

The Lived Experience of Caring Presence for Nursing Faculty and Nursing Students

by

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Abstract

THE LIVED EXPERIENCE OF CARING PRESENCE FOR NURSING FACULTY AND NURSING STUDENTS

by

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The lived experience of caring-presence phenomenon may have meaning for nursing faculty and nursing students, but is not sufficiently researched in the discipline of nursing. This hermeneutic phenomenological qualitative study is designed to understand the lived experience of caring presence within the context of the nursing faculty and nursing student relationship. Nine full time tenure track nursing faculty and six full time clinical nursing students participated, by means of in-depth interviews describing the meaning of caring presence within a nursing faculty-nursing student relationship. The van Manen phenomenological approach was used as the applied methodology for interpretation and reflection of the findings for this study. The findings of the study reveal caring-presence is a distinct phenomenon with five interconnected essential themes that illuminate the experience. Paterson and Zderad's Humanistic Nursing Theory and Jean Watson's Transpersonal Caring Relationship were used as a framework to reflect upon the findings. The research findings have implications for continued research in the development of caring-presence as a concept and as a phenomenon. The implications for nursing education include development of pedagogical approaches, teaching and learning strategies, and caring science curriculum development based upon the caring-presence relationship of nursing faculty and nursing students. The caring-presence relationship between nursing faculty and nursing students transforms both the faculty and the student.

Key Words: caring, presence, relationships, nursing faculty, nursing students, nursing curriculum, caring-presence, phenomenology, van Manen

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Dedication

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CHAPTER I

Aim of the Study

Introduction

If we are to graduate students who are caring and respectful professionals, we must, as faculty, care for and respect students. These are adults with varied life experiences, which may have helped or hindered their progress thus far in the often daunting task of getting into the nursing program. (Mertig, 2003, p. 40)

A student approached the nursing professor during mid-semester, following the class lecture, and stated, "I am withdrawing from this course." During the first 6 weeks of the semester, the student had been late on a few occasions to the lecture class and to the assigned clinical practicum area. She had also been absent once from her lecture class, laboratory class, and clinical rotation. The college attendance policy stated that if a student was marked absent on two or more occasions, in any combination of classes, the student would receive a failing grade for the course.

The professor, aware that this student currently had an *A-* average at mid-semester, listened to the statement but heard, "I'm in trouble," and she stood silently for a moment. The student spoke again softly, stating, "I do not want an *F* on my transcript, and I know I will be late or absent again." The student was looking directly at the professor, holding back her tears and waiting for a response. There was a period of silence, and then the professor responded, "Do you have a moment to sit down and talk about this before any final action is taken?" The student began to sob silently, and she sat down close to the professor; the professor held her hand.

The professor could accept the student's request to withdraw without discussion and adhere strictly to the college policy without regard for the student's circumstances or the professor could choose to listen to the student's circumstances unbiased by the previous attendance pattern. The professor chose to pause, listen, care, and be present for the student, with an understanding of the effect this single action would have upon the life and nursing career of the student.

Faculty members within a nursing program may find that the events and varied life experiences of students may impact their progression within the program. Often students are able to manage life experiences and are inspired by the caring connection with the faculty member. There are also those instances when students need someone to listen, be present, and care about the experiences that are affecting their academic performance. The ability of nursing faculty to listen, be present, and care about the experiences that affect students may be termed *caring presence*.

Aim of the Study

The aim of this study is to understand the lived experience of caring presence for nursing students and nursing faculty to discover whether it has unique characteristics that are not of caring and not of presence, making it a phenomenon worthy of study. The study seeks to listen to the experiences of those who can put into words the description of caring presence and reveal the meaning of the experience within the context of the nursing faculty-nursing student relationship. The results of the study may offer clarification and added definition of the phenomenon. Three questions will guide this study:

1. What is the lived experience of caring presence to the nursing student and to the nursing faculty member?

2. What is the meaning of caring presence in the context of the nurse educator and nursing student relationship?
3. Will caring presence reveal similar themes between the nursing students and the nursing faculty members?

The answers to these questions may expand the definition and meaning of a concept that has not been sufficiently described in the literature, especially in the field of nursing education. An understanding of the phenomenon of caring presence may have a significant impact upon how students and faculty relate to one another and how nursing curricula and nursing educational policies are developed.

Phenomenon of Interest

Caring presence, which has not been sufficiently defined in the nursing literature as a phenomenon separate and apart from both caring and presence, or as a phenomenon that possesses distinctive characteristics with a separate meaning, may nonetheless have a well-defined meaning for nursing faculty and nursing students. The intentionality of the caring presence experience within the nurse faculty and nursing student relationship may deepen awareness of oneself in relation to other human beings. This study may reveal the themes and attributes of the phenomenon of caring presence that make it unique and distinctive and may help to further define the phenomenon.

Covington (2002) published a qualitative study that for the first time integrated the concepts of caring and presence to describe a distinct phenomenon defined as caring presence. The study interpreted the experience of caring presence within the context of the nurse practitioner and chronically ill patient relationship. In doing so, Covington blended the knowledge of caring with the knowledge of presence to build a body of knowledge related to the

phenomenon of caring presence. In the process, she described caring presence as a relationship between two people who share themselves through ways of being, behaving, and feeling.

Additionally, she defined caring presence as the following:

an interpersonal, intersubjective human experience that provides a context for sharing oneself with another. The nurse brings conscious awareness (intentionally) and is available and attentive in the moment to provide opportunity for deep connection between participants in a relationship. (Covington, 2002, p. 49).

Three themes of caring presence that emerged from the experiences of the participants in Covington's (2002) study were (a) mutual trust and sharing, (b) transcendent connectedness, and (c) metaphysical experience. She describes the distinction of caring presence as a shared relationship that occurs when one individual is in the moment with another, fully attuned to the circumstances surrounding the well-being of the individual with life challenges. The caring presence relationship opens both individuals to new meanings and possible transformative experiences. These themes may be universal in the context of other relationships of various natures. In particular, the nursing student and nursing faculty relationship may also be one in which caring presence, as defined by Covington, may provide an example of the experience and meaning of these themes.

The proposed study is an attempt to reveal how these transformative experiences may connect nursing faculty and nursing students in the educational setting. The meaning of caring presence as experienced between a nursing faculty member and a nursing student may have similar meanings as that revealed by Covington. The results of the study may offer further contribution to nursing literature by adding further definition of the caring presence

phenomenon; it may especially add further definition to the concept of caring presence in the context of nursing education.

Caring presence between a faculty member and a student may lead to a relationship that is beneficial to both, and the relationship that develops between the two is essential to the success of each of them. For example, Mertig (2003) described the relationship between faculty and students as one that is “empowering for both faculty member and student, in that the faculty member is the facilitator of student learning and the student is the co-director in the process of his or her own growth and development as a professional nurse” (p. 70). She went on to state that in this relationship, the faculty member becomes a better teacher, one who is “flexible, approachable, and willing to individualize the learning opportunities within the scope of the job description and objectives of the course” (Mertig, 2003, p.70).

The relationship between nursing students and nursing faculty is mutual in that the student is learning the meaning of a caring relationship through the actions demonstrated by the faculty member, while the faculty member is learning to be a good teacher through the relationship with the student. Mertig (2003) stated that “a good teacher can spot a student in turmoil and must make every effort to reach out to that student” (p. 77). Mertig also suggested that in order for the faculty member to recognize a student in turmoil, he or she must be in the presence of the student and have an awareness of the dynamic occurrences in the student’s life. Conversely, she believes that even if the student is a self-starter, experiencing a strong connection with a faculty member can empower the student to do their best and rise to the next level of expectation (Mertig,2003). Whether the student is in turmoil, a self-starter, or a student in between these extremes, a caring presence relationship with a faculty member may have an impact on their experiences. Ideally, when the connection between student and faculty member is

made, then a caring connection can occur, and the presence of each can have a profound effect upon the other (Mertig, 2003).

The faculty member acts as a role model of caring presence for the student; so that the student understands the effect that caring presence has upon those who are experiencing life challenges. The faculty-student relationship fosters the professional values and attributes necessary for the novice nurse to understand caring presence. Students learn the art of caring, which can help them provide an environment for the healing of their patients when they begin their practice (Covington, 2003), as well as what it means to be present with another individual while assisting them to move through life's experiences.

Nursing literature in general describes caring and presence as essentially synonymous to one another. Finfgeld-Connett (2008a), in her review of the literature, determined that important similarities, as well as differences, existed in the various areas of nursing presence and caring, including in its antecedents, attributes, and outcomes. She concluded that the numerous mentions of presence and caring throughout the nursing literature in and of themselves pointed to the importance of these concepts. Yet, she noted, too, that some redundancies existed between the terms and that it was important for nurses to acknowledge the way in which these two concepts are synonymous (Finfgeld-Connett, 2008a). That being said, there is nursing literature that suggests presence and caring phenomena are not synonymous.

Godkin (2001) described nursing presence as having four major features: (a) uniqueness, (b) connecting with the patient's experience, (c) sensing, and (d) going beyond the scientific data. Uniqueness was described as a period of time when the nurse chooses to encounter the uncertainties of the nurse-patient dyad; while connecting with the patient's experience required nurses to be knowledgeable, perceptive, and to work on physical, social, and emotional levels.

Sensing was described as the acute capacity to perceive subtle visual, audible, and tactile signals sent by a patient, coupled with the nurse's mental discernment to correctly interpret the significance of those signals. Godkin described the scientific data as the awareness and recognition of patterns of human response rather than just reading the data.

Godkin's description of presence is a nurse focused description and does not describe a mutual relationship whereby the nurse and patient are connected and transcend the experience. The nurse makes the connection and becomes sensitive to the needs of the patient. This is not synonymous to Covington's description of caring presence, which is described as a mutual, trusting relationship whereby the nurse and the patient transcend the experience. The connection is initiated by both the nurse and the patient as each responds mutually in the moment. Therefore, caring presence may be a distinctively different phenomenon from presence even if it may share some attributes and antecedents of the phenomena.

Watson (2007) describes the transpersonal caring relationship as a moral ideal of nursing where the nurse is able to detect the spirit and feelings of the other individual and responds in a way that the other individual releases subjective feelings and thoughts. Watson goes on to say that as the intersubjective flow between the nurse and the other individual becomes less harmonious with the feelings and thoughts of either individual, new feelings and thoughts replace the previous ones through the transpersonal caring relationship they are experiencing (Watson, 2007). The nurse will respond to the change in the patients feelings and thoughts to maintain the relationship. According to Watson the experience of the transpersonal caring relationship protects and preserves the dignity of the other individual and requires that the nurse have knowledge of human responses, caring behaviors and a commitment to self and other humans (Watson, 2007).

Watson's transpersonal caring relationship centers on the relationship between the nurse and the other individual, and is similar to Covington's description of caring presence. This relationship describes the experience shared by the nurse and other individual as a moment that promotes healing as the two decide how they will relate to one another (Watson, 2007). This similarity is what leads to confusion concerning the distinctive attributes of caring presence. Covington (2003) suggests that difficulty in interpreting and conceptualizing caring presence is the reason it is important to continue developing nursing knowledge of the caring presence phenomenon, and the reason to continue to conduct research for a better understand the meaning and experience of the phenomenon (Covington, 2003).

Justification for the Study

A description of the experience of caring presence from the student's perspective and the faculty member's perspective may help to identify new pedagogical approaches in nursing education, with implications for nursing teaching and learning strategies, as well as teaching and learning interventions. Hills and Watson (2011) define a caring science curriculum in nursing as a curriculum that "seeks to create authentic, egalitarian, human-to-human relationships that lays the foundation for reconnecting the human spirit of the student and teachers alike" (pp. 16-17). Hills and Watson believe a caring science curriculum a) modeling for students how to be their best selves, b) creating a caring environment with living relationships between faculty and students, c) creating a space for students to have authentic dialogue with a transformation of consciousness, and d) confirming and/or affirming the faculty member will hold the student to their highest ideal self.

The creation of a caring science curriculum for nursing will lead to movement beyond the traditional curriculum changes, where content is swapped or switched, to a curriculum that

acknowledges and benefits from current scholarly nursing research with a more humane approach towards teaching, learning, and practice (Hills & Watson, 2011). Researching the experience of caring presence among faculty and students may offer a better understanding of the meaning and experience of the phenomenon. The findings may be useful in the development of nursing curricula to include specific goals and objectives for students to learn caring presence behaviors. Specifically, it may contribute toward approaches to curriculum change that may include modeling of behaviors reflective of compassion, empathy, listening while actively engaged with another human being.

Bevis and Watson (2000) argued that a caring curriculum motivates nursing educators towards improved planning, triggers the drive for faculty self improvement and development, and influences teacher-student interactions in the climate of schools and classrooms. Understanding the experience of caring presence to nursing faculty and nursing students in the context of nursing education may offer a new perspective on curriculum planning and development in light of recognition of caring presence as a unique phenomenon. Examining all aspects of the experience may be useful in viewing current methodologies in curriculum development, faculty education, and faculty professional development from a different perspective. It may also provide the student with learning experiences not traditionally experienced within a nursing curriculum. It may be discovered that caring presence may add another dimension to nursing education, one that is as essential to nursing education as Covington (2002) found for nurses and patients. Watson (as cited in Bevis & Watson, 2000) states, “the educational setting is where caring theory can be first applied and later translated from pedagogical practices into the clinical world of nursing practice,” (p. 56). This may include the use of both modeling and dialogue by caring faculty within new practice situations and may

lead to greater understanding of how the experience may prepare students for better transition into professional nursing practice.

Phenomenon in Context

The context in which the caring presence phenomenon will be examined is within a nursing education program. The National Council of State Boards of Nursing (NCSBN) conducted the *National Survey on Elements of Nursing Education (2006)*. They reported that the average registered nursing program provides 758 hours of clinical learning experiences, of which 596 hours are direct patient care, where students are learning by observation, simulation, and skills lab. NCSBN reported this learning environment provides many opportunities for faculty to make themselves available to students, as well as an opportunity for students and faculty to develop a relationship that may lead to a caring presence connection. In this survey, the authors revealed that an increased number of faculty is an important part of undergraduate preparation and that in order to improve the graduate nurses' perceived adequacy of preparation, it is important to increase the number of faculty available to students. This finding is significant in the facilitation of quality faculty-students interactions (NSCBN National Survey, 2006).

The age and maturity level of nursing students entering nursing educational settings has increased; so many students must balance work and life issues while completing their education (NSCBN National Survey, 2006). When the student is an adult learner possible factors impacting student-faculty relationships are classroom diversities of gender, age, curriculum, experiences, employment status, personality, amount of education brought forward, interaction between degree seekers or those just taking classes, and environmental factors (Fuller, 2003). Such issues associated with work and life balance may impact student progress, establishing the necessity for the student and faculty member to build a deeper relationship and connection.

Students who enter nursing school today face a diversity of challenges and life experiences. These may contribute to increased fear and anxiety which may impact academic performance. Mertig (2003) stated that, “a teacher needs to make time to discuss with each student who is having difficulty, any current life crises, how they feel about themselves, their support system, allocation of their time, evaluation of study and test-taking skills, and any conflicts between teacher and student expectations” (p. 76). The challenge to balance work, school, and life situations may be overwhelming for today’s nursing student. Finding the opportunity to share experiences with another individual who understands and connects with the student may be a rare occurrence. Students may feel the need to connect more closely with faculty members to explain situations regarding how situations affect their successful progress; yet, they may perceive faculty members as unavailable.

On the other hand, nursing faculty may find it difficult to connect with students when they have large class sizes while having to manage the demands of their workload. Faculty must balance their workload, research priorities, and time spent with students in class or clinical rotations. The National League for Nursing & Carnegie Foundation National Survey of Nurse Educators (2006) found that many of the respondents reported administrative and teaching responsibilities that averaged 56-hours a week (NLN Fact Sheet, 2010). Given such demands, faculty may perceive the contact they have with students as presence with students, or may find they simply do not have sufficient time to be present with students. In addition, both faculty members and students may have different perceptions of what caring presence means.

Without sufficient knowledge or modeling of caring or presence, it may be difficult for students to emulate or even discuss caring presence. According to Rankin and DeLashmutt (2006), nurse educators are obligated to provide learning experiences for their students that

encourage the journey from novice to expert, and these should include faculty modeling nursing caring presence. Perhaps if the concept of caring presence were to be taught in the curriculum, students and faculty members would be more cognizant of this phenomenon.

The justification for examining caring presence in nursing education is the need to understand how engaging in faculty-student relationships enhances the successes and development of others as they become competent nurses. Covington (2003) found evidence in the literature suggesting that “through availability and interaction, demonstration of positive regard, trust, genuineness, and being physically involved, the nurse uses presence as an intervention that has an effect on patient outcomes” (p. 307). It is logical to assume the use of caring presence by faculty members will have a similar effect on student outcomes. By experiencing caring presence as role modeled by faculty, students may replicate such behaviors in future relationships. If students learn to engage in caring presence with patients, peers, and colleagues, patients may benefit as student nurses take time to listen, touch, and talk in the moments when it’s needed most. Students may also learn to be present for other peers and colleagues and develop caring presence with them in the same manner. The result of this dynamic is a winning process for the nursing profession, as caring presence may be one way to break down barriers that typically distance patients and nurses and faculty and students during a particular life experience (Covington, 2003).

Assumptions and Biases

One’s assumptions have an important role in the process of developing relationships with another human being. Both the faculty member and student come to the relationship genuinely without a false sense of self, and with unique assumptions that may have an impact upon the

relationship. Importantly, their assumptions of humanity and the teaching and learning process are significant in the establishment of a caring presence relationship with one another.

Humanity. All human beings are complex and are not comprised of just individual parts that can be separated. Humans exist within the context of their internal and external environment that shapes their experiences. It is these experiences that shape the relationships we share with other human beings. Hills' and Watson's (2011) assumption of humanity and people are that, a) people are unitary beings who experience the world as whole human beings and make meaning out of each experience, b) people are constantly evolving with their own learning journey; knowing what is best for themselves, but require support in their choices for themselves and, c) people are always situated in time and space within their own context (Hills & Watson, 2011). These assumptions of humanity may be important to the caring presence phenomenon and may be relevant in a faculty - student relationship.

Teaching and Learning. Teaching and learning is an interactive process that requires the participation of all individuals involved and may be affected by the assumptions of each individual. The assumptions of Hills and Watson (2011) are well-founded within the context of the caring presence phenomenon. Specifically, the following assumptions are of particular significance: a) teaching and learning incorporates aesthetic values, moral ideals, intuition, personal knowing, the joy of process discovery, passion and a spiritual-metaphysical dimension, b) teaching and learning occurs within the context of inter-subjectivity, inter human relationships, and human environment patterns in a universal field, and c) teaching and learning adheres to caring as a moral ideal and value for sustaining human dignity and authentic relationships in education (Hills and Watson, 2011). These assumptions are essential to caring presence phenomenon among nursing faculty and nursing students.

Of course, nursing faculty can have a relationship with nursing students where the caring presence phenomenon does not exist in the relationship. The student may, in fact, not need to have a caring presence connection with the faculty member in order to have successful progression in a nursing program. The nature of the relationship between the nursing faculty member and the student nurse may be purely a teaching and learning relationship, whereby the student learns to acquire and use knowledge facilitated by the faculty member. Nonetheless, these assumptions are still relevant within the context of this faculty-student relationship.

