

Faculty–student interactions and the student-perceived climate for caring

The identification of caring as a core value for nursing practice elaborates the need to investigate the educational processes through which caring can be learned by those who will assume primary caregiver roles. Using qualitative inquiry, this study was conducted to describe a climate for caring as perceived by 10 junior nursing students and to identify faculty behaviors and faculty–student interactional episodes through which these students experience a climate for caring. Consistent with one researcher's conceptualization of the components of a moral education, the findings from this study suggest that modeling, dialogue, practice, and confirmation are the faculty–student interactional processes through which these students experienced a climate for caring.

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THE IDENTIFICATION of caring as a normative value within the discipline of nursing presents nurse educators with the paradox of a concept that can be learned but not taught.^{1,2} Such learning is not likely to take place within the setting of a formal classroom or through exposure to a predetermined course of study.^{3–5} Rather, caring is learned through interaction with others in which one experiences being the recipient of caring^{6–8} and through the provision of interactional opportunities in which one's ability to see and use the self as caring are cultivated.^{9–12} While a recent national survey documented the emphasis that has been placed on the inclusion of caring content in

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baccalaureate nursing curricula,¹³ there has been limited investigation of the educational processes by which students internalize caring as a normative value or the environmental contexts that foster the demonstration of caring behaviors.

The primary method by which students are socialized to normative values and attitudes is through their interaction with faculty.^{14–16} Arising within such interactions, the socialization process is characterized by an ambience that implicitly communicates those academic or professional norms and values that are of importance.^{12,17,18} In her analysis of the ethic of caring and moral education, Noddings¹⁹ argues that educators must provide a climate that enables students to internalize caring behaviors and identifies as foundational to the creation of such a climate the interactions that are experienced between the teacher as the one caring and the student as the recipient of caring. This qualitative study was conducted to describe the climate for caring as perceived by junior nursing students and the faculty behaviors and faculty–student interactional episodes through which junior nursing students experience a climate for caring. The research questions were

1. How is a climate for caring described by junior nursing students?
2. What are the faculty behaviors and faculty–student interactional episodes through which junior nursing students experience a climate for caring?

STUDY METHODOLOGY

The methodological approach used in this study was based on the descriptive mode of qualitative inquiry. Open-ended audiotaped interviews were conducted individually by

the investigator with 10 junior nursing students who served as key informants to obtain a detailed description of a climate for caring.

Subjects and setting

Because students are not randomly distributed across postsecondary educational institutions,²⁰ both convenience and purposive sampling were used to select five NLN-accredited baccalaureate schools of nursing that differed in size and institutional control as sites from which to recruit participants for this study. A convenience sample of 10 students (2 students from each school) who met the following criteria were included in the study: female, white, first-time enrollees in junior level nursing courses, those classified as full-time students, and those not possessing a license to practice nursing. The participants ranged in age from 21 to 46 years, and 3 held a bachelor's degree in another discipline at the time of data collection.

Procedure for data collection

Participants were recruited during a classroom session attended by students enrolled in a junior course offered by the schools of nursing. All interviews were conducted in a private location at the school of nursing in which the participants were enrolled. The duration of the interview sessions ranged from 45 to 75 minutes. To avoid the introduction by the investigator of a priori conceptions about caring, a review of the literature addressing the concept of caring was held in abeyance until all interviews had been conducted.

Data stability was increased through the use of an interview guide composed of 10 questions. Each interview began with the

following broad orienting question: how would you describe the atmosphere in the school of nursing? Because students interact most frequently and consistently with the faculty and their classmates, the remaining questions focused on the description by these participants of a climate for caring as it is experienced within faculty–student and peer group interactions. In this article the description by these participants of the climate for caring as it is experienced within faculty–student interactions will be reported.

