Nursing Students' Caring Behavior As An Outcome Of Instructors' Caring: First Results From An International Study

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NURSING STUDENTS' CARING BEHAVIOR AS AN OUTCOME OF INSTRUCTORS' CARING: FIRST RESULTS FROM AN INTERNATIONAL STUDY

Disclosures

- The authors have no disclosures to share.
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Objectives

- The learner will be able to:
- Discuss the need for caring interactions with faculty which can enhance students' caring outcomes.
- Understand the need for intervention using positive faculty modeling and role modeling in the student nurse curriculum as identified by research conducted in seven different countries.

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Caring is a core nursing value and the essence of the nursing profession *(Benner & Wrubel 1989, Tanner 1990, Watson, 2008)*.

It has been considered as the nurse's moral ideal of preserving human dignity by assisting a person to find meaning in illness and suffering in order to restore or promote the person's harmony *(Watson 2002)*.

Caring moments may not be limited only during nurse – patient interaction, as in nursing education, caring moments may also occurred during faculty and students interaction *(Wade & Kasper 2006, Sawatzky et al. 2009)*.

Clinical learning environment in particular is essential for the acquirement and advancement of students' professional skills, knowledge, decision making and caring attributes. As a core value of professional nurses, it is believed that human caring can be **learned, taught, and measured** through nursing education.

Empirical studies suggest that when caring is introduced early, modeled and reinforced **throughout the curriculum**, students' may become caring practitioners in the future *(Noddings 1984, Gramling & Nugent 1998, Carlson, Kotze & Rooyen 2003)*.

Although **few evidences exist**, still, there is a scarcity of empirical evidence about how caring interactions with faculty can enhance students' caring outcomes *(Watson 2002)*.

Research Objectives

The aim of this study was to explore the effect of instructors' caring on students' caring behavior.

Two research questions which were addressed in this study:

Is there a relationship between instructors' caring and students' caring behavior?

Do caring behaviors of instructors affect students' caring behavior?

Methods

Study Design

A descriptive survey was utilized for this study. This research design was appropriate since it is time efficient and does not require follow up data collection.

Samples and Setting

This study was conducted at different schools of nursing in eight (8) countries.

The study population included nursing students in their second to fourth year in a BSN program.

Freshman students were excluded since they still have limited patient interaction and no clinical experience.

Measures

Demographic Form

Study participants completed a self – report questionnaire regarding their demographic profile such as their age, gender and year of attendance.

Nursing Students' Perception of Instructor Caring (NSPIC)

Caring Behavior Inventory (CBI)

Nursing Students' Perception of Instructor Caring (NSPIC)

Developed by **Wade & Kasper (2006),** this instrument is based on **Watson's Theory of Interpersonal Caring** and was designed to measure nursing students' perceptions of instructor caring.

The **31 – item scale** is internally consistent (a = 0.97) and contains **five factors** that reflect transpersonal caring in nursing education:

(a) instill confidence through caring (11 items),

(b) supportive learning climate (10 items),

(c) appreciation of life meanings (3 items),

(d) control versus flexibility (4 items),

(e) respectful sharing (3 items).

It uses a **6 – point Likert – type scale**, where potential item responses ranged from strongly disagree (1) to strongly agree (6). The total score of nursing students' perceptions of instructor caring is the sum of responses to each item. The possible range of score is from 31 to 186, with **higher scores indicating more positive perceptions of instructor caring**.

Caring Behavior Inventory (CBI)

In order to examine the caring behaviors of nursing students, the Caring Behavior Inventory (CBI) was used **(Wu, Larrabee, & Putnam, 2006).**

This tool is a **24-item** questionnaire that uses a **6-point Likert scale** (1 = never, 6 = always) and is based on **Watson's ten Curative Factors**.