A bias of the author is that students who are involved in a caring presence relationship with faculty are likely to be successful in completing a nursing program. It is my belief that nursing students who experience a caring presence connection with a nursing faculty member may become better students. In turn, I also believe that the faculty member may become a better teacher. Students who experience a connected relationship with a faculty member respond to the caring presence of the nursing faculty member in a manner that transcends the student to greater awareness of themselves and their circumstance. This heightened awareness of self allows the student to move towards their desired goals. Faculty experiencing a connected caring presence relationship with students transcends to a greater self awareness of the movement of the student towards their goals, and they continue to act in a caring presence manner in more student relationships.

Methodology

The proposed qualitative study will use the phenomenological hermeneutic approach as this methodology provides a means for understanding the lived experience of caring presence for nursing faculty and nursing students. This approach examines the meanings of their life

experiences. The aim of this study is to discover the meaning of the phenomenon of caring presence as described by nursing faculty and nursing students.

Phenomenology is the study of human experience, which was originated by German philosopher Edmund Husserl in the early 1900s; it stimulated the growth of several branches of phenomenology (Sokolowski, 2008). Phenomenology provides a scientific basis for research in the human sciences. Hermeneutic phenomenology was one of the first branches that arose from Husserl's.

Hermeneutic phenomenology was developed by Martin Heidegger based on the work of Edmund Husserl. Martin Heidegger's work focused on the *being* of the individual, how the individuals described their personal being and what the meaning of the person's *being* is to him or herself (Sokolowski, 2008).

There are various approaches to analyzing the data collected using this approach, one of which is the method of Max van Manen. It is the Max van Manen approach for data gathering that will be used in this study. Van Manen (1997) noted that "phenomenology describes how one orients to lived experience, hermeneutics describes how one interprets the texts of life" (p. 4). His methodology is designed with human science research in mind and "is a philosophy of the personal, the individual" (p. 7). For this reason, the Van Manen approach is well suited for the study of the phenomena of caring presence. Van Manen (1997) also spoke of hermeneutic phenomenological research as a caring act through which the observer wants to know that which is most essential to being.

Relevance to Nursing

Insight into caring presence is relevant not only for nursing education but for the nursing profession as a whole. It may affect how nurses interact with one another, thus shaping the nature

of relationships that nurses have with others. The relationships a nurse has with patients, nursing colleagues, and other healthcare professionals are rooted in the types of relationships they encounter and form during their initial exposures and entrance into the nursing profession. The initial experience is their pre-licensure nursing education. Therefore, a caring presence relationship between faculty and students can be the catalyst for future caring presence relationships for every nurse who enters the profession.

Summary

The relationship between nursing students and nursing faculty is one that may be beneficial to both, where being with one another may assist each to move through life experiences. The benefit to the student may be in personal and professional growth, and the benefit to the faculty member may be in becoming a better educator. The phenomenon that may be critical in this relationship is caring presence, where caring presence of a faculty member may have a profound impact on students' progression and graduation.

The aim of this study is to describe the lived experience of caring presence among nursing students and nursing faculty, and reveal the meaning of this phenomenon to each. The study may reveal themes and attributes of caring presence that make it unique and distinctive and further define it. The phenomenological hermeneutic approach will be used as the research methodology of this study, along with the Max van Manen approach to data analysis.

The phenomenon of caring presence was not cited in nursing literature prior to the 1990s and has not been well defined in the nursing literature. During the 1990s nurse researchers began to study caring and presence and the similarities of the two phenomena, but it was Covington (2002) who first merged the two phenomena and defined caring presence as a separate and distinct phenomenon from that of both caring and presence. Covington (2002) defined caring

presence as occurring when “one individual is in the moment with the other individual, fully attuned to the circumstances surrounding the well being of the individual with life challenges” (p. 49). It is essential that nurse researchers continue to study the phenomenon of caring presence to add to nursing researchers’ and professionals’ understanding of the phenomenon, such that it may impact the development of nursing curricula.

CHAPTER II

Evolution of the Study

Historical Context

Caring and presence each have been defined, described, and studied as separate phenomena in nursing literature since the 1960s, by such early scholars as Sister Madeleine Clemence Vaillot (1966), Josephine Paterson and Loretta Zderad (1976), Jean Watson (1979), and Patricia Benner (1984). Both Watson and Benner made a connection between caring and presence, but neither actually linked the two concepts and defined them as separate phenomena (Covington, 2002). It was not until the early 1990s that caring presence, as a distinct phenomenon, appeared in the nursing literature. The studies of caring presence documented in the literature were primarily in clinical practice and focused upon the relationship between the nurse and the patient. There are no studies documented in the nursing education literature that described or defined the caring presence relationship between the nursing student and the nursing faculty member.

Caring Presence

Nelms (1996) conducted a qualitative study entitled, "Living a Caring Presence in Nursing," wherein which nurses were asked to write a story about a caring presence experience they would never forget. Nelms (1996) focused on the experience as perceived by nurses and how the caring presence actions of the nurses affected those for whom they cared. Heidegger's phenomenological method was used to analyze the narratives of the study, focusing on the nurse's human interaction and "being" with another human being as defined by Heidegger. The narratives of the study described the nurses' caring actions and connection to the humans who needed them but did not offer a clear definition of caring presence as a phenomenon. There was

also very little differentiation between the caring phenomenon and the caring presence phenomenon, as the narratives seemed to demonstrate actions related primarily to caring. The “constructive pattern” of caring was described as the “presencing of being” (Nelms, 1996, p. 371), and this pattern seemed to offer a start in describing caring presence among nurses and those for whom they cared.

The “constructive pattern” uncovered by Nelms revealed three themes that provide a structure for the meaning of caring presence: (a) timelessness and spacelessness of caring, (b) creating home, and (c) call to care as the call of consciousness. Timelessness and spacelessness were described as what happened over time in the nurse-patient relationship, coupled with the nurse’s ability to still feel the experience. Creating a home was defined as the nurse’s capacity to create a comfortable place for those being cared for and the nurse’s capacity to feel comfortable with this place. The call to care as the call of consciousness was defined as a call from within the nurse to allow those cared for to “be” their authentic self in the place the nurse created for them (Nelms, 1996, p. 371). The themes of the study were the beginning of research into the caring presence phenomenon. Although the study did not offer a clear definition of caring presence, it was the precursor to Covington’s intersubjective human conscious awareness metaphysical experience.

Caring presence was first identified in nursing literature as a distinct and separate phenomenon in Covington’s (2002) study of chronically ill patients being cared for by nurse practitioners. Caring and presence were blended to explore the special relationship that occurs between the nurse and the patient. Covington (2002) describes as a deep connection in which both the nurse and the patient are engaged in a relationship that transcends the separateness of the two and is the nurses way of being with the patient that promotes a clear interpretation of the

patient's needs (Covington, 2002). This study represented the beginning of an emerging definition of the caring presence phenomenon, making a distinction from caring and presence in a manner that had not been done previously. Covington stated:

The nurse-patient relationship is a context for purposive connectedness where reciprocity and authenticity allows the patient an opportunity to feel heard and understood. Being open to the patient and situation and ministering to his/her needs is a way to help both individuals within the relationship find purpose and meaning in the illness experience. (p. 8)

In this qualitative study three themes emerged: (a) mutual trust and sharing, (b) transcending connectedness, and (c) a metaphysical experience, in which all three elements were required simultaneously to describe caring presence as a unique phenomenon (Covington, 2005). Within the relationship, the nurse and the patient stepped across personal and professional boundaries to relate and connect through open, honest communication; establishing trust; and developing a willingness to share and connect on a metaphysical level (Covington, 2005). The intersection of all three elements is what makes caring presence distinct from both caring and presence.

Covington (2002) described the phenomenon as a relationship between patient and nurse where trust is the essential element that has already been established between the two, fostered through attentive listening and communication. Attentive listening and communication allow the patient to feel that the nurse is available and that it is safe to be open and honest with the nurse. The nurse also trusted that the patient was a partner in the development of the treatment plan.

Establishing this trust allows both the nurse and patient to share the experience (Covington, 2002).

Sharing was described as the nurse and the patient letting down boundaries that allows both to open themselves to each other and develop a connectedness to one another (Covington, 2002). Covington described the use of empathy by the nurse as the essential element that promotes connectedness in the nurse-patient relationship; patient's felt reassured in the relationship, and the nurse had a safe context to express sensitivity to the patients. The patient and the nurse were able to transcend connectedness with each other (Covington, 2002).

Transcending connectedness was the joining of the two to share their inner self with each other, although transformation of the nurse, the patient, or both was not necessarily an outcome of the experience (Covington, 2003).

A caring presence faculty-student relationship may be one where, both open themselves to one another and through the connection with each other develop a trust within the relationship. Similar to that of the nurse-patient relationship, they share their inner self with each other and may have a reciprocal and authentic opportunity to be heard and understood. Faculty members may be open to student circumstances and be present during the student's time of need in a way that is beneficial to both; much like the nurse-patient relationship discovered by Covington (2002). To date, there is no documentation in the nursing literature that describes this phenomenon between nursing students and nursing faculty.

Finfgeld-Connett (2008b) developed a theoretical framework based upon the convergence of nursing art, presence, and caring to examine and integrate similarities where the three concepts join and intersect, feeling that identification and synthesis of the inter-relationships among the concepts enhanced understanding of nursing as a discipline. The results

of this convergence found an interpersonal process characterized by authenticity and trust that is relationship-centered, characterized by give-and-take between the nurse and the patient (Finfgeld-Connett, 2008b). The convergence of these concepts by Finfgeld-Connett (2008b) appears to have blended the concepts more so than to have identified similarities in the concepts. This is similar to Covington's (2002) work in blending caring and presence phenomena. Finfgeld-Connett (2008b) concluded convergence of concepts lead to a better understanding of nursing practice.

However, in Finfgeld-Connett's (2008a) qualitative comparison and synthesis of presence and caring, she describes caring and presence as two concepts that are redundant, finding that their overlapping nature demonstrated very little differences between them. This metasynthesis was arrived at by analyzing data from existing studies within the nursing literature on caring and presence as separate phenomena. She concluded, based on her cursory review of nursing concepts, that there seemed to be a great deal of overlap among constructs of caring and presence and suggested that nurses conduct qualitative comparisons of these terms to identify the similarities and differences among them to have a better understanding of nursing (Finfgeld-Connett, 2008a).

As noted previously, there is limited research on the caring presence phenomenon, making it difficult to come to a scholarly conclusion of the experience or definition of phenomenon. Therefore, further studies of the caring presence phenomenon may offer greater understanding and a definition that clearly identifies a phenomenon of caring presence. Further study may lead to a greater use of the concept in nursing research.

Presence

Sister Madeleine Clemence Vaillot (1966) researched the relationship between the nurse and the patient from an existentialist point of view. She did not use the term presence but instead used the term commitment. In her description of nurse commitment to the patient, Sister Madeleine Clemence affirmed it is a personal relationship between nurses and patient's directed at improving the patient's condition. She acknowledged that is possible for nurses and patients to establish a relationship where they share one another's experiences and communicate beyond a conceptual level, where the nurse gives more to the relationship than the patient (Clemence, 1966).

Nurse commitment, as described by Clemence, may be considered as a precursor to the phenomenon of caring presence in that she described the interconnectedness of the patient and the nurse. She wrote of the nurse's ability to give of herself in a manner that enriches not only the patient, but also the nurse herself, and that this relationship allows for the personal growth of both humans (Clemence, 1966).

Zderad (1969) used the term empathy to describe the ability of nurses to come know the reality of patients and experience oneness with them. She defined empathy as intersubjective relating involving an attitude of receptiveness, availability and presence. She further describes empathy as the ability of the nurse to have a degree of openness with recognition of one's own being in being with another (Zderad, 1969). This definition was one of the precursors to presence as described in the current nursing literature. The phenomenon of empathy as used by Zderad shares some the antecedents of presence as described by Finfgeld-Connett earlier.

Paterson (1971) coined the term "nurseology" to designate the study of nursing and development of nursing theory. She used her methodology to synthesize nursing clinical data

with the belief that “coming-to-know” other beings is essential to both professional and caring nursing relationships, “coming-to-know” occurs through an inclusion of our “being-in-the-situation” (Paterson, 1971, p. 143). Paterson’s basic principles and tenets of nurseology were early elements that would later be expressed in the literature on caring and presence. Although Paterson did not use the term *presence*, it can be concluded from her research questions that presence was important to the profession of nursing and necessary for her clinical data.

Paterson and Zderad (1976) co-authored the humanistic nursing theory in which they explicated the phenomenological process that expresses value, commitment to, and investment in the lived experience of the patient and the nurse (O'Connor, 1993). The humanistic nursing theory of Paterson and Zderad integrated concepts such as presence, caring, awareness, openness, empathy, touching, understanding, and trust (O'Connor, 1993). They described the phenomenon of presence in the context of the relationship between the nurse and the patient. They stressed the importance of understanding that the effect of one's presence can be known much more vividly than can be described by the individual (Paterson & Zderad, 1976). Paterson and Zderad (1976) defined presence as “...a mode of being available or open in a situation with the wholeness of one's unique individual being; a gift of the self which can only be given freely, invoked, or evoked” (p. 116).

Kleinman’s (2009) human centered nursing model was based upon the work of Paterson and Zderad. The model supports what Paterson and Zderad called the acquisition of the skills necessary for nursing practice. Like Paterson and Zderad, Kleinman (2009) posited presence as necessary and defined it as “being-there-for and being-there-with one person directing his or her full attention to another, joining in a life’s experience” (p. 6). She further discussed the metaphorical connection of two people going through life together, over time in a consistent

nurse-patient relationship. Presence defined in this context illustrates only a part of what may come to be known as caring presence.

Doona, Chase, and Haggerty (1999) examined presence in the context of nursing judgment through the analysis of six features of presence. Caring was not identified as one of the features nor were there any similarities between the two phenomena drawn. Presence was described as, the immersion of the nurse in the whole of the situation with the ability to see beyond the immediate moment. Because the nurses were immersed in the situation; they were sensitive to the patterns of the patient (Doona, Chase, and Haggerty, 1999). The findings of this concept analysis of presence do not include results that describe the nurses' commitment to the human dignity, intention to affirm the significance, or ability to detect the feelings of the patients; some elements of transpersonal caring identified by Watson (2007). Using caring presence to examine in the context of nursing judgment may have revealed some of the caring elements along with the elements of presence.

In a concept analysis of the use of presence in nursing, Hines (1992) described attributes of presence to include individuals engaged in time with one another, unconditional positive regard, transactional speaking, an encounter that is valued, connectedness, and sustaining a memory. She suggested that presence is demonstrated through spending time with an individual. Manifesting unconditional positive regard to affirm another validates presence with another. These attributes of presence reveal the need for a connection in the relationship between individuals; however it does not speak to the experience of valuing, preserving, or affirming the significance of another, attributes of caring. This suggests presence as described by Hines (1992) differs from both caring and from caring presence phenomenon.

Easter (2000) discussed four modes of being present: (a) physical presence, (b) therapeutic presence, (c) holistic presence, and (d) spiritual presence. Engaging in each of these modes enables the nurse to develop awareness of another individual to facilitate that individual's decision-making and coping abilities. This is an important point that recognizes the multi-dimensionality of individuals and the necessity to focus presence in the area where the individual requires the most attention. Being present with another individual has the potential to increase that individual's coping mechanisms and adaptability to change, reflecting inward toward greater potential and moving towards greater health (Easter, 2000). A greater sense of hope is developed in validation that an individual's life matters to someone else. It may be discovered after examining the meaning of caring presence that there are defining attributes that will distinguish it from the presence phenomenon.

Caring

Nursing research into caring can be identified in the nursing literature as early as the 1960s, starting with the work of Joyce Travelbee (1971), who developed the human-to-human relationship model. She discussed a supportive nurse-patient relationship that includes communication, interaction, empathy, sympathy, rapport, and therapeutic use of self (Travelbee, 1964). Travelbee identified the need for students to explore the meaning of suffering, illness, loneliness, and death to understand how to best care for dying patients.

Travelbee (1971) defined the human-to-human relationship model as an experience between the human being who is the nurse and the human being who is the patient, where there is a therapeutic use of self by the nurse. The interaction between the two establishes a relationship where the nurse intentionally strives to know the patient. This nurse-patient relationship evolves through four phases: (a) original encounter, (b) emerging identities, (c)

empathy, and (d) sympathy. Through these phases, a nurse-patient rapport develops (Travelbee, 1971). One of the basic assumptions that Travelbee made is that caring is an essential element in each of these phases, without which nurse-patient rapport cannot occur. Travelbee (1971, p. 155) explained, “the ability to truly care for and about others—to translate the quality of caring into action in nursing situations—is the core of rapport”. Her theory is considered one of the early theories of caring because it stressed empathy, sympathy, rapport, and the emotional aspects of nursing (Neil & Tomey, 2006).

Jean Watson began the development of her caring *caritas* theory and philosophy in the late 1970's while working as a nurse educator. Her early nursing interventions were unique to the human caring process of the nurse-patient relationship (Watson, 2007). Watson asserted that what began as the 10 *carative* factors then evolved into the *caritas* processes, are actualized during the moment-to-moment interactions between the nurse and the patient (Watson, 2007). At the outset this may appear to be similar to the presence phenomenon, but Watson stated that the moment-to-moment interactions must be accompanied with moral intention and commitment to human-to-human care transaction (Watson, 2007).

Watson (2007) now defines caring, as a moral commitment toward protecting human dignity and preserving humanity” (p. 31). She goes on to explain that a transpersonal caring relationship is a special union with another person, where one enters the life space of another and is able to detect the other person's being. According to Watson (2007) a transpersonal caring relationship depends upon a) a moral commitment to protect human dignity, b) intent and will to affirm the subjective significance of the person, c) the ability to realize and detect feelings and the inner condition of the person, d) being able to attend to the condition of the person through various gestures, actions, etc. and, e) possess previous experience and sensitivity to various

human conditions. Throughout her theory Watson described caring as an action the nurse must engage in as a part of the caring process.

Experiential Context

My experiences as both a student and as a nursing faculty member stimulated my interest in the phenomenon of caring presence. It was always important to me as a student that the faculty member recognized me as a human being who had specific and unique needs, brought about by my own unique experiences and circumstances. As a student, my experiences and circumstances had a profound effect upon my progression in the academic setting and determined the course of action that would lead me to be my optimal self. As a faculty member, I was acutely aware of my experiences as a student and decided to always keep in the forefront of my consciousness the idea that students are human beings whose experiences and circumstances have a profound effect upon their academic progression.

As a student, I found that the faculty members who developed a relationship with me stimulated my interest in the subject matter, increased my confidence, and brought about positive reinforcement of self-directed behaviors. Moreover, when the faculty member developed an interest in my success as a human being, my progress in school accelerated such that I was placed in honors classes. I learned to see beyond the immediate circumstances to synthesize events and move towards specific goals. The connection between myself and the faculty member allowed me to view myself as a student of the world, and not just of the course in which I was enrolled, fostering a greater connection with the community around me.

