Caring Experiences of Nurse Educators

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ABSTRACT

Central to nursing practice today is the theme of caring. Yet nursing faculty are themselves experiencing a lack of caring. Faculty frequently voice the complaint that no one in the school of nursing work environment cares about them as they struggle to balance the demands of work with the demands of a personal life. A descriptive phenomenological approach was used to facilitate understanding of the caring experiences of nurses who teach. The question guiding this study was, "How do nurse educators experience caring in their work situations?" Nomination and purposive sampling techniques were used to select seven nurse faculty as participants. Unstructured interviews, lasting approximately one hour, were audiorecorded and transcribed. Colaizzi's (1978) methodology was used to analyze the resulting data. Resulting themes included: 1) Caring is Connection and 2) Caring is a Pattern of Establishing and Maintaining Relationships. The use of narrative, journaling, and dialogue are suggested as techniques that will help nurse educators experience caring in schools of nursing.

In this time of rapid knowledge development and technological advances, nursing is recognizing a need to prepare nurses who are technologically proficient and who genuinely care for and are concerned about patients (Bevis & Watson, 1989; Murray, 1989b; Watson, 1988b). Naibatt (1984) noted that individuals have a greater need for human contact as technology assumes a greater place in the world. Nurses in practice today are cognizant of this need for human contact and know that caring is a vital part of nursing. They are also aware that caring is undervalued in a technological world (Benner & Wrubel, 1989) as they struggle to meet demands for increased productivity with fewer resources. Nurse educators have responded to these rapid changes in healthcare by explicitly incorporating the concept of caring as well as technological knowledge and skills into nursing curricula (Bevis & Watson, 1989; Murray, 1989; Watson, 1988b).

While focusing on how to teach nursing students caring behaviors to use in practice, nursing faculty are themselves experiencing a lack of caring (Fain, 1987). Faculty frequently voice the complaint that no one in the school of nursing work environment cares about them. Faculty are expected to be excellent teachers as well as maintain clinical expertise, develop and implement research programs, publish, and participate in community service. Frequently, individuals perceive these multiple demands as overwhelming and conflicting as they struggle to balance expectations in work situations with their personal and private life (Mobily, 1991; O'Connor, 1978; Wong & Wong, 1987).

An increasing amount of research and discussion is occurring regarding caring and nursing education, but the focus is on the benefits of using caring in practice (Benner & Wrubel, 1989), the development of caring behaviors in nursing students (Bevis & Watson, 1989; Murray, 1989b), and the student-faculty relationship (Appleton, 1990; Halldorsdottir, 1990; Murray, 1989a; Nelms, 1990). Inadequately explored are how faculty experience caring with one another and the impact of these caring experiences on the student-faculty relationship. How can we as nursing faculty teach caring and facilitate the development of caring professional nurses if we do not experience it ourselves? Thus, the purpose of this study was to describe the nursing faculty member's experience of car-
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...ing so that the concept of caring can be expanded to include those who teach nursing.

Understanding the Concept of Caring

The concept of caring is complex and abstract. In accordance with the tradition of descriptive phenomenology, our understandings about caring are abstracted here to enable you to identify our stance on caring prior to beginning the study.

Caring requires one person who cares and a second person who receives the care. The person who cares must be able to take on the reality of someone else, feel what the other person feels, and put her or his own interests aside in order to understand the situation of another. Caring is an attitude as well as observable actions. When a person shows caring for another, both individuals are enhanced as persons—the one cared for grows stronger and feels that something has been given to her/him while the self-esteem of the one caring is enhanced. Caring for another means acting from affection and regard for another; actions are varied and specific to the person in need of care. Finally, caring for another facilitates individuals caring for themselves (Noddings, 1981).

Care for another is also viewed as helping a person grow and self-actualize. The focus is on helping a person to grow in her or his own right and setting aside all personal beliefs about how another should be or act. This necessitates understanding another's potential and need to grow and believing in one's own ability to facilitate another to realize her or his potential without imposing personal values and beliefs (Greene, 1990; Mayherhoff, 1971; Nyberg, 1989).