Data management and analysis

Because the purpose of this inquiry was descriptive, data collection, management, and analysis were conducted sequentially.²¹ Transcriptions of the audiotaped interviews were read as a whole to obtain a broad overview of a climate for caring as it was described by the study participants. The transcriptions were then read using a line-by-line approach to identify meaningful phrases or statements that were extracted and pasted on 5 x 8-inch file cards. As categories and subcategories emerged, they were named and a statement of their meaning was formulated. When all data file cards had been categorized and no new meanings became evident from reading the transcriptions, the categories and subcategories, along with their meaning statements, were reexamined; several subcategories were collapsed to permit greater parsimony in the description of the phenomenon.

Reliability and validity

To assess for consistency of the coding decision used to categorize the data, a 20% random sample of data file cards drawn from each category and subcategory was

recoded by the investigator, after a 2-week time lapse, and by 2 nurse educators. Using Cohen's Kappa, which corrects for chance agreement, intracoder and intercoder reliability estimates of $K = .96$ and $K = .83$ respectively were obtained.²² Inferences about the credibility or validity of the findings were based upon validation by eight of the study participants who responded to a mailed request to review a written summary of the findings. All five of the sampled schools of nursing were represented by at least one participant in the validation of the study findings.

CONCEPTUAL FRAMEWORK

After several readings of the interview transcriptions and data file cards, it was determined that data analysis could be guided by Noddings's^{5,19} conceptualization of a moral education. In this conceptualization, four components or interactional processes through which a moral education can be experienced are identified: modeling, dialogue, practice, and confirmation. The premise that teachers must model caring behaviors during their interactions with students is a pivotal component of this conceptualization. According to Noddings,^{5,19} opportunities through which dialogue, practice in caring, and confirmation can be experienced are endangered when teachers fail to model caring behaviors.

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Modeling, therefore, provides the foundation for the emergence of the remaining three components of a moral education, which are conceptualized to be reciprocally related.

STUDY FINDINGS

The participants in this study described a climate for caring as one in which the faculty acknowledge and actively respond to the feelings of stress and anxiety that are experienced by students, provide opportunities for students to express their opinions and concerns without fear of reprisal, and place high priority on meeting the needs of students. Modeling, dialogue, practice, and confirmation, as conceptualized by Noddings,^{5,19} were described by these study participants as the faculty–student interactional processes within which a climate for caring is experienced. The term affirmation was added to Noddings's^{5,19} label for the fourth component of a moral education because this term was thought to contribute to the meaning conveyed by these study participants. Consistent with Noddings's^{5,19} conceptualization, the ability of faculty to model caring behaviors provided the foundation for the enactment of the remaining three components of a moral education. No data were elicited to suggest that dialogue, caring practice occasions, or confirmation/affirmation were experienced by these participants during interactions with those teachers who failed to model caring behaviors.

Modeling

Modeling is defined as the enactment of behaviors that “show oneself to another as one caring.”^{19(p178)} By definition, then, the

designation of a behavior as caring rests with the perceptions of the recipient of the behavior. The description by these participants of faculty behaviors that were perceived as caring were grouped under the category of modeling. Nine subcategories emerged from the analysis of these data: displacement of motivation, equality of interaction, presence, prosocial orientation, sensitivity, constancy, personal interest, professional credibility, and ethical responsibility as a teacher. With the exception of displacement of motivation, these participants provided both positive and negative examples to describe those faculty behaviors they perceived as caring. Based on the distribution of data file cards across all nine subcategories of modeling and the distribution of subcategories identified from the data provided by each of the study participants, the subcategory of presence emerged as dominant in this study. These participants described as caring those faculty behaviors that conveyed the meaning of presence two to three times more frequently than for any other subcategory of modeling. The meaning statements and data examples for the subcategories of modeling are presented in Table 1.