The CBI measures **four subscales of caring:**

(a) assurance of human presence(8 items), which deals with patients' needs and security

(b) knowledge and skills (5 items), related to nurses skills and educated persons

(c) respectfulness deference to the other (6 items), dealing with how nurses show interest for the patients

(d) positive connectedness (5 items), corresponding to the need for nurses to be ready to help the patients

Prior to actual data collection, permission to use the CBI and NSPIC were granted by its authors.

For respondents from English – speaking countries, the original English version of the tool was used.

For non – English speaking countries, both instruments were translated into the participating countries' language by the research-partner.

Translated versions were discussed within a panel of experts within the respective country to ensure content validity.

Data Collection Procedures

Data collection started in February 2014 and finished in August 2014.

Only the sophomore (second year), junior (third year), and senior students (fourth year) were included in the study.

Freshman students were excluded since they still have limited/no clinical experience/patient interaction

The purpose of the study was explained and once students consented, they received the CBI and NSPIC tools to complete.

Data Analysis

Data was analyzed with SPSS version 21 (SPSS Inc., Chicago, IL, USA) using descriptive and inferential statistics.

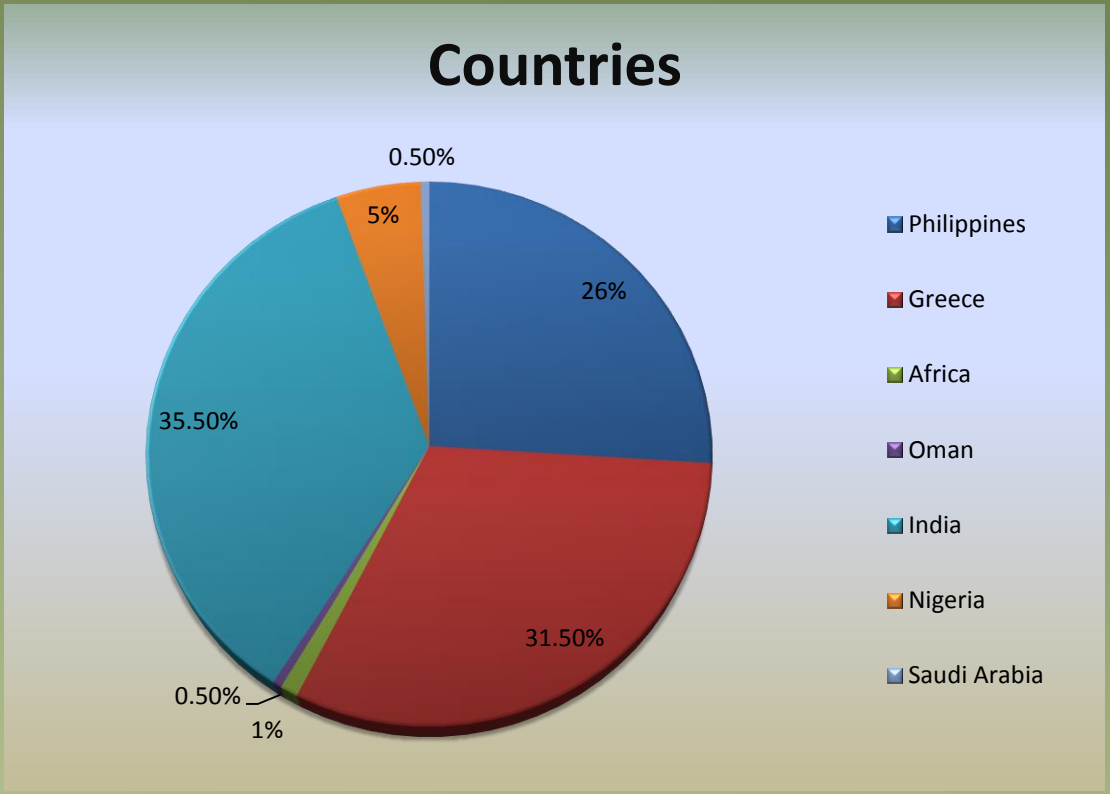
Descriptive statistics such as frequencies, means, percentages and standard deviations were utilized.

