision was re-named NESA. In an attempt to achieve the values espoused within the mission of the NESA program, the implementation of a Problem Based Learning curriculum was among the most significant changes from the previous SACNE program. The first diploma exit group graduated from the NESA program in December 2004, and the first NESA baccalaureate degrees were conferred the spring of 2006. Upon the cusp of this first baccalaureate graduating class, a thorough curriculum review was undertaken. Feedback was elicited from faculty as well as community stakeholders and students in both the third and fourth years of the program. The data generated from this study will further enrich the data that is gathered in the ongoing evaluative process of the current NESA program.

Description of the Sample

The student sample was comprised of all fourth year nursing students enrolled in the Fall (September) 2007 semester at the University of Lethbridge site of the four year collaborative (NESA) program. The sample also included one post-diploma nursing student enrolled in fourth year PBL courses in the fall 2007 semester. The entire fourth year student body ($n = 77$ students) was asked to participate in two ways:

1) individual interviews and,

2) observation of their fourth year professional seminar class.

Methods of recruitment of students included:

(1) a letter-of-invitation-to-participate in an individual interview (see Appendix A) for the proposed study was distributed in tutorial groups by the fourth year tutors in the fall of 2007 and,

(2) at each fourth year Professional Seminar class I presented the rationale and goals of the study, requesting student permission for my participation in their classes as an observer and researcher. Students were informed that their decision to allow my participation in their classes would have to be unanimous and that they had the right to withdraw without prejudice at anytime. This information was also included in the invitation to participate letter (see Appendix A). No deception was used to recruit students at any time.

The sample also included nursing faculty members who taught PBL courses in the NESA program at the University of Lethbridge. They were recruited by word-of-mouth and letter-of-invitation-to participate (see Appendix A).

Data Collection

Drawing upon the educational approach of Wolcott (1994) and Fetterman (1986) the ethnographic design utilized for this study involved extensive data collection triangulation procedures which involved multiple data sources including: generation of field notes through *participant observation* of three weekly PBL tutorial groups (Professional Seminar—4th year); in-depth *individual student interviews,* and; one *tutor focus group* of faculty members involved in teaching third and fourth year PBL courses during the proposed semester of the study. Of the fourth year students, the initial ten students who volunteered as participants provided sufficient data to achieve saturation. Other volunteers who came forward were not interviewed. Six faculty members from the FOHS volunteered to participate in the tutor focus group.

Triangulation of Data

Triangulation in ethnographic research is a measure of "verification and validation of qualitative analysis" (Patton, 2002, p. 556). In addition, analyst triangulation as described by Patton as the use of "multiple analysts to review findings" (Patton, p. 556) was also implemented as my thesis supervisor performed analysis audits of data sources. The following section will provide an explanation of my role as researcher and the methods I employed to ensure triangulation.

Participant Observation. In the "naturalistic setting" of the classroom, where the "words and actions" of the participants are the chief sources of information (Lofland & Lofland, 1984, p. 47), data is collected through participant observation and compilation of extensive field notes. I took brief notes throughout each class and recorded my reflections as soon as possible following classes and interviews in attempt to glean and articulate accurate meaning. I utilized a logging record to assist in note taking during classes (see Appendix B).

My role at the commencement of the research project was as a *complete observer*. During the first two class sessions for each tutor group, I observed the class from one specific spot in the classroom. I did not participate actively in their group discussions. At this time, I gathered data related to their non-verbal communication and interactions with their group members.

At no time during the study was my participation unknown or concealed from the students as a *complete participant*. I attended the first day of classes to inform them of my pending study and request unanimous consent for my participation in their classes. I was available to answer questions regarding the study and my role and then I left the

class and did not return until the following week when consent for my participation was granted from all students. The students in each class section were invited and encouraged by myself and their instructor to voice any concerns or questions they might have regarding my participation in their classes.

By the third week of classes, I began to sit at the tables with the student groups and listen to their conversations as an *observer as participant*. I observed both verbal and non-verbal communication as well as the way in which they interacted with one another and their instructor. At this time, I began contributing to their discussions by asking questions and offering my insights regarding their course content discussions.

As a member of the faculty, but not teaching during the term that the research study took place I was able to *participate as observer* in each class for the remainder of the term. I was known by the students as both a faculty member and researcher. However, I had not previously taught any of the students enrolled in the three classes, nor had I ever interacted with any of them as a FOHS faculty member. While this may have been initially confusing for students, once I was able to build trust and rapport with group members my involvement in discussions became enhanced. I continually assured them that confidentiality would be maintained and ensured. As this became evident as the term progressed, trust between myself and the students grew and this was evidenced by their willingness to include me in their classroom discussions as well as their display of interest in the research study. By the end of the first month, I moved easily between my roles as observer and full group member. The following table (see Table 1.0) illustrates the roles of involvement during participant observation and provides a corresponding example of my actual role in the research project.

Table 1.0

Roles of Involvement of Participant Observation	
Role	*Study Activities*
Complete Observer • Non-participatory observer (outsider)	• Initial observations of each class from one specific spot in the class • Not actively involved in discussions or activities
Observer as Participant • Role is known; observes and participates in group activities	• Assimilation into groups in each class • Contributed to discussions and participated in class activities
Participant as Observer • Is a member of the group (insider)	• Known as faculty member by students, although not teaching during the study semester

Individual Student Interviews. In-depth, semi-structured interviews with student participants took place at my private office at the University of Lethbridge as this was a mutually convenient location for myself and the students. Students were offered alternative meeting places (for example a meeting place in the university or city library) but my office was preferred by the informants as it was a convenient and practical location for them. While my private office may have implied a power disparity between myself as a faculty member and researcher and the students, it is noteworthy to point out that during the previous academic year when the informants were in their third year, I was on a year-long parental leave. Therefore, I had not previously taught any of these students or met with any of them at any time over the course of their four year program.

Upon commencement of the interviews all students signed the Statement of Confidentiality (see Appendix C) and Letter of Informed Consent (see Appendix D). An interview guide was used by the author to direct the interview. Students were informed that they could stop the interview at anytime without consequence and could withdraw at anytime from the study. Students were also invited to share stories and other information

they felt relevant to the study in addition to their responses to the interview questions. The interviews were approximately 45 to 75 minutes in length. The interviews were digitally recorded and later confidentially transcribed for review and analysis. A transcriber located outside the faculty was contracted for this purpose and was also required to sign the Statement of Confidentiality (see Appendix C).

Tutor Focus Group. Six tutors participated voluntarily in the focus group. Tutor participants in the focus group were required to sign a letter of informed consent (see Appendix E) at the beginning of the interview. An interview guide (see Appendix G) was used to direct the conversation and provide structure. Tutors were invited to ask questions and freely add information that they felt would contribute to the findings, throughout the interview. The focus group took approximately two and a half hours and was digitally recorded and later transcribed by the transcriptionist involved in the study.

Data Analysis

The process of data analysis took place concurrently throughout the data collection process (Streubert-Speziale & Rinaldi Carpenter, 2003). Digitally recorded individual student interviews and the focus group interview were checked against the transcriptions by the author for accuracy. Learning from the data as an inductive process of understanding (Roper & Shapira, 2000) required immersion in the data. This occurred by frequent reading and review of interview transcriptions, interview notes, participant observation notes and reflective journal notes. On-going coding and content analysis of recorded and transcribed data was performed manually with the assistance of my supervisor in attempt to cross-reference and establish inter-relationships between

recurrent contextual themes and meanings (Creswell, 1998; Roper & Shapira). The techniques and steps of thematic analysis are discussed further in the following chapter.

Rigor and Trustworthiness

It is important to point out that in qualitative research, no two researchers will interpret the data and "describe the culture in the same way" (Speziale & Carpenter, 2003, p. 175). Rather, through rigorous methods, the qualitative researcher seeks to understand and describe the one view of the truth among many (Pellatt, 2003; Speziale & Carpenter). This notion is also supported by Spradley (1979) who argues that "it is possible to analyze any phenomenon in more than one way…and every culture can be analyzed in numerous ways" (p. 92). The role of the qualitative researcher therefore, is to position themselves in a way that will allow research participants to tell their stories thus providing rich description and explanation of their culture and cultural relationships, as opposed to the researcher imposing created cultural constructs of explanation (Pellatt; Spradley).

Reflexivity

"We don't see things as they are: We see them as we are...."

(Anais Nin, 1989)

Ethnography, by design, predisposes the researcher to issues related to *reflexivity*, or role confusion experienced as the researcher balances the role as researcher in relationship to the role as complete group member. The researcher must be aware that his or her mere participation in the group culture thereby influences and potentially alters the culture being studied (Speziale & Carpenter, 2003). Furthermore, the researcher must be aware that his or her background and experiences may also influence the research process

28

including the choice in methodology (Carolan, 2003; Pellatt, 2003). Through participant observation, the *insider* view is initially experienced allowing for development of the *emic perspective*. The researcher then uses an *outsider* view, or *etic perspective* to step out and objectively analyze and describe what has been observed (Roper & Shapira, 2000). Consequently, this reflexive aspect asserts that the researcher becomes a member of the culture and is also personally influenced by the experiences and relationships that develop (Roper & Shapira).

To make certain that the study findings have passed meticulous tests of honesty and trustworthiness, procedures were applied in an attempt to limit researcher bias and error. Rigor or trustworthiness of study data was assessed using the following criteria; credibility, dependability, confirmability, and, transferability (Lincoln & Guba, 1985; Polit & Beck, 2004; Streubert-Speziale & Rinaldi-Carpenter, 2003). These procedures will be explained in the following sections.

Credibility

As viewed by Lincoln and Guba (1985) credibility is the overriding goal of qualitative research and is the primary validity criterion. Credibility was maintained through engagement and persistent observation of study participants by means of participant observation of PBL tutorials over the course of one semester. Validity of inferences was achieved through triangulation of data sources to minimize error and researcher bias (Denzin, 1970; Hammersley & Atkinson, 1983; Patton, 2002). Data sources include; participant observation, field notes, my reflective research journal, in-depth tutor focus group and individual student interview data.

Dependability and Confirmability

Researcher neutrality allows for objective data analysis, free from personal bias (Streubert-Speziale & Rinaldi-Carpenter, 2003). To obtain neutrality, the researcher must acknowledge their biases and preconceived notions about the culture under study (Pellatt, 2003). Dependability refers to the degree to which other researchers are able to reach the same conclusions. Despite the stated limitations of the study, evidence generated will yield knowledge for nurse educators regarding curricular concepts of caring in relationship to curriculum delivery models, in this case PBL.

Dependability and confirmability have been maintained through inquiry audit, involving data review and scrutiny by my supervisor. Furthermore, I utilized my reflective research journal in order to maintain objectivity throughout my prolonged involvement with the tutor groups. I developed and maintained my journal in the manner described by Lincoln and Guba (1985) and Spradley (1979) which included a record of the daily class schedule, my diary entries and brief notes made during classes. This enabled me to acknowledge and scrutinize my values and beliefs in relationship to the research questions and outcomes, therefore allowing me to position myself as researcher as stated by Carolan (2003) to gain participant trust and admittance. In addition, upon reading and re-reading of my journal entries, I was able to reflect upon my classroom observations and consider how my biases and feelings influenced the research process and my conclusions. This process allowed me to recognize and record my changing roles in the classroom, and thus alter my questions and behaviors in the classroom and interviews.

Transferability

Transferability helps ensure generalizability of the data to increase its usability with other settings or groups of similar context. The extent and variety of data sources provided a rich variety of data which may allow for judgments of contextual applications in other academic settings that use a similar curriculum format. This contextual similarity has been described by Lincoln and Guba (1985) as "fittingness" which "requires a degree of congruence" between two settings (p. 124). Therefore, transferability or generalization of data ensures external validity of the data, but is dependent upon contextual congruence of settings (Norwood, 2000).

Ethical Considerations

Prior to commencement of the study, ethical approval was granted from the Human Subjects Research Committee of the Office of Research Services at the University of Lethbridge. Criteria of the Tri-Council Guidelines for Human Subjects Research were followed. A Letter of Invitation to Participate outlining the purpose, rationale, and research procedures was supplied to each potential student and tutor participant (see Appendix A). Explanation of right to withdraw at any time, without harm was explained. Students were informed that unanimous consent was required for my participation in their classes and that all interactions would be held in the strictest confidence and that their grades would in no way be influenced by their participation or refusal of participation in the study. Written informed consent was obtained from each voluntary participant (see Appendix D and E). Confidentiality of data sources was maintained by using code numbers on all notes, forms and transcripts. For the purpose of presentation of the study findings, pseudonyms were assigned to each student participant

but not faculty focus group members: they will simply be identified as *faculty members*. The transcriber was required to sign a Statement of Confidentiality (see Appendix C). A list of study participants has been kept separate from study materials and will be destroyed upon acceptance of the thesis. All collected study data will be stored in a locked cabinet in my office and destroyed by me within seven years (standard for Faculty of Health Sciences [University of Lethbridge] research).

Risks and Benefits

There were no known physical risks associated with the study. The students were at no time at risk of physical endangerment. However, there may have been the possible risk of anxiety or psychological discomfort associated with discussions related to tutor relationships and their experiences as nursing students in the NESA program. At the time of the interview, students were required to sign the Statement of Confidentiality and Informed Consent forms. Furthermore, I reminded the students of their right to withdraw at any time, as well as my responsibility as a researcher and faculty member to represent their statements honestly and accurately. Student request for withdrawal from the study would necessitate immediate termination of my participation in their said class. I assured them their privacy would be maintained at all times and that interview data would not be shared with their tutors or administrative faculty of the Faculty of Health Sciences (FOHS) at anytime.

Students were informed that although the benefits of the study would not directly influence their nursing program as they were near graduation, their insights and knowledge would potentially benefit future NESA nursing students as well as faculty in relationship to professional growth and development.

Limitations

Limitations of the study include the small sample size, the subjective nature of the definitions of caring, and emergence of data content themes through subjective analysis of the perceptions and interpretations of the researcher. In addition, the caring model from the nursing perspective only, was applied and therefore influenced the data collection, analysis and interpretation of the data, such that links between gender and caring could not be fully examined. The unique PBL learning environment and method of the NESA program at The University of Lethbridge limits the usability of the findings. However, the study could be utilized by other nursing faculties that employ a self-directed, collaborative teaching-learning model. Although the short time frame of the study is a significant limitation of the study from the ethnographic point of view, the intent of the study was to examine the culture that develops among students and between students and faculty over the short course of a semester, in a PBL setting. Furthermore, Jeffrey and Troman (2004) suggest that extended research periods are no longer realistic as a result of the intensities of the academic climate. They propose shorter periods of intense study (from days to a few months) to effectively capture the context of group dynamics.

Summary

Given that the research questions are based upon acquiring knowledge of the relationships developed with the unique PBL environment, ethnographic analysis was an appropriate research method for this study. To minimize researcher bias and error, the following strategies were implemented to address reflexivity: multiple data sources were utilized including participant observation of three separate PBL course sections over the

33

semester, from which extensive field notes were developed; individual student interviews and one tutor focus group were conducted; self-reflections were recorded and maintained throughout the process of data collection and analysis. An overview of data analysis methods congruent with ethnographic research were described and explained. Strategies for addressing rigor and trustworthiness were addressed, ethical considerations for study participants were acknowledged, and limitations were described.

CHAPTER FOUR: ANALYSIS AND PRESENTATION OF FINDINGS

"The painting has a life of its own. I try to let it come through."

(Jackson Pollock, n.d.)

The purpose of this study was to explore and describe student perceptions of the phenomenon of caring and whether the development of caring relationships occurs. Furthermore, the study sought to understand how nursing students perceive these relationships as influential in their learning and their ability to cope with stress. Data was elicited through one-on-one student interviews between the researcher and student, one six-member tutor focus group, participant observation field notes and reflective journaling. The following research questions guided the study:

1. What are students' beliefs about human caring?

2. What are students' perceptions of caring within student-teacher relationships?

3. What is the relationship between instructor caring and learning?

4. What is the relationship between instructor caring and student coping (in relationship to stress)?

5. According to the students, what are the most or least caring behaviors as demonstrated among students and by their tutors?

6. What is the relationship between the PBL environment and the development of caring relationships?

This chapter begins with a description of the context of the research study. The process of data analysis is described and the steps that were applied for the purpose of this research study are explained. Finally, the findings of the study are presented to provide insight and understanding of the posed research questions.

The Context

Contextual understanding is essential in qualitative research to demonstrate "how the phenomena under study are altered and shaped by the social world" (Denzin, 1989, p. 61). Furthermore, ethnographic research strives for a holistic perspective which requires contextual analysis and understanding of data (Roper & Shapira, 2000). Therefore, learning from the data can only occur when information is analyzed within the context of the culture of the group being studied (Roper & Shapira). Consequently, understanding of group behaviors, activities and beliefs is accomplished through rich description of social settings (Bryman & Teevan, 2005).

Of the total possible $n = 77$ (4 male, 73 female) fourth-year student population, ten students volunteered to be interviewed as part of the research process. Of the 10, there was one male student and nine female student participants in the study. The students ranged in ages from 21 - 28 years. They were all enrolled in one of three sections of the professional seminar course offered during the fall term, and were representative of all three course sections. The students were simultaneously enrolled in a clinical practice course and some were also taking elective courses during the fall term, while the research project took place. The classes involved in the research study were scheduled from 0900-1150 Monday, Wednesday and Friday. Each group took one 20 minute break midway through the class. The individual course instructors facilitated discussions and questions and during group discussions, moved from table to table. The instructors reinforced student understanding of their role as facilitator and resource, but did not provide lectures at all during any of the classes. Students were encouraged by all three instructors to make their class discussions as productive, useful and interesting as possible and reminded

students to consider use of alternative media (videos, movies, internet clips) and guest speakers to accomplish this.