According to Heidegger, there are two ways of caring. One way is to "leap in and take over" for the person in need of care. The second way is to "leap ahead" and help another to care for his own being. Helping others to care for their own being supports individuals in their ability to care for themselves and moves them toward self-actualization (Scudder, 1990). It is this second way of caring that is most significant to an individual's recognizing her or his potential.

While reciprocity in a relationship is not necessary to caring, it is recognized that the personal health of an individual is promoted both by caring and feeling cared for (Benner & Wrubel, 1989). The key element here is recognizing that a person can care for one individual and receive caring from another individual. It takes a web of relationships to experience caring in its fullest sense so that the health of an individual is promoted. Individuals who do not perceive that they are cared for cannot continue to care for others indefinitely (Noddings, 1981). Thus, an individual must feel cared for in order to continue to care for others.

To care and to receive care is a challenge. Caring creates possibilities, yet it puts people in situations where they perceive they are at risk and vulnerable. It is a way of being in the world and creates the self and the world. Each person who cares for or receives care from another is enriched because of connections with others, recognition of problems, and developing solutions to problems (Benner & Wrubel, 1989).

While the experience of caring seems desirable, it is important to recognize that the experiences of caring and being cared for are not universal experiences. Instead, caring is an ideal that must be lived or taught so that everyone has the opportunity to experience caring and being cared for (Greene, 1990; Watson, 1988a).

Methods

This study was conducted by two nurse educators using a phenomenological approach to facilitate understanding of the caring situations experienced by nursing faculty. The research question guiding this study was, "How do nurse educators experience caring in their work situations?" Potential participants, who were female, and who had a minimum of one year's teaching experience and a minimum of a master's degree in nursing, were identified by using a snowball technique. A purposive sampling procedure was used to ensure variability of the characteristics of participants.

Seven nurse faculty from three baccalaureate nursing programs in one midwestern state participated in this study. Participants had a variety of clinical backgrounds including medical-surgical nursing, obstetrical nursing, psychiatric nursing, and community health nursing, and all had achieved a master's degree in nursing. Their experience in teaching ranged from 3 to 32 years, and their tenure in the current teaching position ranged from 1 to 20 years. Participants worked in either a private college, a single-degree granting organization, or a university.

After granting informed consent, these nurse faculty participated in an unstructured interview with one of the two researchers. Interviews lasted approximately one hour. Interviews were conducted privately at a place and time agreed upon by both the researcher and the participant. Although we were primarily interested in the participants' caring experiences, we asked them to describe both caring and uncaring experiences that were memorable for them in order to more fully explicate the meaning of caring. Selection of experiences was not limited to their current position. Interview probes were used only to clarify statements made by participants and varied according to the participants' responses. Interviews were audiotaped and transcribed verbatim. Each participant was assigned a code name as an assurance of confidentiality. A copy of the transcript was returned to the participant to review and inform us if there were any additions or corrections needed.

The resulting texts were analyzed using Colaizzi's (1978) methodology. Data analysis proceeded as follows:

1. Each researcher read each text completely to acquire a sense of the totality of the individual's experiences.
2. The text was read a second time to extract significant statements, phrases, and sentences pertaining to caring in work situations. Then both researchers met to discuss their individual findings.

3. Through dialogue, meanings or themes were formulated from the original statements.

4. Clusters of themes were then organized from the aggregate meanings, enabling themes common to all participants’ descriptions to emerge. This was done independently by each researcher.

5. The clusters of themes were referred back to the original description for validation and assurance that all ideas were accounted for.

6. Concurrently, two of the transcripts and our coding schema were given to another researcher skilled in phenomenological research who independently coded the data. The results confirmed that the decision trail was clear.

7. The researchers met to discuss their findings. Areas of disagreement were resolved by referring to the texts for clarification. Dialogue continued until consensus was reached regarding organization of clusters of themes. Content was re-examined to determine that the clusters of themes accounted for all data.

8. An exhaustive description of caring in work situations was constructed from the integration of the results of the analysis (Figure 1).

9. An exhaustive description of uncaring in work situations was constructed using the same procedure as outlined in the above steps (Figure 2).