Dialogue

Dialogue is described by Noddings¹⁹ as reciprocal and open communication between two people in which ideas, thoughts, and feelings are mutually exchanged. Engaging in such dialogue defies the hierarchical relationship that has been characteristic of traditional teacher–student interactions by challenging both teachers and students to meet one another as individuals in an egalitarian exchange that is based on understanding and trust. Descrip-

tions of an interactional episode in which these participants engaged in a discussion with a member of their nursing faculty about an issue, problem, or concern were broadly grouped under the category of dialogue. Seven participants described as caring an interactional episode in which they and one of their teachers participated in a discussion through which thoughts, ideas, or feelings were mutually shared, while three described as uncaring an interactional episode in which they had unsuccessfully attempted to resolve an academic problem through discussion with a member of their faculty. Modeling by the faculty of caring behaviors was consistently identified by these participants as a determining factor in the decision about which teachers they approach for the purpose of dialogue. When these participants experienced, in particular, a personal problem or concern, they preferentially initiated dialogue with a member of their faculty whose behaviors were perceived as caring and described themselves as hesitant to approach those teachers whose behaviors were perceived as uncaring. Specifically, several of these participants directly stated that they seek out for the purpose of dialogue those members of their faculty whose behaviors convey the meaning of presence. The meaning statement and a data example for the category of dialogue are presented in Table 2.

Practice

The provision of opportunities through which students can experience the self as caring in their relationships with others is identified in Noddings's¹⁹ articulation of practice as the third component of a moral education. Such practice opportunities are created when preferential emphasis is given

to the development of skill in the demonstration of caring behaviors and enhancement of the quality of the relationships that students experience with others. According to Noddings, such practice opportunities can constitute a "true apprenticeship in caring"^{19(p87)} when students are provided with the freedom that is needed to accept the risks that are inherent in assuming the position of one caring.

The descriptions by these participants of faculty-student interactional episodes through which caring occasions could be experienced within the context of the clinical practice setting were grouped under the category of practice. Under this category, two subcategories of data emerged: role modeling and empowerment of the student. The meaning conveyed by these subcategories of data emerged through the description of faculty-student interactional episodes during which these participants either experienced or failed to experience a caring occasion while participating in the direct care of patients. The meaning statements and data examples for the subcategories of practice are presented in Table 3.

Seven of the study participants described at least one clinical practice episode during which they observed their teacher or another nurse role modeling caring behaviors with either patients or families. Describing themselves as passive observers during such interactional episodes, these participants identified as their response to role modeling the desire to emulate in their future practice those nurses who enacted caring behaviors. Consequently, while these interactional episodes were described as both a caring occasion and a positive learning experience, they did not directly enable these participants to enact caring behaviors with patients.

Table 1. Modeling: Subcategories, meaning statements, and data examples

Subcategory	Meaning statement	Data example
Displacement of motivation	Behaviors are perceived to be motivated by the desire to foster the self-actualization of another. ¹⁹	[The teachers are] really not just centered on themselves. They're interested in what all the people around them are feeling, and they're trying to help them.
Sensitivity	Behaviors reflect the capacity to perceive the attitudes, feelings, or circumstances of another.	We were much more cared for in the maternity [clinical] just because [our teacher] seems to be very oriented as to whether we're having problems.
Constancy	Continuity is evident in the behaviors that are experienced by another.	You rarely ever see anyone mad. [The teachers] always smile and have something to say.
Prosocial orientation	Behaviors convey an awareness, acceptance, and respect for the human worth of others and a delight in the personhood of others.	[The teachers] like people. They're not afraid to interact with people.
Equality of interaction	Behaviors reflect communicating with rather than at another.	Some of [the teachers] talk down to you, but she talks with you.
Personal interest	Behaviors convey a concern for and a responsiveness to another as an individual and a holistic being.	[The teachers] consider you to be an individual. They do not consider you as just a junior nursing student. I'm not considered just part of a class.
Presence	Behaviors convey a readiness to make oneself available to another and to generously invest oneself in another. ¹⁹	[The teachers] have pretty much an open-door policy here. They have their hours when they're available, but if they're in their office and you need them, they're there for you.
Professional credibility	Behaviors are perceived to demonstrate the mastery of nursing skills, in-depth knowledge of nursing practice, and personal experience with patients.	Every time I see [the teachers during clinicals], I'm impressed with their ability to comfort the patients or to know what to say to the patients. And they know; they've had experience doing it. They know what they're doing and are self-assured.
Ethical responsibility as a teacher	Behaviors are perceived to be fair and impartial, expectations are clearly communicated, and honest and immediate feedback is given.	[The teachers] don't hide anything from us. They tell us up front what they expect. They play no games with us.