As a nursing faculty member, I modeled my relationships with my students after those I had with faculty members who brought out the best in me as a student. I actively listened when they spoke to me, opened myself to understand their circumstances, and connected to them

through our shared humanity. I discovered students responded to me much as I had responded to those faculty members who developed a relationship with me. They began to demonstrate behaviors that showed an increase in their awareness of self, where they began to self reflect upon their study habits and need to expand their knowledge. I also discovered that when I became interested in all aspects of their circumstances that affected their progress in nursing school, they instinctively made the necessary life changes to move them in the direction of their personal goals. For example, one student moved from a battered home to a safer sanctuary so that she could continue her academics, defying the demands of her spouse to quit school.

Prior to my becoming a nursing faculty member, I believed this connection to be a student-faculty mentoring relationship. As I began to understand the definition of mentoring relationships and increased my knowledge of mentoring, I realized mentoring was both an intervention and a methodology. I came to this early conclusion as a result of my experience as an assigned mentor and advisor to students enrolled in a Health Resources and Services Administration (HRSA) Workforce 1 Healthcare Initiative, where employees of a major healthcare institution were subsidized to enroll in practical nursing and registered nursing programs.

Many of the staff selected to participate in the program had not attended college before and were not expected to succeed. Some required remediation in math, reading, and writing skills. The administration assigned a mentor to ensure that each staff member completed the nursing education program successfully and within the timeframe allotted for the grant. Each staff member was required to meet with the mentor at least once a week. Approximately 75% of the staff met weekly as directed and were successful in completing their nursing education. The remaining 25% did not meet with the mentor weekly and were not successful in completing their

nursing education. In other words, those who met with a mentor succeeded, while those who did not failed. Most strikingly, I observed that the employees who developed a relationship with the mentor also developed greater self-motivation and moved more purposefully toward their personal goals. The employees who were asked to what they attributed their level of success, responded that they never believed they were able to accomplish obtaining a degree in nursing before. They felt strongly that the influence and caring presence of the mentor had a role in building their confidence and aiding them to see their own potential.

After becoming a nurse educator, I continued to develop what I called mentoring relationships with nursing students. Although I began to realize the relationship went beyond mentoring, I could not define the relationship. I knew what I experienced as a nurse educator came very naturally to me; I had purpose and I had intention. I was aware that I cared about the circumstances of the student, and I was tuned into their immediate life experiences. The students responded well and would express sincere gratitude to me for me extending myself. I could not understand this as I believed I was doing what a mentor did. I became curious about this relationship and wanted to define and understand the true phenomenon that was occurring. My intention was to use the elements of the phenomenon more purposefully in my role as a nurse educator. It is important that caring presence be intentional in both the academic and clinical settings, especially for the novice student. Caring presence may improve outcomes not only for the students themselves but also for the patients for whom they care, as well as for nursing faculty.

The social context for this study of caring presence in student-faculty relationships is in a academic setting of the student and the exemplary teacher in a nursing-school program. This social context may foster professional growth for students and increase their success in nursing

school. The social context for caring presence in this study does not include nurse-patient relationships.

Theoretical Context

Student-faculty caring presence encompasses the four major features identified by Godkin (2001) as mentioned previously, with connecting with the student's experience and sensing being the strongest of the four features. Combining these four features with Watson's (2007) human science and human care perspective distinguishes caring presence from both caring and presence concepts. Watson (2007) described human care as (a) involving values and moral commitment, (b) a will and a commitment toward protecting human dignity and preserving humanity, (c) knowledge and understanding of the person, and (d) concrete caring actions. Therefore, based upon the previous descriptions, caring presence of faculty with students may encompass a moral commitment to preserve the human dignity of the student, especially when the faculty is connected and values the time spent with the student. It is hoped that this will be a shared metaphysical experience with the conscious awareness of the faculty member and the student who trust in the moment with one another, and exemplifies caring presence as defined by Covington (2002).

Summary

Caring and presence have been defined and examined over the past 20 years, usually characterized as separate phenomena. Caring and presence were each basic principles of the theoretical work of early nurse theorists such as Paterson and Zderad, who developed humanistic nursing theory in the 1960s, using both caring and presence as concepts in their theory. Watson was another influence in caring theory development, proposing her theory in the 1970s.

Caring presence had not been studied as a separate and distinct phenomenon prior to the early 1990s. The first study to be conducted of the caring presence phenomenon was Covington's (2002) study of chronically ill patients being cared for by nurse practitioners. Finfgeld-Connett (2008b) developed a theoretical framework based upon the convergence of nursing art, presence, and caring to illustrate the areas where the three concepts join and intersect.

The work of previous nurse scholars laid the foundation for inquiry into the caring presence phenomenon. There is not a wealth of knowledge about caring presence as a distinct phenomenon in the nursing literature. The historical context of caring presence suggests that further inquiry is needed to define the phenomenon in order to understand its magnitude. Uncovering the meaning of caring presence among nursing students and nursing faculty may add additional knowledge pertinent to the definition and meaning of the phenomenon to nursing literature.

CHAPTER III

Phenomenological Methodology

To fully understand the phenomena of caring presence for nursing students and nursing faculty, the researcher is committed to understanding the meaning of the lived experiences of each. Phenomenology is the study of phenomena, unique experiences, and the meanings of these experiences as the participant lives them in a specific context (Lopez & Willis, 2004).

Phenomenology is the most appropriate methodology for this study as it allows researchers to study human experience and allows participants to give an account of the phenomenon in the way things appear to him or her (Sokolowski, 2008). Caring presence will be articulated from the experiences of both the faculty member's and the student's lived experiences as it appears to each of them (Sokolowski, 2008) and will be understood within the context of the formal structures of phenomenology: (a) the parts and whole of caring presence phenomenon, (b) the identity of the attributes, antecedents, and themes of caring presence, and (c) the presence of similarities to caring and presence phenomena and absence of similarities to caring and presence phenomena (Sokolowski, 2008).

There are two approaches in phenomenology: descriptive (eidetic) methodology and interpretive (hermeneutic) methodology. The descriptive method was developed by the philosopher Husserl, who believed that researchers must release themselves of all prior knowledge of the phenomenon in order to allow the meanings and essences to reveal themselves. Husserl termed this transcendental subjectivity or in his words "putting out of play all positions taken toward the already given objective world" (Husserl, 1999/1950, p. 20). For the nurse researcher this will mean the ability to bracket previous knowledge and biases in an effort to reveal the essences of caring presence. The interpretive method is derived from the teachings of

Heidegger and is different from the descriptive method in that the researcher interprets or understands the phenomenon. Interpretation is the understanding of the phenomenon as it presents itself in its genuineness (Heidegger, 1962/1927).

Rationale for Selection

The rationale for selecting the hermeneutic phenomenological method is that it provides a sound approach for understanding and interpreting the lived experience of caring presence for nursing faculty and nursing students. Use of this methodology will lead to a greater understanding of the phenomenon as it presents itself to the researcher. Through the use of the hermeneutic approach the personal being of faculty and students will be revealed, and it is expected that the meaning of caring presence phenomenon to each of them will be revealed.

Background of Method

Transcendental phenomenology - Edmund Husserl. Phenomenology was founded by the German philosopher and mathematician Edmund Husserl, who believed phenomenology was the basis for human knowledge. Husserl's goal was to develop a method that analyzed consciousness through which philosophy could become a strong science (Polifroni & Welch, 1999). He examined actual phenomena and problems as they exist and are described by humans, as opposed to natural sciences that began with theories of phenomena and problems (Polifroni & Welch, 1999).

Husserl's work was influenced by René Descartes and his work in transcendental philosophy, in particular, Descartes' *Meditations on First Philosophy* (Husserl, 1999/1950). In Husserl's work, *Cartesian Meditations: An Introduction to Phenomenology*, he referred to the work of Descartes as a means to "reform philosophy into science grounded on an absolute foundation" (Husserl, 1999/1950, p. 1). By this, Husserl intended to create for philosophical

human research a rigorous method where human data could be used and analyzed as in the foundation of human science, giving it the same respect as natural science. Husserl used the teachings of Descartes' meditations to formulate transcendental phenomenology (Husserl, 1999/1950).

Husserl philosophized that in transcendental phenomenology the order of knowledge acquisition moved from "intrinsically earlier to intrinsically later" following a line of knowledge advancement that has a "basis in the nature of the thing themselves" (Husserl, 1999/1950, p. 12). Husserl felt in order to possess "apodicticity" or what is known to be indisputable truth, the researcher must be totally immersed in the experiences of the subject following the line of acquired knowledge of the subject (Husserl, 1999/1950). Husserl introduced the idea that in order to be totally immersed in the phenomenon, the researcher must "put out of play" all positions taken toward the already given objective world, which Husserl termed "phenomenological epoche" (Husserl, 1999/1950, p. 20), in other words suspend prior knowledge of the subject to acquire the truth as revealed by the subject .

Phenomenological epoche is the "neutralizing of natural intentions that must occur when we contemplate those intentions" (Sokolowski, 2008, p. 49). In essence, epoche is the suspension of all previous beliefs and judgments about apodictic knowledge and is the "universal method by which I apprehend myself purely...in that I experience it, perceive it" (Husserl, 1999/1950, p. 21). This approach to obtaining knowledge is termed "bracketing," where the researcher suspends personal beliefs while becoming immersed in the being of the phenomenon (Sokolowski, 2008).

Hermeneutic phenomenology - Martin Heidegger. The word *hermeneutics* is derived from the Greek word *hermeneia*, meaning to express, interpret, and translate (Polifroni & Welch, 1999). Hermeneutics is “concerned with understanding everything cast in language” (Gadamer, 2004/1975, p. 194). It was originally used as a systematic, historical, and critical scientific method specific for the interpretation of theological and philosophical work (Polifroni & Welch, 1999, p. 236). Martin Heidegger defined hermeneutics as “an interpretation of Dasein’s being” where the phenomenological description is based in the interpretation of being (Heidegger, 1962/1927, p. 62).

Martin Heidegger expounded on the work of other philosophers before him, in particular Edmund Husserl’s work in phenomenology. Heidegger took Husserl’s proposition of transcendental reduction (*epoche*) a step further, stating that *being* is the manifestation of *being* itself. In other words the phenomenon presents itself as a whole entity, both subject and object, where the two cannot be separated, and must be understood as it makes sense to the researcher; he termed this understanding of being as “Dasein” (Heidegger, 1962/1927). From Heidegger’s point of view, *dasein* should be interpreted, and therefore phenomenology should be interpretive to “offer insight not just by exhibiting what is already self-evident in awareness, but by drawing out, eliciting, uncovering what lies hidden or buried in and around whatever manifests itself openly in the world” (Heidegger, 1962/1927, p. XVIII).

The Dasein of the caring presence phenomenon will be unfolded in the experiences of nursing faculty and nursing students. Because this approach allows the phenomenon to present itself as the whole of caring presence, the interpretation of the essences and themes that are revealed may make the characteristics more definitive, and the phenomenon will show itself as itself (Heidegger, 1962/1927).

Transcendental and hermeneutic phenomenology - Maurice Merleau-Ponty. French philosopher Maurice Merleau-Ponty was influenced by the work of both Husserl and Heidegger. Merleau-Ponty believed that phenomenology was both a philosophy of essences as described by Husserl and a philosophy of existences as described by Heidegger (Macann, 1999). He accepted Husserl's position of reduction or rigorous bracketing, and accepted Heidegger's assertion that phenomenology was a philosophy for the world that was always already present (Macann, 1999). Merleau-Ponty believed that rigorous bracketing may make one prone to error and that it was possible to commit what he termed "the experience error" whereby the researcher accepts previous knowledge of the phenomenon as the *being* of the phenomenon (Merleau-Ponty, 2010/1945, p. 4).

Merleau-Ponty viewed phenomenology as a disclosure of the world, resting on itself, and providing its own foundation. Because of this he believed one could not separate the human being from the world and that man's experiences were a culmination of his truths and perceptions as he lived in his world. He stated, "man (sic) is in the world and only in the world does he know himself (Merleau-Ponty, 2010/1945, p. xii). Merleau-Ponty's philosophical beliefs of phenomenology cause him to embrace the philosophical assertions of both Husserl and Heidegger.

In *Phenomenology of Perception* (2010/1945) he explained that although bracketing or reduction is important, we must not forget that we are a part of the world. Therefore, it is just as important to interpret the world as it is to access the truth of our being (Merleau-Ponty, 2010/1945). He believed phenomenology is not the reflection of a pre-existing truth, but like art, the act, of bringing the truth into being" (Merleau-Ponty, 2010/1945, p. xix).

Hermeneutic phenomenology method- Max van Manen. Max van Manen, a Canadian educator, was influenced by Husserl, Heidegger, and Merleau-Ponty. However, it was Merleau-Ponty because of his assertions regarding language and its relationship to phenomenology that had the greatest influence on van Manen. Merleau-Ponty saw language as the reason essences existed since language was the tool which made the truth apparent (Merleau-Ponty, 2010/1945, p. xvii)

van Manen believed the experience of phenomenological reflection was mostly an experience of language and was much better described in written language (van Manen, 2006). His methodological approach to writing phenomenological research was influenced by his regard for Merleau-Ponty (van Manen, 2006). Max van Manen's approach will be utilized for data gathering, data analysis, and writing of the lived experience of caring presence among nursing faculty and nursing students.

Summary

The goal of this study is to uncover the meaning of caring presence to both students and faculty members as they each talk about it. The transcendental hermeneutic phenomenological qualitative research method was selected for this study because it allows researchers to study human experience from the personal account of the participant in the manner in which the phenomenon appears to him or her. It is expected that caring presence will be articulated from the nursing faculty member's and the nursing student's lived experiences from each of their perspectives. The rationale for selecting the hermeneutic phenomenological method is based in the belief that it is the best research method to examine the meaning of caring presence for nursing students and nursing faculty.

Edmund Husserl was influenced by René Descartes and his work in transcendental philosophy. Husserl intended to create for philosophical human research a rigorous method where human data could be used and analyzed as the foundation of human science, giving it the same respect as natural science, and proposed that in order to possess “apodicticity” or what we know to be indisputable truth, the researcher must be totally immersed in the experiences of the subject (Husserl, 1999/1950). Husserl introduced the idea, that in order to be totally immersed in the phenomenon, the researcher required epoche, the “suspension of all previous beliefs and judgments about apodictic knowledge” (Husserl, 1999/1950, p. 21). This idea greatly influenced another German philosopher, Martin Heidegger.

Martin Heidegger disagreed somewhat with Husserl and proposed that it was not enough to suspend beliefs and judgments regarding a phenomenon but that one must understand the being or Dasein of the phenomenon. Heidegger believed phenomenology should be interpretive in that it should “offer insight not just by exhibiting what is already self-evident in awareness, but by drawing out, eliciting, and uncovering what lies hidden or buried in and around whatever manifests itself openly in the world” (Heidegger, 1962/1927, p. XVIII)..

Maurice Merleau-Ponty embraced the work of both Husserl and Heidegger in that he accepted the assertion that reduction was necessary in phenomenology, but that interpretation of phenomenology required the ability to see one’s being in relationship to the world. He also viewed language as an essential tool in describing one’s view of the world.

Max van Manen was influenced by the work of Husserl, Heidegger, and Merleau-Ponty. Merleau-Ponty was the inspiration for van Manen to develop his methodological approach to phenomenological research and to write that research from a phenomenological perspective. Max van Manen’s approach will be used for this study.

CHAPTER IV

Methodology Applied

Phenomenological Research Approach

The meaning of the lived experience of caring presence as talked about by nursing students and nursing faculty, a phenomenological study, explores the essence of caring presence as experienced by nursing faculty and nursing students. van Manen's hermeneutic phenomenological methodological approach was used to interpret caring presence as described by nursing faculty and nursing students. Reflecting upon caring presence as told by nursing faculty and nursing students brought the special significance of their everyday lived experience to nearness (Van Manen, 1997), revealing the themes of caring presence. These themes of caring presence will expand nursing knowledge within the context of the nursing faculty and nursing student relationship.

Max van Manen

van Manen's method (1997) was selected as the methodology for this study as it is designed specifically for hermeneutic phenomenology. This methodology is used in the human sciences (van Manen, 1997) and is a necessary guide when collecting data, analyzing data and writing the results of the research study. van Manen's method is best suited for this particular study because it seeks to find the meaning of a phenomenon in the field of nursing and education which are human sciences. The meaning of human sciences is best understood by the use of this methodology because it can not be measured through techniques and procedures, such as in empirical science; but rather as descriptive interpretation of the experience through language.

van Manen (1997) distinguished methodology from techniques and procedures in that he referred to method as the theory behind the pursuit of knowledge. He also distinguished between

procedures and techniques by defining a procedure as “various rules and routines associated with the practice of research” and techniques as a “variety of theoretical and practical procedures that one can invent or adopt in order to work out a certain research method” (van Manen, 1997, p. 28). Yet, he made it clear that in hermeneutic phenomenology, no method really exists (van Manen, 1997, p. 30). He stated the following:

The methodology of phenomenology is such that it posits an approach toward research that aims at being presuppositionless; in other words, this is a methodology that tries to ward off any tendency toward constructing a predetermined set of fixed procedures, techniques and concepts that would rule-govern the research project. (van Manen, 1997, p. 29)

Research Activities

van Manen offers a practical approach that is helpful in conducting human science research that includes six research activities within the methodological structure. As mentioned previously van Manen suggests that his approach is not intended to for use as fixed or predetermined procedures, but rather as a guide to human science research.

The research activities of the van Manen (1997) approach are as follows:

1. Turning to a phenomenon which seriously interests us and commits us to the world
2. Investigating experience as we live it rather than as we conceptualize it
3. Reflecting on the essential themes which characterize the phenomenon
4. Describing the phenomenon through the art of writing and rewriting
5. Maintaining a strong and oriented pedagogical relation to the phenomenon

6. Balancing the research context by considering parts and whole (Van Manen, 1997)

The first activity of the approach begins with an experience that poses a deep question for meaning in a particular phenomenon. van Manen describes this activity as a “commitment of turning to an abiding concern” (1997, p. 31). In this instance I am committed to revealing what it means to experience caring presence between a faculty member or student. The commitment to sharing the knowledge of this phenomenon with both nursing and the world is rooted in my desire to have others understand the experience and recognize caring presence in their lifeworld. With this new knowledge nursing faculty and students can describe their own personal experiences with the phenomenon.

The second activity is the description of personal experience with the phenomenon. van Manen describes this as “becoming full of lived experience” (1997, p. 32). Conducting in-depth interviews with nursing faculty and nursing students allowed me to listen to the experience of caring presence as “itself”. Each participant in their description revealed the nature of caring presence from their personal experience and these descriptions were recorded for later written transcription. It is through reflection of the writing of these descriptions that the themes of the experiences were brought forward.

In activity three, the written transcripts were reflected upon for themes and meaning of the lived experience. van Manen says of activity three, that reflection of the experience brings it to nearness and renders its significance to the world (1997). In-depth interviews were conducted, recorded and transcribed by an outsourced transcriber. After reflecting on each transcript once while listening to the audio recordings, then several times

thereafter with any field notes that were taken; themes emerged of the experience of caring presence for nursing faculty and nursing students. From the themes, the essences of the caring presence phenomenon were brought to nearness.