10. The exhaustive descriptions of caring and uncaring were returned to the participants for the purpose of validating the final analysis. Participants were asked to read the descriptions and determine if the formulated descriptions described their original experiences. All participants agreed that the descriptions reflected their experiences.

Findings

Exploring nursing faculty’s experiences of caring and uncaring within their work situations provides an understanding of caring as a multi-faceted experience for nursing faculty. For these nursing faculty, caring means being cared for by other faculty or administrators, feeling valued in the academic and clinical arenas, and caring for students, patients, other faculty, and administrators. Uncaring experiences occur for everyone; they involve being treated with indifference, feeling diminished and separated from others, and acting to protect the self. Although everyone experiences both caring and uncaring experiences, it is the caring experiences that are desired and motivating for all.

Two themes are evident when faculty describe their experiences of caring and uncaring: 1) Caring is Connection; and 2) Caring is a Pattern of Establishing and Maintaining Relationships. Each theme will be discussed in terms of both caring and uncaring experiences.
I had a student who was going through terrible trauma at home, and I knew from working with her—and I'd had her quite a while—that she had excellent bedside behaviors and that she would be a very caring nurse. We just had to help her get through this trauma she was having. So I spent extra time with her; when the other students would leave I'd ask her if she wanted to stay and just talk. I'd listen...I even let her know what I had been through and I understood how difficult it was...

Individuals who experience connection recognize that other persons share circumstances that are similar to their own and they seek out these individuals to share their personal understandings and experiences. Reciprocity is not an expectation of this sharing; rather the significant piece is that a person recognizes another's struggle and offers assistance or a person seeks assistance for her own stressful situation. It doesn't matter if the other person is a student, a nursing staff member, a patient, or other nursing faculty. What matters is that there is a recognition that someone else shares an understanding of work or life experiences and is open to sharing. When this recognition occurs, there is a move to seek this person out. Peg described this process when she talked about knowing that she needed to feel cared about. She said:

We all know who the people are who care and give us fuzzies, who give you that pat on the shoulder, smile, or word of encouragement. And I think that we probably tend toward associating with them more because if we came into a room and there were two chairs, one by a person who treated us like that and one who did not, we'd probably go by the one who demonstrated caring behaviors toward us. I think that's just human nature that we would do this.

To enjoy the work of teaching, nurse educators need to feel connection with faculty colleagues. Sharing both work-related experiences and personal experiences is important to feeling connection with other faculty. Irene said:

We developed some real caring relationships...just working that closely together and working that frequently...we get to know each other's families and what the kids are doing, which makes it fun. The personal side. Otherwise, work isn't fun. Just punching a clock and working your eight hours. You've got to have a relationship with somebody else; you've gotta be able to share with somebody else the goods and the bads and be able to talk to them.

Although experiencing caring is desired, these participants also described experiences that were uncaring. In these experiences, connection with nursing students, other faculty, and/or administrators was not present. In the absence of connection, faculty experienced being treated with indifference, with a denigrating manner, and without recognition of their unique abilities. Irene said:

One of the ladies in administration here at the college lectured, disciplined, chewed out a faculty member by the elevator. Told her that what she was doing was totally unsatisfactory, and she had to shape up and do this behavior better.

When uncaring, or lack of connection, occurs with other nursing faculty or administrators, nurse educators expe-
rience separation or distance from their colleagues. Feelings of anger, uncertainty, and powerlessness may result from these experiences. Dana worked part time and described feeling as if no one really cared about her when asked to account for her time:

I have been part time ever since I've been at the college, and I tend to get defensive when people say "Gee, where have you been?" or "I haven't seen you for a long time." And it's certain people who do that...I feel like nobody cares about me. And I felt that was a situation where she was saying, "I don't trust you. You should be putting in your time here."