The classrooms were lit with fluorescent bulbs: there were no windows. Each classroom had either long rectangular tables or individual desks. The instructors and students met a few minutes prior to each class to set tables in circles or squares. In each of the three class sections, self-chosen student base groups consisted of four to six students to each table/group. Students began each class in their base groups. During the first few minutes of each PBL class, students were offered an opportunity for housekeeping to discuss questions or concerns regarding assignments, or course content for the particular class. In an attempt to enhance group cohesion, each group then spent approximately 10 minutes on an ice-breaker or group activity. This provided an opportunity to get to know each other better thereby enhancing the development of close relationships among group members and contributing to the development of an environment where students feel safe to share their thoughts, ideas, insights, experiences, and fears. Following the housekeeping and ice breaker portion of the class, the groups began their discussions that continued until the end of the class period. Each group had an assigned leader whose role was to facilitate group discussions and stimulate critical thinking and development of questions. The leader was also responsible to take notes and report back to the entire group at the end of the class period to summarize what was discussed and learned. The leader also shared questions that were left unanswered and areas that were not covered or discussed that would be deferred until the following week. Upon conclusion of each class, students decided as a large group upon agenda topics for the following week. During the discussions the role of the instructor was to move from

group to group as a resource spending time to answer questions or assist the leader in stimulating the discussions. The overall class structure, agenda and format was unchanged from the PBL classroom format of previous semesters that the students had grown accustomed to. Students were encouraged to bring food or snacks to share with individual group members at their own discretion. Occasionally a student would bring snacks to share with the entire class, but generally the food stayed at individual tables.

However, the instructors acknowledged the fact that it is difficult for students to maintain engagement and enthusiasm in their independent group discussions. Nonetheless, for the self-directed, student-centered learning approach to be successful, student engagement, enthusiasm and interest are of paramount concern for nursing instructors. In an attempt to foster breadth and depth of student discussions in the PBL environment, the instructors applied *The World Café* method of developing a warm and open learning environment. The purpose of the *World Café* is to encourage each group member to; "contribute thinking and experience, listen to understand, connect ideas, and listen together for patterns, insights and deeper questions" (Brown & Isaacs, 2005, p. 64). This process is described in the following section.

The World Café

Although the overall format of the class was not changed from previous semesters, in the *World Café* environment, a few modifications were made. The instructors provided table cloths and flowers for the tables to create a comfortable and welcoming atmosphere. The instructors provided these items in attempt to create a hospitable space that is described by Brown and Isaacs (2005). Large pieces of flip-chart paper and markers were also provided for each group in attempt to encourage note-taking

and drawing that provides evidence of the discussions for all group members, not only the leader. The authors suggest that meaningful conversations can occur in comfortable spaces centered on important questions. From these questions and resulting discussions, further questions arise and prompt further critical thinking and reflection. Diversity, listening and development of good questions to guide discussions and find solutions are valued in this process. Furthermore, in keeping with the teaching and learning philosophy of the NESA nursing curriculum, the authors suggest that lecture and PowerPoint formats are not the most conducive techniques for cultivating self-directed critical thinking and questioning (Brown & Isaacs).

Following initial base group activities, the groups would begin discussion of the topics on the daily agenda that had been determined during the previous class. After the first hour or so of class, the students would take their break. Upon return from break, the groups would then begin *World Café rounds.* At specific intervals group members would move to another table to continue their discussions. The leader for each group would stay at the table to fill in new group members of what had been discussed, provide questions that had been developed and continue their role as facilitator. Students were encouraged to create new groups with students that did not belong to their base group and they had not sat with recently. Generally each café round lasted approximately 20 minutes and students would continue rounds for the remainder of the class time. During the final round, students return to their original tables where the leader would inform them about what had been discussed and the different shared perspectives in relationship to what had been discussed prior to the first café round. The role of the *World Café* in the PBL

classroom places an emphasis on the contribution of all group members thereby valuing diversity and fostering a culture of community in the classroom (Brown & Isaacs, 2005).

The *World Café* book was available to students in the bookstore as a recommended course resource, as was a free online link to resources related to the *World Café*. The content of the course was not altered from previous semesters, the environment in the classroom was simply modified to create a hospitable space that would be conducive to development of rich conversations and discussions of course content material. This was intended to support critical thinking and self-directed learning that is essential in the PBL model.

The Analysis Process

The interview questions (see Appendix F and G) guided the interviews and the interview subjects were invited to interject and provide stories and examples as evidence of their experiences and conclusions. Ethnographic data analysis has been described as both process and procedure which involves disassembly of the raw data into small parts and segments, to later re-assemble into meaningful patterns and wholes (Jorgensen, 1989; Roper & Shapira, 2000). Upon consultation with my thesis supervisor and thesis committee, initial stages of data analysis involved organization of transcribed interviews, participant observation notes, and field notes into broad categories based on the research questions. Concurrent data analysis continued throughout the data collection process. Immersion in the data occurred through frequent review of all available research data including: student interview transcripts and audio tapes; tutor focus group transcripts and audio tape; reflective journal notes; and, field notes. Thematic analysis consisted of four basic steps of inductive analysis: coding of field notes and interviews for descriptive

labels; sorting for patterns; generalizing constructs; and, memoing (Roper & Shapira, 2000). This process did not occur in a linear fashion, but occurred in an on-going cyclical manner throughout data collection.

Coding for Descriptive Labels

Coding of data involved identification of basic, broad words, sentence or paragraphs. Through re-reading and constant comparison, descriptive labels were assigned to these segments of data, which were highlighted and reflected upon (Roper & Shapira, 2000). They represented common words and passages of meaning for participants such as words that described feelings, ideas, thoughts, actions, behaviors and activities.

Sorting for Patterns

This second step in the analysis process involved recognition of emerging patterns and sorting of codes into groups or categories of common meaning (Roper & Shapira, 2000). During this step it is also possible to identify the presence of outliers, or codes that do not fit the rest of the data. These outliers were categorized together and reflected upon throughout the entire analysis process to guide development of new questions for further interviews. At the completion of the analysis process, the outliers may remain the exception or they may fit more clearly with another domain code. The process of on-going analysis and reflection allowed six broad categories of thematic domains to emerge from the data. They were; (1) definitions of caring, (2) descriptions and experiences of caring interactions, (3) descriptions and experiences of non-caring interactions, (4) learned caring, (5) the influence of the PBL environment on the development of caring experiences, (6) the influence of caring on the educational experience.

Generalization of Constructs

Generalizing involves discovery of connections between interrelated concepts and themes that explain culturally relevant values, beliefs and behaviors. These generalizations allow for development of linkages between emic worldviews and meanings and the researcher's etic interpretations. In other words, this step in the analysis process allows the researcher to connect both perspectives; the *insider's* meanings of experiences to the *outsider's* interpretations of those meanings, in attempt to "construct theoretical understandings" (Roper & Shapira, 2000, p. 100).

Memoing: Reflective Remarks

During each step of the data collection and analysis process, the researcher makes "notes-to-self" that reflect his or her thoughts, ideas, insights and questions about the data (Roper & Shapira). These reflections influence each of the other steps of the analysis process as they direct development of further questions, coding, and sorting of data.

Description of the Thematic Domains

The following includes description of the thematic domains that were identified through the sorting step in the analysis process. The themes are supported with direct quotes from the participants taken from excerpts from student interviews and the tutor focus group as well as excerpts from participant observation field notes. Throughout the analysis process the responses from the student and faculty participants provided the most valuable data that addressed the research questions. Although my participant observation field notes served to provide additional perspective to the data, the student and faculty responses provided the clearest description of their experiences that could not be observed in the classroom. Precise details and examples related to student circumstances

and classroom experiences were not included in the excerpts in attempt to protect the anonymity of the students.

Table 2.0 illustrates the thematic domains and core concepts that arose from each domain which are described in detail in the following sections.

Definitions of Caring

Caring has been previously presented as an elusive concept that is difficult to define and articulate (McCance, McKenna, & Boore, 1997). However, caring is viewed by several nursing theorists as the essence of nursing which is both an art and science. The following excerpts were elicited from students and faculty members when asked to provide words or phrases to define the concept of caring. Definitions varied in complexity from single words to more complex phrases. Common words used to describe caring include: loving, kind, sympathetic, empathetic, patient, considerate, understanding. Phrases were also used by students to provide definitions for the term caring. These phrases distinguished between nurse caring as *doing* and *being,* which reinforces the scholarly view of nursing as an art and science. For example, Audrey provided this definition of caring: "caring is the word that I would use to define *what I do* as a nurse." She went on to say that: "Caring is so much of *who I am* and I think it's so much of *what I do.*" However, she reminds us that nursing is so much more than just the list of tasks that we accomplish throughout the day and that the link between *who* she is and what she *does* is essential:

> When you break it down to little tasks it's just there's nothing left and you can completely devoid it of all emotion.

Table 2.0

Thematic Domains and Core Concepts

1.0 Definitions of Caring
        1.1 Caring: Science of Nurse *Doing*
        1.2 Caring: Art of Nurse *Being*
        1.3 Respect
        1.4 Connection
        1.5 Self-Care
        1.6 Boundaries

2.0 Descriptions and Experiences of Caring Interactions
        2.1 Being interested: Actually caring
        2.2 Respect
        2.3 Trust
        2.4 Taking Time
        2.5 Instructor Sharing
        2.6 Instructor Flexibility

3.0 Descriptions and Experiences of Non-Caring Interactions
        3.1 Tone of Voice
        3.2 Talking Over
        3.3 Side Conversations
        3.4 Lack of Preparation for Class
        3.5 Instructor Inflexibility

4.0 Learned Caring
        4.1 Caring as *Doing*
        4.2 Theories of Caring
        4.3 Instructor Role Modeling

5.0 The Influence of the PBL Environment on the Development of caring Experiences
        5.1 Respect
        5.2 Trust
        5.3 Instructor Flexibility
        5.4 Group Size
        5.5 Role of the Instructor

6.0 The Influence of Caring on the Educational Experience
        6.1 Academic Success
                a) Group Unity
                b) Common Goals
                c) Risk Taking
                d) Respect
        6.2 Link to Clinical Caring
                a) Safe Learning Environment
                b) Instructor Role Modeling
        6.3 Ability to Cope with Stress
                a) Instructor-Student Connection
                b) Self-Care

These statements clearly represent her view of caring as both being *and* doing. Daniel described caring as an attitude. He described caring in the following way:

> Caring is a mindset, it's not something that we can define, it's kind of an abstract thing. Some people might try to explain caring by *what* they *do*. Caring is not what you do, caring is something that is inherently in you, it's an attitude; it's a belief system.

Claire shared a similar definition of the concept of caring: "caring is an attitude I think, that I guess everybody possesses it to some degree."

The notion that caring is a personality trait that we can possess was also discussed by Ashley when she said:

> Caring is just something that's in you already to begin with, so it's genuine, it's providing maybe an understanding of a situation that that person who is showing caring doesn't maybe fully understand.

It is clear by the statements these students have made that they feel caring is a quality that is inherent in the individual. There is a distinction between caring *for* others and *being* caring. Other students view this as a conscious choice that nurses make in their interactions with co-workers and patients. Furthermore, they indicated that this *choice* demonstrates *respect* and *understanding* for the uniqueness of each individual and their situation. Amber described this choice in the following way: "you *choose* to have an attitude of caring in a nursing relationship with your patients and with our co-workers."

Claire provided the following example of how nurses demonstrate their choice to provide respectful care for the purpose of improving patient care and outcomes:

> *Understanding* where people are coming from and trying to relate to them, taking everybody as themselves and as an individual, caring for one person…trying to *understand* and just act in a way that you're trying to benefit somebody and trying to make them feel better if, like, like you *actually* care about them or you're concerned with them and their wellbeing.

A faculty member elaborated on this notion by saying:

> You can't pretend to care, I think. It's something that you obviously have to put effort into it. Sometimes it's conscious, sometimes it's unconscious, but in some ways maybe more of a summation of a series of decisions; a continuum of kind of actions…cognizance of sorts, in some ways putting other people's well being and nature ahead of your own I think is a part of caring as well too.

The concept of *respect* was reiterated during the focus group discussions. This discussion however focused on the way in which we view caring as it relates to our students and their success and best interest. One faculty member stated:

> There is a *respect* and a regard in being present and along with that I think we need to look at caring certainly from a – if we're looking at our role as educators is to encourage a focus on ethical and moral competence and *understanding*…it's putting yourself in an environment where it's very reflective and you really want to encourage the best for your students, not for just the present but the future.

Another faculty member went on to say:

> Positive regard and being present for someone so that you're placing yourself in a stance of openness in regard to them and wanting to promote their best opportunities for health and healing or well being.

The notion of caring as an art and science reinforces the students' views that nurse caring is both *being* and *doing*. A faculty member articulated the marriage between *being* and *doing* in the following way:

> When we look at what we call the art and science of nursing then I suspect that we need to put that within the context of caring and we need to envelop that context of caring and support it as our ability, you know, and to value people within an ethic of caring.

The preceding faculty statement clearly defines nurse caring from the view of nursing as an art and science; the art as *being* caring that the students have described, and the science as *doing* caring.

Connection was another term that was used to define and describe caring as a way of being with patients. Both students and faculty members discussed the concept of *connection* as a result of caring interactions. Audrey described it in this way:

> Compassion and being able to have that empathy with your patients, not feeling sorry for them but being able to be in that moment where they are and feel what they're going through so that they know that they're not alone. Helping your patients *connect* with you.

Amanda put it simply:

> I think…everybody wants to feel like they're important and that people think about them, and so…I think it just would naturally make anybody feel good.

A faculty member provided this reflection on the value of connection:

> What connects to a lot of other things that may be resiliency and other things. But that sense of seeing more and seeing possibility is, I think a part of really having a personal *connection* and that can be beyond just the individual as well.

Strong personal connections are important in the patient-nurse relationship and develop out of demonstration of the art of nursing care in caring and empathetic ways of *being* by the nurse. For the nurse to develop connections between themselves and the patient, they must position themselves in a frame of mind that requires engagement with the patient; being present in the moment in a supportive and empathetic way. This message exemplifies Montgomery's assertion that when working with patients, we "seem to know on some level that the only time we have that really made a difference was when we were willing to get involved in a way that mattered to us as well as to our patients – a way that went beyond the boundaries of theories, science or the treatment plan" (1983, p. 2). This connected relationship implies that the patient is then allowed the freedom to seek the support they need to achieve their best health outcome at the time. The nurse assists the patient, thus practicing the science of nursing care as *doing*. This could also

apply to the connections that develop between the student and faculty member. The student seeks out support, or care, and the instructor in turn, provides support. The student must make a conscious choice to seek out support and the instructor must also exercise choice in purposeful engagement with the student.

However, two further concepts arose from discussions that were identified as essential in developing and maintaining professional connections between nurses and their patients. These include *self-care* and *boundaries.*

Daniel described his first introduction to the concept of *self-care:*

> I had an instructor first year, she would always say take care of yourselves, like first you have to take care of yourself then you have to take care of the others. You can take care of others the way you care for yourself.

A faculty member provided this similar statement:

> Caring as endowing others, but there also is the whole thing of even caring for yourself as well, and I think endowing yourself with certain things and attributes is part of – you can care outwardly and inwardly as well.

Another faculty member discussed the important responsibility faculty have in role modeling the complexity of *being* a nurse:

> We're role modeling, or hopefully role modeling, how complex it really is to be part of the profession we've chosen, that we're showing them how to listen, how to respect, how to look after yourself .

These statements confirm the value of *self-care* in the provision of care for others. It is essential to *be* well in order to provide care for those who are unwell. The responsibility to maintain personal *self-care* is valued by students and faculty as they have observed frequent examples behaviors they perceive as being in part, a result of poor *self-care.* Amanda provided these reflections:

> You can tell which nurses on the floor don't take care of themselves
> because they're the crabby ones, the ones who don't want to be there.
> They're the ones that don't care what happens to their patient."

However, she also identified the struggle that maintaining self-care presents:

> My husband tells me, you're too caring for your own good. It's going to
> kill me. I don't know, and I've talked to my husband and stuff about it too
> and he's just like, you've got to draw a line somewhere, because I just care
> so much that it overflows into my own life and that's a bad thing. That
> needs to not happen. But I need to decipher where that line is, but I think
> when you have a caring instructor and a caring group it just makes you
> want to care that much more.

In her previous statements, Amanda identified challenges she faces as she wrestles with caring <u>too much</u> and knowing how to maintain professional *boundaries*. She elaborated further when she stated:

> How do you find the balance between an overly caring, overly involved
> new grad to a completely burned out nurse who doesn't want to be there
> where she's working?

Audrey shared similar reflections that addressed her desire to develop *connections* with her patients, while acknowledging her struggle to develop and maintain *boundaries:*

> you need to have that connection with your patients but you also need to
> distance yourself to have that emotional barrier between what's going on.
> It's hard.

Self-care and maintenance of professional *boundaries* have been recognized by the study participants as essential in the provision of nursing care. However, for students who are just learning the art and science of nurse caring, this is not an easy task. They wrestle frequently with caring too much; they wonder about how to ensure they remain caring without caring at the expense of their own health and well-being.

Descriptions and Experiences of Caring Interactions

Students described their experiences of caring interactions from multiple perspectives. They described the many ways they have experienced caring from instructors and peers. The students described how they recognized the caring classroom, and they provided examples of instructor and peer caring.

The students used several common terms to describe the behaviors they observe in the caring classroom. The words they choose to describe the caring classroom predominantly described non-verbal communication behaviors such as: captivated, interested, and engaged. They brought life to these terms by describing the ways in which students demonstrated these behaviors. Amy provided this description of the caring classroom:

> I guess when you can tell that the class is *captivated* by what you're saying I guess, or *interested*. You know, faces erect and listening and the open posture…the classroom is quiet, they're listening. Some people may be nodding, whatever in agreement or in- well it's just basically saying, Yeah, okay, I understand, or I've been through that too, or that sucks.

Mary stated it in more simple terms: "People show me they care by *being interested*...and even if you don't agree with them you're still accepting their point of view." Abby put it this way: "I recognize your beliefs; I recognize that we're different. I think that's a really big thing for demonstrating caring."

Other students provided similar statements and examples of non-verbal communication behaviors that indicate interest and engagement in what is being said. I also observed many of these in the classroom. For example:

> Positive non-verbal behaviors are observed: students are sitting forward and attentively listening to their peers and instructor during discussions. Good eye contact is maintained among group members. Initially one of the students who joined a group she did not normally belong to (because her

group members were absent) sat back and away from the table and appeared reserved. However, by the end of class, she was sitting forward, elbows on the table listening and sharing her research. (Field notes, September 14, 2007).

I made these observations during the *World Café* rounds:

Students seem excited to share their information and new information is presented and shared at each round. The students move between groups easily and do not tend to stick with base group members. The students utilize the papers on the tables to draw and take notes. Many groups create extensive concept maps that represent in a tangible way what has been discussed throughout the class time. (Field notes, September 26, 2007).

Many of the student comments also imply a sense of empathy and understanding that peers feel when sharing their experiences in the classroom. Audrey provided this example of engagement that demonstrates empathy and understanding toward her peers:

You need to be looking at the person that you're talking to and engage in what they're saying because that, like I really do care what you're saying to me…that makes it a lot easier and definitely more of a caring and relaxed environment.