The fourth activity, writing and rewriting of the text, allows the researcher to move from the internal to the external and to construct a clear description. van Manen refers to this activity as “bringing to speech” the phenomenon of study in the form of writing (1997, p. 32). The writing of the final two chapters of this dissertation allowed me to express the internal reflections of the participants into a clear description to be shared within the nursing community. The interpretations of the interviews can be read and reflected upon by others to gain knowledge and an enhanced understanding of the experiences of caring presence among nursing faculty and nursing students. After reading and reflecting upon caring presence as experienced by nursing faculty and nursing students, other nurse scholars may expand upon this research and contribute to future research.

Activity five focuses on the pedagogy that reflects how the researcher educates others on the description of the lived experience of the phenomenon. van Manen points out “it is essential for the researcher to remain strong to the fundamental question and not get side tracked” (1997, p. 33). While conducting the study reflecting upon the interviews and interpreting them, I remained mindful to a strong focus of the research question. The research question was always referred to when listening to the audiotapes, reviewing the transcripts, and reflecting upon the themes. This was to ensure that the final discussions and conclusions shared with the nursing community described caring presence as experienced by nursing faculty and nursing students.

Finally, the last activity asks the researcher to be aware of the impact of text upon those involved in the study (van Manen, 1997). van Manen warns that the researcher can get so involved in searching for the answer to a question, that they fail to reveal the essence of the phenomenon. Careful attention was paid to bracketing while interpreting the interviews to remain committed to describing the experience of the nursing faculty and nursing students. A conscious effort was made to set aside my experiences and always be aware of my assumptions and bias. Reflection and interpretation of the interviews was to purely and fully describe caring presence as the nursing faculty and nursing students experienced it.

Bracketing. Reflecting upon my own nursing faculty-nursing student relationships, I always viewed the relationship as a faculty-student mentor-mentee relationship. Upon close reflection of this relationship it became clearer to me that this was more than a faculty mentoring relationship with a student. My commitment to understanding this relationship directed me to the lived experience of caring presence phenomenon. By having a variety of connected relationship with students, I may have lived this phenomenon.

With this in mind, all attempts to bracket or possess phenomenological epoche as termed by Husserl (Husserl, 1999/1950) was conducted throughout the study. To become totally immersed in the experiences of all faculty and students I had to “put out of play” all positions taken toward caring presence phenomenon (Husserl, 1999/1950, p. 20). I suspended prior assumptions and bias to acquire the truth of caring presence phenomenon as revealed by the subjects in the study. van Manen suggests it is difficult to forget and ignore what we already know, therefore making our assumptions and bias explicit, we come to terms with them in order to hold them at bay (van Manen, 1997). This holding bias and assumptions at bay is called

bracketing. Bracketing was maintained during reflection of each participant's description of caring presence consistently throughout the study.

Protection of Human Subjects. This study ensured the protection of each participant's privacy, confidentiality, and rights. Approval from the City University of New York (CUNY) Hunter College Institutional Review Board (IRB) was obtained prior to the start of the study. There were no foreseeable conflicts of interests for this study. There were no foreseeable risks to any of the participants, and the benefit-risk ratio offered justification for the study. An informed consent was obtained from all participants. It was emphasized to the participant that the interview could end at any point that he or she decided. The manner in which privacy and confidentiality of the interview was to be maintained was discussed with participant's in detail and included in the consent form. A benefit for the study participant's is that new knowledge may distinguish caring presence from both the caring and presence phenomena.

Demographic data remained confidential at all times and during the analysis period; participant names were not used. Every effort was made to maintain the confidentiality of each participant's identity, with all data maintained in a non portable locked cabinet when not in use. A confidentiality statement was signed by any transcribers involved in transcribing data.

Sample Selection. The faculty population consisted of fulltime members with at least 2 years of nursing-education teaching experience on a tenure track in both Associate and Bachelor degree programs. The faculty taught in an academic nursing education program in a lecture, laboratory, or clinical setting. The minimum educational level of the faculty was at least a master's degree. The sample size included nine female participants between the ages of 40 and 57. Three participants were faculty members of a bachelor degree program and six participants were faculty members of an associate degree program.

The student population consisted of nursing students enrolled in a nursing education program recommended by faculty. The student's were year two, three, or four of their education and had taken at least one clinical nursing course of an Associate or Bachelor degree program. The sample size consisted of six female participants between the ages of 23 and 32.

Data Collection. The method of data collection was the non-probability snowball sampling and was used for recruitment of both faculty and students in this study. This is an appropriate method for qualitative research and has the advantage of being simple and cost effective; it is information rich and also requires very little pre-planning (Atkinson and Flint, 2001). Snowball sampling requires that the researcher gain access to the first participants and then ask each participant to recommend another participant (Atkinson and Flint, 2001). For this study each faculty member was asked to recommend a student for participation in the study. Snowball sampling for participants continued until saturation of the themes was reached.

Prior to recruiting participants the deans of the perspective colleges were asked for a letter of support for the study and permission to interview faculty and students at the college. Participants were recruited only from the colleges that provided a letter of support for the study. Faculty and students were recruited to participate in the study after permission was granted by the dean of the nursing college. Recruitment of faculty included emailed invitations and personal invitation at faculty meetings and students were recruited through the recommendation of faculty members. Students were given my contact information and instructed to contact me if they were interested in participating in the study. Each student that contacted me was sent a formal invitation to participate in the study. Both faculty and students were asked to complete a data form to ensure they met the criteria for the study prior to the interview.

Individuals who met the criteria for the study were selected for the initial interview in a setting selected by the participant. The setting for data collection was the academic environment of an urban public nursing college that offered either an associate degree or bachelor degree, or a setting chosen by the participant that was convenient and comfortable for them. The nursing college settings were located in the New York City tri-state area, and the interviews were conducted in a private and comfortable setting of the participant's choice. Both faculty and student interviews were conducted in these settings.

Consent was obtained for digital audio taping of the interviews, with the digital recorder placed on the table in front of the participant and researcher, to ensure the participant was aware of the presence of the recorder. Prior to beginning the interview, the researcher discussed the methodology process and the informed consent with the participant. Each participant was to sign an informed consent prior to their participation in the interview. Confidentiality and storage of all data was maintained throughout the study with all data secured in a locked entity when not in use.

Unstructured interviews were used to collect data collection for this study, with the intention of listening to the stories of each participant as they described their experiences. The researcher remained mindful of the fact that to reveal meaning units and essences of the study, biases and personal perceptions must be constantly assessed throughout the interview to remain neutral (Lopez & Willis, 2004), and I therefore bracketed throughout the interview. The interview of each participant included the question, "What has been your experience in a caring presence relationship with a student or faculty member?"

Analysis of Data. The in-depth interviews were recorded and transcribed into text, reflected upon, and isolated into meaning units of caring presence. These themes were clustered

into essential themes, interpreted, and analyzed to develop a description of the experience of caring presence. The interviews continued until it was identified that saturation had been achieved. I was able to achieve saturation with nine faculty members and six students. A second interview was conducted with participants to validate the transcript and give the participant the opportunity to add any additional information, or to clarify any statements.

Summary

Max van Manen's method of data collection and analysis is designed specifically for hermeneutic phenomenology and, in particular, for use in the human sciences, with the intention of providing a methodology for writing human science research (van Manen, 1997). His method is also relevant for researchers in the field of nursing seeking to understand the meanings of human science phenomena. van Manen's data collection and data analysis method is best suited for this particular study because it seeks to find the meaning of caring presence phenomenon in the field of nursing and education. The lived experience of caring presence for nursing faculty and nursing students as the phenomenon of interest was researched using van Manen's methodological approach to data collection and data analysis throughout the study.

Human subjects were protected by submission of the study for review under the CUNY Hunter College IRB. Every effort was used to maintain the confidentiality of each subject throughout the study. There were no foreseeable risks or conflicts of the study.

The sample population consisted of nine nursing faculty with at least 2 years of nursing education teaching experience, who are at least master's prepared. The population of nursing students consisted of six students in their second, third or fourth year, who were enrolled in a

clinical nursing course. The method for selection of the sample was non-probability snowball sampling, and the interviews were conducted in a setting selected by the participant.

Data was collected using unstructured interviews. The interviews were recorded and transcribed by a professional transcriber and secured in a locked non portable entity to protect the confidentiality of participants. Data was analyzed for saturation of themes and written to describe the findings.

CHAPTER V

Findings of the Study

The purpose of this study is to uncover the lived experience of caring presence for nursing faculty and nursing students in order to better understand the phenomenon of caring presence. I interviewed nine faculty members and six students for the study and recorded, transcribed, and interpreted the experience of each participant using van Manen's methodology for hermeneutic phenomenology. The participants were asked "What has been your experience in a caring presence relationship with a (nursing faculty member/ nursing student)?" The participants' life stories unfolded during the interviews, and I interpreted them by reflecting and transforming them into a meaningful text. Van Manen explains life stories as the interviewee's anecdotes and experiences that function as a means for exploring and gathering experiential narratives (van Manen, 1997). Listening to life stories additionally serves as a vehicle for developing relationships with participants that ultimately generates a richer understanding of the phenomenon of caring presence (van Manen, 1997). An example of each participant's experiential life story is presented as their experience in this chapter.

I transcribed each interview and reflected upon all of them several times to interpret the meaning of the experience for the individual. To capture the context of the experience as it occurred, I also wrote observations about the participants during each interview and dictated my experience after each interview. This dictation allowed me to bracket my thoughts "to maintain a strong and oriented pedagogical relation to the phenomenon" as described by van Manen (1997, p. 31). After reflecting and interpreting the life story experiences, I organized them by themes that provided material for further reflection and the essential themes of the study.

Finally, I re-cast these themes into one interpretive thematic statement of the lived experience of caring presence for nursing faculty and nursing students.

The first level for reflection was a holistic reading of the transcripts that focused on the totality of the participants' life story. While reviewing the stories, I noted individual sententious phrases, or phrases that capture the main significance of a text (van Manen, 1997), that captured the fundamental meaning of caring presence, reflected on them for saturation, and identified specific statements for future consideration. My second level of reflection focused on reviewing the entire transcript for thematic statements, saturation of fundamental meaning, and emerging themes. As a result, I was able to isolate fundamental meaning that was common to the faculty, common to the students and common to both groups. For my third level of reflection, I concentrated on the overlap of faculty and student thematic statements. As I reflected on the initial emerging themes of the life stories, the essential themes of caring presence took shape. On further reflection, I derived the essential themes from the emergence of the initial themes. Before finalizing the essential themes I removed any incidental themes not truly reflective of caring-presence. This process led me to develop a final interpretive thematic statement in which I describe the lived experience of caring presence for nursing faculty and nursing students.

Research Setting

The research setting was the academic nursing college environment, in both associate degree and bachelor's degree nursing programs in the New York City tri-state area. The interviews occurred during the spring semester. Nursing faculty and students chose their most convenient interview times and locations. All locations were private, so that others could not hear the interview. All participants were given a pseudonym to protect their identity. Every effort

was made to avoid including details that could potentially compromise the identity of participants. A total of 15 persons participated in the study.

Study Sample

Study participants included nine full-time female faculty members with teaching experience ranging from three to 14 years, and ages ranging from 36 to 56 years. Six faculty members taught in an associate degree nursing program and three taught in the bachelor's nursing program. All faculty members taught in classroom, lab and/or clinical settings. Study participants also included six full-time female nursing students who had completed at least one nursing clinical course. The students' years of college ranged from the first year of nursing clinical courses to the senior year. One student was enrolled in an associate degree program; five students were enrolled in a bachelor's degree program. As a researcher, I had access to male participants through snowball sampling; however, no male students volunteered to participate in the study. The overall demographics of nursing faculty and nursing students who participated in the research study can be found in Appendix A.

Study Findings

Faculty Participant Experiences

Tamia.

“It’s just being there, whether it’s electronically or face-to-face. Just being there, I think makes a huge impact on students. And from my experience, I think that helps students succeed. Just like caring for them. They become more open because they have seen that you care for them. And that’s important for faculty, to show that we care.”

The interview with Tamia took place in a private office at the nursing college on a bright sunny morning. Seated at her desk, Tamia was preparing for her next lecture with her computer, three textbooks and a few papers neatly arranged in front of her. After greeting me warmly and

directing me to sit opposite her in a comfortable chair, Tamia talked enthusiastically about the students and her work with them. Although she was focused on lesson preparation, she made a quick transition to the interview.

As we started, Tamia sat with her hands folded and focused on her words. She often glanced upward or towards the door while searching for her thoughts. As the conversation progressed, and she talked about her students, the anxiety disappeared. She felt caring presence was very important to both faculty and students. By the middle of the interview, Tamia was relaxed in tone, gesture, and more conversational than at first. She always maintained eye contact with me, and leaned closely towards me while speaking. She sometimes gestured with her hands, and she smiled when she spoke about the relationships between herself and her students. Her voice was soft, although when she emphasized key points or significant, meaningful experiences, her voice became louder and more forceful.

Tamia connected her past experiences as a staff nurse working with patients in an acute care setting and with the experience of teaching students. She likened the experience of caring presence to a fundamental element of being a nurse:

“I think just being human, being there for patients and understanding patients is a part of nursing. And nursing faculty should not stop being nurses. They have to understand that they’re still nurses. It doesn’t matter whether you teach or practice, you’re a nurse. That’s the profession that you chose and you have to show nursing caring as we teach. And that has to be evident in our practice as educators. It must be evident, otherwise, if we tell students to [be] empathetic towards the patient, without showing empathy towards *them*, we don’t become role models. And that’s an

important piece. Sometimes, it becomes a motherly role and we say, “What’s going on with your life?” or “Is there something I can do for you?”

Tamia was very reflective during the interview and wanted to make clear that caring presence was more than talking or counseling a student. She described the experiences as:

“I think it’s a lot to do with how you portray yourself, how you teach...what is coming out of you. It’s very important. It’s just not the content, you know, we kind of stick to content. It’s how do you explain to students, how do you answer their questions? Your tone of voice, your attitude as a faculty, the way you address certain things. It’s the way you are sensitive to people from different cultures. Those are the things that develop the trusting relationship, and those are the things that students pick up on. They would not approach certain faculty, but they will come to you because they feel more comfortable with you versus the other professor. You know—at the same time, I’m not saying you have to be friendly to them. You have to draw a line. [Laughs during this comment.] You’re strict. At the same time, your intention has to be clear, that, “Listen, I’m here to teach you. I want you to learn, I want you to succeed. I have rules that you’ve got to follow. I’m there for you.” And once you give them that feeling, they slowly start developing their trust, and trusting relationship with you. It’s a lot to do with how we portray ourselves as faculty...I want to get to know them. And once they know that I’m interested in each person, I think they know that—okay we can trust her...I think that makes a huge difference.”

Monica.

“I could care and not be involved [with students], so I think presence is important. Presence is important as a faculty member with my students.”

Monica and I met in her office at the nursing college. Monica was advising students, so I waited for her to finish her meeting. She apologized for making me wait but explained that it was important for her to complete the advisement. Monica expressed it was important for her to ensure the student take the appropriate courses so she did not waste her time.

She was eager and excited to participate in the study. Her office was private, very small, and crowded with books and papers; the bright sunny afternoon made the room feel very warm. We sat beside her desk, which was hidden by papers, but I found a corner for my notepad and pens. Monica sat in a relaxed or upright manner. She maintained good eye contact during most of the interview, but looked away to the door or the desk momentarily to recall a memory. She appeared most relaxed when reflecting on a student experience. At times, she moved closer to me to make a strong point, and gestured either by putting her fists together when describing interactions with others or by tapping the desk softly to emphasize specific points or to laugh at pleasant memories.

Occasionally she frowned with displeasure at a thought or memory. Monica was very comfortable throughout the interview. Her free flow of ideas included stories of her personal clinical experiences and her experiences with students. At times, Monica drifted from the research question, and I restated the question to return her to a reflection of her caring presence experiences.

She described experiencing caring presence with students in the clinical area, where she makes them comfortable practicing their skills. Monica stated she wants students to know that “I care enough to sit down [with you].”

“I’m a big believer in the “Lived Experience” and that we can create these experiences for our students...my goal for my student is to be present. Even if I

have last semester students who have to go in and hang an IV, and they're been through the summer and haven't hung an IV since last year, I say to them, "I know you've done this. But if you want me to go in the first time to watch you hang that new IV, I'll be happy to do it" until I know they feel comfortable. Then I let them on their own. I treat them all as if they have a blank slate when they come to me asking what the course is. When they gain their little independence or start to feel confident in their skills, I let them go. And I do it each semester, no matter what I'm teaching."

Monica described her relationships in the clinical practicum as important for students to "find that nursing is a caring environment." She further said how vital it is to be a "role model" and "be available for whatever they need." Monica explained she "nurtures her students and brings them along and how lovely it is to see the transformation in my students!"

Brandy.

"To be in the moment with them. To not be distracted by other things. Not worrying about where I'm going to go next, and what am I going to do next. But, that moment, that time, I'm with that person or that person's with me. We are connected and we are sharing and we are hearing and listening to each other."

Brandy asked me to meet her at the end of her clinical day at the college where she was employed. There were few other faculty or students in the building, and the setting seemed peaceful and calm. It also meant that there were fewer distractions or interruptions than might have otherwise occurred. Our meeting took place in Brandy's office, which was private and set apart from the other offices. The neat, clean office had pictures on the walls and personal items on the desk. Soft-spoken and calm, Brandy made eye contact at all times and occasionally

gestured or leaned closer to me. At times, her eyes filled with tears when she described her experiences. Brandy explained her emotional response by stating:

“It’s very emotional—I’m probably going to get emotional when I think about it. It’s emotional because it’s hard for people to let their guard down, and reach out and look for that connection. I know that’s something that’s hard for me. When you feel really listened to and really cared for—like I said, it doesn’t necessarily mean that your problem is gone or that it’s resolved—but that you feel, “Wow! Somebody cared enough to listen to what I have to say and what I’m thinking.”

Brandy said she can relate to students when they have struggles because she understands the difficulty of reaching out to people. She describes an experience with a student in a crisis situation in which the students expected to be expelled from the nursing program. Brandy described how she supported the student and was present to comfort her, even though it might not have been possible to resolve the situation. Brandy asked the student, “How can I help you through this?’ ...I wanted her to know that I appreciated the crisis she was in and to hear that I was concerned.”

Brandy described her caring presence experiences with students as relationships in which the student develops a sense of trust, and has “gotten beyond the barrier” so that the student “feels safe enough to be able to reveal things to her.” She said:

“I guess a part of knowing when caring presence is occurring is feeling a sense of trust that allows you to talk to reveal and share things with someone, knowing you’re safe and that what you say won’t be brought someplace else to be used in another context or another time. That the two [people] are just there in the moment.”

Brandy stated that what was most important to her was “the sense of trust,” “establishing a safe place,” “the sense of personal connection,” and “one-on-one connectedness.” At times, she felt that a palpable emotional connection occurs with students. She emphasized that:

“I think you can care for somebody and not necessarily be present for them. You can do the tasks and the things but not necessarily be emotionally available for the person. If you’re present for the person, you’re present to hear their concerns, what issues are driving them at that particular point in time. And that would be different—I think caring might be one thing. There are caring behaviors that you can show, but not necessarily be emotionally present with someone.”

Dionne.

“Okay, what’s the vision? The vision is for you to make it through Community Health Nursing. That’s our vision. So how are we going to work together to make this vision happen? It’s not my vision or your vision, it’s our vision.”