Tolerance of uncaring experiences varies greatly among individuals. Some participants described continuing for some time trying to establish connections with others; other participants noted that one or two negative interactions can sever or prevent the development of connections with another individual. When uncaring experiences occur, faculty act to protect themselves by communicating in writing and keeping copies or avoiding a person perceived as uncaring. At the same time these faculty seek out other faculty with whom they feel connected in order to help them deal with the uncaring situations. Confronting the uncaring individual about the behavior is a rare occurrence and back-up is planned. Mary talked about a conflict with her program director and described how she planned to handle the situation. She said:

I don't need the stress in my life right now, and I don't see her leaving that position. Now that she's gotten it [the position], she'll be there til she retires or the program goes under. It's also (coming) to a head with the three of us because N's requested to leave and K's not real happy...We're having a meeting on Monday and confronting it. So think of us. I guess part of us knew this was coming and we all knew that it needs to be done, but another part of us says that's her. That's how she communicates, that's how she relates and that's not going to change. So why are we doing this to ourselves? I don't know...we care about the program and we care about the relationship.

Caring about the program and the relationship with the director allowed these three individuals to take a risk and confront a person with whom they were having trouble. The connections the three faculty members had with one another provided back-up and support for them. Faculty that experience connection with others are willing to seek help, offer assistance to others, and take risks; handling difficult situations is easier when connection among individuals is present.

Caring is a Process of Establishing and Maintaining Relationships. When caring occurs with nursing faculty, they are motivated to develop and maintain relationships with others. Experiencing caring is described as a warm feeling that individuals desire to share with others. To do this, nurse educators use a variety of strategies to establish and maintain connection with others. Pat talked about using storytelling and creating support groups. She said:

I think there are little pockets that faculty create themselves who are like minded [individuals]. They kind of provide support...I believe we share our culture of nursing—and our philosophy if you want to call it that—with students through our storytelling.

Mary talked about an interaction with a new student and a client in the clinical setting and described how she worked with both to establish a relationship with the student, to teach the student, and to provide nursing care to the client:

I tried to use a real calm voice with both of them; I used a lot of touch with the student, with the baby, with the Mom...reassuring the Mom...I spent a lot of time just explaining to the Mom how to do breast feeding...and explained then to the student, just kind of repeating myself...[I spend time with students] getting to know them as a person, asking about family members, getting to know their names with their faces at the end of the first lecture day.

Other examples of strategies used by these participants to establish and/or maintain connections with colleagues, students, or patients included using humor, listening, sharing observations of both positive and negative behaviors, spending extra time with someone in need, sharing ideas, expressing concern, giving feedback, giving a hug to someone, offering help, and periodically "checking in" with another.

Similar strategies were used by these individuals to establish or maintain relationships regardless of the amount of time individuals have known one another in order to engage a student in learning situations, to provide patient care that meets the specific needs of the person being cared for, and to know another faculty, student, or patient as a person.

Knowing another student, faculty, or patient as a person over an extended time enabled nursing faculty to quickly recognize someone's need and offer support or assistance before the other requested assistance. These participants described how colleagues identified their need for support or assistance before being asked for help and how they recognized someone else's need and responded without being asked. Mary recognized the need of another faculty member who was sending a young child off to school for the first time. She described how she shared her experiences with the other nurse faculty member:

(I told her) "I know what you're going through. I went through that a year ago." I also made a point of checking with her for the next 3 days of that week as to how things were going with her daughter and how she was feeling...We've talked about the issues of maybe wanting to stay at home but still needing to maybe do something professional and flexibility of the current job.

Amy was a student as well as a faculty member, and she described how her colleagues supported her in her endeavors:

I don't even need to solicit (help). They've come to me on their own; I haven't really asked for anything, but they've come to me and said "What can we do?"
Feeling valued in the clinical setting or in the academic setting is a benefit of experiencing caring and facilitates an individual wanting to share with another colleague. Faculty need colleagues with whom they can laugh and cry. Amy said, "It's just neat to know that these people care about me as an individual." When a relationship is present, goals are shared among individuals. Pat described this when she said:

The clinical groups I had and the units I was on—I felt like one of them. We all had the same goals; we wanted to really give good patient care, and we wanted to have the students get a good background and be caring, feeling people...We had a sense of being one as opposed to being separate.

Loyalty to the colleagues as well as the organization itself is fostered when faculty feel valued by others, and this loyalty may continue long after a person leaves the organization. Ruth talked about her feelings related to a school of nursing that she worked for in her past. She stated:

I think caring makes a difference, and I still have a lot of loyalty there because of those caring supports I had.