Claire provided these examples of behaviors that demonstrate when someone *actually cares:*

Non-verbals that you actually care what somebody else is saying by listening and making eye contact with them, and even asking questions kind of shows that you care about what people are saying.

The concept of *respect* was identified again by many students as being an indicator of caring that is demonstrated predominantly by listening to one another. Furthermore, students also identified the important role of the instructor in developing and maintaining a respectful environment. Audrey described this in the following way:

Just to *respect* other people and listen to what they have to say. And instructors too, just to take that leadership role and say, this person has something valuable to say and this is valid and important and we need to listen to this.

A faculty member discussed the importance of listening as a way of demonstrating

respect:

> Simple listening to each other; letting that other person have a voice,
> letting them have their time, their opinions, is a way of *respecting* and
> regarding and therefore caring for each other.

Another faculty member offered this description: "when there's respect for their peers

within a safe environment then I believe you have an atmosphere of caring."

Another faculty member discussed her role in developing a respectful and caring

classroom by saying:

> *Respect* in order for communication to be safe, there has to be a *trust*
> building phase, and I think those are signs of a caring classroom design
> and that you're trying to attend to some of those characteristics that need
> to be present to make it more effective for people to communicate.

The concept of *trust* was introduced by this faculty member and although it was

not discussed specifically by students, it was implied in the statements made by Kelsey

when she discussed the important role of the instructor in cultivating and encouraging

sharing and discussion:

> I think the instructor makes a huge difference if the classroom feels like a
> caring environment or not. Just the way they interact with you and the
> way they set up the classroom, I guess. If they're really intimidating I
> think that kind of puts fear into everyone and maybe they don't feel like
> they can express themselves or learn in that environment.

A faculty member provided this all-encompassing description of the caring classroom

that includes many of the concepts and definitions that have been previously provided:

> Really being present when you're talking to someone, to look into their
> face, to be responsible for a group, to be just present in the classroom. To
> be on time, to do what you said you were going to do, to carry through,
> and to be – I guess just be *respectful* and mindful of someone's opinion
> who may grate on yours just a little, but not to close your ears; to find
> some meaning in that and just the value of – like we talk about in World

Café about having a meaningful conversations and how important that is just to learn the depth and value of good communication skills.

Students also discussed various other ways in which instructors influence the atmosphere in the classroom. Students shared how they know their instructors care for them in the classroom environment and in clinical. The core concepts that came out of this discussion included; *taking time, instructor sharing*, and *instructor flexibility*.

The students overwhelmingly found that the instructor's interactions with them significantly influenced whether they felt cared for in both the clinical setting and classroom environment. Kelsey described how a clinical instructor *took time* for her and how she perceived this as caring:

> If you need to do a dressing or something and they had extra *time* and they offer to help you with it. I think that's caring in that they see that you're struggling and they care enough to go out of their way to help you out, and I've had that happen before.

Amanda also discussed how essential it is for instructors to *take time* to provide feedback to students while in the clinical setting. The following excerpt describes experiences of instructor caring following administration of treatments and procedures in clinical:

> The instructor would say, 'How do you feel about this? ' And they would say, 'You did a really good job with this'. And they would just *take the time* to talk about what you did well, and if there was something that you had to improve upon they would be really gentle about it and not make you feel bad for maybe not doing the best thing that you could have done in that situation.

Daniel used an analogy of parenting to provide the following example that describes similar ways the instructor cares for students by *taking time* both in the classroom and clinical setting:

> Spending the *time* was, like going to classroom and walking you through everything, being there for you, I think it's one good example of how

53

much the instructors care about you. It's kind of as a parent cares for a child the parent helps the baby to take the first steps by holding his hands, so in clinical is also the time for second year, especially when we first start our clinicals, they kind of hold us with our hands and walk us through everything. So, it is like, you know, huge caring attitude from them.

The previous excerpts suggest that the instructor is instrumental in confidence building among students: the caring instructor empowers students to not only achieve but excel. One might speculate that similar experiences that resulted in non-caring interactions with instructors may damage student confidence. This will be explored and discussed in the following section of examples of non-caring experiences and interactions.

During the focus group discussion, a faculty member provided this view of timing as an essential attitude that she must remain mindful of at all times to recognize and address the needs of her students:

> Sometimes caring is based in exquisite timing and you have to value the importance of those spaces, as much as big events, as the stuff that connects them and I think that's sometimes where the caring happens…time sensitive attitude that you need to be able to be sensitive and be – this almost sounds old hippy – be fully in the moment and watch for those moments of – it's almost exquisite timing. You have to be very sensitive to what's going on and to look for those moments that reveal themselves in the spaces and be willing enough to value those that you stop and you pay attention to those.

I observed this on occasion during my participant observation when students struggled with questions related to assignments in particular.

> The students were clearly struggling with their next assignment. Many questions were fielded toward their instructors in all three sections of the course. The questions in all three classes took up significantly more time than the usual 'ten minute housekeeping'. However, each instructor took the time to thoughtfully answer the students' questions. Many of the students expressed frustration surrounding their understanding of the context and content of the assignment. The instructors provided examples of previous assignments, and encouraged the students to reflect upon the purpose of the assignment. The instructors also invited students to stop by their offices so they could discuss their specific questions in more detail. The students appeared relieved by these invitations to meet with their

instructors personally and several stated that they felt their questions had been answered. (Field notes, October 26, 2007).

These discussions lead to other discoveries about the concept of caring. Many students described situations where their instructors *took time* to check-in with students. The students viewed these check-in periods as opportunities to connect with their instructors. The instructors demonstrated caring towards the students by allowing them *time* to share and discuss how they were doing. The students felt that these experiences validated the stress they were experiencing as students and left them feeling heard and cared for. For example, Amanda said:

> I think sometimes people just do it in little ways, like if you're talking about something that's going on in your life the next week they might say, 'How's it going with this', or, 'How did things go with that'. And so then you think, 'Oh they actually remembered'. So it's just the little things that make you think that people care.

Abby described it this way:

> Just doing little check-ins in how – as an instructor that gave us a chance to debrief and everything, sorry I should have mentioned this earlier but I just remember one in the class earlier in the semester she was saying, 'Well I wanted to see how everyone's feeling', cause a lot of us were having the flu or the cold or whatever at the time and just, 'How are you feeling? How are you feeling about this semester?'.

Mary provided this example of how her instructor frequently expressed caring toward her students by demonstrating interest in what they were experiencing outside the classroom:

> She really focuses on making sure that we take care of ourselves, and that really makes us feel like she cares about what's going on in our lives more than just the academic portion of our lives…She really tries to involve what's going on in the big picture rather than specifically. So I really feel like that's caring. And also, just pulling students aside.

Amber provided these reflections of how her classroom and clinical instructors demonstrate caring toward her and her peers during times of stress throughout a semester:

She shows an interest in you and an interest in whatever the discussion of the day was. I know we talked about something last week with another instructor, she was like, 'Are you gals okay? Is this really affecting you right now? ' And don't just close their books and they're just there to do their job…little things like instructors telling you to take care of yourself and not get so stressed out about assignments that you think can be a bigger deal than they actually are. Instructors in clinical – I just feel bad, especially when they want you to have those unique experiences and they *take the time* to make sure if they have a group of seven students that everyone has a shot at something unique and fun to do, good learning experiences. And if they didn't care it would be really easy to just throw you out there kind of thing. But that doesn't usually happen.

Ashley shared this example of how instructors *took time* to convey care and concern for the well being of the students while also engaging the entire of the class in the process:

Showing support when somebody's feeling down or somebody – maybe one of the students has something going on in their lives that is affecting them in the classroom when they show up. And so really asking them…and *to take that time* to acknowledge and to be there and have the whole classroom – and those classes aren't that small. So to have everybody sit down and be there and not be afraid of sharing experiences or sharing a loss or anything, it was just overwhelming, absolutely overwhelming.

Amber provided this example of how instructors *took time* outside of class to care for their students:

She just wants you to succeed and she wants to help you in that. Just like emails from instructors. I've had them do reference letters for me and extra things to apply for scholarships and just that they're willing to spend extra time doing that and going over the top with how caring they are."

This example illustrates instructor caring towards students that is not limited to the classroom. Instructors demonstrate caring through their willingness to *take time* to meet the needs of their students, and contribute to their success. Amanda summed it up in this way: "so the instructor has to be caring in order for you to really be able to talk to them, but they also have to take the time with each individual student, I think".

Other students also provided examples of how their instructors express support towards students through demonstration of physical actions. Amanda provided the following example of how her instructor demonstrated caring support toward a struggling student by allowing her the time to share her experiences and demonstrating physical supportive actions:

> This student was talking about something and she started to cry. And then the instructor went and sat with her and gave her some Kleenex and, you know, like she didn't just brush it off or ignore it. She acknowledged it, so I think that was a good example of an instructor caring…I think the way that she cared for that particular student was by just being there beside there, and I think she had her hand on her back or something, that she was talking to the rest of us and we were still all involved in the conversation.

Claire provided this similar example of how caring is demonstrated through time and touch:

> Small physical contact like if someone wants to touch your arm or your back if you're talking about something difficult; just people actually putting things down and just looking at you and just giving you their undivided attention. I think that displays caring. And people just relating their own experiencing to help you understand that you're not the only one who's been through that kind of a situation. So people just going out of their way to acknowledge how you feel and to relate it to themselves, and then that helps form a connection.

These small acts of kindness provided evidence of instructor caring, creating a connection between the student and instructor.

Throughout the interviews and participant observation process, it became clear that students place strong value on the knowledge and expertise of their instructors. They explained that by *sharing* their stories, the instructors demonstrated caring toward them in a different way. *Sharing* of personal information individualized members of each group, creating an intimacy that was missing without it. Students began to know their instructors and peers at a deeper level. They knew of some of their joys and struggles which provided context for their interactions in class. Through their stories, the

instructors were able to tell of their real-life experiences and describe feelings to which

the students could relate. Kelsey provided the following example of a first class:

> I think it was in a class, like I wouldn't expect this in every class, but because it was our first class it was a lot of getting to know our classmates and getting to know the instructor. So she shared personal information about her family, or she used personal experiences in talking to us and appreciated our personal experiences back. And to me that just showed that she cared about what we were saying or about what we were feeling, and kind of had examples to help us through or be there for us I guess.

Claire provided this example of how instructor *sharing* helped her to relate to her

instructor as a nurse:

> Hearing their experiences and knowing a little bit about them helps you relate to them and feel like you're more in a relationship instead of they're above you and they're the instructor and that's it. But the ones that you know more about and that talk about their family and talk about things that they've done in their career makes you feel a little bit more, I guess, like them and like you can approach them.

Amber described how instructor *sharing* enhanced the development of a safe

environment in the classroom that encouraged students to share their ideas and ask

questions:

> I feel comfortable being able to ask questions, speak up among my peers and with my instructor. When instructors are willing to explain things, I don't know, maybe even be vulnerable with their stories in the classroom with past experiences, you don't feel like you're being tested all the time.

Faculty members also discussed the benefits to *sharing* personal information with

students. One faculty member responded with the following thoughts about how the ice

breaker activities during class encourage personal sharing, but also stimulate the students'

interest in the instructor:

> Those ice breakers often do that because when you give them a little bit of a picture of the sports and things that you're involved in and they, I guess, sometimes you get that expression of interest back like, Wow, you do that. [laugh] Like, Oh you have a life too.

Finally, instructor *flexibility* became a strong theme among the students'

responses regarding instructor caring. The students viewed *flexibility* as another way that

instructors demonstrated that they cared about the student as an individual, by paying

attention to their specific needs and concerns. Mary provided the following description of

instructor *flexibility*:

> Just being a little bit *flexible*, especially for important things. Like for just
> conversation it's one thing, but when there's something really the matter
> with the class or even just the life – I've noticed that some instructors are a
> lot more rigid with it and the ones that are more *flexible* seem to portray
> caring better.

Daniel discussed instructor *flexibility* as it related to school policies. He felt that although

the policy was valid and obviously there for a reason, individual situations (i.e., illness)

should be taken into consideration as well. He provided the following reflection:

> There's some instructors who sometimes bend the rules [laugh] and let
> you have things because something comes out of, you know, something
> beyond your control. That's just an excellent example of a caring attitude
> from the instructor, a caring value system from the instructor.

The instructors also discussed issues related to *flexibility* in relationship to caring.

A faculty member described how she at times feels compelled to abandon the agenda for

the day to address issues that are immobilizing her groups.

> I've put my class plan on the back burner and it's usually been something
> that's been very troublesome to students and that needed to be addressed.
> And I think that's a form of caring: being brave enough to sort of off-road
> and address what's going on because that's what we ask them to do is in
> practice is pay attention to what's being distractive for people before they
> can move on. And I think they need to see us role model that in caring
> environments.

Another faculty member discussed the complex interrelationship between *taking time* and

being *flexible* while still mindful of course requirements. She shared these thoughts

regarding how the PBL learning method allows the instructor the freedom to take a break

from the content:

> Acknowledging their stress and their time constraints and the fact that they actually have lives outside school, and the ability to be *flexible* within the constraints of assignments and all of those other things that I think that the learning method does allow for that: that you can within the constraints of the course; it can be flexible. I think it's a number of different factors: relationship building, *time*, being flexible, *creative*...ever mindful that we're mentoring all the time, that we're moving beyond what the subject is in the class, what they need to achieve in the assignments.

Another faculty member agreed when she said:

> I think we have the responsibility in the classroom to be looking at them as total holistic human beings and how they're not ready to learn that day then we have to do something that will achieve a different type of learning and value them as human beings...like the ethics dilemma again and they're just not into it today. And perhaps that's a signal for us to recognize that okay, let's not go down that path just because the discussion will not be fruitful.

During the time I spent as participant in the classes, I made the following observations of

instructor flexibility on more than one occasion:

> The discussions have been very interesting, but the students seemed restless. One of the instructors suggested the students consider media as a source of information and discussed with the students, the possibility of viewing a film or video that would supplement their learning, while still addressing the key concepts. The students had several suggestions for videos that would be relevant. As a group they made a decision and determined who would locate the video. All students appeared engaged during these discussions and seemed almost relieved to have the diversion to look forward to for next week. However, the instructor clearly stated that they would be required to link the content from the video to their current case they were discussing and a brief discussion ensued where the students determined objectives related to the video. (Field notes, October 19, 2007).

I made the following observations in another class:

> The students have been discussing interesting topics, but seem a bit bored. Attendance has been dropping off somewhat. The instructor appears to be trying to encourage the students to engage in discussions with greater

depth. One student mentioned that she had heard another class was going to be watching a video that she thought would be interesting and specifically related to the concepts they were also currently discussing. The instructor seemed pleased that the student made this suggestion and offered the class the choice whether or not to also watch the video. The class enthusiastically agreed to view the video during the following week in spite of the fact that several students had already previously viewed the video. The instructor asked if the students felt they would still gain new knowledge from a subsequent viewing, to which they agreed. (Field notes, October 22, 2007).

Flexibility was clearly valued by students and instructors alike. *Flexibility* takes *sharing* one step further; *flexibility* conveys to the student that their concerns were heard and that the instructor was willing to collaborate with the student to achieve the best possible outcome for the student, while still being mindful of the objectives of the course. *Flexibility* results from the instructor's willingness to *take time* with students, to *share* personal information and stories, and at times abandon the day's agenda in favor of discussions that meet the learning needs of the students during that particular period. This entire process requires engagement with the students in order to recognize when they require this extra time and attention. Nonetheless, students must also accomplish the course objectives and at times the instructor must push on regardless. However, the instructor must recognize and acknowledge this incongruence between students' emotional and learning needs. In these instances, the instructor demonstrates caring toward her students.

Descriptions and Experiences of Non-Caring Interactions

Although experiences of caring were most common for students, they could identify occasions when a perceived lack of caring either from students or the instructor was observed in the classroom. Much like the student's descriptions of caring interactions and experiences, the students described non-caring interactions by non-verbal and verbal

61

behaviors. Some examples the students provided were: slouching, sitting back, folding arms over chest, looking down. Other behaviors included withdrawal from or lack of communication, talking over others, side conversations and use of negative or hostile tone of voice. Kelsey provided the following example of non-caring behaviors:

> An upset tone of voice, almost bordering on – not angry, but, not distraught, but that kind of thing, and body language just kind of tries to shut everybody out like you don't really – I don't know if you don't want to be involved or what but – and the verbal and non-verbal communication is just that of withdrawal from the situation.

Audrey shared the following reflections of her experiences of non-caring in the classroom:

> People would just sit back in their chairs and lean back and cross their arms and start chewing their fingernails. And then because it was such a large group and we're all sitting at the table people would lean in front and look at the person who was talking so nobody else could see them. Just the lack of awareness about the rest of the group...closed off, you've got your arms folded, you're not looking at them, you're not – like that to me, is just like I don't care what you're saying, I don't really want to listen to you. Why are you even here kind of thing.

Amanda shared these observations:

> When they just roll their eyes or they just start looking through their papers...or they just are doing something else, whether it's doodling or they're just not paying attention, or they start talking to the person sitting next to them and it's pretty obvious that they're probably saying negative things that they don't agree with it. But instead of just listening to what that person has to say they just immediately start talking about how they don't agree with it and things like that. If I'm talking they make me feel like they don't care about what I have to say.

Tone of voice was also identified by many students and faculty members as being a powerful way to stifle conversation and discussions. *Claire* described how negative *tone of voice* left her feeling attacked: "maybe approaching things in the wrong way or being a little bit too on the attack instead of conversing with somebody." A faculty member described the effect of negative *tone of voice* in the following way: "tone of

voice even, not even just so much as what they're saying but definitely you can shut people down and send them running."

Several students also discussed how they felt disrespected by their peers when they observed students *talking over* each other or when *side conversations* occurred. Many students and faculty identified these issues as being demonstrative of a lack of respect shown towards whoever is speaking at the time. Not only what is being said, but the work and effort in preparing information is clearly devalued and disregarded during these experiences. Audrey provided the following example:

> Where people start *talking over* other people; that is one of my biggest pet peeves. I hate that because I think everybody has something valuable to say and if they're – if it's somebody that's talking just to be heard and they don't really have anything to say I still don't think it's right to talk over them.

A faculty member shared the following observations of non-caring behaviors that indicated to her a lack of caring and respect:

> Students coming in late when we have a guest speaker, or talking when the group is in a conversation, and they're checking their cell phones. Just that lack of presence or lack of respect or regard for somebody else. I equate it as lack of caring.