Dionne’s interview took place mid-morning in her private office at the nursing college. The clean, neat office was medium in size, very organized, and contained bookshelves with many nursing textbooks, personal family photos, and trinkets that represent the nursing profession. A large window overlooked the campus on a bright sunny day. During the interview, Dionne, an extremely articulate professor, remained still with the exception of a few hand gestures; however, her voice changed when she recalled examples of caring presence with students. During the interview, Dionne answered one of two phone calls without becoming distracted, and immediately resumed the interview.

Eager to talk about her experiences in teaching nursing students, Dionne choked up when recalling her own personal experiences of caring presence as a nursing student in relationships

with her teachers. She credited those experiences for inspiring her to become a nursing faculty member and stressed that she engages in a similar type of relationship with her students. “I think if the students know that you’re not there to fail them, you’re not there to see them fall, you’re not there to set obstacles but you’re there to kind of assist them... find a way. I tell them I’m here to help you, I understand.” She described establishing a relationship with students as “trying to get to know the student for who they are.”

Dionne said that sometimes her students “need a boost,” and she lets them know “I see you...you’re having a tough time, let me see what I can do to help you. And so the hand is extended and I help.” She said, “The experience is about conversing with people and sharing with people, and then showing them how to transform.” Dionne described her personal perspective and belief in involvement with her students as “transformational leadership and inspiration creating a vision for the student, which becomes a partnership.” Finally she described her caring presence experiences with her students as “humanism, holism,...that connection that happens.”

Patty.

“To me, caring presence is more of a state of mind. You can have the caring. That’s your heart. But you have to have the mind to have the presence and basically create a presence. Presence doesn’t just get created. You have to be very mindful about it.”

In a very memorable interview, Patty showed a great awareness of her thoughts and feelings about the relationships she had with her students. We met on campus at her small, cluttered, windowless office. Her desk was pushed up against a wall and we sat facing each other very closely. Nevertheless, Patty maintained a high level of excitement throughout the interview. A very articulate speaker, she gave many examples of her story while smiling,

frowning, or gesturing with enthusiasm. She maintained excellent eye contact, looking away only to search for an idea or reflect on a story. Someone at the door interrupted us once, but Patty immediately returned to the story after the person left.

Patty's examples of caring presence were rich with feeling and definition regarding the discovery of herself as a teacher relating to her students. She describes her response to a classic experience with a student who was not doing well in the clinical area: "I need to come up with a plan for skills, for this or that." Despite her frustration with the student's inability to understand the material, she didn't give up, and asked the student, "Tell me why you want to be a nurse." Patty said she was shocked to realize that just by caring enough to ask this question, the student opened up to her. At that moment, she realized that she was "making assumptions about the student's behavior in the clinical area," and this encounter "helped her to connect to the student." That connection allowed Patty to tell the student, "Let's sit down and see where we can improve and help you get to where you need to be." She said this experience "helped her to see the human side of the student, so that instead of judging her, she saw the student as a human being with a goal." Patty says she ripped up her plan, and together she and the student made a new plan. The student successfully graduated from the program.

Patty said, "It is important to really listen to the student and care enough about the student to help them avoid wasting two years." She believes it makes a difference that "students "know someone on their side is going to fight for them and will get them to where they want to be." She tied this experience to caring presence:

"I think caring presence, if I had to say—you can care, but to physically have a caring presence...I go back to my very first student. I cared about her, but I also cared about the clinical and making sure that the patients got taken care of and all

the rest of it. So it's not that I didn't care, but I didn't have a caring presence. So when I first sat down with her I thought "Okay, we've got to look at safety, you got to look at this, you've..." and I'm doing it from what I think is my perception of caring, but until I asked her why she wanted to be a nurse, I didn't have that caring presence. So I think caring, the presence part of it to me, means that you have to be aware of the right questions to ask. You have to be aware of when to listen versus when to ask questions, or when to give direction. To me, caring presence is more of a state of mind... having a caring presence means that even though I have all that in the back of my mind, I take the time to look at the patient and say, "How are you feeling today? What can I do for you?" And that to me is the difference between caring versus having a caring presence...it's being aware, it's almost like a subconscious."

Patty added that caring presence is "connecting" and "becoming aware to make the connection." She said that she now asks students, "Tell me about your journey," when she sits with them.

Gladys.

"It's a form of relationship with a person that shows that you care about that person on more than one level."

Gladys and I met in a local restaurant on a sunny afternoon and sat in an isolated corner where others could not hear our conversation. Gladys was very nervous throughout the interview, but relaxed when discussing her experiences with students. She sometimes searched for her words and paused frequently; she made direct eye contact except when she looked away to think about what she said. In the beginning of the interview, we sat silent while she reflected

on the research question. Finally, she confessed that it was difficult for her to describe the experience in words. However, once she found the words, Gladys described the experience as:

“somebody who can understand where another person is coming from, can help that person whether it’s just listening, whether it’s giving advice, whether it’s empathizing with the person, whether it’s just showing that there’s more... you think more of this person than just as a student, than just as a patient. It’s seeing the whole person...Like holistic nursing. Seeing the whole person. It’s dealing with all the other intricacies about that person. It’s not just dealing with one situation and one issue. It’s more than that.”

Gladys described her experience with students as being in a “comfortable, safe environment.” Within the student/teacher relationship, she can “help a student reach past a situation and help them deal with issues and move on,” and “help them understand something better.” She said, “It [caring presence] just makes me feel positive towards the whole relationship, the whole idea of being an educator as well as a nurse and as well as an individual.”

Gladys described an encounter with a student to whom she gave a failing grade for a performance demonstration. Ultimately, the student told her, “I feel really bad that I have failed, but I realize you are trying to make me a better student.” Gladys recalled feeling rewarded at that moment. She said that caring presence occurs when, “the student feels that you are working with her and not against her...to help her achieve her goals.” She summarized the experience as “building a positive, comfortable, compassionate, and equal environment where both parties feel that they’re helping each other.”

Tina.

“The person that you’re speaking to or dealing with feels as though you’re engaged and you are concerned about their wellbeing.”

I met Tina in a spacious office whose large window let in the warmth of sun. It was the end of Tina’s day; she had organized her desk with a neatly arranged stack of papers and stationery items so that she could go home after the interview. As we faced each other, Tina sat upright, with palms face down on the desk or hands folded, and made eye contact with me. A very articulate speaker, she concentrated on her choice of words. Occasionally she spoke slowly to emphasize her ideas.

Tina explained that caring presence with students has affected her in that, “I’ve evolved as an educator, and I think the more I’m able to interact with the students the better I feel. So when I walk out of a class knowing that the students feel that I care about them, I care about their learning, I feel good. I feel great.” She described the relationship with the students as:

“Physiologically I feel energized, sometimes drained, sometimes because you put so much into it to make sure that the students feel as though you care about them that you’re exhausted by the end of the day. But, it feels good.” Tina said, “The students know that I’m here and if they walk in my office, I’ll sit down and give them that time.” The most important part of the experience of caring presence is “taking the time” to be with someone. “I realize how important it is to stop, look at the person, say good morning, and give them that little bit of time. It might only be a minute, but it’s the face-to-face, it’s the eye contact, it’s the stopping whatever you’re doing and taking the time to say, “I’m here.” Tina summarized the experience by stating that, “caring presence is making whoever you’re interacting with know that you’re there. That you’re there both physically and emotionally, psychologically, you’re there.”

Aretha.

“Caring presence would be your undivided attention, the ability to really listen to what that person needs, and to be able to express it sincerely and with a lot of compassion.”

I met Aretha at the nursing college on a cloudy afternoon. It was the end of the semester and Aretha was entering the final exam grades for students. I agreed to her request that I wait until she completed the process because she did not want to rush. We sat opposite each other in her small, neat, private office that contained personal photos and decorative objects on the bookshelves. Aretha was excited about the research study. She wanted to share her experiences and felt comfortable talking with me. She maintained eye contact and displayed passion about her experiences. During the first half of the interview, she kept her hands folded, but in the second half, she gestured broadly. She took the interview very seriously, and when it was over, asked if I would share my findings with her.

As Aretha reflected on caring presence, she discussed her experiences as a nurse in the clinical area. She recalled caring presence with regard to a patient and family: “I went up to them and said, “Listen, I have fifteen minutes, and I know you need to talk. I’m going to sit here with you and I want you to talk to me.” I really provided what I felt was a caring presence, because I was able to help them with the problem.” Aretha related her caring presence experiences with students to experiences as an emergency room nurse. She equated her clinical experience with interactions with students, saying, “I try to be as objective, non-judgmental, unbiased as possible, so I can hear them. I can really hear them. If I had to say one word, one word is listening. Listening would be probably the most important word that I can describe a caring presence.” For this reason, she listens to her students.

Aretha recalled an experience with an international male student who was not performing well. She said when she evaluated the student and gave him constructive criticism, he interpreted her words as meaning, “I’m incapable.” She realized that the student had not heard her and felt that, “he was blocked as to what I was saying.” She said, “I wanted exchange so that we can exchange. Isn’t that what exchange is about? Caring presence? They’ve got to be able to listen. And he was blocked. So I kind of navigated in a way so that he could listen. He heard me in the end, even though, I remember, he walked away crying.”

This experience left her knowing that to listen means to give students, “your undivided attention.” “Really listening to what that person needs, to be able to express it sincerely and with a lot of compassion,” is caring presence. She summarized the experience by saying “Caring presence means that you’re actively listening, that you have a sincere intention, a sense of passion. You’re available for that person to help in whatever way [they need].”

Tammy.

“It means that you are with the person, at sometimes their most vulnerable moment, and you’re there. You may not say anything, you may just listen. You may just be there silently. And you are basically—while you are doing that, you’re also assessing what the person’s going through in their body language, a number of things that you can just get out of just being there.”

Tammy met me in an unoccupied nursing classroom on a rainy day. Although Tammy was preparing to attend a luncheon, she was eager to be interviewed and enthusiastic about discussing her students. From the start of the interview, Tammy spoke openly and freely. She was very reflective throughout the entire interview, even becoming emotional at times when telling her life story. When searching for her thoughts, she glanced upwards, but by the middle of the interview, Tammy made direct eye contact and leaned towards me at times. She began to

gesture when speaking about the relationships with her students. Her soft voice rose when she emphasized key significant experiences.

Tammy said that caring presence can be hard to describe: “It means that if they’re [students] asking for something, whether it be help with a concept or help with figuring out something that’s going on in their life, that I will be there to offer them options...but ultimately they have to make their own decisions.” Tammy sees caring as enough to “relieve someone’s stress and anxiety at the time.” She admitted that sometimes she paid attention to broader issues, but caught herself and asked, “Why did I not pay attention and get the student what she needed?” It might only take ten minutes. Tammy believes caring presence:

“means that each semester you make yourself available to your students. You’re approachable. I like that word, approachable. They know that any given moment, if they’re having difficulty with something, that they can come and express that difficulty—or maybe not only difficulty, maybe if they’re having a good—maybe a triumph over something, that they can let you know. I think it is a hard thing to define too. How do you know you are that person? I always say, “How do I know that I’m approachable?”

As an example, Tammy described an instance when a student in a personal crisis came into her office. She asked the student, “Who do you want to go to with this? I don’t have to know the details about it.” Because the student was upset, Tammy waited silently for what seemed like “the longest time in my life.” Eventually, she told the student, “I’m not going to say anything, but if you need to speak to me, you can talk.” Finally after more silence, she said, “I’m bringing you to counseling, you don’t have to let me know what’s going on.” At that moment, she felt trust develop between herself and the student. The

student went with her to the counseling office; Tammy trusted the student to seek and accept help. Tammy describes the experience in these words: “I felt we had a bond, that we had closeness.” Her final statement was that caring presence:

“requires a level of trust, it requires a mutual—not only does the individual themselves who is being present have to be self-aware, I think the two people present have to be self-aware of themselves; self-awareness, trust—I think you definitely need spirituality, you need some sense of some spirituality that comes from you, something drives you, because I think without that you’re just being there—you need emotions.”

Student Participant Experiences

Crissette.

“What’s inner can really be shown if you’re paying attention, you can see something is not coming from the inner. To really actively care and presently care, you can’t really fake that because it shows. It comes from the inside of you.”

Crissette is a second year clinical nursing student enrolled in her last semester of an associate degree program. She wanted to become a nurse after helping her mother care for her elderly grandparents, and she selected this program for its reputation and affordability.

We met in one of the unoccupied nursing labs. The door was closed to prevent interruptions and maintain privacy. Crissette, who was very nervous at the beginning of the interview, sat across from me with her arms folded. Initially, her short sentences were followed by long pauses, and she did not make eye contact. However, after describing some of her college experiences, she unfolded her arms, began to make eye contact and reflected on her experiences in a relaxed manner. She became very expressive, with her voice rising in excitement and passion as she told her story.

Crissette reflected upon her experiences in this college and only with this college's faculty. In describing caring presence with faculty, Crissette acknowledged she does not engage in caring presence with all faculty members. She asserted that some faculty members are not caring at all, and in her words, "need a 'school caring' class." In her experience with caring presence, faculty must "show that they care for you. To be presently caring is not passively saying, 'I care,' but you must show actual evidence that you actually care." Crissette described a relationship with a particular faculty member:

"I had that one professor—I felt like she really cared. I'm like, "Oh my God!" It's not like she comes and sits here and says, 'Hey, I see what you're going through' or anything like that. The way the professor talks about it, the way she portrays herself, the way she makes you understand things, the way she stops and answers questions and looks you in the eyes and says, "I know we can do this. This is our last semester, we can do this." And the information that she researches for you and helps you, it's like she's really being the best encouragement you could ever hope for. I feel like—you just feel like, believe me, you would feel like she cares, and everybody says, "Whoa, this is probably the first person who we felt had that kind of caring in her. And it gets to be that everybody felt it, it's not just one person."

Crissette becomes excited and she begins to whisper to me:

"The professor would get off from the podium or whatever and come close to you and explain it to you, and look you in the eyes — for example, would tell you, "There's some places you will be going, you will encounter certain situations, but you have to keep your best posture and deal with it right then and there." You know she's being real, you can see she's been through it and she's telling you just the way it is."

Crissette says of this experience: “For her to go out of her way to make you really see yourself and see what’s going on—it’s really caring,” adding, “this professor takes her time, and I feel like if all professors took their time to explain to you exactly what’s going on and make you understand and send you to, or give you information that you can work with; and are willing to listen and are willing to work with you.” “This is good.”

Crissette described herself as a creditable nursing student, not a grade school child and with an appreciation for this particular professor because she does not spoon-feed them. The professor trusts their ability to find knowledge and obtain it. Crissette says:

“For a professor to trust you and let you go and find out something, not only do they want you to know it, they care about your education, but they want to let you know that they trust that you’re going to go ahead and research it and know it. I felt that was the best—her way of teaching in that matter was really caring.

Because she doesn’t pressure you, yet she wants you to know that this is part of your curriculum. You need to know it, and this is for the best for you. So that was great caring.”

Crissette said that what she experienced was, “that caring person who sits there and listens and understands. No yelling—that’s the best part—no yelling, no pressure, just what you’re supposed to know in a calm environment; in a caring environment...presently actively caring.” She said this relationship “has trust in it” and “gives you confidence.” Summarizing the experience, Crissette stated: “I expect the professor to be willing to help out, willing to work out of class time and really give a chance to make up for the things that went wrong, and really, to be comfortable, because if you are not comfortable with the person that’s teaching you it’s hard to ask questions.” She further explained that when she says the word comfortable, she means the

word “approachable.” Caring presence for her means to be in a relationship with a faculty member who know how:

“To be an active listener, to be approachable, to be able to handle a situation in a calm manner, not yelling, not screaming, and really be willing to help, because nursing is a helping profession. If you were a nurse—because a lot of them used to be—if you were a nurse, you have to be willing to help. And by helping it could mean that—an extra five minutes of explaining something.”

Jill.

“Well, it’s almost like a role model. You’re there. Whether good or bad situation, the person’s there to care for you whether—you don’t have to be in a bad situation, but they’re there to care for you.”

Jill is a first year clinical nursing student who is enrolled in her first nursing clinical courses of a bachelor’s degree program. She said she comes from a family of nurses on her mother’s side. Jill described nursing as having a variety of options for a practicing professional.

We met at the location of Jill’s choice, the student center at the nursing college on a warm sunny day. To maintain privacy, we were seated in a far corner of the student center away from others. It was the end of the school year, after finals, and Jill was very relieved school was over. Relaxed and eager to tell her life story, Jill sat opposite me with her hands on the table. Articulate and smiling occasionally when talking, Jill usually made eye contact with me, although she looked away when she was searching for her thoughts or reflecting on an idea. At times she searched for the correct words to describe her experiences.

Jill described her caring presence experience as one in which “you feel like you belong to something. You’re not lost. Like, it doesn’t necessarily mean you’re dependent to someone

‘cause you’re relying on them, but you feel like someone, like, loved you or, like, cared for you. That’s what it feels like.” She admitted that it was hard for her to describe the experience as she was constantly searching for the right words. Jill described an experience that occurred when a professor approached her because she was failing a class. She said:

“One professor actually took time to speak to me and break it down for me, show me, “Okay, this is what your weakness is, your strength. Maybe try here,” and we went beyond school—what’s going on at home. So she didn’t really just care about my grades. You know, she looked at the overall. She just didn’t give me that, “Okay, just read this and you’ll be fine and study this.” No, she asked, “How’s everything? Is there something I can help you with?” And if I had any issues the professor told me, “Speak to me about it.” It’s kind of like a counselor. It felt good. I mean, usually that’s not what I expect from professors because before the [nursing] program, you speak to a professor—I mean, like, they barely have time for you. There are a lot of students. And to them it’s, “You don’t get it, you don’t get it.” That’s how I felt like when I first came into college. So for that experience with a nursing professor, you know, in the program where it’s very intense and these people barely have time, I felt special. Someone did—they do care. It’s not just you come in, we pay you, we teach you. If you don’t get it, you don’t get it.”

Jill expressed this encounter with nursing faculty as giving her a different perspective on professors. Again, she found it hard to find the words to describe the experience and the relationship, but she felt that the professor was an “advocate” who made her feel “important.” She said she now feels “comfortable” and “more open to her” -- referring to the faculty member.

Jill said, “my relationship to them [nursing faculty} really changed me as a student nurse.” She admitted that she was not a student to seek help but this experience and the nursing faculty have “changed her as a person.” She now feels more comfortable seeking help.

Jill reflected upon her overall experience of caring presence as:

“When you care about someone, you have emotion for that person. And...if anything happens to that person, you have a response, whether it’s good or bad. You have a feeling. That, to me, I guess is caring. Presence—It doesn’t necessarily mean a person has to be there. It could be a reflection of an object, an idea, music, that reminds the other person, like, he or she is here with me. Not physically, but it’s what it is. You can be present, but you’re not necessarily caring for the person, you know? My example of my—let’s say my freshman-year professors. They’re there. They come in and lecture us, they teach us, but they don’t necessarily—it doesn’t necessarily mean they care about me. You know, they’re just there to teach, do their job. Or the nurses—bedside nurses, you know—they’re caring for the patient, but it doesn’t necessarily mean they really care about them. They could just be doing their job.”