Due to the characteristics of the data **non-parametric statistics** were used to determine correlations between relevant variables, such as the Wilcoxon test, Kolmogorov-Smirnov test and regression analysis.

The predictive ability of the NSPIC was examined by regressing NSPIC on the CBI **subscales and questions** utilizing a regression analysis.

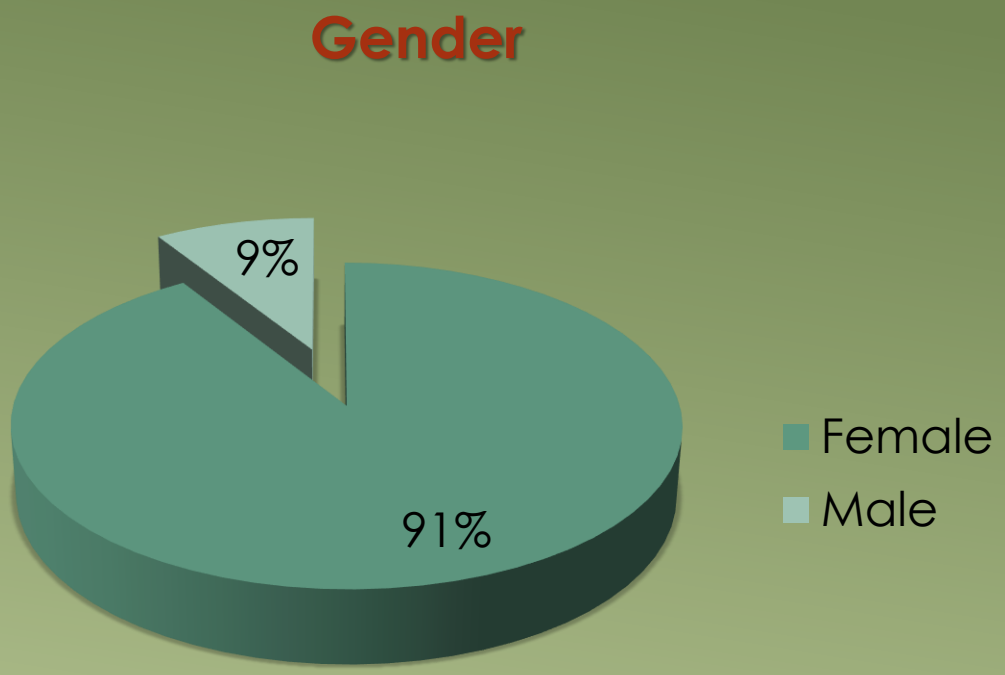
Level of significance accepted was $p < 0.05$.

Results (1)



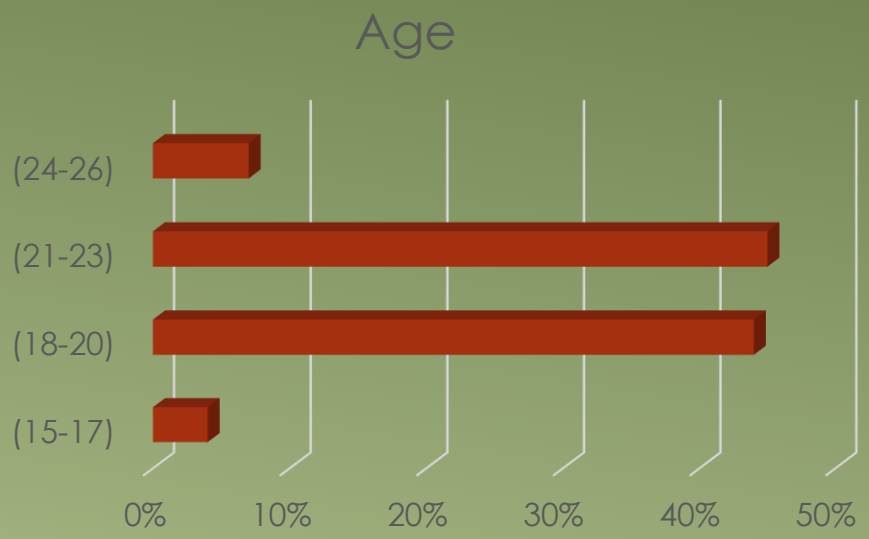
The sample consists of 368 nursing students from seven countries (26% Philippines, 31.5% Greece, 1% Kenya, 0.5% Oman, 35.5% India, 5% Nigeria, 0.5% Saudi Arabia).