Amanda described an instance where her peers were involved in *side conversations* while she was presenting information she thought would be interesting and beneficial, and how she felt at the time:

> I was talking and the majority of the class was either involved in *side conversations* or they just weren't paying attention, and that really bothered me because I had put a lot of work into presenting what I had found. And just trying to make what I thought would be an interesting presentation and something that would be valuable but when people don't even pay attention it's hard for them to get anything out of what you were trying to say, and I just found it really disrespectful.

Another concept that arose out of the interview questions and participant observations involved student *preparation* for class. In PBL, it is essential that students prepare notes and resources prior to class to contribute to meaningful discussions. Many students and faculty identified a lack of *preparation* as non-caring as students were not demonstrating commitment and respect for their group members. Amanda provided these thoughts about preparation: "it's more of an uncaring environment then you feel like you're doing all the work yourself or people aren't pulling their weight."

Amber agreed and shared her reflections in the following excerpt:

> Especially in the PBL environment it's completely reliant on each one of us doing our research and coming to class with something productive to do otherwise it's just a waste of time for everyone. And it does show a lack of caring when you haven't even taken half an hour out of your week to get something ready. Otherwise yeah, it is a waste of time.

A faculty member described poor preparation for class as a lack of caring in the following way: "using a team analogy, not being part of the team or the group or coming prepared." Several of my observations made during the classes confirm the preceding statements.

> It is just about midterm and the enthusiasm and preparation for classes is waning. It is interesting that this is occurring in all three class sections. Student attendance is also an issue at this point, a few students missing throughout the class; sometimes four to six students absent! However, other students are present every week and bring with them a stack of journal articles and notes. The students that are not prepared are rather quiet and are only occasionally directly spoken to by group members who have multiple resources to discuss. (Field notes, October 24, 2007).

I made the following observations at another time:

> Now past midterm. Attendance unchanged; occasional absences in each class; however, often the same students are absent and others are never absent. Preparation remains an issue at times. However, it appears that preparation tends to become a standard for each group and once set remains the same from week to week; either all (or most) students of a particular group are consistently well prepared, or the majority of a group

64

seem frequently unprepared or poorly prepared. (Field notes, October 29, 2007).

Many students also identified the instructors as being pivotal in cultivating and maintaining a caring classroom environment. Several students described instructor behaviors they observed as non-caring. Audrey described the following classroom situations where students had become stressed and hostile toward the instructor. Audrey described how the instructor responded initially and in subsequent classes and how she felt throughout the experience:

> She kind of got worked up and stuff too and started to fly off the handle and say things that she probably wouldn't have said had she been in control of what was going on with her emotionally as well and when they start to spiral out of control or lose that edge then everything else kind of goes along with that....Afterward seemed like she just didn't care that she was even there. It was like she had to be there not even paying attention to what we're talking about you're not guiding where we're supposed to be going in this. We could be talking about nothing and would you even notice? And that wasn't very caring, I don't think, on her part just to leave us to our own devices, you know, like that....She was still sitting at the table with us but wasn't actively engaged in our discussion at all. At the beginning it was like she didn't want to share that with us and so we kind of reciprocated by not wanting to share with her, not even respecting the position that she had or anything like that. And that came out when people just started talking over her she would be explaining something or trying to give that direction and it was just completely blocked out or ignored by the other students.

Other students re-visited the concept of instructor *flexibility* that had been discussed as ways of showing caring towards students. Some students described *in-flexibility* as demonstrative of a lack of caring from instructors. Daniel provided this example in relationship to clinical absences:

> Some of the policies, like if you miss a clinical day then you, you can miss a clinical for numerous reasons, then like making you take those days again, like, but you have to write a letter to the Dean, to the Assistant Dean of Health Sciences and everything, it's just that they're teaching us to care to people, whereas is the Faculty of Health Sciences lacking that caring that they're teaching us?

Amanda described a similar situation:

> I was sick and I was in the hospital and I was unable – I had to miss clinical and I was given a one-week extension when I was released from the hospital to do two or three papers, make up all my clinical days, and I just remember crying because I felt like such a failure and I just felt like they didn't care because just because I was released didn't mean I was better, and I couldn't get it done. And so I felt like I was not cared for when that happened.

Mary shared these thoughts about instructor flexibility: "I didn't like the classes where I had a super rigid instructor because it did stress me out a lot." Amber reflected upon it this way: "maybe they just feel the need to be so textbook that they don't step out of the boundaries to make room for a caring environment."

Students clearly desire to be treated as individuals. Although policies and procedures are clearly necessary, the students expressed frustration when extenuating circumstances outside their control where dealt with in a way that did not reflect caring attention to individual circumstances.

The results of non-caring experiences among students are significant and detrimental to their learning. Claire offered these thoughts about a non-caring environment:

> Non-caring like people becoming defensive right off the bat or everybody's kind of on edge if you've got someone that isn't putting off that caring vibe.

She expanded on these thoughts further when she said:

> In a non-caring classroom you try to force things way too much and you're trying to give the answers that you think your instructor wants to hear.

Other students described a tendency to *withdraw* as a result of non-caring experiences. Mary shared how she felt in a non-caring classroom and how her tendency to withdraw influenced her learning:

This doesn't feel like an acceptable environment which kind of made everybody *withdraw* and then you don't express yourself as you should in PBL; that is really important...if they're not caring you kind of pull out of the discussions and stuff because you don't want to speak because you don't know what they're going to say and if you withdraw you're not going to get the full benefits out of the learning experience.

A faculty member supported these statements:

When they do open up and share something and either individuals or the class has really not validated what they've said or have even been condescending, and that can be very damaging, very uncaring.

Students and faculty clearly identified specific behaviors that exhibit non-caring in the classroom. Non-verbal physical behaviors as well as negative communication often result in withdrawal from engagement and participation in class discussion, thus creating a barrier to learning and connecting for students. The instructor plays a pivotal role in maintaining professional composure while managing conflict in the classroom, consequently role modeling positive caring behaviors and facilitating development of a supportive and caring classroom.

Learned Caring

When asked whether caring can be learned, the students held two perspectives: they felt they could learn *about* caring, but that this learning in essence contributed to the enhancement and development of their current inherent caring *way of being*. Kelsey described it in the following way:

I don't know if caring is something you can actually be taught. It's just experiences in life or ways you handle situations that make you act caring. I don't know if I could say that the specific classroom setting or caring experience has made me more caring or less caring, but I think it develops your person as a whole. Maybe it can expand who you are. Like maybe the classroom setting or the environment that you're in can make you a *more* caring person, but I don't think you can be taught *how* to be caring.

Amanda voiced similar thoughts about her views of an inherent way of *being* caring and the ways in which it can be enhanced and further developed through learning *about* caring.

> I think you kind of learn about it in school, but I think it's more about the inner quality that you have and I think that it's probably something that brought you into wanting to go to school to be a nurse to begin with. You can learn to be caring, I think, through experiences where maybe you reflect on it later and you think, Oh I was in a hurry and so I was in a rush with my patient and I should have done it a different way. I think that's how you can learn about caring, but I think it's something that you just possess inside of you.

Ashley described how learning *about* caring fostered development of caring traits she possessed before becoming a nurse:

> I honestly think that it's in us before we even enter the program. It's just – everybody that we might encounter: instructors, other students, the nurses that we see on the units, the physicians, anybody, the patients that we care for and take care of, it influences us the whole way. So it develops what we already have inside of us, in my opinion...how we were brought up has a big influence on that. And then what we learn about it in classes and how we take it into the clinical setting, and then how our instructors demonstrate it, how the nurses demonstrate it, it's genuine. It's unique to each person. It really is. Even though we might be similar it's never the same. It's like a fingerprint.

In this short excerpt, Ashley touched on many of the core concepts regarding learned caring that were raised by other students. She identified interactions with peers, instructors, patients and other members of the health care team. She discussed the influence of classroom learning on clinical practice and reiterated the common thread of instructor role modelling as an essential element to learning *about* nurse caring: all of which contribute to the personal development of her already inherent caring personality. Her peers provided further examples that illustrate and support her conclusions.

Several students identified classroom learning that specifically enhanced their understanding of nurse caring. Claire described how learning about therapeutic

communication nurtured her ability to develop respectful, non-judgemental relationships

and thereby portray caring. However, she clearly stated that although the skills she

learned have contributed to her caring way of being, they did not make her more caring:

> If there is one thing that's learned about caring, it is learning to respect other people's opinions because I guess in health care you have all different kinds of beliefs and values related to people's health. I guess you could say that with therapeutic communication you're being more caring but that's just, I guess, a skill that you can *show* you're caring. Not necessarily somebody who has really good therapeutic communication is a caring person, but I think you can learn how to use that and how to portray it more....I guess, how you give care to somebody else without being judgmental because you kind of get those things ironed out in class and you learn your own reservations and your own judgments and that kind of thing, and then you're able to do it better the second time around or – yeah, it's like more of a practice in class where you can be completely honest.

Mary provided this explanation:

> Aspects of caring, like therapeutic communication. It's the way you *show* that you care through learning how to communicate with people properly and not being judgmental and that kind of thing. And also, just aspects of, you know, how to show empathy, how to be assertive, things like that are all ways that you can care for somebody if something's going on. So I think the theory behind caring is important to the practice.

The preceeding statements provided by Claire and Mary clearly articluate their views that

caring activities and techniques they learn about enables them to demonstrate caring more

effectively.

Some students discussed how learning about theories contributed to their body of

knowledge surrounding nurse caring. Daniel explained how learning about nursing

theories strengthened his ways of *being* caring:

> I learned it from my classes about the theories. I think it was Virginia Henderson, I don't know, one of the nurse theorists, whose theories would back up, that would frame up your value system, your belief system, your attitudes. You know what I mean? Caring is something that you can learn and there's no stopping for it, there's no end for caring. You can go as maximum as you can, so all those things, they kind of give you the

foundation, the framework for what you do at clinical. If I didn't have that theory background then I would think oh yeah, I wouldn't change that diaper for a million bucks. I'd quit nursing. But those theories get me on the inside and I started saying, Oh, okay, finally there was a reward there, a big reward, a human kind of reward; something that money can't buy, and that is, I think, an idea of caring and it's the essence of nursing. Yeah, and we know all the things from our classes and we implement them in clinicals and they kind of help us to build on those things and help us be a better person. And achieve our goals.

Other students described a link between learning about caring in the classroom and the clinical setting. Many students identified activities and theories that provided a foundational body of knowledge about nurse caring that expanded upon their ways of being caring in their clinical practice. Mary framed her view of the art of *being* caring and science of *doing* learned caring in the following way:

I think you learn about caring through the first couple of years, like just getting the feel for working with new patients, being able to care and do things at the same time. You first have to learn the techniques before you can really show you care and do the techniques at the same time, so I think you learn about caring in clinical the first couple years but I don't think you can really say that you've learned about caring until you're in the clinical situation and doing it.

Daniel shared the following similar thoughts:

I learned a lot about caring, like even from my day-to-day activities and everything. But the classroom discussions opens your eyes, the clinical experience would just help you implement what you've learned in class, so it's kind of like a closed circle kind of thing that always fits back on each other. So yeah, I've learned about it in class, first year as I told you, then we went for our clinical experience.

Ashley put it this way:

We may learn some theory in class but to actually demonstrate it, I think it's more pronounced in our clinical settings, so maybe more so in the way we're taking care of our patients and demonstrating a genuine care to – not just care for them systematically but also care about their needs, their family, maybe the issues or problems that they're going through.

The role of the instructor was discussed as well. Students look to their instructors as role models for caring ways of being: they learn how to *be* caring from the examples their instructors provide. Daniel said:

> The instructors should be the ones to be our role models to show us what caring is: something that you learn, something that you can develop and grow. You kind of have to learn that thing from our instructors.

It is important to point out that several students also identified how they learned to *not* be caring, through examples of negative *role modelling*. Abbey shared these thoughts:

> I learned a lot about it (caring) in clinical and some of it wasn't good. Working with nurses that didn't want to be there, the crabby ones that didn't care about their patients. That is not caring. That is not the kind of nurse I want to be.

Ashley discussed how negative experiences influence the world view of the nurse and her desire to disassociate from those views:

> I know I've felt ashamed because that person is more than likely going to go home and say, 'Oh those damn nurses on Unit X they were so mean!' And that's going to spread to your whole ideations of what a nurse is, right? Oh, I'm not part of that group!

The students described the ways they learned about caring. Their learning confirmed and validated their inherent ways of being caring and cultivated their growing body of knowledge about nurse caring specifically. This knowledge was theoretical and skills-based. They learned about nursing theories and therapeutic communication that provided a context for nursing care. Their learning that was skills-based provided a link between the class room and clinical setting. However, they also discussed how they learned *not* to practice caring from those nurses that they viewed as burned out. These discussions reinforce the students earlier assertions about the importance of maintaining self-care to provide care to others, or as Audrey so simply put it: "caring for yourself so that you can care for other people."

The Influence of PBL on the Development of Caring Experiences

The students discussed their views about PBL. From these discussions, three core

concepts emerged; the relationship between the PBL method and development of caring

relationships, group size, and the role of the instructor.

The students spoke about their experiences with PBL. They described their

impressions about how PBL influences classroom interactions and discussions and the

relationship between PBL and the development of caring relationships. Daniel suggested:

> To a certain degree PBL kind of introduces the idea of caring into the
> student…like letting other people share their ideas freely, so all those
> things are part of being accepting of each other.

Audrey provided these thoughts:

> It gives you different skills or different things to try…by interacting with
> other people it gives you the opportunity to, interact with somebody
> else…you develop that mutual respect for each other and that you kind of
> can see where the other person's coming from because you spent time
> talking to them and sharing opinions or sharing knowledge or whatever,
> and so you get to know them differently.

Mary shared similar sentiments:

> Through PBL – it's really different because you're always talking with
> people and I think the whole caring aspects really comes out through PBL
> by just showing that you care by, you know, like letting people give you
> their experiences, asking people about their experiences.

Trust and *respect* were concepts discussed earlier as essential components of the caring

classroom. Claire offered the following reflections when asked to share her thoughts

about whether PBL had contributed to development of caring relationships during her

experience as a NESA student:

> I think the PBL stuff does – just because you have more chance to interact
> with each other I think that develops a better *trusting* and caring
> relationship between you and your instructor and your peers instead of just

having somebody stand at the front of the classroom cause that's pretty intimidating.

A faculty member conveyed similar ideas:

> I think that again, the *respect* and the building of relationships was there and it allowed – it's an odd word but permission seemed to be given that each person was an individual and that they had different learning styles. And I think PBL allows for that too. And it's a safer environment then for learning generally; it's enhanced.

A faculty member expanded on these ideas when she discussed caring as a thread that is woven throughout the curriculum. She asserts that PBL as a process best allows for continuation and emphasis on caring as a core curricular theme:

> I think it's threaded right through everything that we do too. Its not just, okay today's topic is caring about our peers. It's all the way threaded through everything that they're learning. They're bringing it in. So I think that that's something that within the cooperative and PBL processes you get, whereas with just a strict lecture-based, large class setting you're not going to get that at all cause you're here, you learn, that's it, see you later. But I think definitely all these collaborative, cooperative learning it's an example setting and it's a process like you guys said, it just kind of gets threaded through and we talk about themes for our curriculum as far as threading this theme through whatever course it is and that's the same kind of thing.

Another faculty member's comments provide support for previously presented student views that instructor *flexibility* is a way of demonstrating caring and articulate how the PBL method allows instructors freedom to exercise this *flexibility* in response to student learning needs:

> It's a relationship building process. When you think about a PBL learning environment the method that allows, if you will, for open discussion whether it's useful to move out of the context of the information that's actually on the agenda so to speak there are times that its extremely fruitful, the discussions.

Group size was another factor that influenced the development of caring relationships in the classroom. Students provided overwhelming support for smaller

groups. Groups of four to six students were viewed as optimal as this size required all

students to contribute and prepare appropriately and resulted in greater member

accountability. This also allowed for each student to speak up and share their ideas,

especially the quiet, shy students who did not tend to contribute to discussions in large

groups. Lecture-based learning was also compared to PBL and these discussions led to

other discoveries about the benefits of PBL. For example, several students revealed that

smaller classes which are a feature of the PBL method allowed them to know each other

and their instructors more intimately, therefore contributing to the development of caring

relationships and experiences of caring. Amy provided the following examples:

> I think they set up a very clear basis in first year of developing on caring
> and stuff like that because they encourage you to get to know the people
> you're in a class with. It's not like – I actually went to school in X
> (another city) for two years before I came here and I was at the U of X,
> and those classes, nobody cares. The instructors don't care, you're with
> 400 people, it's lecture, it's – you have to do well for yourself and they're
> not going to pick you out of 400 people to care about you, you know,
> whereas I think with this program with the smaller class size and with the
> instructors actually – that was a big thing for me when I came here was the
> instructors would know my name. And I know it's really little but it's a
> huge thing for even just building that rapport with people and caring about
> them enough to know their name when they have 50 students or whoever.
> And, PBL, I think it's really good for that. I think it does build on – it
> gives you the background to be able to make relationships and to be able
> to provide for yourself but also know that there are supports out there for
> you and stuff. And I think the class size is really good. I really like this
> year how they have the smaller groups. We've mostly done where the
> groups have been – last year I think it was maybe 20 people and you all
> talked about the same thing in the big group for the whole three hours, and
> it was the same the year before. And that, I found, really – you just almost
> – there's quieter people and there's louder people and everybody kind of
> takes their role at the beginning and it doesn't really change. Whereas with
> the smaller groups you can build a little bit of a relationship with
> everybody instead of just kind of being there. I don't know, but I think that
> for nursing *this learning method is really good to encourage caring
> among people*.

Amber shared similar impressions when she stated:

> We have the opportunity to have smaller classrooms and smaller groups and you would never get that if you were walking into U-Hall into a class of 200 students where the person doesn't even know your name. You're just a number. It's a pretty good opportunity.

Audrey shared her ideas about small PBL groups and the World Café process:

> If you have smaller groups in your classes you for sure get opportunity to know people differently and so that unites you as a group. This is information that only this group knows or these are experiences that this group has shared and you don't share that with anybody else, and so you kind of, you know, there's this invisible bond between the group of you because of those experiences that you've shared…I think with the World Café you have more of an opportunity to listen to what the other people are saying; you actually can collectively get that information and you take the time and I think like the smaller groups, like with world café or even in second year we had really small PBL groups, and that really helped to create opportunities for caring.