When faculty do not feel valued by others or by the organization, they describe feeling anger, powerlessness, and hurt. In describing a conflict situation with her administrator, Mary said:

I felt like I was on trial again, in front of my peers...That leaves me with really angry feelings; it leaves me with feeling impotent to do anything...I still feel kind of bitter...and doubting myself when I probably shouldn't.

Dana expressed similar feelings when she described being criticized in front of other people. She said:

I was embarrassed at having something said in front of a group of people, and hurt that she would say it to me and hurt that she didn't trust that I was where I was supposed to be when I was supposed to be there.

When faculty did not feel valued, they described doing one of two things; either they withdrew from their colleagues or they secretly tried to maintain their connections with colleagues they knew cared about them. When describing a conflict situation between faculty and administrators, Irene said,

I felt that maybe they were caring more about their decision than they were caring about the people who had to enact that decision, which I thought was just horrid. On the same line of communication, new communication lines were started and old ones were to be severed now. And if I had taught with you, I could no longer even talk to you. But yet we were friends because we had taught together, and we were forced into new relationships without being given time to establish that relationship, which was very, very difficult...some people have said we went underground during that time, and snuck out to have lunch together with people that we used to teach with.

Other times faculty described reacting to uncaring experiences with uncaring behaviors. Ruth said, "I'm the most uncaring when I find other people uncaring. I really have to stop myself and say, and it really takes an effort, 'OK, now, is there anything I can do to help this person?'"

Making a decision to not behave like the uncaring person is a conscious decision that requires a deliberate action to focus on continuing to work on establishing and maintaining relationships that promote connection among individuals.

**Implications of the Study**

The results of this study suggest that nursing faculty strongly value caring in the academic environment and experience negative emotions and erosion of connections to colleagues and to the organization when uncaring experiences occur. While differences exist in individual faculty members' ability to tolerate uncaring experiences, all of these participants expressed a wish to experience connectedness with other faculty as well as students, clients, and other healthcare workers. Furthermore, they mourned the loss of relationships previously perceived to be caring and described feelings of being separate or apart from their colleagues. Each of our participants referred to caring as a pattern of establishing and maintaining connected relationships with some colleagues within their academic environments. This is consistent with the process conceptualization of caring identified by Morse, Solberg, Neander, Bottruff, and Johnson (1990); however, their focus was on caring within a nurse-patient relationship. Our results expand process-oriented caring beyond the nurse-patient relationship to focus attention on the importance of interpersonal relationships in the academic workplace.

Working with colleagues in a school of nursing and not experiencing caring or connection with others is analogous to the theme of teacher isolation described by Diekelmann (1991). It is through not knowing one another that this sense of isolation exists and prevents a sense of caring and connection from developing. When connection with colleagues is evident, nursing faculty learn to know one another as individuals and to share both their enjoyable and painful experiences with one another.

Additionally, Noddings (1983) asserted that individuals cannot continue to care indefinitely without having caring returned. This suggests that individuals who experience teacher isolation cannot continue to care about colleagues and nursing students indefinitely if caring experiences do not occur in the work setting for the nurse who teaches. While we found that reciprocity is not always necessary for two individuals, we did discover that nursing faculty need to experience both being cared for as well as caring for someone else.

The strategies used by the participants in this study to establish and/or maintain caring relationships with others suggest that the one providing care does not impose her or his own beliefs on the one being cared for. Instead, the one providing care listens to the other and then takes an action that is specific to the needs of the one being cared for. This is similar to the descriptions of caring provided
Curricula are devised that explicitly and implicitly include caring as a core value, yet the value is not consistently evident in the lived experience of the nurse educator. With a nurse faculty shortage on the horizon (Mullinix, 1990), it is critical that we attend to promoting the self-efficacy and self-worth of nurse educators. Exploring how to promote caring experiences among faculty may be our means of establishing communities of caring (Diekelmann, 1991; Quinn, 1989) within colleges of nursing. It is time to apply the same values to ourselves as nurse educators as we do to patients and nursing students and to develop communities of caring that facilitate connectedness and support for our own members.

References


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