Table 2. Dialogue: Meaning statement and data example

Meaning statement	Data example
Interactional episodes that are characterized by the mutual search for enlightenment, responsible choice, or the means to problem resolution through talking, listening, sharing, and responding to the thoughts, ideas, or feelings of one another. ¹⁹	[My teacher] talked me through [a difficult time] and shared some really personal things about [herself] with me and said "you're okay." I was feeling like I just didn't know anything and didn't know enough to be a nurse. And I was uncomfortable about making decisions in the clinical setting because I felt as if I didn't know what I was doing. [She] tried to clear that up with me and offered me lots of support.

In contrast, 4 of the 10 participants described a clinical practice episode during which their teacher or a member of the nursing staff failed to interact with patients using behaviors that were perceived as caring by these participants. The theme that was typically communicated in the description of these episodes was dissonance in the interpretation by these participants of the patient's need for caring and the actions or

behaviors of their clinical teacher or another nurse. While these participants, in common, described feelings of distress in response to these episodes, one of the participants attributed her ability to demonstrate caring behaviors with patients to the failure of the hospital nursing staff to model such behaviors. According to this participant, "[witnessing a lack of caring] makes me want to overcompensate for the lack of it. And I just

Table 3. Practice: Subcategories, meaning statements, and data examples

Subcategory	Meaning statement	Data example
Role modeling	Episodes in which students directly observe their teachers or staff nurses interacting with others using actions or behaviors that are perceived to be caring	Today this man was walking down the hall and [my teacher] stood there and talked 30 minutes with that man, and it was time for her to go. And this was just a man who was in with somebody's patient and she had seen him, and she stood there and talked and he needed it. I could hear them, and he was just pouring everything out. She's just that kind of person.
Empowerment of the student	Interactional episodes in which the faculty enable, enhance, or contribute to the ability of students to experience a positive sense of themselves as an emerging professional nurse	When we go out [of the patient's room], [my teacher] kind of strikes up a conversation with us and talks about what we just did and kind of stirs up our own thoughts as to what we should be thinking to do next. Then she kind of plants the ideas of what to do next.

feel drained after I finish because I feel like I'm trying to make up for their uncaringness."

The data that were grouped under the subcategory labeled empowerment of the student focused on the description by these participants of ways in which their interactions with clinical teachers mediate their ability to experience caring occasions with patients. The description by these participants of their capacity to participate as the one caring in a nurse–patient relationship turned on the extent to which they could experience a positive sense of themselves in their role as an emerging professional nurse. Consequently interactional episodes during which their clinical teacher augmented or enhanced their ability to successfully perform in the nursing role were consistently identified by these participants as empowering events through which they perceived themselves as enabled to focus on the needs of their patients and experience themselves as caring.

The clinical practice setting provided the arena in which the dual roles of these participants as both student and emerging professional nurse coalesced. The blending of these roles within the context of clinical practice settings that are perceived to be intensely demanding and stressful provided the framework within which these participants interpreted as empowering the interactional episodes they experienced with their clinical teachers. Both as a student and as an emerging professional nurse, these participants described themselves as dependent on and, consequently, vulnerable to the behaviors and actions of their clinical teachers. Introduction to a system of grading in which their academic progression is linked to their clinical performance coupled with

Nursing students described themselves as dependent on and vulnerable to the behaviors and actions of their clinical teachers.