Audrey's statements clearly articulate the importance of developing *trust* and *respect* among group members and how small group size supports this. In addition, student accountability and preparation was frequently discussed among the students. Lack of preparation and research was discussed in the previous section as a way of demonstrating a lack of caring. Conversely, responsible workload sharing demonstrates caring and respect for one's peers. The students found small groups most beneficial to development of accountability among group members. Amanda conveyed these points in the following statements:

> It's easy for one person to two people to get away with not doing their work because the other people will tend to dominate the conversation and be able to share what they've learned, and then one or two people that perhaps don't put as much effort or haven't even prepared for class at all can get away with it because they can just get lost. When there are four people it's a lot easier to be accountable.

The *role of the instructor* was discussed frequently among students and faculty members again as being fundamental in the success of the PBL process. The students look to their instructors for guidance and role modeling and place tremendous

responsibility on the instructor to shape the overall atmosphere of the class. Amber

shared her thoughts regarding the role of the instructor:

> I think instructors have a greater opportunity with PBL to demonstrate caring. With lecture based it's pretty easy to just be pretty textbook and do your lectures, have your material, write some tests, and it's pretty black and white...But in PBL you – it's almost like their personality can kind of shape the class environment and shapes the way you go with that class…depending on the instructors style of teaching and maybe their ability to make sure that you've got the material that you need to know.

Amy shared similar thoughts about the instructor's personality and style of teaching when

she said:

> When you have different icebreakers or whatever you're doing, different group discussion gets people a little more active, involved, sharing their own personal experiences and then you get to know them a little faster. So I guess personality would be the big thing but then the activities within the class as well.

A faculty member shared similar thoughts regarding their responsibility to the students as

facilitator of a caring classroom environment: "that speaks to the sensitivity of tutors to

try to address the dynamics in the classroom and build an opportunity for bonding and

relationships and to communication."

These statements regarding instructor awareness and attentiveness to the needs of

the students are further supported by the following example that Claire shared:

> I think I've had one instructor all through my last year who understood that we were having problems with the PBL process and knowing what we actually learned, and she cared enough to kind of revamp how she instructed class or was the professor for the class. She kind of balanced it between us doing our own work and her providing some knowledge as well, and just doing that based on the concerns we were having. And she cared enough about our common goal or whatever to kind of adapt her teaching plan to how we were.

Nonetheless, the responsibility to facilitate a safe and caring learning environment must

not fall solely on the instructor; the students must also be responsible and accountable to

further cultivate and develop the classroom atmosphere. Audrey spoke to this in her following statement: "you create an opportunity to teach caring, but you also create an opportunity for people to ignore that."

Daniel's following statement provides additional support to the notion that the students must also accept responsibility in nurturing the learning environment: "PBL can give you the seed so that you can just take them home, sow them and harvest them."

The students and faculty members discussed the many ways that PBL contributes to the development of caring in the classroom. Concepts of *trust* and *respect* as well as *instructor flexibility* were again raised during discussions with students and faculty. Small group size was strongly viewed as being most beneficial in development of caring classrooms. The instructor's important role as facilitator and role model was again discussed as was their attentiveness and flexibility in meeting student needs.

The Influence of Caring on the Educational Experience

Faculty and students discussed the many ways the experiences of caring positively affect the educational experience for students. The three core concepts that emerged from these discussions were related to *academic success, clinical experiences* and *stress*. The students also discussed similarities and differences in the impact of caring when experienced from peers and instructors.

Academic Success. Caring in the classroom had a profound effect upon the overall educational experience of the students. Overall students felt cared for throughout their nursing program. Experiences of caring in the classroom provided a foundation for caring in professional practice. Amber put it the following way:

> Caring is so essential in nursing and to experience it in the classroom is
> completely important because this is our starting ground to our whole

career. So if you've experienced it well then I think you're setting yourself up.

Kelsey offered her perspective:

> I think in nursing in general a lot of the instructors care about us in general. Like, they want us to do well and they're excited that we are taking on a profession that they feel so strongly and that they're teaching. And I think they really foster that caring attitude. Like, they really, genuinely do care about how well you do on your papers and they show that by offering assistance and stuff like that. I, honestly, I've been really lucky with my instructors. I've had great instructors the whole way through, and I think, I've felt I guess, at least like they've all cared to a certain degree. In first year I had one instructor and it was my very first nursing class, very first anything, and she was fantastic and made everybody feel like they mattered in the class, and wanted us to do well. And I think that's a huge part of caring.

The students frequently expressed the desire to work harder in classes that they felt cared for. Furthermore, they felt that these experiences of caring *inspired* hard work and *group unity*. Amber shared her thoughts about the value of instructor caring:

> I think it's really important because I feel like I'm kind of here because I just want to do well in my own way but having someone there guiding you, they think kind of like they kind of *inspire* you to be better in nursing or in your life .

Kelsey stated these thoughts about *group unity*:

> I think the class just kind of feels more *united*, like you don't feel like you're going to class not knowing anybody. You feel like you have an ally in the class or that somebody in the class cares about you. I don't know, some of the best friends I've made are from that class.

The students described commitment to *common goal*s they shared with their peers. Claire explained this commitment:

> Your peers are kind of all going towards a *common goal* and you're each helping each other get to that point and having it be somewhere that you can say whatever you want and have that be okay, or approach whoever you want, having your instructor being there and being available and answering questions.

Audrey shared similar ideas about how caring from her instructor and peers influenced

her commitment to the common group goals and development of fellow group members:

> You get closer with the people in your group so you do get more concerned about their learning as well as your own. And so you're more likely to engage in what they're saying. I think in the classes that I have felt the most validated and the most engaged and the most appreciated I guess you're more likely to put that much more in and then you get that much more out. I think caring is very important for that because you need to recognize that your instructor cares about your learning, that she cares about who you are as a person in your own personal development as a professional, and that your peers care about your development as well as their own.

In addition, once students have developed committed, tight knit groups, learning

is further enhanced as the students then feel safe to *take risks*, sharing their thoughts, and

asking questions. Amy shared these thoughts:

> It inspires hard work and dedication and that drive to go further to study and research further I guess. When caring is communicated through the instructor that they're sympathetic or what not to what we're doing, what we're researching, what we've gone through, it facilitates more of a *safer* comfort, a more comfortable type of environment and just a little more commitment to the class I think. If the instructor cares about what you're doing…and share their experiences with us, then there's that supportive environment where everyone's listening and sympathetic to maybe their experiences. That kind of facilitates more of a tight knit group, and so – and it kind of *inspires* some passion in as far as the profession goes and kind of gets you right there. You want to continue on and pursue the profession and, you know, have experiences like that as well.

Amber conveyed similar thoughts when she said: "in a caring environment you're going

to be more willing to ask questions and more willing to *take risks* probably in the end

because you had felt cared for."

Amanda described how caring affected her *confidence* and willingness to share

her ideas in the classroom:

> When you experience the caring it helps you to be more *confident* in sharing in class and more *confident* just in your abilities, and I think that it

has a positive effect on your self-esteem because you feel like people are caring about you.

Claire also stated that learning is optimized when a safe caring environment fosters confidence:

In a caring one (classroom) you feel more comfortable to say what you want and that's where most learning happens, I think, is when you're comfortable to share your experiences.

Mary expressed similar thoughts about how a safe, caring relationship with the instructor enhances learning:

You feel more comfortable to go and talk to them so you're going to learn more because they're willing to talk to you…and about other things, and even about just issues with topics that are going on, and good places to look for information and stuff. So it is important because it does make you more involved in the class and want to be more involved.

A faculty member shared similar conclusions:

It just kind of opens up the doors of communication that everybody feels a little more comfortable sharing and caring about how we're feeling and when they've felt cared for, they feel safe when they *take risks* that they are acknowledged, supported, things like that. I think I've seen that many times.

This same faculty member shared the following result of non-caring, when students are not left feeling safe to share and contribute to discussions: "when students feel nervous about broaching something they do and it's sort of not supported and it usually shuts discussion (of whatever that topic) was down pretty quick." Several students also shared experiences when non-caring was evident. Amanda offered the following thoughts:

I think if it's a caring environment it helps your learning a lot because you can rely on other people if you feel like they care about you and you care about them…certain classes are more caring than others, and the ones that aren't so caring are the ones where I feel like I'm not getting as much out of the class.

Ashley described her reaction to an instructor that she perceives as non-caring:

If your instructor doesn't care about what's going on or whatever it just puts a negative spin to the whole class and it's like I don't want to be here. I don't look up to this person, I don't respect this person. And for us, and I think for nurses in general, we do look up to each other. Well I know I do. I look up to my instructors, I look up to the older nurses or even younger nurses or whatever if they're somebody who I can learn from or gain experience from, all that kind of stuff. So if you don't have that then you're going to lose that and you're not going to *respect* that person.

Amber shared similar impressions of the resulting lack of interest and motivation in one's work when left feeling un-cared for:

A lack of caring in their assignments or their productivity in that class. They don't feel like they're being cared for then they don't care so much about how they're doing in that certain class.

Ashley described how a lack of *respect* toward the instructor negatively influenced her motivation and therefore her learning in the class:

If I see the lack of caring in somebody it's like, hmm, well I don't really feel like trying or putting my full potential into that class or assignment or whatever the case may be, right? I'm going to probably complain to another student, I'm going to let it manifest, I'm not going to take care of it, I'm just going to dwell on it probably, which is – if you did have somebody who was caring and you could maybe feel like you can approach that person things are going to get resolved a lot quicker. Otherwise, yeah, if you don't feel that connection or even feel that care or concern or anything you're not going to want to go talk to them.

Respect again surfaced throughout these discussions as a concept that is essential in building caring relationships. In addition, reciprocity was also implied in many of the discussions. The students stated that when they felt respected and cared for, they felt responsible to reciprocate that care. Kelsey provided the following explanation:

I think in life in general you strive to, not impress people but you want to live up to certain expectations, and when people care about you they set those expectations for you, so you want the best for yourself because somebody else does as well. Yeah, I would say I do better if I have a caring instructor. Otherwise I don't really care too much.

Daniel expressed a similar response:

If a person is caring towards to me then I'll try to do my best and make that – that's my own way of doing things. I don't want to let that person down because that person has a huge – they have a responsibility, I have a responsibility. So if that person is caring towards me then I have to pay off by being responsible and doing things for the person.

Claire stated: "showing mutual *respect* for each other and care for each other makes it easier to do the work – you want to do more work…you want to learn." Abby put it this way: "if they show any type of care, that they're interested and that I'm learning, I'm going to show a lot more energy." Amber expressed similar ideas:

You just want to achieve, you want to, I don't know, show them that you care enough to do well; that you actually care about doing well in this class and doing well. It's almost like you're doing well for them even though its just school but it's like for that specific person if they show you enough care.

It is clear from the preceding excerpts, that the reciprocal relationship and bond between the student and the instructor increases their desire to apply themselves and work harder. In turn, learning is enhanced and personal motivation is strengthened along with the bond that develops between instructor and student.

Link to Clinical Caring. The personal relationship with the clinical instructor significantly impacts the clinical experience. The results of experiences of caring in the clinical setting are similar to many of the experiences in the classroom setting; students who experience caring from their clinical instructors are more comfortable taking risks and asking questions, work harder, and the overall clinical experience is viewed more favorably. Kelsey provided this example:

Even in my clinical I work harder for people who expect more of me and I think by caring for a person you expect more of them. I think it's really important. [laugh] Some people might not but I know, like when I did my med/surg rotation I had both of my instructors on medicine and surgery expected you to know a lot, and you did. You had to. And then you have another instructor who doesn't really expect that, and they probably still

care for you, but it's almost like they don't care if you meet those expectation because they're not setting them that high for you. And I think it's a really important, important role.

Amanda discussed how clinical experiences of caring contributed to her interest in the clinical area:

> I had one instructor for my surgical rotation and my medical one that, I think for me were the most caring. And I don't know if that's what has led me to be more interested in that area of nursing, I don't know if it's correlated because I had such a good experience with them, but you could just see by their eyes that they cared and they would take an interest in what you had to say…so I feel in those clinicals that I learned the most out of those ones as well.

Claire also discussed how learning was enhanced in the clinical setting when the instructor cared and the learning environment is therefore a *safe* one:

> I think it just helps to know that you're in a *safe*, caring place that you can kind of say what you want and present things how you want does…in clinical especially because that's somewhere that we're not comfortable with anyway. But if you have somebody that's being caring and being supportive and understanding that you have things to learn and you want to learn them it makes the learning so much easier.

Amanda shared the following: "when an instructor acknowledges that you're scared or can see that and then acknowledges it to you then it just makes you feel like you're more supported and not alone."

   Role modeling was a concept that was discussed again, this time in relationship to the impact it has on the overall clinical experience. For example, Daniel stated: "So the instructor has that huge responsibility of being the *role model* for the students." Amanda said: "I think that's part of their job; if they want us to be caring professionals then they have to display that themselves." Mary discussed an experience with a specific instructor that she viewed as a caring *role model* for her practice:

> To really see it in practice; and I think that her caring aspect really showed me that, wow, she cared for students. And I was like, she's a really caring nurse or she's a really good nurse; I want to be like her…that is the way that you should be caring for your patients. So just *role modeling* I think is the big thing.

A faculty member shared her view of how positive *role modeling* influences future practice of her students while also demonstrating a sense of responsibility to *role model*: "I really feel that then they have a better opportunity to leave this campus and mirror those behaviors toward another person."

The students also articulated how peer caring and support influences the overall clinical experience. Amber provided the following description:

> I think it's a different kind of caring. It's almost like camaraderie between peers and you get caring, but more like an inspiring kind of caring when it's an instructor role because, yeah, it's just a different relationship so it's completely different.

Amy said:

> I guess in clinical, you know, you do those stupid flubs as a nursing student and you go and cry in the bathroom and someone will make sure you're okay, or if you've been sick and you go out to the bathroom or something.

Kelsey discussed the results of different group dynamics in the clinical setting and how both peer and instructor caring are valued and necessary for successful experiences:

> If you're in a clinical group and you feel like maybe your peers don't care about you and you're the outsider, you might feel segregated against or ganged up on, and I think you would have a harder time maybe coping with the new situations you find on clinical. I don't think you could just have your instructor caring about you and still do well. I think you'd have to have some peer support, especially in the clinical. Maybe not so much in the – well, maybe in the classroom too just because, like the whole ganged up on thing and stuff like that, but I think it would be really hard too if you just had peer support and no instructor support because ultimately they're the ones who grade you and pass or fail you and see potential in you. So I think it has to be a bit of mix.

Both peer and instructor caring are valued in the clinical setting. Students provide

support for each other and look to their instructors as *role models* who demonstrate how

to *be* a nurse. Creation of *safe* caring learning environment is again essential for students

to ask questions and take risks and is the responsibility of both students and the

instructor.

Ability to Cope with Stress. Life stress, personal and work commitments, and

other courses were sources of pressure and strain for the students. Although instructor

acknowledgement of their personal situations did not necessarily change their

circumstances, simply being heard positively influenced their ability to cope. For

example, Amy stated:

> When they (the instructor) realize that there are other things going on in
> life and the stresses of other courses and what not and then they allow for
> leeway or what not that does help with stress.

Kelsey shared her perspective:

> If you had a problem and you could talk to the instructor about it and felt
> like they cared then maybe that would be the end of it and it wouldn't lead
> to a stressor in your life whereas if something is bothering you or stressing
> you out and you feel like you can't approach the instructor, that they don't
> care, I think that would affect your at home life and your stress level.

Daniel described his experiences when discussing personal issues with instructors:

> If there is a common understanding between the student and their
> instructor then one aspect of the stress is being reduced to a fair level.
> Then we can work towards achieving the better goal, so yes, it's an
> important thing, instructors being caring towards my stress level.

Amanda discussed how she felt when able to open up with her instructors:

> I think if it's a caring environment it helps your stress level a lot because
> you can rely on other people if you feel like they care about you and you
> care about them…when you experience caring, then it decreases your
> stress because you've been able to maybe talk about something difficult.

She goes on to discuss how learning to share and discuss her feelings contributes to the development of *self-care* practices:

> I think overall if there's caring then overall your experience will be more positive, so I think when you look at the big picture it does matter. And I think that hopefully that would maybe impact you when you're done in being able to prevent burn out and *self-care* because if you're used to being able to talk to people and people that care about you and care about what you have to say, then when you're done school it'll be easier to do the same thing.

A faculty member shared students' response to stress during busy times of the semester, and how the instructor can make a difference:

> When students are feeling really pressured, it's that time of year where all the assignments are piling up, taking that little bit of extra time to allow them to share with each other, to support each other, that makes a big difference I think. And then they're learning that they're real people, how they feel about what's going on and their life counts as part of their learning. It will either enable or make it more difficult for them to be present today. They're sometimes just saying, I'm going to have a hard time because this has happened in my life so I'm not quite there today. And they can be honest.

Throughout their academic careers, students may experience frequent bouts of stress and anxiety. They desire the ability to seek out support from their colleagues and peers. Consequently, they could benefit from learning to do this first with their nursing instructors.

An Outlier

Not all the students agreed that caring was the core value in their learning. In fact, Amy found that the value placed on caring and development of relationships between students and faculty at times became a deterrent to her learning. Although she agreed that instructor caring contributed to the development of a safe learning environment, she worried that the focus on process was at the expense of contextual learning and that her

preparation for graduation had been compromised. Nonetheless, she agreed that PBL did

indeed contribute to the development of caring relationships in the classroom but at times

she felt that student concerns regarding the PBL process and method were not adequately

addressed; thus, leaving students feeling un-cared for. Her following statements illustrate

her argument:

> The caring attitude with instructors has been communicated quite
> obviously, but does it always have to be about feelings? That's kind of
> how I feel sometimes. I realize that they care but I just want to learn right
> now, sometimes I don't want to divulge my life troubles and worries and
> what not with my instructor. Sometimes I crave that professional
> interaction that other programs and courses and lecture based may have
> provided....the enthrallment that instructors have with problem-based
> learning and the fact that there may have been a lot of frustration from the
> students concerning this learning process, and the lack of
> acknowledgement from the instructors that sometimes that learning
> process doesn't work.

While her statements were clearly uncommon findings of the study, they should

not be ignored. Rather, her insights must be valued as legitimate observations and

experiences. It is important to reflect upon her statements and consider that other students

may share her opinion, but did not volunteer to be interviewed. While faculty may be

confident in the curriculum and method, they must be cognizant of the challenge it

presents to students who enter post-secondary education with little educational

experience beyond the didactic classroom. Students educated in traditional methods may

be unaccustomed to the active adult-learning role required in the PBL classroom.