Jill believed her caring presence experience with the nursing faculty “leaves her with an impression.” She described this impression as:

“Something that you can carry on regardless if that person is there or not because of their contribution or they prove to you that they do care for you. It leaves you that impression wherever you are, whether that person is with you or not. You constantly get reminded by it.”

Jill said that it's "reassuring" to her that whatever the situation she may be involved in, there was something "you and that person shared during that moment." She felt "connected" to that person.

Christina.

"It's human relationship. If you feel that there's somebody that you can talk to that is open, that is approachable, you feel more comfortable, and that's the way she makes us feel. We feel we can approach her...there's human feeling, there's a touch—human touch in this."

Christina is a first year clinical nursing student who is enrolled in her first nursing clinical course of a bachelor's degree program. Her interest in nursing occurred when her father became ill. While she became very involved in helping to care for her father, Cristina decided to become change her college major to nursing.

We met at the back of the amphitheater on the nursing college campus, where Christina was to usher at an event later that afternoon. She said she was comfortable with telling her life story and more relaxed now that final exams were over. Sitting up straight with her hands in her lap, Christina smiled and maintained eye contact during the interview. At times, her voice was strong and commanding, but it softened when she described her experiences.

Christina reflected upon an experience with a current nursing professor who she says is, "very caring in the way that she talks to us in class and the way she approaches us; it shows she really cares about us and she's there and she's—she doesn't think that we're just students, only. She looks at us as fellow nurses—although we're not nurses yet, but she talks to us as if we were also nurses. She makes us feel comfortable. She's always there when we need to talk to her about anything. I mean, everybody feels like that, not just me. Most of my class—even all of my classmates feel like that."

Christina said that this experience makes her feel that she's not just another student in the classroom or just a number. She felt that the nursing faculty "want her to succeed" and is very grateful for this experience. It made her want to "pass it on to somebody else." She said the experience is positive and:

"When somebody talks to me in a positive way, that positive feeling keeps me going. It makes me feel 'You can do it.' When I hear what the professor tells me in class or says when she tells me, "Oh, you can do this. I did it. There's no way you will not be able to do it. You can do this. All you have to do is just keep going, keep going. Step by step, you do it." And that really brings everything back and makes me want to go on and try harder. So positive things makes—it helps a lot, especially in the professional field when it's really difficult, especially when you have more than just school to deal with—you have family life, you have other things. When you have people supporting you, when you have people leaving positive attitude around you, leaving you with positive feelings, it helps. It encourages you to—to go on and try harder and do better."

Aaliyah.

"Just be in the moment and care for that person and what they need at that moment."

Aaliyah, a classmate of Christina, asked if she could volunteer to participate in the research study. She is a third year clinical nursing student who is enrolled in her senior nursing clinical courses of a bachelor's degree program. Aaliyah became interested in becoming a nurse while working as a registrar in an emergency room. She has had no prior medical experience.

We met at the back of the amphitheater on the nursing college campus, as Aaliyah was also there to usher at the event. She frequently looked at her watch, mindful of the time because

the event was to begin in two hours. However, she remained attentive. She wanted very much to tell her story because she had positive experiences in this particular nursing program. Her voice maintained the same tone throughout the interview and she was not distracted.

Aaliyah admitted she could not describe her experience of caring presence in words, or that she was even certain she experienced it with a faculty member. She described her relationship with her current nursing faculty as one in which the faculty makes time for her. She reflected on one experience during which a nursing professor, “stopped what she was doing and took time to help her work out a problem in the laboratory.” She admitted that in large part, her experiences consist of faculty giving time for her, and said:

“If we have issues with anything, they [nursing faculty] stop what they’re doing to make sure that we get what we need or that we are being helped. If we don’t understand a concept, they’ll make time for us and give us a bunch of options of how to help us understand it one-on-one or go to the labs. So mostly it’s on their part where they stop what they’re doing to help us, not us stopping what we’re doing to help them.”

She says she has had caring presence with family members, but not with nursing faculty.

Lauren.

“Putting yourself aside to help another person, to take care of another person, to, see the problems and what they need and to provide it according to their situation.”

Lauren is a full-time clinical nursing student who is enrolled in her senior nursing clinical courses of a bachelor’s degree program. She entered nursing because her father directed towards the field. Lauren admitted she did not like it at first, but found it more interesting after

discovering that a nurse can practice in many different areas. She selected this college because it offered her financial assistance.

Lauren, on campus to complete some school business, was happy the school year had ended on a positive note. I agreed to meet with her in the rear of the cafeteria in a corner near the window on the nursing college campus. It was a warm sunny day. During the interview, Lauren maintained eye contact and was generally articulate, but at times stumbled over her words and laughed nervously. I allowed her to take as much time as she needed to describe her experiences and tell her story. Lauren paused when it was difficult for her to describe her experiences. She kept saying “I don’t know how to describe it,” but eventually she found the words she needed.

As difficult as it was for her to describe her caring presence experience, Lauren said she felt:

“Kind of like if I ever need... any help or have any problems or anything, they’re always there. I could e-mail them. I can go to them and talk to them, even about, personal—not so much personal issues, but my worries, my anxieties and fears, concerning nursing school, my stresses and everything. I talk to them about it they’ll understand and they’ll kind of, sympathize with me and encourage me and give me their own stories and relate with me on what they went through in nursing school and how they made it and everything.”

Lauren reflected upon one experience in which she did not do well on her first exam and wanted to quit nursing school. She asked a nursing faculty member for help and described the experience as “lifting her burdens” and encouraging her to move forward to complete the program. She recalled being very embarrassed, but the faculty member was kind. “I felt like when I needed somebody to talk to and I needed some source of encouragement, the faculty provided what I

needed. I felt cared for.” She further described the experience as a “warm relationship” and “comfortable.” “I feel like the faculty member ‘put herself out there’ and was ‘so open that I could be open too’.”

Finally, Lauren said she experienced periods of caring presence that come with a memory about the encouragement given to her. She said:

“Whenever I think about them I don’t even have to talk to them at times; they may not be present, but just the thought of them just thinking about them makes me feel like I can do it or thinking about the conversations. Like, somebody’s caring for me. Even though they’re not there, they’re not talking to me right now, but just thinking about it really helps me to do better.”

Alicia.

“She can pick out when I’m not having a good week, and she’ll call me out on it, and she’ll call me out of the class and have a conversation with me and really make sure that my mind is right so that I can study right”

Alicia is a second year full-time clinical nursing student enrolled in her senior nursing clinical courses of a bachelor’s degree program. Nursing is her second career. After volunteering in a hospital, she discovered that she wanted to be a nurse. Both her parents are nurses.

I met Alicia in the rear of her local neighborhood restaurant on a cloudy day. She admitted she was nervous and that she had never been interviewed before. She was concerned about providing me with the “right” answers. I explained there were no “right” or “wrong” answers; I only wanted to hear about her experiences. She expressed herself well, even though she stumbled on her words when she was reflecting, it was a good conversation.

Alicia described caring presence as “somebody who you feel like you can trust and you can trust to take care of you.” She told the story of her experience with a faculty member at the college with whom she has developed a close relationship. She described the relationship:

“Emotions aren’t something that’s, like, discussed or showed in my family, so when somebody can—somebody who was basically a stranger to me, like, a year and a half ago can look at me and know when I’m not feeling well or I’m not in a good mood or I’m having a bad day and literally pull me out of a classroom just to give me a hug—like, it’s...it’s like something you needed—I needed. And I guess it was just really heartening.”

She said that “my professor actually cares about how I do and how I succeed in the program” and she says this gives her “confidence to keep going.”

Alicia felt that the faculty member “is caring” and “just innately concerned about her well-being.” She believed the faculty member is “going above and beyond” to make sure she understands. Her professor has an “open door policy,” meaning, “if the faculty member is in her office you can come and talk to her about anything.” Alicia felt “blessed to have somebody in my life that really cares and wants to see me succeed.” This is a real “confidence booster” and gives her the “perseverance to be successful.” Alicia said this was “heartwarming; it’s enlightening to know that you’re not alone, that you’re not gonna be in the world alone, that somebody is gonna be there for you.” She added one final comment: “It’s more beneficial to have a teacher who really cares about your learning and your success and there are teachers who have that caring presence. You can just tell that from their actions.”

Thematic Analysis

After receiving the written transcripts of the interviews, I reviewed each transcript while listening to the audiotape version for accuracy. After an initial review of the transcripts, I

contacted the participants to schedule a second interview whose purpose was to let participants read the transcript for accuracy and make corrections or additions. I met with seven nursing faculty for a face-to-face interview and interviewed one faculty member by phone. One faculty member declined a second interview. I interviewed four nursing students by phone; two students declined a second interview.

Tina, a nursing faculty member, added new information regarding a recent experience during her second interview. Recently, a student whom Tina did not remember sent her a card of thanks for all she had done as a teacher. Tina thought that, maybe she was being thanked for a smile or encouragement.” She could not put the connection between herself and the student into words. This new information was reflected upon and included in the interpretation of the derived themes.

I read each transcript a second time with a holistic approach and looked for the fundamental meaning of the text (van Manen, 1997), making notations in the margins to identify the fundamental meaning and assign it a specific color. Through this process, I identified seven fundamental meaning groups for nursing faculty and nine fundamental meaning groups for students. The faculty fundamental meaning groups were identified as: 1) being there, 2) caring, 3) connecting, 4) knowing, 5) relationship, 6) transformation, and 7) trust. The student fundamental meaning groups were identified as: 1) approachable, 2) being there, 3) caring, 4) connecting, 5) knowing, 6) listening, 7) relationship, 8) transformation, and 9) trust.

Subsequently, I read each transcript a third time, using the selective reading approach to identify sententious phrases that reflected the fundamental meanings (van Manen, 1997) and highlight them in the color corresponding to the fundamental meanings. I carefully reflected on

the sententious statements and grouped examples by their corresponding fundamental meanings. The raw data of each participant's sententious statements is in appendices B and C.

Using the line-by-line approach to reflect upon each sententious phrase, I read the transcripts a fourth time. After asking, "What does this sentence reveal about the phenomenon?" (van Manen, 1997), I clustered the phrases according the fundamental meaning associated with them. I reflected on each clustered group for redundancy, saturation and overlap, and finally reduced them to the initial themes. After preparing separate lists of initial themes derived from the nursing faculty and nursing students, I compared them for overlapping ideas. Using the line-by-line approach, I asked, "Which of these themes are incidental themes?" By excluding the incidental themes, I created a list of themes that represented caring presence as experienced by both nursing faculty and nursing students. I then grouped the themes of caring presence derived from nursing faculty and students in accordance with their corresponding fundamental meanings, as depicted in Table 1.

Table 1: Grouped Fundamental Meaning and Preliminary Themes

Fundamental Meaning	Initial Theme
Being There	1. Being in the moment giving of yourself with caring concern 2. Making one's self available concerned with another physically and psychologically with caring concern
Connecting	3. Being in tune with another forming a bond, engaging with your whole self 4. Connecting human-to-human through listening engaging in metaphysical experience
Trusting	5. Mutual trusting metaphysical relationship
Establishing Relationships	6. Open human-to-human engagement working relationship 7. Comfortable open one-to-one partnership
Caring	8. Showing caring behaviors and concern for another and they feel cared for
Knowing	9. Awareness with a full understanding of another physically, spiritually and psychologically
Transforming	10. Encouraging change in another as they make the journey 11. Motivating change to make the journey

I shared these themes with the participants so that they could validate this summary of their caring presence experience. The participants agreed with the interpretation of their experience and affirmed that their experiences were reflected in the themes. The participants did not wish to add any comments to the themes. Patty, a nursing faculty, responded by saying that the study was, "Very comprehensive and I liked how you moved from giving of oneself to forming a bond, partnership, connection and finally to encouraging/motivating change in the other."

Essential Themes

Determining Essential Themes

To determine the essential themes, van Manen (1997) suggests the researcher "discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is" (van Manen, 1997, p. 107). To accomplish this, I reflected on each of the

eleven themes using the free imaginative process (van Manen, 1997), as if the theme were changed or deleted from caring presence phenomenon. After the eleven themes were reflected upon in this manner with an expert nursing researcher, we determined that themes 1 and 2 could be collapsed into one theme; themes 3 and 4 could be collapsed into one; themes 6 and 7 could be eliminated; theme 9 could be eliminated; and themes 10 and 11 could be collapsed into one.

As a result, I have five fully-interpreted themes:

1. Being available in the moment by giving of self to another through one's mind, one's body, and one's spirit in a caring connection.
2. Human-to-human engagement in which one is true to oneself while bonding with another.
3. Beneficial openness of one's mind, one's body, and one's spirit centered within a mutual trusting relationship.
4. Heart-centered caring manifested as genuine concern for another, separate from oneself.
5. Lifting another onto a pathway of transitions and transformational change.

These five interpreted themes were reviewed with a nursing research expert to determine if further refinement of interpretation was needed. After reflecting on the interpreted themes with the research expert, I re-wrote the themes listed above to broaden their meaning. This process yielded five essential themes. The interpreted themes and essential themes are depicted in Table 2.

Table 2: Essential Themes

Interpreted Themes	Essential Themes
1. Being available in the moment by giving of self to another through one's mind, one's body, and one's spirit through a caring connection.	Intimate metaphysical caring
2. Human-to-human engagement when being true to self while bonding with another.	United engagement through presencing of self with another
3. Beneficial openness of one's mind, one's body, and one's spirit centered within a mutual trusting relationship	Complete openness within a trusting relationship
4. Heart-centered caring manifested as genuine concern for another separate from oneself	Heart-centered caring and concern for another
5. Lifting another onto a pathway of transformations and transformational change	Lifting self and others on a pathway of transitions and transformative change

Step five of van Manen's (1997) methodology states that the written text should be both rich in dialogue to capture the experience, and deep in descriptions that explore the meaning of a phenomenon. For each of the essential themes, I have listed examples of the phenomenon as experienced by the participants and the captured meaning of the experience.

Essential Theme 1: Intimate metaphysical caring.

I condensed theme 1, "Being in the moment giving of yourself with caring concern" and theme 2, "Making one's self available concerned with another physically," into a single new theme: "Being available in the moment by giving of self to another through one's mind, one's body, and one's spirit, in a caring connection." This theme was re-interpreted to become the

essential theme: “Intimate metaphysical caring.” This theme emerged from the fundamental meaning “being there.” Both nursing students and faculty repeatedly identified this theme in their experiences. Participants described this theme as being available, being there, and sitting with the student or faculty member.

Tamia said, “You are being conscious and aware of another person’s needs showing empathy and caring.” Brandy said that for her, “I need to feel connected and cared for in that moment and time.” Monica described her experience as: “being there until they don’t need me and nurturing them.” Aretha described it as, “being available for that person to help...giving your undivided attention and the ability to really listen with empathy to what that person needs.” Tammy stated the experience as, “it’s just being there...It’s being present in their view and students knowing that whatever they are going through, they are thinking about your being there and that you need emotions.” Lauren and Aaliyah said it was “being with the person in the moment.” Aaliyah added, “Faculty really are there and they really do care about you.” Lauren added that it is, “putting yourself aside for a second to take care of others, to nurture them, to talk to them and understand what their problem is.” Christine described the experience as, “somebody to be around, to be actually there at a particular time, or to be there... for the person’s mind and body and everything to be present, to be there at a time showing some sort of caring.” For Jill it was, “being there whether the person is with you physically or not” and “you are there whether a good or bad situation, the person is there to care for you.” Crisette said it meant, “you are there in terms of like your whole body’s there and you’re willing to listen and process what’s being said...and just being there without being there, showing that you care.”

After reflecting on the experiences, I understood that the participants had a common experience of being in a relationship with a student or faculty member who was physically and

metaphysically there for them. Participants also used the terms “being available,” “approachable,” “listening,” “listening with compassion,” and “being comfortable with,” to describe “being there.” This data was reduced to have the same meaning as “to be there.” This was a strong theme throughout the study. In the final analysis this essential theme had the same meaning as “intimate metaphysical caring.”

Essential Theme 2: United engagement through presencing of self with another.

United engagement through presencing of self with another was a re-interpretation of the interpreted theme, “human-to-human engagement when being true to self while bonding with another.” This theme was derived by reducing theme 3, “being in tune with another forming a bond, engaging with your whole self and theme 4, “connecting human-to-human through listening engaging in metaphysical experience” into one theme. The participants described forming a bond with another and engaging the whole self in the presence of another, which was interpreted to mean they were mutually engaged.

The personal experiences of the participants were expressed as follows:

Tamia said she “connects with students” when engaging with them. Monica described the experience in this way: “My goal is to be present for the student and form a bond. Most people will remember how they felt when they were with me.” Brandy stated, “ We are connected and we are sharing and we are hearing listening to each other...to feel connected and cared for in that moment and time and your trying to make connections with people.” Dionne said, “I think you have to have a connection with your student...connectedness and humanism is really important.”

Patty spoke of an experience that helped her in teaching other students. She said, “I think the experience helped me connect to her and through that connection I was able to say, let’s see how we can get you to where you need to be.” Patty believed she altered her teaching style after

engaging with this student. She added, “You have to have the mind to create presence, presence doesn’t just get created.” Aretha found she is “completely in tune and connection with that person, because they can open it.” Lauren said, “I feel like presence is not just being there but its being aware of or knowing.”

The theme of united engagement through presencing of self with another was a universal participant experience. Each participant used different words to describe the experience, but the most frequently used expression was “making a connection and forming a bond.” A few participants used the terms “mutual connection” and “mutual bond.” For this reason the word “unity” was used to capture the essence of the theme.

Essential Theme 3: Complete openness within a trusting relationship.

Complete openness within a trusting relationship was a re-interpretation of the interpreted theme, “beneficial openness of the mind, the body, and the spirit centered within a mutual trusting relationship.” All participants described the necessity for trust in a nursing faculty-nursing student relationship. Many described the necessity of establishing trust prior to entering into the relationship. Nursing faculty expressed trust in knowing that students could do what was asked of them. The students expressed their trust that faculty would not do harm to them. The participants felt the nursing faculty-nursing student caring presence relationship could not exist without trust.

Monica said of the experience, “I want them to know they can come to me and that I am available for them.” Brandy stated, “I feel like I’ve gotten beyond that barrier, that obstacle and they feel safe enough to be able to reveal things to me that maybe they wouldn’t...I feel it’s a sense of trust has developed.” Tammy described her experience with a student as, “she trusted me enough to come to me and I trusted her enough to go and seek help...I see there is a lot of

trust, they have trust in themselves in doing the right thing.” Tamia said, “The trusting relationship needs to develop from the first day that you meet face-face...students relate to you.”

Brandy found that, “sharing my inner most thoughts and feelings” helps to establish trust.

Gladys said, “it’s a safe and trusting environment” for both the student and the faculty member.

Tammy said of her experience, “I set up an open dialogue if they have something they want to discuss with me that is confidential...it requires mutual trust.”

Alicia described her experience as, “someone you feel like you can trust to take care of you.”

Crissette discovered that, “for a professor to trust you and let you go and find out something because she cares about your education” is demonstration of trust.

Complete openness within a trusting relationship is a central theme to the caring presence experience. The participants spoke of the need to establish trust before entering into a relationship. Trust appears to be essential for the occurrence of other elements of the phenomenon of the caring presence experience. It may be difficult to experience heart-centered caring or unity engagement through presencing without establishing a trusting relationship. Without trust, a barrier may be created between two individuals, and there may be reluctance to allow another into one’s life. Without entering another’s lifeworld or lived space, one cannot fully engage to offer or receive caring behaviors.