the recognition that there is an element of teacher subjectivity in clinical evaluations delineated the structure within which these participants experienced themselves as vulnerable in their role as a student. Viewing the clinical practice setting as inherently unpredictable and seeing themselves as possessing limited knowledge and expertise with which to practice at a consistently proficient level, these participants described themselves as dependent upon their clinical teachers to be fair, impartial, and magnanimous in the evaluation of their clinical performance. Concomitantly, as generic students with little or no prior experience with patients, these participants implicitly described themselves as having limited personal resources from which to draw in their efforts to cope with the uncertainties they encounter in their role as an emerging professional nurse. Consequently, they relied heavily on the technical expertise and clinical knowledge of their teachers to ensure that they did not act in ways that would be harmful to patients. Moreover, they depended on their teachers to anticipate both their needs and the needs of their patients and voluntarily act on their behalf in ways that would maximize their ability to execute nursing role expectations. As one of the participants said, "I think if you don't have a good clinical instructor, you can't make it . . . if they don't give you confidence then you're not going to have confidence."

Nine of the 10 participants in this study

described at least one interactional episode in which they experienced themselves as empowered by their clinical teacher. These participants described as empowering those interactional episodes in which their clinical teacher acted to reduce the anxiety they experience in the clinical setting, bolstered their self-confidence by being readily available to them and expressing belief in their abilities, and deliberately minimized the hierarchical features that characterize traditional faculty-student interactions by engaging with them in a relationship through which collaboration and a sense of collegiality were promoted. Moreover, these participants described themselves as having limited ability to simultaneously function in the clinical setting both as a student and as an emerging professional nurse. Consequently, these participants described as empowering those interactional episodes in which clinical teachers structured their expectations in ways that permitted these participants to focus primarily on the execution of nursing role expectations rather than the execution of student role expectations. Specifically, the interactional episodes described by these participants in which the opposite meaning of empowerment of the student was conveyed were those in which their clinical teacher used the practice setting as a forum for the demonstration of knowledge acquisition or the mastery of technical skills. In such situations the personal energy that these participants could invest in the resolution of the needs being experienced by their patients was diverted toward the resolution of their own need as a student to satisfy the teacher. As one of the participants described it:

A lot of times I personally forget that [the patient is] a person. . . . I don't touch them, I

don't . . . all I'm worried about is here comes my instructor. What procedure do I do next? . . . My focus is not on the patient really. It's more on what procedure do I have to do? How do you do it? Why do you do it? . . . To me, it doesn't seem like I'm caring for the patient. I feel like my focus is different.

Beyond this, four of these participants described clinical practice episodes in which they or one of their classmates was "grilled" by a teacher in front of a patient or questioned at length by a teacher in front of other students or members of the hospital nursing staff. According to these participants, coping with the feelings of anxiety, embarrassment, and intimidation that were evoked by these episodes necessitated the expenditure of substantial personal energy that obviated their ability to focus on the needs of their patients. As one of the participants expressed it, "It's not easy [to relieve the patient's anxiety] when I'm relieving my anxiety." For these participants, experiencing such an event was not only one in which they failed to perceive themselves as empowered by their clinical teacher but one in which their own ability to independently experience a positive sense of themselves in their role as an emerging professional nurse was taken from them.

Confirmation/affirmation

In her identification of confirmation as the fourth component of a moral education, Noddings¹⁹ argues that the objective response of a teacher to the actions of a student must be balanced with a subjective responsiveness to the student as a valuable human being. Such a balance can be achieved when teachers respond to students with an honest appraisal of their present

abilities along with a recognition and acknowledgment of their future potential. Through such a dual response, Noddings¹⁹ suggests that teachers can enable students to envision an attainable image of themselves in a way that otherwise would not be possible.

The need to experience confirmation/affirmation was a recurring theme in the description by these participants of the experience of being a junior nursing student. In particular, these participants described themselves as experiencing the need for confirmation/affirmation almost exclusively within the context of their role as an emerging professional nurse. Seeing their faculty as having mastered this role, all 10 participants identified their teachers as those to whom they look for the fulfillment of this need. Specifically, these participants experienced as caring those faculty–student interactional episodes during which the assessment of their clinical performance was expanded to include an acknowledgment of their future potential as a nurse and as uncaring those interactional episodes in which their teacher failed to respond to their need for confirmation/affirmation by emphasizing only the negative aspects of their performance. The meaning statement and a data

example for the category of confirmation/affirmation are presented in Table 4.