Therefore, the role of the instructor is again vital in demonstrating care and concern for

the students by addressing their fears and anxiety related to the learning method, while

still holding true to the core values of the curriculum. Nonetheless, faculty must also

recognize that while PBL may be the chosen method of curriculum delivery, it may not

be the best method of learning for all students and may in turn present challenges and increased stress among students who struggle with the PBL model.

Summary

Amber asserted: "It probably makes you a better nurse when someone's caring." Instructor and peer caring clearly influence the educational experience. The students repeatedly stated that they were *inspired* and motivated to work harder for caring instructors. They look up to their instructors and expect them to *role model* caring behaviors, from which they model their own practice. Peer support is also valued and contributes to the development of tight-knit groups in a *safe* and comfortable learning environment in both the classroom and clinical settings. Experiences of caring also improved the students' ability to cope with stress as they felt acknowledged and supported. Again, feeling *safe* to talk with their instructors both in the classroom or clinical setting enhanced their ability to cope with stress.

This research study was founded on the following four assumptions; (1) humanistic theory places value in the development of authentic relationships and interactions between teacher and student (Basuray, 1993; Bevis & Watson, 2000; Gillespie, 2002); (2) "Building better human relationships lies at the basis of quality education, mental health, and happiness in general" (Wubbolding, 2005, p. 43); (3) Caring, described as the essence of nursing, although in part instinctive, is a behavior that can be taught and learned, first experienced in the classroom among students and between students and faculty (Bankert & Kozel, 2005; Beck, 2001; Pang & Thomas-Wong, 1998; Paterson & Crawford 1994; Sadler, 2003; Scotto, 2003; Watson, 1988; Woodward, 2003); (4) The nature of small group PBL tutorials enhances development of a learning

environment most conducive to development of authentic interpersonal relationships (Bankert & Kozel, 2003; Brandon & Majumdar, 1997; Bruhn, 1997).

Six common thematic domains emerged from the data and were threaded throughout; (1) definitions of caring, (2) descriptions and experiences of caring interactions, (3) descriptions and experiences of non-caring interactions, (4) the influence of the PBL environment on the development of caring experiences, (5) learned caring, (6) the influence of caring on the educational experience. To further make sense of the rich and complex data, the next step in the analysis process allowed for generalizations of themes into constructs that linked common concepts and interrelated themes to further explain and describe the observations made throughout this ethnographic research project. This process revealed five constructs (1) the caring art of nursing in large part is a way of *being* in the world, an attitude that is inherent in the personality; (2) the caring science of nurse *doing* can indeed be taught and learned; (3) non-caring behaviors, experiences and relationships negatively impact the learning environment and therefore the learning outcomes for students; (4) the PBL method cultivates a safe and caring learning environment; (5) caring is valued by students and significantly impacts their educational experience, including learning outcomes, clinical experiences and their ability to cope with stress. These five constructs provide clear implications for nursing as a profession in all realms, including nursing education, nursing practice and nursing research which will be discussed in the following chapter.

CHAPTER FIVE: DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

"What lies behind us and what lies before us are tiny matters,

compared to what lies within us."

(Ralph Waldo Emerson, n.d.)

The purpose of this study was to describe and understand student perceptions and experiences of caring and non-caring interactions, and how these interactions influence their academic success, clinical experiences and ability to cope with stress. In addition, students and faculty were asked to reflect upon the caring nature of the classroom and how the PBL method of teaching and learning in the NESA program influenced development of a culture of caring in the classroom. This chapter includes discussions and implications from the findings in the areas of nursing education, nursing research and nursing practice.

Discussion of Findings

The purpose of the study was to understand the value and meaning of caring from the student perspective. Faculty members were also invited to share their impressions and experiences to provide an additional perspective to the data, thereby contributing to its richness. Through the inductive process of data analysis, six thematic domains were revealed, from which five constructs emerged. The constructs were: (1) the caring art of nursing in large part is a way of *being* in the world, an attitude that is inherent in the personality; (2) the caring science of nurse *doing* can indeed be taught and learned; (3) non-caring behaviors, experiences and relationships negatively impact the learning environment and therefore the learning outcomes for students; (4) the PBL method cultivates a safe and caring learning environment; (5) caring is valued by students and

significantly impacts their educational experience, including learning outcomes, clinical experiences and their ability to cope with stress.

The students and faculty provided similar definitions of nurse caring. Both groups of participants predominantly view caring as an inherent *way of being* in the world. Caring is viewed both as an attitude and value system that guides and motivates their relationships with others. Many other nurse scholars share similar views of nurse caring as an authentic way of being; a value or attitude that creates intention, commitment and motivation to engage with another person (Boykin & Schoenhofer, 1993; Mayerhoff, 1971; Roach, 1992; Watson, 1988). Consequently, other nurse researchers assert that faculty and students alike believe that nursing as a caring profession naturally attracts individuals, both male and female, with an affinity for caring (Dillon & Stines, 1996; Grady, Stewardson & Hall, 2008).

In regards to learned caring, the study participants concluded that the science of nurse caring indeed can be taught. Student participants indicated that they primarily learned about nurse caring through theoretical care theories and instructor role modeling. However, they clearly indicated that this learned caring was in relationship to the skills and tasks of nursing caring as *doing*, which differ from nurse caring as a way of *being*.

Hence, caring as the central core value of nursing education creates the foundation that guides the delivery of sound patient-directed nursing care (Cook, & Cullen, 2003; Higgins, 1996). The role of the instructor becomes increasingly important as students learn to internalize caring as a value system that is inseparable from the tasks of nurse doing. Role modeling provides the students with an example to follow; by sharing experiences and demonstrating skill and proficiency in the classroom and clinical

setting, the instructor role models caring; both toward the patient and student. In this way, the student observes the instructor who <u>cares</u> about the care she provides in her artful way of being with her patients and students, at the same time practicing the science of nursing by providing proficient nursing care.

Faculty members of the Faculty of Health Science are aware of informal student "hallway conversations" that occur on occasion, that suggest at times students may not be entirely happy with the PBL method. In addition, statements made about PBL by Claire and Amy (see p. 75 & 86) could be interpreted to mean that students experience angst regarding PBL. However, regarding the specific questions related to the study, PBL was clearly supported as being optimal in creating caring groups and in the development of caring relationships between student peers and instructors. Students felt valued as individuals and were able to get to know their instructors on a more personal level. Conversely, student participants who had taken courses in other academic nursing and non-nursing programs that had large lecture-style classes, did not have the opportunity to develop personal relationships with their instructors (see Amy's comments on p. 71 & Amber's comments on p. 72).

Clearly, the students prefer to learn in an environment that fosters development of close personal relationships. PBL is one method that allows for this. However, to maximize these benefits, faculty must acknowledge student difficulties in adapting to alternative teaching and learning methods. This further demonstrates caring to the students, who otherwise may feel their fears and concerns about their future success have been unheard. Faculty who ignore and do not address student questions and concerns regarding the learning process may leave students feeling de-valued; therefore,

potentially negatively impacting the development of trust and respect among students and faculty which in turn can negatively affect learning outcomes.

Students who experience non-caring from instructors and/or peers may also feel de-valued and insignificant. They do not feel their voice is heard or their opinion is respected. These students tend to withdraw from class discussions, and do not feel committed to the student group. As a result, students may not feel compelled to attend class, interact or engage with their peers and instructors. Furthermore, experiences of non-caring among student peers and instructors contribute to the students' level of stress which in turn may negatively impact their learning outcomes. It is an additional responsibility of the instructor therefore to monitor the climate in the classroom and address problems or concerns immediately as they arise. This encourages the development of mutual respect between the instructor and students, as well as instills confidence in the students that the instructor is engaged and invested in their learning and academic success.

Other concepts that were threaded throughout the findings and were common in more than one thematic domain were: *respect, trust, self-care,* and *instructor flexibility*. Students who experience *respect* in the classroom and clinical setting reciprocate this to their peers and instructors and in turn, a safe and *trusting* learning environment is created. Watson (1996) suggests being cared for enhances our ability to care for others. Therefore, the findings of this study are supported by the assumptions made by other authors (Birx & Baldwin, 2002; Paterson, Crawford, Saydak, Venkatesh, Tschikota, & Arononwitz, 1995) that the development of a culture of caring between students and faculty in the classroom and clinical setting will better prepare student nurses to be caring practitioners

and colleagues. In other words, the experience of being cared for provides a foundation for student nurses to learn how to care for others. However, the development of this caring culture is dependent upon the cultivation of *respectful* relationships between student peers and instructors. *Trust* results from the *respect* demonstrated in a reciprocal fashion between students and instructors which in turn nurtures caring relationships. Some authors suggest that this reciprocal relationship is unequal as a result of power differences between students and teachers (Noblit, 1993; Noddings, 1984). Nonetheless, Noblit concluded that this power disparity serves to benefit both the teacher and student as the teacher is able to use her power to benefit the student. The student participants of this study support Nobilt's conclusion by suggesting that the caring instructor significantly impacts the outcome of the classroom or clinical learning environment. Amy put it simply: "I've had instructors who've made the clinical rotation 10 times better than it would have been had they not had the caring attitude they did, and vice-versa."

Several of the students also recognized that to provide safe care to others, one must first learn to practice *self-care*. The students first learned of the value of *self-care* from instructors who frequently reminded them to ensure they care for themselves. Moreover, the students felt that their health and well-being was important to their instructors which thereby contributed to the development of caring relationships in and out of the classroom. Furthermore, the students reported that attention to their personal *self-care* needs allowed them to maintain professional boundaries both in the classroom and clinical setting. This in turn had a cyclical effect upon their personal health and well-being; in ensuring their own *self-care*, they were able to maintain professional boundaries, thus avoiding emotional exhaustion and unmet personal *self-care* needs.

94

Instructor flexibility was a common concept that was discussed throughout student interviews and faculty focus group discussions. Instructors demonstrated caring through their *flexibility* to negotiate with students both on an individual basis or with the class as a whole. By recognizing, acknowledging and attending to the specific needs of the students, the instructors demonstrated *flexibility* that provided evidence of caring for the students. For example, the rigid instructor who was consistently un-willing to consider a student request for an extension on an assignment for valid reasons was considered most un-caring. Students found that instructors who were willing to work together with them toward a common goal, fostered feelings of independence and self-worth which in turn motivated hard work. Simply being heard was valued by students and left them feeling cared for by their instructor. For these instructors, many students stated they worked the hardest and therefore their learning was optimized.

Recommendations and Implications

The findings of the study gave voice to the students' experiences of caring and non-caring throughout their nursing education. Of the themes and constructs that the data revealed, most notably was the value that students place on the development of caring relationships between themselves, their peers and educators. In addition, the findings of this study will contribute to the limited amount of research regarding the development of a caring culture in nursing education that employs a PBL methodology. The implications from the findings from this research are in the areas of nursing education, nursing research and nursing practice and will be discussed in the following section.

Implications for Nursing Education

Caring has been described by student and faculty study participants predominantly as a way of *being* and *doing*. *Being* is viewed as the art of nursing while *doing* is described as the science of nursing. These findings contribute to conclusions made by other authors who suggest that the science of nursing is based upon acquisition of knowledge and theoretically-based skills (Doane, 2002), whereas the art of nursing is taught as part of the "hidden curriculum…subtle socialization of teaching student nurses 'how to think and feel like nurses'" (Bevis & Watson, 2000, p. 75). One might argue then, that it is the moral responsibility of nursing faculty to understand the fluidity between the art and science of nurse caring and therefore role model this for students. In doing so, the instructor must also recognize the value of caring as a social construct that has different personal meanings for all students, both male and female (Grady, et al. 2008). In addition this model of nursing education further expands on the constructivist view, that knowledge grows from the experiences and values each student and faculty member bring to the classroom (Owen-Mills, 1995).

Transformation of nursing education toward an emancipatory model allows faculty the freedom to embrace caring as a central core. Implications for faculty involve recognition and acceptance of differing student and faculty values, and perceptions and beliefs about expressions of caring. Faculty members are then able to foster a learning climate of acceptance, one that values diversity and encourages students to reflect upon their individual values and beliefs about caring (Dillon & Stines, 1996; Grady, et al.). PBL is one method that not only allows for this, but nurtures development of a caring learning environment. However, faculty must still recognize the students' desire to learn

about the science of nursing skills and actions. The challenge for nurse educators is to strike a balance between the art and science of nursing education within the new paradigm, thus ensuring students are prepared to enter the dynamic workplace. As a result, this type of education prepares the graduate nurse with the knowledge to base her decisions, but also the ability to examine her underlying values from which her decisions are based (Easter-Idczak, 2007). This results in the moral imperative of the nurse; to care about the care she provides.

Implications for the Classroom. The students that were involved in the study reported that their first experiences of nurse caring were in their theory classes. They learned about nurse caring from theoretical perspectives as well as role-modeling they observed from their instructors. These initial experiences and observations of caring validated the reasons they entered nursing: to care for others. The study findings suggest that experiences in the first year of nursing are most impressionable: learning what it means to care or not to care, first from their instructors. These findings contribute to the body of knowledge regarding perceptions of caring experiences of student nurses and the value students place upon instructor role-modeling as the primary method for learned caring (Kosowski, Wilson, & Grams, 2004; Lee-Hsieh, Kuo & Tseng, 2005; Lewis, Rogers & Naef, 2006; Paterson, et al., 1995). The findings of this study further suggest that while students crave the development of caring interactions and relationships between their peers and instructors, they also have a strong desire to ensure they are learning the essential content that is required to prepare them as successful graduates. These findings further illuminate the dichotomy between faculty and student perception of what is required knowledge for the successful graduate. The paradigm shift away from

a behaviorist model of education abandons age-old beliefs that all knowledge and information should and can be imparted priori, where the teacher is the expert. Rather, the new curriculum embraces the process of learning, which in turn becomes the focus of learning (Lewis, et al.). Students learn from this new process, *how* to think, rather than *what* to think. They are taught how to ask new questions, to be curious and to continually strive to develop their knowledge. The findings further support previous nursing research that has found that a safe learning environment, created out of respectful caring relationships between students and instructors best supports this type of learning (Lewis, et al.).

  Implications for the Clinical Setting. In the ever changing current health care workplace it becomes increasingly important that nurses are educated in a manner that encourages and fosters self-directed critical thinking while re-claiming caring as its core concept (Kosowski, 1995). Students must learn how to make quick prudent nursing judgments while providing emotionally and culturally safe nursing care to their patients. Although the findings of this and other studies have shown that student nurses first learn about nurse caring in the classroom, they experience firsthand what it means to interact with patients in a caring manner while in the clinical setting. The students reported that they learn from their clinical instructors and nursing colleagues how to care and how not to care. They observe both caring and non-caring behaviors and learn from these experiences and observations what kind of nurse they want to be. Implications for nursing faculty involve recognition of experiences of non-caring experienced by students in the clinical environment, allowing students an opportunity to discuss these experiences in a

safe, non-threatening atmosphere. Doing so, validates student observations, and allows students to attach meaning to these experiences in order to learn from them.

Knowledge and technical skills are necessary educational requirements students need to feel confident to practice nursing; however, students prefer to learn in a caring clinical environment (Birx & Baldwin, 2002). In addition, students from this study and others have reported that their learning is enhanced through positive relationships that develop among students, staff and clinical instructors (Dunn & Hansford, 1997). The students from this study suggested that both peer and instructor support influence the success of a clinical rotation, including their level of stress and anxiety, and development of confidence. However, instructor caring is valued as the primary source of support by these study participants. Through role-modeling, students learn the art of *being* with their patients; while practicing the science of nurse *doing*. Crigger (2001) asserts that learning to care in this way allows the student nurse to internalize values of caring they have experienced, motivating them to "act in a caring way towards others" (p. 616). These findings clearly support the necessity of intertwining the art and science of nurse caring within nursing curriculum. This further supports the move toward a holistic approach to nursing education where caring is valued as a foundation from which knowledge and skill acquisition are developed and perfected through clinical practice experiences.

Implications for Nursing Practice

Despite the fact that this study took place in the classroom, the implications of this study for nursing practice suggest that the student's desire to be cared for is not limited to the classroom. When caring relationships and experiences occur among peers, instructors and colleagues in the classroom and clinical setting, motivation and

99

confidence are encouraged. Students are more willing to take risks in class and clinical when they believe they will be supported by their instructors. The relationship between instructors and students with the clinical nursing staff is also vital to optimize student learning in clinical. Birx and Baldwin (2002) found that clinical nursing instructors who have a strong personal relationship with nursing staff are best able to facilitate a positive, open learning environment for their students. The study participants found that clinical experiences on nursing units that were supportive fostered feelings of success and decreased stress and anxiety. These findings suggest that nursing faculty are responsible to ensure they develop strong working relationships with nursing staff in the clinical setting to create a supportive teaching-learning environment where staff, faculty, students and patients will benefit.

Emotional Safety: Stress and Self-Care. The student participants in this study described experiences of non-caring within the classroom and clinical environment that negatively impacted their learning experience and overall impression of the nursing profession. Students observed non-caring behaviors from student peers, instructors and clinical nursing staff. These experiences are disappointing for nursing students and cause them to question whether they entered a profession with a disillusioned ethic of caring. The students questioned their ability to remain as caring as they did when they entered their nursing profession. However, the findings of this study encourage current and future nurses to remain cognizant of their moral responsibility to provide culturally and emotionally safe care. This is in keeping with the College and Association of Registered Nurses of Alberta (CARNA) Nursing Practice Standards that require the nurse to ensure competency and fitness to practice (CARNA, 2005). For nurses to ensure their own

fitness to practice they must consciously acknowledge and meet their self-care needs. However, to adopt self-care practices and behaviors, the nurse must first learn as a student to value self-care, and practice knowledge and skills related to self-care to recognize disharmony in her own well-being (Stark, Manning-Walsh, & Vliem, 2005). The student participants strongly viewed self-care as an essential component to caring for others. They learned to value self-care from their instructors who demonstrated care and interest about their personal health and well-being. These findings are relevant for current nurses as self-care practices must not cease upon graduation. The findings from this study support this notion as the students expressed repeatedly that they learned to value their own health and the impact it had on their ability to provide care for others, when their instructors demonstrated an interest in their welfare.