Essential Theme 4: Heart-centered caring and concern for another.

Heart-centered caring and concern for another was re-interpreted from the theme: “heart-centered caring manifested as genuine concern for another, separate from one’s self.” It emerged from the fundamental meaning, “caring.” It was difficult for participants to articulate the meaning of caring, so many of them used the term “caring” in their descriptions. Some

participants used the term, caring behaviors, to describe the experience. The consensus was that someone made them feel that they were being nurtured.

Monica said, “I almost feel like a mother-child relationship in some aspects with students. I believe I nurture my students.” Brandy stated, “it means someone who shows concern and is interested in the concerns of the other person” and “When you feel really listened to and really cared for...you feel like “Wow” somebody cared enough to listen to me.”

Tamia said, “There was a sense of peace, there’s a sense of calming...I wanted the student to hear I was concerned for her.” Patty said of her experience, “if I had not cared enough to find out why she wanted to be in the program she would have had a different outcome. That connection made me see her in a different light. You care enough about the student not to see hem waste two years.” Gladys said, “it’s a form of a relationship that shows you care about that person on more than one level.” Tina described the experience as, “you put so much into it to make sure that the student feels as though you care about them.” Alicia stated, “They’re taking care of you like they’ve known you their entire life or they’ve raised you.” Christine said, “there is a feeling of a human touch.”

Overall, in describing the caring presence experience, participants stated they either felt concern for another or they felt someone was concerned about them. This experience was described as making them feel good. Some participants even used words like “emotion,” “mothering” and “comfort” in their descriptions. This experience was interpreted to mean heartfelt caring and concern for another because it relates to one of Watson’s (2007) carative factors. According to Watson’s (2007) carative factor five, the promotion of positive and negative feelings, and acceptance of the expression of positive and negative feelings, is a deep

connection with oneself and being cared for by another. I felt the participants were describing this factor.

Essential Theme 5: Lifting self and others on a pathway of transitions and transformative change.

“Lifting another onto a pathway of transformations and transformational change” emerged from the fundamental meaning of transformation. This theme was derived from the reduction of themes ten and eleven, “encouraging change in another as they make the journey and “motivating change to make the journey.” After reading and listening to the participants’ experiences, I reconstructed this theme to be: “lifting self and others on a pathway of transitions and transformative change.” The participants described a change in themselves, a desire to change others, witness to a change in others, and inspiration to change self or others.

Monica stated, “It’s lovely to see the transformation in the student that starts out not being able to go to the medicine room and pick out an IV to moving to doing an excellent job.” Dionne said she asks students, “What is your vision and how are we going to work together to make this vision happen?” Gladys found that in her experience, “you help the student move past the situation and help to deal with it.” Aretha told students, “We can work it through the journey itself.” Tammy said, “We are here to help them on their journey.” Christine said of her relationship with faculty, “the relationship makes you feel like you want to do the same thing to somebody else...and pass it on.” Jill said, “It really changed my perspective of school” and “it pushes me to speak to them [faculty] and discuss something.”

For many participants, the transformational change came at a point of self-discovery or unexpected progress. The experience of transition to a new place on the journey was described as inspiring and encouraging to both nursing faculty and nursing students. In listening to the

descriptions of the entire experience, transition and transformation could not have taken place without “intimate metaphysical caring,” “united engagement through presencing of self,” “complete openness within a trusting relationship with another,” and “heart centered caring and concern for another.” Themes are interconnected, so that one cannot become intimate without trusting the other. One cannot trust the other without coming to know him. Caring concern and caring behaviors develop as one engages with the other. Trust, concern, and engagement transform individuals through the human-to-human caring presence experience.

Establishing Rigor

Rigor is demonstrated in a qualitative research study with extensive data collection, multiple levels of data analysis, reduction of narrower themes towards broader themes, and validation of the accuracy of the personal accounts of the participants (Creswell, 2007). For this research study, participants were interviewed until it was determined no new knowledge could be obtained. A total of fifteen participants were interviewed when the saturation threshold was achieved. The transcripts were read for accuracy and validation of each participant’s personal account by the researcher and the participants themselves. To analyze the data, I read the transcripts multiple times and at four different levels, and subsequently coded and reflected upon the data to derive essential themes from incidental themes.

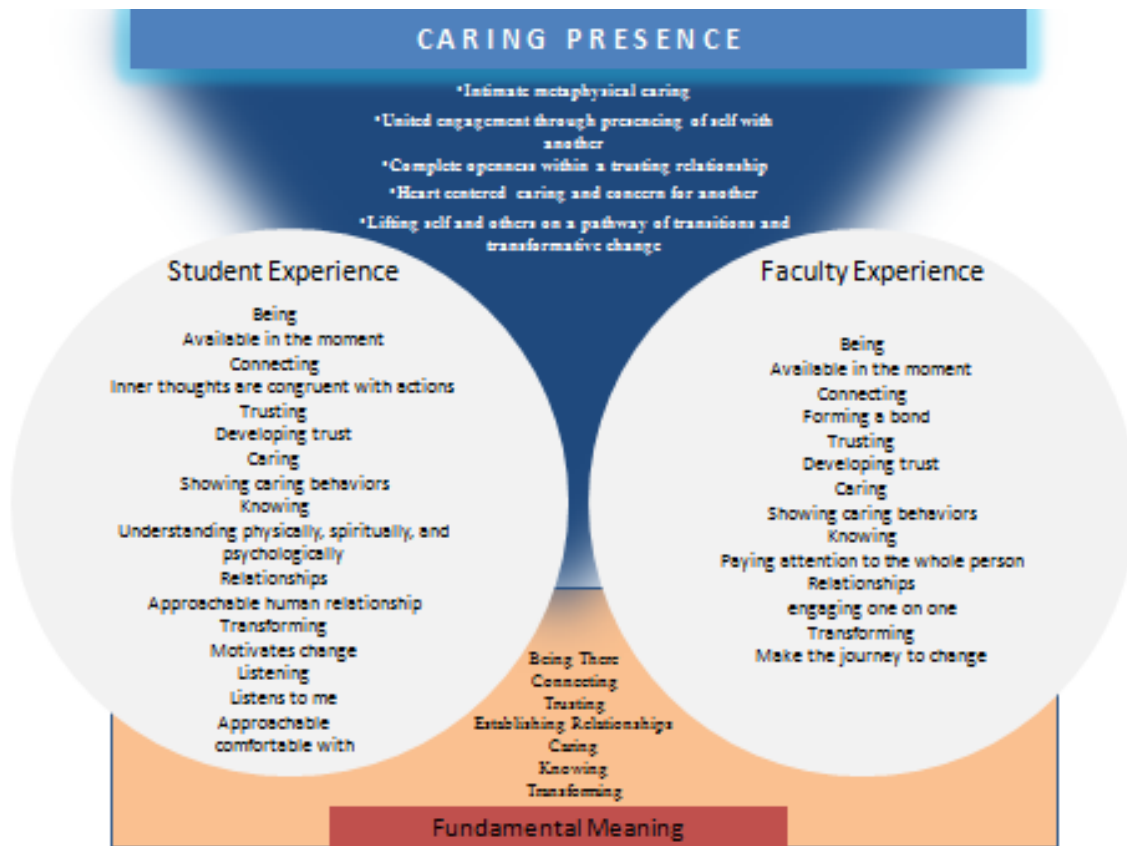
Step five of van Manen’s methodology requires that the written text needs to be oriented, strong, rich, and deep to establish rigor (van Manen, 1997). The text must: 1) not separate the theory from the lifeworld, 2) maintain a strong orientation to the research question as one looks for understanding of the phenomenon, 3) be rich in dialogue to capture the experience, and 4) needs to be deep in descriptions that explore the meaning of a phenomenon (van Manen, 1997). To maintain an orientation to the lifeworld, I listened to and recorded each participant’s experience in the lived space of her environment as it was told. To maintain a strong orientation

to the research question, and stay close to the question and responses, I read the transcripts while listening to the recorded interviews. The interviews were rich in dialogue and were read for redundancy, saturation and overlap in meanings, as experienced by the participants. This process served as validation of the accuracy and richness of the dialogue. Finally, the derived themes were reviewed in two stages: with an experienced nursing researcher and then with the participants, for validation that the caring presence experience had been captured.

Interpretive Statement

Reflections upon the essential themes lead to the formation of the final thematic interpreted statement of the lived experience of caring presence for nursing faculty and nursing students. Caring presence among nursing faculty and nursing students is “Intimate metaphysical caring as being available through a caring connection of unity through presencing, with openness in a trusted relationship of heart-centered caring and concern while lifting another to a pathway of transitions and transformative change.” This statement reflects the connection of all five themes and the fundamental meanings they were derived from. The experience of caring presence for nursing faculty and nursing students is a combination of these elements in varying degrees, depending on the relationship.

Figure 1: Thematic Model of Lived Experience of Caring Presence



Summary

This chapter discussed the findings of the lived experience of nursing faculty and nursing students using the van Manen phenomenological methodology. The research setting and research sample was described to put the reader into context of the life world of each participant. The experience of each participant was captured in the form of a life story, as told by the participants to the researcher. Each story was transcribed into written text and reflected upon for sententious phrases and fundamental meaning.

I reflected on the separate sententious phrases and fundamental meanings of nursing faculty and nursing students to derive the themes and meaning emerging from the experiences. Each participant's transcript was reflected upon for redundancy, saturation and overlap. Furthermore, I reflected on the overlap of themes and meanings from both nursing faculty and nursing students and condensed them. Eleven initial themes emerged from this level of reflection. Further reflection of the initial themes and removal of incidental themes lead to five interpreted themes, that were later reconstructed into essential themes. I created an interpretive statement of the phenomenon of caring presence from the essential themes.

CHAPTER VI

Reflections on Findings

This study expounds upon Covington's (2002) research to give meaning to caring presence in the context of the nursing faculty-nursing student relationship. The findings have found the experience of this relationship to be similar to the nurse-patient relationship described by Covington (2002). The essential themes of this study suggest that the caring presence phenomenon simultaneously contains the attributes of both the caring phenomenon and the presence phenomenon, making it a separate phenomenon; and possibly a third concept. At the outset of the study, I asserted that the nursing faculty-nursing student relationship could include: a sharing of the inner self with another, openness to student circumstances, presence during the student's time of need, and a relationship that is beneficial for both persons. I additionally believed that the findings of this study would add scholarly credibility to the caring presence phenomenon in nursing literature.

Covington (2002) identifies caring presence as a distinct and separate phenomenon in nursing that happens when caring and presence are blended into the special relationship that occurs between nurse and patient. This statement represents an emerging definition of the caring presence phenomenon, which is recognized as different from caring and from presence in a manner that has not been previously described (Covington, 2002). She describes the phenomenon as a patient-nurse relationship in which the essential element of trust has been established as a result of attentive listening and communication (Covington, 2002). Covington (2002) adds that attentive listening and communication allow the patient to believe that the nurse is available and that it is safe to be open and honest with the nurse. She further asserts that the patient trusts the nurse, and the patient is a partner in the development of the treatment plan.

Establishing trust allows both the nurse and patient to share the experience of caring presence (Covington, 2002).

Finfgeld-Connett's (2008a) qualitative comparison and synthesis of presence and caring describes caring and presence as two concepts that are redundant; their overlapping nature demonstrates few differences. Based on a cursory review of nursing concepts, she concludes that there seems to be a great deal of overlap between constructs of caring and presence. Finfgeld-Connett suggests that nurses conduct qualitative comparisons of these terms to identify the similarities and differences between them to develop a better understanding of nursing (2008a).

This phenomenological study is a response to the scholarly call for additional research. The limited amount of research of the caring presence phenomenon made it challenging to study. The findings of this research study will expand upon the understanding of caring presence as a phenomenon by illuminating the phenomenon and its themes as distinguishable from both the caring and the presence phenomena. Because the experiences of nursing faculty and students were not about caring or presence as separate ideas, the experience described in this study required a reflection that encompassed the fusion of caring and presence to mean caring-presence.

The decision to hyphenate and compound caring and presence emphasizes there is a relationship between the two concepts or phenomenon. Participants of this study consistently described an experience where caring and presence existed in conjunction with one another and not as an overlap or redundancy. Statements such as that made by Tammy, "I think without spirituality and caring, you are just being there... you need emotions" strongly suggest there is a connection and interrelationship between caring and presence that each have distinctive qualities of their own. Covington (2007) came to the same conclusion but did not hyphenate caring and

presence. It is my belief that by not compounding caring and presence it is difficult for other nurse scholars to perceive the possibility of a third concept or phenomenon. It is also my belief that without clear delineation of caring-presence as a concept other scholars are somewhat unable to envision or recognize it as a third concept. Perhaps for this reason there is confusion about caring and presence and the reason other scholars see them as overlap and redundancy. There is a misunderstanding of caring and presence and having a third concept with definition may make it possible to have a clearer vision and understanding of all three concepts or phenomena as separate entities. This study illuminated five essential themes of caring-presence phenomenon and an interpretive statement to describe the experience and make it distinctive as a separate concept or phenomenon.

Essential Themes

The interpretive statement of the lived experience of caring-presence for nursing faculty and students is, “Intimate metaphysical caring is available through a caring connection of unity through presencing, openness within a trusted relationship in heart centered caring and concern, while lifting another to a pathway of transitions and transformative change.” This statement reflects the interconnectedness of the five essential themes that emerged from the study. The participants described an experience that included each theme as an element of the caring-presence relationship between nursing students and faculty.

Synthesis of Data and Literature

Intimate metaphysical caring.

Both faculty and students mentioned the theme of “intimate metaphysical caring” when describing the experience of caring-presence. Both groups identified the need to have caring behaviors occurring while “being with” the other individual. The existence of caring behaviors as

a part of the relationship, even in the absence of physical presence lead to a metaphysical state of caring in which the participant felt as if the other's spirit remained. The participants described the ability to recall moments, words, and behaviors of the other individual, which left impressions in their mind and spirit. The participants described a feeling of comfort in those moments of reflection and a memory of how the other individual made them feel. Both nursing faculty and students said the intimate metaphysical caring felt good and comforting, and that relationship presented itself as more than the physical "being there." Both groups believed that nurturing and comforting occurred within this relationship as a part of the caring-presence experience.

A fundamental assumption of Anne Boykin and Savina Schenhofer's (as cited in Parker and Smith, 2010) is that personhood is enhanced through participation in nurturing relationships with caring others (Boykin and Schenhofer, as cited in Parker and Smith, 2010). In discussing nurse-patient relationships, Boykin and Schenhofer explain that the life or being of an individual is enhanced through the caring behavior of another. They assert that when experiencing a caring connection, one can remain connected to the relationship with another, even after death (Boykin & Schoenhofer, 2001). Boykin and Schoenhofer (2001) believe that the memory of the deceased remains in the consciousness of the other and the connection does not end when physical presence ends; it remains as an active part of the survivor's experience (Boykin & Schoenhofer, 2001). Boykin and Schoenhofer (2001) admit that caring is communicated *through* authentic presence. This statement leads one to conclude that caring and presence are considered neither as the same entity nor as overlapping entities. One can say that *presence* is the vehicle by which *caring* is given to another; thus, caring-presence is not caring and not presence, but a

phenomenon that occurs in a specific moment in time when caring is communicated through presencing. This essential theme is only one component of the caring-presence phenomenon.

Jean Watson's (2007) asserts that caring is, "human care [that] can be effectively demonstrated and practiced only interpersonally" (p.33). She believes the process of caring is intersubjective and teaches us how to be human and reflect our humanity onto others (Watson, 2007). The stories of nursing faculty and students who participated in this study are consistent with Watson's (2007) assertions, as evidenced by the textual dialogue captured by the interviews. The interpersonal connection of participants' relationships went beyond the physical and became spiritual, leaving them to continue to feel the caring behaviors of the other metaphysically. Watson maintains that, "nursing science can benefit from a metaphysical approach that revalues the higher spiritual sense of being human" (p.40). Watson adds that nursing should consider metaphysical and moral ideals as a guide for advancement in human science (Watson, 2007). Based upon Watson's (2007) recommendation, the significance of this emerging theme is in the new knowledge it may contribute to the advancement of nursing research. Intimate metaphysical caring within the context of a caring-presence experience supports the revelation of this theme as a necessary component of caring in the realm of "being there."

Intimate metaphysical caring is also discussed in the education discipline. When Brian White (2003), teacher and author of "Caring and Teaching English," discusses his experience with students, he says that caring teachers and caring relationships are essential to students' academic and personal growth, because caring is so important. White asserts this is especially true for students who require additional help or have difficulties. He further believes that, "teachers who seek to enact caring instruction must act in faith, seeing beyond the physical and

readily observable actions and reactions of students,” and connect in a way that is beyond the physical (White, 2003, p.325). Further research may suggest the possibility of the universality of this theme across disciplines.

Mindful connectedness through presencing one’s self metaphysically with another.

Participants expressed portions of their experiences as “connecting,” “forming a bond,” “making a connection by forming a mutual bond,” “having a mind to create presence with another,” and “how I feel when I’m with you.” The essence of these experiences is a conscious awareness of oneself and a conscious awareness of another that creates a sensitivity, which is remembered after the physical connection. This sensitivity has been interpreted as mindful connectedness through presencing oneself metaphysically with another, and was a common theme for both nursing faculty and students. This theme is consistent with presence as a component of caring-presence.

Kleinman (2009) defined presence as “being-there-for and being-there-with one person directing his or her full attention to another, joining in a life’s experience” (p. 6). She further discusses the metaphorical connection of two people going through life together, over time, in a consistent nurse-patient relationship. Kleinman’s definition is not complicated and defines the simple attributes of presence and thus supports this essential theme. However, Hessel (2009) completed a conceptual analysis of presence and determined a more complex definition of presence that included the attribute of caring. Hessel’s (2009) definition of presence states:

“Presence in nursing is a holistic and reciprocal exchange between the nurse and patient that involves a sincere connection and sharing of the human experience through active listening, attentiveness, intimacy and therapeutic touch, spiritual

exploration, empathy, caring and compassion, and recognition of the patient's psychological, psychosocial, and physiological needs (p. 281)."

Hessel's definition describes presence as an experience occurring *through* caring. Although her definition supports the theme of mindful connection through presencing oneself with another, it does not truly reflect the experience of caring-presence as experienced by the participants of this study.

Nursing faculty and students have described an experience that has a caring attribute not inclusive of presencing, but in addition to presencing. They described presence as a state of "being" separate from the caring behaviors they feel while in the presence of another. Presence and caring are attributes that are clearly distinctive but which occur together for participants who experience caring-presence. The current nursing literature does not reflect this particular point of view. However, if this point of view were a part of nursing literature, it would be possible for nursing researchers to view caring-presence as a new phenomenon of nursing.

Complete openness within a trusting relationship.

Trust is a central theme of this study for both nursing faculty and students. Faculty experienced trust in entering a relationship with a student they knew was committed to becoming a nurse. Students experienced trust in knowing no harm would come to them while engaged in the relationship. Both groups described the need to develop trust prior to engaging in their relationship. The participants were repeatedly heard as describing the need to establish trust before they could engage in a caring-presence relationship. They also said that a safe environment is required for openness in the relationship. Without trust and a safe environment, complete openness within a trusting relationship will not occur as a part of the caring-presence

experience. Trust is essential to the experience of the nursing faculty and student caring-presence relationship.