Results (2)



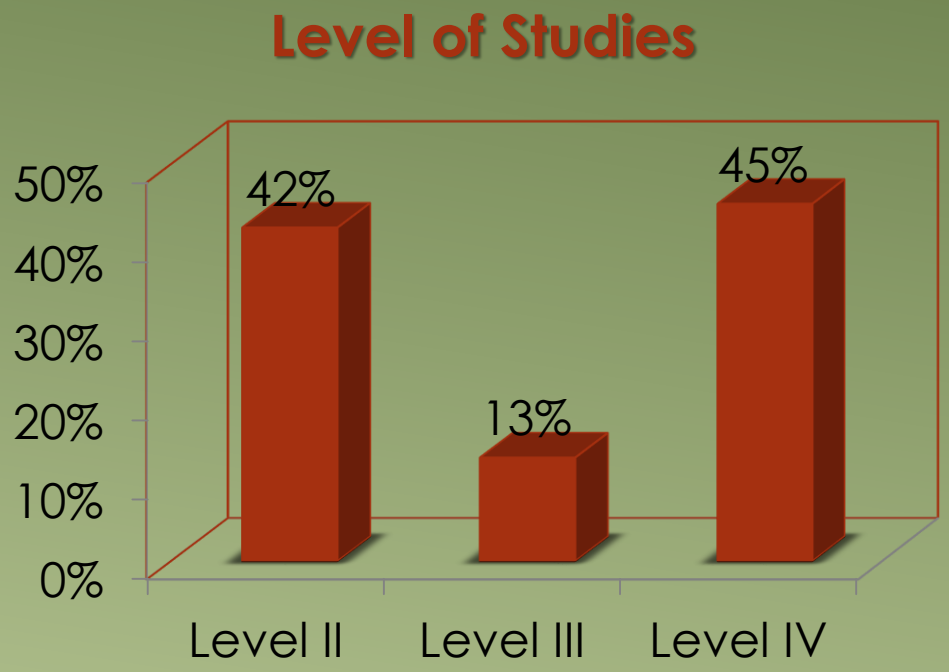
The sample consists of 368 nursing students ,
91% female (N=335), 9% male (N=33)

Results (3)



Age	N	%
15-17	16	4%
18-20	161	44%
21-23	165	45%
24-26	26	7%
15-17	16	4%

Results (4):



Level of Studies	N	%
Level II	157	42%
Level III	49	13%
Level IV	160	45%

Results (5): Means of NSPIC and CBI

NSPIC	Mean Score	Standard Deviation
FACTOR 1: Instills confidence through caring	4.39	0.13
FACTOR 2: Supportive learning climate	3.92	0.21
FACTOR 3: Appreciation of life's meaning	4.06	0.06
FACTOR 4: Control versus flexibility	3.66	0.11
FACTOR 5: Respectful Sharing	4.01	0.48
TOTAL PART I	**4.08**	0.31

CBI	Mean Score	Standard Deviation
FACTOR1: Assurance	4.63	0.11
FACTOR 2: Knowledge and Skills	4.58	0.06
FACTOR 3 : Respectful	4.55	0.18
FACTOR 4: Connectedness	4.47	0.14
TOTAL PART II	**4.56**	0.13