Numerous studies have established a link between stress and burn-out with attrition of nursing students (Deary, Watson & Hogston, 2003; Lo, 2002; Moscaritolo, 2009; Sherwood, 2003). The complex practice of nursing requires a diverse knowledge and skill base, and involves continuous inter-personal interactions in high-stress environments (Lo). Student nurses experience stress that is not unlike their professional nurse colleagues which potentially has numerous personal and financial implications. The health and well-being of the nurse are at-risk when working in a stressful environment for prolonged periods of time. Moreover, the health consequences of stress may also result in financial impacts that negatively affect the nurse and her family. In turn, this may potentiate the stress that precipitated their financial crisis. Examples of stressors for student nurses have been identified in the literature as; difficulties in balancing personal and work commitments, performance anxiety when practicing newly

learned skills as a result of feeling unprepared or incompetent in the clinical setting; and lack of nursing staff and faculty support (Montes-Berges & Augusto, 2007; Moscaritolo).

In addition, Timmins and Kaliszer (2002) found in their study of student absenteeism that while the reasons for student absences varied, they concluded overwhelmingly that faculty support is essential in assisting the student to cope with stressors that resulted in student absences. Moreover, other authors have also suggested that motivation and ability to learn can be significantly influenced by a student's personal circumstances (Wilson & Carryer, 2008). The findings of this study support these previous studies and re-affirm the necessity of developing caring, respectful relationships between students and faculty members. Faculty members must be sensitive to the personal situations of their students and provide a safe and caring environment to support the student emotionally during times of stress. However, this returns us to the issue of self-care, this time in regard to the instructor. We must remember the faculty member also experiences stress from a variety of personal and professional sources and it is imperative that they too have a supportive personal and work environment. The faculty member must also learn to provide support to their students while maintaining "caring neutrality" to ensure self-preservation (Peplau, 1988). The faculty member who is able to provide support to her students while maintaining professional boundaries, in turn role-models emotional safety by demonstrating effective self-care practices. Only when aware of our own emotional safety, are we really able to attend to the emotional needs of another, be it students or patients.

Implications for Nursing Research

The researcher must acknowledge the findings as representative of a small sample within a greater population. Several issues may influence the participant's decision to participate, including; personal interest in the topic, past experiences related to the topic, curiosity, desire to affect change, doubt in ability to affect change. Nonetheless, study findings reveal data about those who do participate. The research process allows the researcher and participant alike to learn more about the research process and the research questions. The researcher attempts to reduce bias and present the most objective findings that will contribute to the body of knowledge on caring and nursing education. Findings from additional studies may provide another perspective, adding to the richness of the data, while further validating current or existing findings. As a result, the findings of this study generate additional questions that require further research. For example, discussions with clinical nursing staff could serve to reveal how they perceive caring. In addition these findings may serve to explain how experiences of caring between the clinical nursing staff and nursing students influences the nurse's overall job satisfaction and emotional safety (including stress and ability to maintain self-care). The following questions could potentially be explored in future research studies.

1. How does the clinical nurse view experiences of caring among nursing staff and students?

2. Do nurses and students develop caring relationships? How do nurses and students develop caring relationships? Does development of caring relationships among nursing staff and nursing students influence the

nurse's perceived sense of job satisfaction? Ability to cope with stress? Overall relationship with other staff and patients?

3. How does the nurse view her influence as a role-model for nursing students? Are there negative impacts of nurse-student relationships?

Many nursing programs are collaborative programs between accredited colleges and universities, similar to the NESA program between Lethbridge College and the University of Lethbridge. Further research could address potential areas of stress experienced by students in relationship to this collaboration. Possible research questions include:

1. Is there a significant difference in stress level between years two and three?

2. Do students experience different levels of stress when moving from the college campus to the university campus in year three of a four year collaborative program?

Further research is also required to address the limitations of this study. For example, a larger sample size, perhaps including all students from all four years of a baccalaureate nursing program may elicit additional data that describe experiences of caring at different stages of education. In addition, more in-depth data collection procedures over a longer period of time may provide a more precise "emic" perspective.

The PBL method at the University of Lethbridge may limit generalization to other programs. Nonetheless, a similar study could be replicated in other nursing schools or academic programs that hold caring as a core value, to glean additional insights into the value of experiences of caring and non-caring among students and faculty. Although this

was an ethnographic study, other methods may also serve to validate the findings of this study as well as generate additional themes. Additional data will further contribute to the body of knowledge about caring, by increasing understanding of student perceptions of the value of experiences of caring.

Lastly, further research is required to examine gender issues related to caring among nursing students. Additional studies may address experiences of caring and the expression of caring from a gender perspective in PBL settings. This in turn will benefit nursing faculty and students by increasing awareness and understanding of gender differences in expressions of caring towards peers and instructors.

Implications and Relevance for other Caring Professions

The findings of this study have implications that could influence other caring professions. For example, physiotherapy, occupational therapy, speech pathology and medicine are professional programs that require intimate interactions and caring between the professional and the patient. The value of caring is unlikely limited to nursing alone. Implications gleaned from the data generated from this research study may therefore apply to students entering other caring professions. In fact, Collier (2006) describes the development of caring relationships as a basic human need. She furthermore recognizes the power of caring in achievement of academic success among school-aged children, especially those experiencing impoverished and adverse personal situations. The findings of this study support her assertion that students will only invest in activities put forth by faculty in the presence of healthy, supportive student-teacher relationships. A comprehensive review and analysis of educational literature conducted by Wang, Haertel, and Walberg (1994) revealed 28 categories of factors that influenced learning among

school-aged children. Of these factors, classroom climate (including student-teacher interactions and classroom climate) and the student's personal context (including home, peer and community supports and stressors) were among the most significant factors that influenced student learning and positive learning outcomes. These authors found that the quality of student-teacher interactions and relationships as well as the amount of time teachers spent with their students had a greater impact on learning than many of the other factors. These conclusions serve to validate the findings of this study that indicate that student-teacher relationships and instructor willingness to take time with students indicate caring and are desired and valued by students.

The relevance of this study is validated by other similar ethnographic studies that examined the value of caring in the classroom. Noblit, Rogers and McCadden (1995) determined that "caring is central to education; the glue that binds teachers and students together and makes life in classrooms meaningful" (¶ 1). They also found that caring is a morally and culturally determined belief that guides our interactions with others. They go on to suggest that caring is more than the science of doing, and carrying out tasks. Moreover, they found that these activities are influenced by the values and beliefs of the teacher. These conclusions provide additional support and validation for the significance of this study.

When caring is valued as the core essence of curricula, student and faculty outcomes are clearly enhanced. Caring as a moral imperative insists that the teacher values the uniqueness of each individual student, allowing them to nurture and develop their talents, while providing a supportive, safe environment for them to take risks and challenge their limitations. Young students who learn in an environment that values

106

caring as its foundation will grow into morally responsible adults who "lead lives of deep concern for others, for the natural world and its creatures, and for the preservation of the human-made world" (Noblit, Rogers & McCadden, 1995, ¶ 11). When one considers the global economic, health and environmental threats that exist today, the value of learning to care for others becomes increasingly important. Teachers and faculty of students of all ages and occupations, have a tremendous responsibility to ensure these values are instilled within the academic milieu.

Conclusions

Roach warns, "Modern science and technology have the potential to enhance human caring immensely; they also constitute its greatest threat" (1992, p. 119). Cook and Cullen (2003) acknowledge the challenge of teaching caring in a technologically advanced health care system. In addition, today's students are technologically savvy and nursing faculty have the additional challenge and responsibility to implement creative, innovative nursing curricula that will attract, stimulate and retain nursing students (Gabbert, 2008). Therefore, it is important now more than ever, that our new nurses are educated in a manner that instills the value of caring and connected interpersonal relationships as paramount roles of the ethical practitioner. Through an extensive analysis of caring within nursing education Beck (2001) concluded, "for nursing students to care for their patients, it is necessary for these students to experience caring in their educational environment" (p. 108). Nursing instructors who care for their students are primary role models and therefore teachers of what it means to care for others.

"The art of teaching, like the art of healing, is still a frontier profession" (Cousins, as cited in Bruhn, 1997). Tutor mastery of the perfect balance between intervention and

letting go in response to differing student needs, indeed appears to be an art. In the PBL classroom individual learning goals and needs are achieved circuitously through accomplishments of group learning needs, possible only in the presence of optimal group functioning (Willis et al., 2002). It has become impossible to impart all knowledge to our students, and we must therefore prepare them in new ways employing ingenuity, enhancing their communication and collaboration skills, as well as instilling in them the value of self-directed, life-long learning behaviors. By recognizing the impracticality and impossibility of teaching students "everything they need to know" nursing educators are able to re-focus on caring as the foundation, which is in essence, the intent of nursing practice. This research study has the potential to inform nursing programs on the cusp of curricular change grappling with the realities of the nursing shortage, the complex workplace and financial constraints imposed upon the education system. If caring is viewed as the essence of nursing and valued as an attribute for nurses, the findings of this study have presented implications that contribute to the body of knowledge for nursing education, nursing practice and nursing research. Finally, future nursing students of the NESA program as well as NESA faculty may also benefit from the findings of the study.

Dissemination

This thesis is one method of knowledge transfer of the findings. Others include: (1) dissemination of a summary of research findings to all study participants, (2) submission of a summary of the study findings to the NESA Program Evaluation Committee (3) upon request, an oral presentation at a joint NESA council meeting (4) submission of a summary of the research project to a scholarly peer-reviewed nursing

journal for publication, and (5) other forms of dissemination which may include

presentations at other relevant meetings and workshops.

REFERENCES

Adejumo, O., & Brysiewicz, P. (1998). Coping strategies adopted by baccalaureate
nursing students in a problem-based learning programme. *Education for Health,
11*(3), 349-359.

Albanese, M.A., Mitchell, S. (1993). Problem-based learning: a review of literature on
its outcomes and implementation issues. *Academic Medicine, 68*(1), 52-81.

Alexander, J.G., McDaniel, G.S., Baldwin, M.S., & Money, B.J. (2002). Promoting,
applying, and evaluating problem-based learning in the undergraduate nursing
curriculum. *Nursing Education Perspectives, 23*(5), 248-253.

Bankert, E.G., & Kozel, V.V. (2005). Transforming pedagogy in nursing education: A
caring learning environment for adult students. *Nursing Education Perspectives,
26*(4), 227-229.

Barrows, H.S. (1988). *The tutorial process (revised ed.).* Springfield, IL: Southern
Illinois University School of Medicine.

Basuray, J.S. (1993). Meaning of caring in the academic culture of nurse educators: An
ethnography. College Park, Maryland: University of Maryland.

Beck, C.T. (1992). Caring among nursing students. *Nurse Educator, 17*(6), 22-27.

Beck, C.T. (2001). Caring within nursing education: A metasynthesis. *Journal of Nursing
Education, 40*(3), 101-109.

Bevis, E.O., & Watson, J. (2000). *Toward a caring curriculum: A new pedagogy for
nursing.* Sudbury, MA: Jones and Bartlett.

Birx, E., & Baldwin, S. (2002). Nurturing staff-student relationships. *Journal of Nursing
Education, 41*(2), 86-88.

Boykin, A., & Schoenhofer, S. (1993). *Nursing as Caring: A Model for Transforming Nursing*, New York: NY: National League of Nursing Press.

Brandon, J.E., & Majumdar, B. (1997). An introduction and evaluation of problem-based learning in health professions education. *Family and Community Health, 20*(1), 1-15.

Bruhn, J.G. (1997). Outcomes of problem-based learning in health care professionals education: A critique. *Family and Community Health, 20*(1), 66-69.

Bryman, A., & Teevan, J.J. (2005). *Social Research Methods* (Canadian ed.). Don Mills, ON: Oxford University Press.

College and Association of Registered Nurses (CARNA), 2005. *Nursing Practice Standards.* Edmonton, AB: Author. Retrieved June 22, 2009, from http://nurses.ab.ca/Carna-Admin/Uploads/new_nps_with_ethics.pdf

Carolan, M. (2003). Reflexivity: A personal journey during data collection. *Nurse Researcher, 10*(3), p. 7-14.

Clark, C.S. (2004). Complexity in nursing education: Examples of the paradigm. *World Futures, 60*, 371-388.

Cohen, J.A. (1991). Two portraits of caring: A comparison of artists, Leininger and Watson. *Journal of Advanced Nursing, 16*, 899-909.

Cohen, J.A. (1993). Caring perspective in nursing education: Liberation, transformation, and meaning. *Journal of Advanced Nursing, 18*, 621-626.

Collier, M. D. (2006). A structure for caring in schools. *Journal of Human Behavior in the Social Environment, 13*(4), 73-83.

Cook, P.R., & Cullen, J.A. (2003). Caring as an imperative for nursing education. *Nursing Education Perspectives, 24*(4), 192-197.

Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage Publications Inc.

Crigger, N. (2001). Antecedents to engrossment in Noddings' theory of care. *Journal of Advanced Nursing, 35*(4), 616-623.

Deary, I.J., Watson, R. & Hogston, R. (2003). A longitudinal cohort study of burnout and attrition in nursing students. *Journal of Advanced Nursing, 43*(1), 71-81.

De Grave, W.S., Boshuizen, H.P.A., & Schmidt, H.G. (1996). Problem based learning: Cognitive and metacognitive processes during problem analysis. *Instructional Science, 24*(5), 321-341.

Denzin, N.K. (1970). *The research act: A theoretical introduction to sociological methods.* Chicago: Aldine.

Denzin, N.K. (1989). *Interpretive interactionism*. Newbury Park, CA: Sage Publications.

Dillon, R.S., & Stines, P.W. (1996). A phenomenological study of faculty-student caring interactions. *Journal of Nursing Education, 35*(3), 113-118.

Doane, G.A.H. (2002). In the spirit of creativity: The learning and teaching of ethics in nursing. *Journal of Advanced Nursing, 39*(6), 521-529.

Doig, K., & Werner, E. (2000). The marriage of a traditional lecture-based curriculum and problem-based learning: Are the offspring vigorous? *Medical Teacher, 22*(2), 173-178.

Duffy, J.R. (2005). Want to graduate nurses who care? Assessing nursing students caring competencies. *Annual Review of Nursing Education,* p. 59-76.

Dunn, S.V., & Hansford, B. (1997). Undergraduate nursing students' perceptions of their

    clinical learning environment. *Journal of Advanced Nursing, 25,* 1299-1306.

Easter-Idczak, S. (2007). I am a nurse: Nursing students learn the art and science of

    nursing. *Nursing Education Perspectives, 28*(2), 66-71.

Fetterman, D. M., & Pitman, M. A. (1986). *Educational evaluation.* Beverly Hills, CA:

    Sage Publications Inc.

Gillespie, M. (2002). Student-teacher connection in clinical nursing education. *Journal of*

    Advanced Nursing, 37(6), 566-576.

Gillespie, M. (2005). Student-teacher connection: A place of possibility. *Journal of*

    Advanced Nursing, 52(2), 211-219.

Goldenberg, D., & Dietrich, P. (2002). A humanistic-educative approach to evaluation in

    nursing education. *Nurse Education Today, 22,* 301-310.

Grady, C.A., Stewardson, G.A., & Hall, J.L. (2008). Faculty notions regarding caring in

    male nursing students. *Journal of Nursing Education, 47*(7), 314-323.

Hammersley, M., & Atkinson, P. (1983). *Ethnography.* 2nd ed. New York: Routledge.

Heidegger, M. (1976). The age of the worldview. *Boundary, 4*(2), 341-355.

Higgins, B. (1996). Caring as therapeutic in nursing education. *Journal of Nursing*

    Education, 35(3), 134-137.

Hooks, B. (1994). *Teaching to transgress: Education as a practice of freedom.* New

    York: Routledge.

Jackson, C. (2004). Healing ourselves, healing others. *Holistic Nursing Practice, 18*(4),

    199-210.

Jeffrey, B., & Troman, G. (2004). Time for ethnography. *British Educational Research Journal, 30*(4), 535-548.

Jorgensen, D.L. (1989). *Participant observation: A methodology for human studies.* Newbury Park, CA: Sage Publications.

Knowles, M. (1975). *Self-directed learning: A guide for learners and teachers.* Parsippany, NJ: Pearson Learning.

Kosowski, M. (1995). Clinical learning experiences and professional nurse caring: A critical phenomenological study of female baccalaureate nursing students. *Journal of Nursing Education, 34*(5), 235-242.

Kosowski, M., Wilson, C.B. & Grams, K. (2004). Faculty stories of facilitating caring groups. *International Journal for Human Caring, 8*(1), 29-36

Lea, A., Watson, R. & Deary, I.J. (1998). Caring in nursing: A multivariate analysis. *Journal of Advanced Nursing, 28*(3), 662-671.

LeCompte, M. (2002). The transformation of ethnographic practice: Past and current challenges. *Qualitative Research, 2*(3), 283-299.

Lee-Hsieh, J., Kuo, C-L. & Tseng, H-F. (2005). Application and evaluation of a caring code in clinical nursing education. *Journal of Nursing Education, 44*(4), 177-184.

Leininger, M. (1985). *Qualitative research methods in nursing.* Orlando, FL: Grune & Stratton.

Leininger, M. (1988). The phenomenon of caring importance, research questions, and theoretical considerations. In *Qualitative Research Methods in Nursing* (Leininger, M. ed.). Orlando, FL: Grune & Stratton.

Leung, W.C. (2002). Why is evidence from ethnographic and discourse research needed
in medical education: The case of problem-based learning. *Medical Teacher,*
24(2), 169-172.

Lewis, S., Rogers, M. & Naef, R. (2006). Caring-Human science philosophy in nursing
education: Beyond the curriculum revolution. *International Journal for Human*
Caring, 10(4), 31-38.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage
Publications Inc.

Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of
undergraduate nursing students: An Australian case study. *Journal of Advanced*
Nursing, 39(2), 119-126.

Lofland, J., & Lofland, L.H. (1984). *Analyzing social settings: A guide to qualitative*
observation and analysis. 2nd ed. Belmont, CA: Wadsworth.

Mahat, G. (1998). Stress and coping: Junior baccalaureate nursing students in clinical
settings. *Nursing Forum, 33*(1), 11-19.

Mayeroff, M. (1971). *On caring.* New York: Harper and Row.

McCance, T.V., McKenna, H.P., & Boor, J.R.P. (1997). Caring: Dealing with a difficult
concept. *International Journal of Nursing Studies, 34*(4), 241-248.

McCance, T.V., McKenna, H.P., & Boore, J.R.P. (1999). Caring: Theoretical
perspectives of relevance to nursing. *Journal of Advanced Nursing, 30*(6), 1388-
1395.

McGreggor, A. (2005). Enacting connectedness in nursing education: Moving from
pockets of rhetoric to reality. *Nursing Education Perspectives, 26*(2), 90-95.

Montes-Berges, B. & Augusto, J.M. (2007). Exploring the relationship between

    perceived emotional intelligence, coping, social support and mental health in

    nursing students. *Journal of Psychiatric and Mental Health Nursing,* 14, 163-171.