DISCUSSION OF FINDINGS

Several of the faculty behaviors and faculty–student interactional episodes through which these participants described themselves as able to experience a climate for caring have been documented by other investigators who have studied the meaning of caring as it is experienced by nursing students. In particular, behaviors that convey the meaning of presence, personal interest in students, sensitivity, professional credibility, and ethical responsibility as a teacher have emerged from other studies as ways in which students experience the meaning of caring within the context of faculty–student interactions.^{23–27} Similarly, both the positive and negative examples used by the participants in this study to describe those interactional episodes in which the meaning of empowerment of the student was conveyed have been described in other studies. In a phenomenological study conducted with 6 senior nursing students and 6 nursing faculty to investigate the lived experience of a caring teacher–student interaction, Miller, Haber, and Byrne reported

Table 4. Confirmation/affirmation: Meaning statement and data example

Meaning statement	Data example
Interactional episodes in which the teacher acknowledges the present abilities of a student in a manner that is consonant with reality while also recognizing the future potentialities of the student. ¹⁹	We were always walking around insecure [during clinicals]. But [our teacher] would come over and she would watch and she'd say, "No, you're doing it right." Then she'd say, "Well, that part of it, that'll just come with experience." We did have insecurities, but she would kind of hold our hands [and] say "that's okay, you're just learning. Keep it up, you're doing a good job." So she would kind of wash out the insecurities with what she'd say.

that the students in this study described as empowering those teachers who recognized their strengths and potential and were always there for them.²⁶ Conversely, Hall-dorsdottir²⁵ found that the most extreme form of uncaring encounters as experienced by 9 graduates of a single baccalaureate school of nursing were those in which they were ridiculed or treated with contempt and disrespect by their teachers. Finally, Schecter²⁷ reported that the most frequently identified faculty behaviors that were perceived as nonhumanistic by 233 generic nursing students were those in which the faculty behaved in ways that were embarrassing to them or disdainful of their abilities.

Student vulnerability as a recurring theme in the description by these participants of a climate for caring has not been explicitly documented in prior studies that have been conducted to investigate the meaning of caring as it is experienced by nursing students. The sense of vulnerability that was conveyed by these participants surfaced at several levels in their description of a climate for caring. First, experiencing themselves as vulnerable fostered a conscious recognition on the part of these participants of their need to experience a climate for caring during their interactions with faculty. This need was repeatedly identified by all 10 of the study participants. Secondly, the theme of student vulnerability was interwoven throughout the descriptions by these participants of the interactional episodes within which they experienced a climate for caring. These participants were acutely attuned to their interactions with faculty and often interpreted an interactional episode as caring or uncaring according to the presence or absence of discrete and, at times, seemingly

minor teacher behaviors or actions. Finally, the responses of these participants to their interactions with faculty were characterized by an intensity that might seem disproportionate when not considered within the context of student vulnerability. Interactional episodes with the faculty that were perceived as uncaring were described by several of the participants as devastating events that left them feeling "hurt" and "torn down" and that were eroding to their self-confidence and diminishing to their self-esteem and their sense of personal worth. As one of the participants described it, "sometimes you really feel like you're a total failure as a nurse . . . you kind of walk out and you think, I can't do anything right." Conversely, interactional episodes with the faculty that were perceived as caring were described by these participants as "uplifting" events through which both their self-esteem and self-confidence were raised.

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The findings from this study support Noddings's^{5,19} conceptualization of the components of a moral education and suggest that modeling, dialogue, practice, and confirmation/affirmation are the faculty-student interactional processes within which these participants experienced a climate for caring. Further research is needed to identify both antecedent and outcome variables that are associated with a student-perceived climate for caring. In particular, studies conducted to investigate ways in which clinical practice experiences can be structured to promote the emergence of a climate for caring are recommended. Finally, research is needed to determine the

relationship between the student-perceived climate for caring and the immediate and

long-term ability of students to enact the nursing role as one caring.

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