Results (6): Difference of Means between NSPIC and CBI

NSPIC Mean ±SD	CBI Mean ±SD	t	P-Value
4.08±0.31	4.56±0.13	-6.81	0.00

Wilcoxon Test for Paired Samples

Results (7): Difference of Means between Male and Female for the question "Spends Time with the Patient"

Male Mean ±SD	Female Mean ±SD	t	P-Value
4.00±1.47	4.49±1.32	-2.01	0.045

Kolmogorov Smirnov Test for Independent Samples

Results (8):
Multiple Regression with dependent variable "Helps to Decrease Patient's Pain" from CBI

Dependent Variable / Independent Variables from NSPIC	β Coefficient	P Value	Adjusted R^2	F
Makes me feel that I can be successful	0.25	**0.00**	0.33	27,32
Helps me to envision myself as a professional nurse	0.27	**0.00**		
Offers support during stressful times	0.07	0.15		
Inspires me to continue my knowledge and skill development	0.09	0.16		
Does not makes me nervous in the clinical laboratory	0.006	0.90		
Trusts my judgment in the clinical laboratory	0.08	0.19		
Uses grades to maintain control of students	0.06	0.16		

Results (9):
Multiple Regression with dependent variable "Demonstrates Professional Knowledge and Skills" from CBI

Dependent Variable / Independent Variables from NSPIC	β Coefficient	P Value	Adjusted R^2	F
Makes me feel that I can be successful	0.15	**0.01**	0.38	33.31
Helps me to envision myself as a professional nurse	0.47	**0.00**		
Respects me as an unique individual	-0.11	0.06		
Inspires me to continue my knowledge and skill development	0.14	**0.02**		
Does not makes me nervous in the clinical laboratory	-0.01	0.81		
Trusts my judgment in the clinical laboratory	0.03	0.45		
Do not focus on completion of patient care tasks rather than the patient's needs	-0.04	0.34		

Results (10):
Multiple Regression with dependent variable "Allows Patient to Express Feelings about his or her Disease and Treatment" from CBI

Dependent Variable / Independent Variables from NSPIC	β Coefficient	P Value	Adjusted R^2	F
Shows genuine interest in patients and their care	0.17	**0.00**	0.36	35.73
Cares about me as a person	-0.06	0.31		
Serves as a trusted resource for personal problem solving	0.05	0.35		
Accepts my negative feelings while helping me to see the positive	0.10	0.07		
Is attentive to me when we communicate	0.16	**0.00**		
Makes me feel that I can be successful	0.30	**0.00**		

Conclusions (1)

1. **Male students** (M = 4,00, SD = 1,479) seem to spend **less time** with the patients in correlation to **female students** (M=4,49, SD=1,329), **p = 0.045.**

2. If the instructor makes the student to feel that he/she can be **successful,** to **envision** himself/herself as **a professional nurse,** and the student **helps the patient to decrease his pain (p < 0.05).**

Conclusions (2)

3. If the instructor makes the student to feel that he/she can be **successful**, to **envision** himself/herself as **a professional nurse,** and **inspires** him/her to **continue their knowledge and skill development,** the student **demonstrates professional knowledge and skills ($p < 0.05$).**

4. If the instructor shows **genuine interest** in patients and their care, makes the student feel that he/she can be **successful,** is **attentive** to the student when they communicate, and the student **allows the patient to express feelings about his or her disease and treatment ($p < 0,05$).**

Conclusions (3)

Instructors' caring behavior **affects** nursing students' caring behavior.

Through **positive faculty modeling and role modeling**, nursing students can be professionally trained to develop the competence of caring.

Moreover, when the climate of nursing education is perceived **as caring**, students acquire a professional way of being and learn to care as a professional nurse *(Kelly 1992, Beck 2001, Woodrow 2003, Labrague 2012)*.

Questions??