Montgomery, C. (1993). *Healing through communication:The practice of caring.*

    Newbury Park, CA: Sage Publications.

Moscaritolo, L.M. (2009). Interventional strategies to decrease nursing student anxiety in

    the clinical learning environment. *Journal of Nursing Education, 48*(1), 17-23.

Morse, J.M. (1987). *Qualitative nursing research:A contemporary dialogue.* Newbury

    Park, CA: Sage Publications.

Morse, J.M. (1994). *Critical issues in qualitative research methods.* Thousand Oaks, CA:

    Sage Publications Inc.

Munhall. P.L. (2001). *Nursing research: A qualitative perspective.* 3rd ed. Sudbury, MA:

    Jones and Bartlett.

Nursing Education in Southern Alberta. (2005/2006). *Nursing Education in Southern*

    Alberta student handbook. Lethbridge, AB: Author.

Nin, A. (1989). *Quotable women.* Don Mills, ON: Canadian General Publishing Co.

Noblit, G.W. (1993). Power and caring. *American Educational Research Journal, 30*(1),

    23-38.

Noblit, G.W., Rogers, D.L., & McCadden, B.M. (1995). In the meantime: The

    possibilities of caring. *Phi Delta Kappan, 76*(9), 680-85.

Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education.* Los

    Angeles, CA: University of California Press Ltd.

Norwood, S.L. (2000). *Research strategies for advanced practice nurses.* Upper Saddle

 River, NJ: Prentice Hall Health.

Omigbodun, O.O., Onibokun, A.C., Yusuf, B.O., Odukogbe, A.A., & Omigbodun, A.O.

 (2004). Stressors and counseling needs of undergraduate nursing students in

 Ibadan, Nigeria. *Journal of Nursing Education, 43*(9), 412-415.

Owen-Mills, V. (1995). A synthesis of caring praxis and critical social theory in an

 emancipator curriculum. *Journal of Advanced Nursing,* 21, 1191-1195.

Pang, M.S., & Thomas-Wong, K. (1998). Cultivating a moral sense of nursing through

 model emulation. *Nursing Ethics, 5*(5), 424-440.

Paterson, B.L., & Crawford, M. (1994). Caring in nursing education: An analysis.

 Journal of Advanced Nursing, 19, 164-173.

Paterson, B.L., Crawford, M., Saydak, M., Venkatesh, P., Tschikota, S. & Aronowitz, T.

 (1995). How male nursing students learn to care. *Journal of Advanced Nursing,*

 22, 600-609

Patton, M.Q. (2002). *Qualitative research & evaluation method,* 3rd ed. Thousand Oaks,

 CA: Sage Publications Inc.

Pellatt, G. (2003). Ethnography and reflexivity: Emotions and feelings in fieldwork.

 Nurse Researcher, 10(3), 28-37.

Peplau, H. (1988). The art and science of nursing: Similarities, differences and relations.

 Nursing Science Quarterly, 9(1), 8-15.

Peterson, M. (1996). A team-based approach to problem-based learning: An evaluation of

 structured team problem solving. *Journal on Excellence in College Teaching,*

 7(3), 129-153.

Polit, D.F., & Beck, C.T. (2004). *Nursing research: Principles and methods.* 7th ed. Philadelphia, PA: Lippincott Williams & Wilkins.

Rideout, E. (2001). *Transforming nursing education through problem-based learning.* Mississauga, ON: Jones and Bartlett.

Roach, S.M. (1992). *The human act of caring.* Ottawa, ON: Canadian Hospital Association Press.

Roper, J.M., & Shapira, J. (2000). *Ethnography in nursing research.* Thousand Oaks, CA: Sage Publications.

Rosenthal, T.T. (1989). Using ethnography to study nursing education. *Western Journal of Nursing Research, 11*(1), 115-127.

Sadler, J. (2003). A pilot study to measure the caring efficacy of baccalaureate nursing students. *Nursing Education Perspectives, 24*(6), 295-299.

Scotto, C.J. (2003). A new view of caring. *Journal of Nursing Education, 42*(7), 289-291.

Searle, J. (1993). Participant observation: A way of conducting research. *Reports – Evaluation/Feasibility(142).* Retrieved from ERDS, April 15, 2006.

Segers, M., & Dochy, F. (2001). New assessment forms in problem-based learning: The value-added of the students' perspective. *Studies in Higher Education, 26*(3), 327-343.

Sherwood, G. (2003). Leadership for a healthy work environment: Caring for the human spirit. *Nurse Leader,* September/October, 36-40.

Smith, M. (2004). Review of research related to Watson's theory of caring. *Nursing Science Quarterly, 17*(1), 13-25.

Solomon, P., & Finch, E. (1998). A qualitative study identifying stressors associated with adapting to problem-based learning. *Teaching and Learning in Medicine, 10*(2), 58-64.

Spradley, J.P. (1979). *The ethnographic interview.* New York, NY: Rinehart & Winston.

Spradley, J.P. (1980). *Participant observation.* New York, NY: Rinehart & Winston.

Streubert-Speziale, H.J. & Rinaldi-Carpenter, D. (2003). *Qualitative research in nursing: Advancing the humanistic imperative.* 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins.

Timmins, F., & Kaliszer, M. (2002). Absenteeism among nursing students – fact or fiction? *Journal of Nursing Management, 10*, 251-264.

Vernon, D.T.A. & Blake, R.L. (1993). Does problem-based learning work? A meta-analysis of evaluative research. *Academic Medicine, 68*(7), 550-563.

Wade, G.H., & Kasper, N. (2006). Nursing students' perceptions of instructor caring: An instrument based on Watson's theory of Transpersonal Caring. *Journal of Nursing Education, 45*(5), 162-168.

Wagner, A.L. (2008). Caring mentorship. *International Journal for Human Caring, 12*(2), 95.

Wang, M.C., Haertel, G.D., & Walberg, H.J. (1994). What helps students learn? Spotlight on student success. *Educational Leadership,* December 2003/January 2004, 74-79.

Ward, C., & McCormack, B. (2000). Creating an adult learning culture through practice development. *Nurse Education Today, 20*, 259-266.

Watson, J. (1988). *Nursing human science and human care: A theory of nursing.* New York: National League of Nursing.

Watson, J. (1996). Watson's theory of transpersonal caring. In P.H. Walker & B. Neuman (Eds.), *Blueprint for use of nursing models: Education, research, practice and administration* (pp. 141-184). New York: National League of Nursing.

Watson, J. (2002). Intentionality and caring-healing consciousness: A practice of transpersonal nursing. *Holistic Nursing Practice, 16*(4), 12-19.

Watson, J. (2005). Caring science: Belonging before being as ethical cosmology. *Nursing Science Quarterly, 18*(4), 304-305.

Weyenberg, D. (1998). The construction of feminist pedagogy in nursing education: A preliminary critique. *Journal of Nursing Education, 37*(8), 345-353.

Willis, S.C., Jones, A., Bundy, C., Burdett, K., Whitehouse, C.R., & O'Neill, P.A. (2002). Small-group work and assessment in a PBL curriculum: A qualitative and quantitative evaluation of student perceptions of the process of working in small groups and its assessments. *Medical Teacher, 24*(5), 495-501.

Wilson, S.C., & Carryer, J. (2008). Emotional competence and nursing education: A New Zealand study. *Nursing Praxis in New Zealand, 24*(1), 36-47.

Woods, D.R. (1994). *Problem-based learning: How to gain the most from PBL* (2nd ed.). Waterdown, ON: Author.

Woodward, W. (2003). Preparing a new workforce. *Nursing Administration Quarterly, 27*(3), 215-222.

Wolcot, J. (1994). Educating in the hyperzone. In *World Conference on Education in Multimedia and Hypermedia. Education in Multimedia and Hypermedia* (pp. 2-

7). Vancouver, BC.

Wubbolding, R.E. (2005). The power of belonging. *International Journal of Reality Therapy, 24*(2), 43-44.

Zaharlick, A. (1992). Ethnography in anthropology and its value for education. *Theory Into Practice, 31*(2), 116-125.

Appendix A

<u>LETTER OF INVITATION TO PARTICIPATE</u>

Dear _____:

You are invited to participate in my Masters thesis study that seeks to examine the development of a caring culture within the context of a Problem Based Learning (PBL) environment. The purpose is to explore nursing student perceptions of their experiences of caring within the PBL context and how this influences student learning, response to stress and performance in clinical areas. The findings will contribute to the evaluation of the current NESA program delivery model and generate information about how nursing students understand and develop caring behaviors.

Student participation in the study will include an in-depth individual interview between myself and student participants that will take about 1½ hours. Data will also be in the form of field notes collected through participant observation (observation of two tutor groups for 10 weeks including midterm and final evaluations). Tutor participation in the study will be in the form of one focus group session between myself and third and fourth year tutors who have agreed to participate in the study. Your answers will be combined with information from the other study participants to create a final thesis and other written material such as presentations and publications about the project. An attempt will be made to provide you with a summary of the findings in the form of a written report. Your real name will not be used on any forms or notes or during any presentations. All the information collected will be kept in a locked cabinet and destroyed within seven years.

Your participation in the study would be greatly appreciated and is entirely voluntary. You are under no obligation to participate in this study.

If you have any questions, please feel free to contact me, Tracy Oosterbroek, RN, BN, Master's student, at (403) 317-5067, or by mail at the School of Health Sciences, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4. You may also contact my supervisor, Dr. Judith Kulig, Professor, at the School of Health Sciences at (403) 382-7119. For general inquires and questions regarding your rights as a participant in this research, you are invited to contact The University of Lethbridge, Office of Research Services at (403) 329-2447.

Sincerely,

Tracy Oosterbroek

LOGGING RECORD FOR PARTICIPANT OBSERVATION

Name	Verbal Communication: Tone of voice	Nonverbal Communication: Behaviors	Facilitation of Group Process	Demonstration of Caring Behaviours
General Comments				

Descriptors: Non-judgmental, sincere, genuine, respectful, competent, personal, sensitive, attentive, patient, warm, inviting, positive, flexible, supportive, concerned, honest, open

Appendix C

<u>STATEMENT OF CONFIDENTIALITY</u>

In participation of the Master's thesis study, "Preparing to Care: Creating a Culture of Caring in PBL Tutorial Groups", I agree to respect the confidentiality of information that I receive through the observations, interviews and discussions related to the study. The researcher has reviewed with me all the necessary measures to ensure the confidentiality of participants while I am acting in the capacity of a research assistant, and I agree to abide by all such measures.

_____   _____

Name of Participant   **Witness**

_____   _____

Signature   **Signature**

_____   _____

Date   **Date**

LETTER OF INFORMED CONSENT (Students)

Dear Participant: Date_____2006

I am writing to request your participation in my Masters Thesis study that seeks to examine the development of a caring culture within the context of a Problem Based Learning (PBL) environment. The purpose is to explore nursing student perceptions of their experiences of caring within the PBL context and how this influences student learning, response to stress and performance in clinical areas. The findings will contribute to the evaluation of the current NESA program delivery model and generate information about how nursing students understand and develop caring behaviors.

Student participation in the study will include an in-depth individual interview between myself and student participants that will take about 1½ hours. Data will also be in the form of field notes collected through participant observation (observation of two tutor groups for 10 weeks including midterm and final evaluations). A record for logging participant behaviors has been developed to assist the researcher in note taking during participant observation during tutorials. Tutor participation in the study will be in the form of one focus group session between myself and third and fourth year tutors who have agreed to participate in the study. Your answers will be combined with information from the other study participants to create a final thesis and other written material such as presentations and publications about the project. An attempt will be made to provide you with a summary of the findings in the form of a written report. Your real name or any other identifying information will not be used on any forms or notes or during any presentations. All the information collected will be kept in a locked cabinet and destroyed within seven years. Only the researcher, thesis supervisor and transcriptions (if used) will have access to collected data.

Participation in the study would be greatly appreciated and is entirely voluntary. Students and faculty are under no obligation to participate in this study. There are no anticipated risks associated with your participation in this research, although your participation may benefit future students who may benefit from a better understanding of the PBL environment. Participants are free to stop the interview at any time and may refuse to answer certain questions. The decision whether or not to participate or terminate the interview will not have any negative effect on students or faculty and this information will be kept confidential by the researcher and not shared with other study participants and all data collected up to that point will be destroyed upon withdrawal from the study.

If you have any questions, please feel free to ask me. You are encouraged to contact me, Tracy Oosterbroek, RN, BN, Master's student, at (403) 317-5067, or by mail at the School of Health Sciences, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4. You may also contact my supervisor, Dr. Judith Kulig, Professor, at the School of Health Sciences at (403) 382-7119. For general inquires and questions

regarding your rights as a participant in this research, you are invited to contact The University of Lethbridge, Office of Research Services at (403) 329-2747.

I consent to participate in the study entitled, "Preparing to Care: Creating a Culture of Caring in PBL Tutorial Groups" as described in the letter dated _____.

_____   _____
Signature of Participant   **Date**

_____   _____
Signature of Researcher   **Date**

LETTER OF INFORMED CONSENT (Tutors)

Dear Participant: Date_____2006

I am writing to request your participation in my Masters Thesis study that seeks to examine the development of a caring culture within the context of a Problem Based Learning (PBL) environment. The purpose is to explore nursing student perceptions of their experiences of caring within the PBL context and how this influences student learning, response to stress and performance in clinical areas. The findings will contribute to the evaluation of the current NESA program delivery model and generate information about how nursing students understand and develop caring behaviors.

Student participation in the study will include an in-depth individual interview between myself and student participants that will take about 1½ hours. Data will also be in the form of field notes collected through participant observation (observation of two tutor groups for 10 weeks including midterm and final evaluations). Tutor participation in the study will be in the form of one focus group session between myself and third and fourth year tutors who have agreed to participate in the study. As the result of participation in focus groups and despite precautions to protect anonymity and confidentiality, this cannot be guaranteed. Your answers will be combined with information from the other study participants to create a final thesis and other written material such as presentations and publications about the project. An attempt will be made to provide you with a summary of the findings in the form of a written report. Your real name or any other identifying information will not be used on any forms or notes or during any presentations. All the information collected will be kept in a locked cabinet and destroyed within seven years. Only the researcher, thesis supervisor and transcriptions (if used) will have access to collected data.

Participation in the study would be greatly appreciated and is entirely voluntary. Students and faculty are under no obligation to participate in this study. There are no anticipated risks associated with your participation in this research, although your participation may benefit future students who may benefit from a better understanding of the PBL environment. Participants are free to stop the interview at any time and may refuse to answer certain questions. The decision whether or not to participate or terminate the interview will not have any negative effect on students or faculty and this information will be kept confidential by the researcher and not shared with other study participants and all data collected up to that point will be destroyed upon withdrawal from the study.

If you have any questions, please feel free to ask me. You are encouraged to contact me, Tracy Oosterbroek, RN, BN, Master's student, at (403) 317-5067, or by mail at the School of Health Sciences, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4. You may also contact my supervisor, Dr. Judith Kulig, Professor, at the School of Health Sciences at (403) 382-7119. For general inquires and questions

regarding your rights as a participant in this research, you are invited to contact The University of Lethbridge, Office of Research Services at (403) 329-2747.

I consent to participate in the study entitled, "Preparing to Care: Creating a Culture of Caring in PBL Tutorial Groups" as described in the letter dated _____.

_____   _____
Signature of Participant   **Date**

_____   _____
Signature of Researcher   **Date**

Appendix F

<u>INTERVIEW GUIDE – Student Interviews</u>

1. What words would you use to describe caring?
    a. (Probe: Can you provide an example of a phrase that demonstrates a caring attitude?) Where or how do you learn "caring" as a student nurse? Do you learn caring in the classroom? Clinical? Describe.

2. Can you describe how you know when the atmosphere in the classroom is caring? What behaviors or actions indicate caring? (Probe: Can you provide an example of non-verbal communication behaviors that demonstrate caring?)

3. Have you had a specific experience(s) of instructor caring in tutorial? (Probe: Describe an example of when an instructor demonstrated caring in the classroom. Can you describe specific behaviors that you noticed?) Was there a classroom reaction that confirmed for you this perceived caring behavior?

4. Can you describe an example of a lack of caring by the instructor? Were there specific behaviors that you noticed? (Probe: tone of voice, body language, verbal/non-verbal communication?) Was there a classroom reaction that confirmed this perceived lack of caring behavior?

5. How important is instructor caring to you? (Probe: How does instructor caring influence your experience in the classroom? How does instructor caring influence your personal learning? How does instructor caring influence your ability to cope with stress?)

6. Can you describe a time when a student demonstrated caring towards you? Towards the instructor? Towards your peers? (Probe: Are there specific words, behaviors or actions that you can use to describe the caring behavior(s)?)

7. Can you describe a time when a student demonstrated a lack of caring towards you, the instructor or your peers in tutorial?

8.   When you consider caring experienced in the classroom, what impact has this had on your personal learning? Personal stress and ability to cope? Clinical performance? (Probe: Is the experience different if you experience caring from students or the instructor? Probe: Does the learning method/process influence the development/lack thereof of caring relationships between student peers/tutors?). Does class size have an impact?

9. Can you provide an example of a classroom situation when you demonstrated caring?

10. What have been the positive impacts of having experienced caring in the classroom from the tutor? From fellow students?

11. How does caring experienced in class influence caring you practice (in clinical)

Appendix G

<u>INTERVIEW GUIDE – Tutor Focus Group</u>

1. What words would you use to describe caring?
   (Probe: Can you provide an example of a phrase that demonstrates a caring attitude?)

2. Can you describe how you know when the atmosphere in the classroom is caring? What behaviors or actions indicate caring? (Probe: Can you provide an example of non-verbal communication behaviors that demonstrate caring?)

3. Can you describe an example of a lack of caring within the classroom? Were there specific behaviors that you noticed? (Probe: tone of voice, body language, verbal/non-verbal communication?) Was there a classroom reaction that confirmed this perceived lack of caring behavior?

4. Can you describe a time when a student demonstrated caring towards you? Towards their peers? (Probe: Are there specific words, behaviors or actions that you can use to describe the caring behavior(s)?)

5. Can you describe a time when a student demonstrated a lack of caring towards you, or their peers in tutorial?

6. Can you provide an example of a classroom situation when you demonstrated caring?When you consider caring experienced in the classroom, what impact has this had on your experiences as a tutor?

7. What have been the positive impacts of having experienced caring in the classroom from students?

8.   In what way does the learning method or process facilitate or inhibit development of caring relationships?