Covington (2005) finds that mutual trust and sharing was experienced when “NPs and patients stepped across personal or professional boundaries to relate at an intimate level. The practitioners demonstrated the key behaviors of open, honest communication, and listening that provided the patients with a sense of trust” (p. 171). This is a common factor for both Covington’s (2005) study and this study of caring-presence. Intimacy, openness, and engagement in the nurse-patient and faculty-student relationships could not occur without trust. The other four themes, interpreted as a part of caring-presence phenomenon, require engagement among the individuals in the relationship. Engagement cannot occur without trust. Therefore, complete openness within a trusting relationship is *the* vital and central theme in the caring-presence relationship.

Heart-centeredness focused on another with enduring care.

At certain points, both nursing faculty and students found it difficult to describe the experience in words but often referred to what the experience “felt like.” They described an experience that left them feeling nurtured, mothered, exhausted, and having a human touch. These feelings were interpreted to mean that they felt *caring* in those moments. The participants’ descriptions are consistent with Jean Watson’s concept of a transpersonal caring relationship of Human Caring Theory. Watson (2007) explains that the capacity of one human being to receive and experience another human being’s expression of feeling is an artistic activity of nursing expressed in transpersonal caring. The art of transpersonal caring is triggered by human interaction evoking a feeling of care and concern (Watson, 2007).

The focus of this concept is directed toward the problem and its affect upon the life of the patient, with the nurse's feelings as a part of "being and becoming" in the relationship (Watson, 2007). Transpersonal caring relationship as it applies to the caring-presence relationship in this study is the nursing faculty responding to a perceived problem that may have an affect on the nursing student. At some point in the relationship, the nursing faculty enters into a state of "being and becoming" in the relationship with the student. As nursing faculty "become" a part of the experience and feels caring for the student, the student feels caring directed towards her. The study participants were unable to find the words to describe this experience because they were attempting to connect the feelings triggered by transpersonal caring to prior experiences of caring familiar to them in other relationships such as "nurturing" and "mothering."

My interpretation of this experience revealed the theme of heart-centeredness focused on another with enduring care. It is connected to the theme of intimate metaphysical caring, in that it is the manifestation of the personal interaction between the two individuals in the relationship. The two themes reflect the experience of feeling cared for while simultaneously existing in a relationship in the presence of another. It also relates to the concept of transpersonal caring in which the faculty member has the ability to recognize the feelings and inner condition of the student and is willing to affirm the significance of those feelings of the student (Watson, 2007).

Lifting self and others on a pathway of transitions and transformative change.

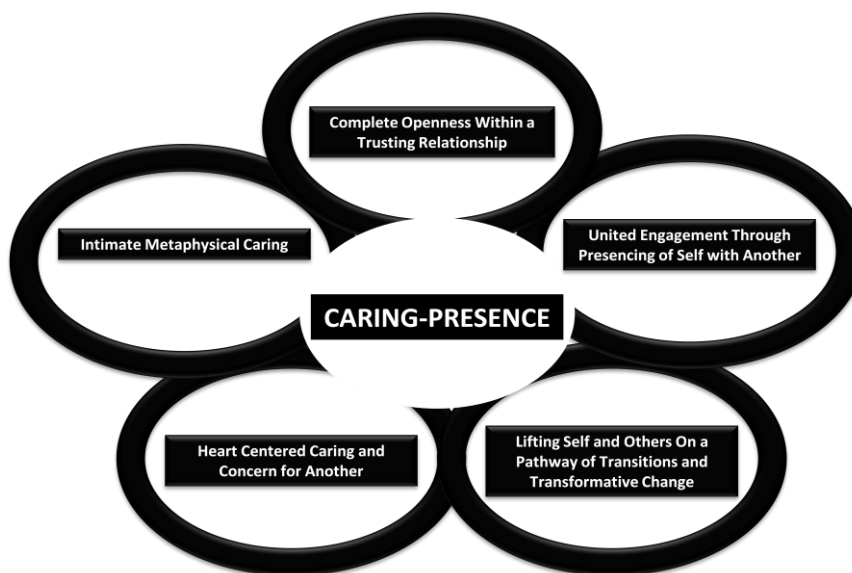
When telling their stories, participants described a change within themselves and a desire to change others; they witnessed a change in others or were inspired to change themselves and others. Nursing faculty experienced the desire to help their students achieve a specific goal and move through the journey of becoming a nurse. Nursing faculty also experienced a personal change and became better teachers. Nursing students described the faculty member as igniting a

change in their perception of themselves as people and as students. For both groups, the experience of being in a caring-presence relationship facilitated a transformation of self.

Lifting oneself and others on a pathway of transitions and transformative change is consistent with the recommendation of Patricia Benner's (2010) *Educating Nurses*. Benner, as cited in Benner, Sutphen, Leonard & Day (2010), suggests that nursing faculty intentionally use transformational experiences and emphasize the formation of a professional nursing identity. Benner stresses that transformation and formation are important for students in every aspect of their nursing education because these elements enrich a student's sense of identity and understanding as a nurse (Benner, Sutphen, Leonard, & Day, 2010). The nursing faculty member benefits when she facilitates a transformation in the nursing student and is herself transformed as an educator during this experience.

Lifting oneself and others on a pathway of transitions and transformative change is experienced within a thriving nursing faculty-student relationship. This theme is connected to the other four themes of: intimate metaphysical caring, united engagement through presencing of self with another, complete openness in a trusting relationship, and heart-centered caring and concern for another, and is an integral part of the caring-presence experience. Taken together, these five themes describe the lived experience of caring-presence for nursing faculty and students. Figure 2 depicts a model for caring-presence phenomenon.

Figure 2: A Model for Caring-Presence Phenomenon



Thematic Statement Reflection Using a Nursing Model

The aim of the study was to describe the lived experience of caring-presence among nursing faculty and students, and not to develop a conceptual model of caring-presence or examine the concepts of caring and presence. The study findings found five themes that were interpreted into the statement: Intimate metaphysical caring as being available through a caring connection of unity through presencing, with openness in a trusted relationship of heart centered caring and concern while lifting another to a pathway of transitions and transformative change. This interpretation suggests caring-presence is not simply caring and not simply presence, but a fusion of both. For this reason, I felt it necessary to reflect on caring-presence from two nursing theoretical frameworks: Paterson and Zderad's Humanistic Nursing Theory (1988) and Jean Watson's Human Caring Theory (2007).

I selected Paterson and Zderad's Humanistic Nursing Theory because of its humanistic, phenomenological, and existential view of nursing. Humanistic Nursing Theory views "a lived experience between human beings" (Paterson and Zderad, 1988 p.3). This theoretical framework is concerned with the phenomenon of nursing wherever it occurs, regardless of its form (Paterson and Zderad, 1988). It is useful in reflecting upon "presence" in the nursing faculty and student caring-presence relationship. Paterson and Zderad (1988) write:

"Humanistic nursing embraces more than a benevolent technically competent subject-object one-way relationship guided by a nurse in behalf of another. Rather it dictates that nursing is a responsible searching, transactional relationship whose meaningfulness demands conceptualization founded on a nurse's existential awareness of self and of the other" (p. 3).

The concepts of the theory encompass the humanistic, phenomenological and existential views of the metaparadigm elements of person, nursing, health and environment. The concepts of the theory include: the nurse and the patient (person), comfort, well-being and more-being (health), doing, being, and becoming (nursing), and time, space, here and now, and situation (environment). The phenomenological (dialogue) and existential (gestalt) assumptions of the theory connect the elements of the metaparadigm within the theory. It also is a nurse-patient intersubjective transaction (Kleinman, 2009). The conceptual framework of the theory is a “call and response” framework. It is a call from a person, a family, a community, or from humanity for help with a healthcare issue, “and” represents the *nursing*, and response by a nurse or a community of nurses in a manner that is intended to help the caller with the health-related need (Parker and Smith, 2010).

The concepts of humanistic nursing theory that specifically relate to a study of the lived experience of caring-presence are the nursing faculty and students (persons), intimate metaphysical caring and heart-centered caring and concern for another (health), united engagement through presencing of self with another, and complete openness within a trusted relationship (nursing), and lifting oneself and others on a pathway of transitions and transformative change (environment). The caring-presence experience is the intersubjective transaction between nursing faculty and students, in which the student “calls” the nursing faculty for help or the nursing faculty senses the need to offer help to the student. It is the response by which one helps the other. I would like to make note of the revision of the nursing metaparadigm by Fawcett (2005) from “person” to “human being.” Fawcett (2005) cites the revision of the four interacting levels which continue to encompass the concepts of the nursing metaparadigm, be designated as human beings, environment, health, and nursing (Fawcett, 2005). She states, “the

metaparadigm concept of human beings ranges from the individual to humankind” (Fawcett, 2005, p. 321). Table 3 depicts the reflection of the caring-presence using the humanistic nursing model and shows the current designation of person and human beings as they relate to caring-presence.

Table 3: Reflection of Caring-Presence using the Humanistic Nursing Model

Paterson and Zderad’s Humanistic Nursing Theory			
Person	Nursing	Health	Environment
Nurse-Patient	Comfort Well-Being More-Being	Doing Being Becoming	Time Space Here and Now Situation
↑	↑	↑	↑
Nursing Student- Nursing Faculty	United engagement through presencing of self with another Complete openness within a trusting relationship	Intimate metaphysical caring Heart centered caring and concern for another	Lifting self and others on a pathway of transitions and transformative change
Person Human Being	Nursing	Health	Environment
The Lived experience of Caring Presence			

Jean Watson's Human Caring Theory was developed to show how the various components of nursing relate to and direct education, practice and research (Watson, 2007). The major concepts of human caring theory are the ten carative factors that Watson (2007) has emerged into clinical caritas processes, transpersonal caring relationship, caring moment and caring occasion, and caring-healing modalities (Watson, 2007). Caring-presence is relevant to Watson's transpersonal caring relationship concept because it supports the experiences described by the participants of this study. Watson defines transpersonal caring relationship as:

“A relationship of human care with another person and begins when the nurse enters into the life space of another person. In this relationship the nurse is able to detect the other person's “condition of being” and “feels this with the other person”. The nurse responds to the condition in a way that the recipient releases “subjective feelings” and thoughts’ (Watson, 2007).

The subjective feelings of the recipient can occur through actions, words, behaviors, body language, senses, etc. (Watson, 2007). The ability of the nurse to assess and realize the subjective feelings of the recipient and respond to the recipient captures the richness of the experiences described by the study participants.

The participants of this study described a transpersonal caring relationship when engaged with nursing faculty or students when experiencing caring-presence. The faculty members described detecting a student's condition of being or need and responded to them. The students released subjective feelings or thoughts in response to the faculty member. The students and the faculty member were unable at times to describe these thoughts and feelings. The terms used by the participants ranged from “mothering”, “caring” and “caring behaviors” to describe the

experience. Many participants could not describe the specific caring behaviors they experienced; however, by using the human caring theory, I was able to better understand the phenomenon of caring presence in the participants' experiences. Nursing faculty and nursing students used words and phrases that represented feelings and actions familiar to them in prior relationships where they experienced caring behaviors. Reflecting upon these words and phrases using this framework illuminated a better understanding of the caring-presence phenomenon.

Both united engagement through presencing of oneself with another and complete openness within a trusting relationship are a faculty member's entranceway into a student's life space. The nursing faculty is able to detect the needs or "condition of being" of the student and respond to him or her. Students and faculty described experiencing behaviors that could be interpreted as intimate metaphysical caring and heart-centered caring and concern for others. Demonstration of these feelings and thoughts create to a pathway to transition and transformative change for both faculty and students.

Limitations of Study

Qualitative methodology possesses inherent limitations that relate to the study. Polit and Beck (2004) site several limitations of qualitative research that include the use of human beings as the instrument by which information is gathered, the subjectivity of the researcher, and an inability to generalize about the findings. In addition, no two qualitative researchers studying the same phenomenon are expected to reach the same results (Polit & Beck, 2004). This study contains such limitations.

The findings of this study are limited to the lived experience of the fifteen participants. The findings themselves are based on the reflective descriptions provided by human subjects and the reduction of these experiences into sententious phrases that represent emerging themes.

Although I worked diligently to bracket my bias and personal experiences while interviewing and interpreting the data, my interpretation of the themes could have been influenced by my bias and experience. The findings of the lived experiences of nursing faculty and students in this study are my interpretation and reconstruction of the textual meanings, as told to me. Another researcher might consider an alternate interpretation and reconstruction of the meanings.

In addition, no male faculty members or male students participated in this study despite inviting them to participate. A few faculty members in this study spoke about their caring-presence experience with male nursing students. However, the study does not describe caring-presence from the experience of a male student. This fact limited the generalization of caring-presence across genders.

Implications

Discipline of Nursing

The discipline of nursing directs inquiry that distinguishes nursing from other disciplines and incorporates nursing knowledge to guide professional practice (Parker & Smith, 2010). This study suggests the possibility for a new inquiry of caring-presence as a phenomenon. It adds new knowledge that could guide professional nursing practice, nursing education, and nursing research. This study could potentially lead to the inclusion of caring-presence into existing nursing philosophies, theories, concepts, and research findings; moreover, it could expand the definition and meaning of a concept that has not been sufficiently described in the current nursing literature. Additional research studies similar to Nelms (1996) and Covington (2005) may spark interest in caring-presence as a separate phenomenon, as a separate phenomenon, aside from caring and aside from presence.

Conceptual analysis of caring-presence could offer a different point of view from that of Finfgeld-Connett (2008b). Finfgeld-Connett found that caring and presence were redundant, while this study found caring-presence to be a separate entity. As mentioned above, research of the concept of caring-presence could benefit nursing practice and nursing education. Covington (2003) suggests that despite the difficulty in interpreting and conceptualizing caring-presence, it is important to continue to develop nursing knowledge of the caring-presence phenomenon, so as to gain a better understanding of the meaning and experience of the phenomenon (Covington, 2003). Understanding caring-presence better is significant for the art of nursing in that nursing has evolved to include “the head, the heart and the hands as the foundation of modern day nursing” (Donahue, 2011, p. 6). The impact of these three components together balance the theoretical, practical, and moral aspects of nursing imparted to all those entering the profession (Donahue, 2011). This concept is important in the nursing faculty-nursing student relationship in its potential to effect how nursing is role modeled from one nurse to another.

A better understanding of the phenomenon of caring-presence could have a significant impact on relationships between students and faculty, and on the development of nursing curricula and educational policies. An example of the potential impact of a caring-presence relationship between nursing faculty and students is in the formation and transformation of nursing students while enrolled in their degree program. Benner (2010) recommends that nursing faculty intentionally foster relationships with students as an intervention in the transformation of how students are educated. The experience of caring-presence can be used as a strategy to revise nursing education policies and curricula.

Nursing Education

John Dewey an American philosopher, whose ideas influenced education, believed the purpose of education is the realization of an individual's greatest potential in using knowledge for the greater good (Dewey, 1944). His philosophy is; a student's ability to relate learned information prior to their experiences creates a deeper connection with new knowledge acquired (Dewey, 1944). Nursing education's philosophy of educating nursing students is reflective of Dewey's philosophy. Nursing education seeks to connect theory to practice to make the student the best nurse they can be. Through a caring-presence relationship between nursing-faculty and nursing students, a deep connection to new knowledge is fostered by the close engagement and support of each to one another. Dewey also believed there is a connection between the mind and the spirit, thus connecting knowing, doing, theory, and practice (Dewey, 1944). These connections transform learned knowledge into realization of knowledge (Dewey, 1944). Caring-presence between nursing faculty and nursing students facilitates a transformation of faculty and student to a greater realization of self. The implication of Dewey's philosophy is suggestive that nursing curriculum should be reflective of this connection of mind and spirit knowing, doing, theory, and practice. Hills and Watson (2011) propose such a framework in their Caring Science Curriculum.

The caring-presence phenomenon has implications for the Caring Science curriculum proposed by Marcia Hills and Jean Watson (2011). Caring Science is the study of what it means to be whole, healed and caring; it places human caring and human experiences within a model of science (Hills and Watson, 2011). Engagement in caring science provides a guide for nursing faculty and students to integrate pedagogical strategies towards those they care for (Hills and

Watson, 2011). Hills and Watson (2011) describe the Caring Science curriculum as the human-to-human relationships of nursing faculty and students within a caring framework.

The framework of the curriculum includes: 1) modeling of one's best self, 2) practice of daily experiences among students and faculty to create a caring environment for the entire nursing program, 3) authentic dialogue that creates a space for students to ask questions and discuss or explore ideas, new insights, and discoveries, and for a transformation of consciousness, and 4) confirmation-affirmation as a guide for nursing faculty to hold nursing students to their highest ethical self (Hills and Watson, 2011). The Caring Science curriculum seeks to shift the worldview of nursing faculty having authority and a power-control stance toward knowledge, students, and control of knowledge (Hills and Watson, 2011). The Caring Science curriculum seeks to shift the worldview to a shared-power and shared-knowledge worldview. Hills and Watson (2011) say that in a Caring Science curriculum:

“Students also have authority in their own knowing and experiences that can be shared and jointly critiqued for deeper knowledge, understanding, integrative insights and wisdom, ultimately, resulting in transformation of consciousness” (p. 17). The Caring Science curriculum has the ability to effect and sustain behavior changes in nursing faculty and nursing students that enhance the teaching-learning process for both.

The experiences of caring-presence as described by study participants reflect the Caring Science Curriculum. Further definition and concept analysis of the caring-presence phenomenon should be promoted through continued research where caring-presence can be further integrated into the current nursing curriculum. This integration has important implications for the professional development of nursing faculty who are expected to model caring-presence and should be incorporated into the orientation of nursing faculty. It should also be an expectation for

caring-presence to be incorporated in advisement and coursework for students. This practice will create an environment for the nursing student to “safely” open up to faculty as described by the study participants. Authentic dialogue with nursing faculty regarding their concerns, issues, questions, areas of discovery and transformation, will promote the development of nursing students into human beings who use caring-presence with their patients. The caring-presence relationship between faculty and student may confirm and affirm students’ transformation into their highest caring-presence selves.

The stories told by the participants exemplify the framework of the Caring Science Curriculum in action. For example, Tamia, a faculty member, said,

“And I think that [caring-presence] has to be evident in our practice as educators. It must be evident otherwise, we tell them about [being] empathetic towards the patient, but if we aren’t empathetic towards them, we can’t become role models. And I think that’s an important piece. Sometimes I think when we deal with students, we are in a motherly role, and we say, “What’s going on with your life?” “Is there something I can do for you?”

Nursing student Crisette is an example of confirmation-affirmation of the Caring Science curriculum in action. She stated:

“For a professor to trust you and let you go and find out something, not only do they want you to know it, they care about your education, but they want to let you know that they trust that you’re going to go ahead and research it and know it. I felt that was the best—her way of teaching in that matter was really caring.

Because she doesn’t pressure you, but yet she wants you to know that this is part of your curriculum, you need to know it, and this is for the best for you. So that was great caring.”

The inclusion of caring-presence as a part of the Caring Science Curriculum may turn nursing education from its prior worldview of nursing faculty as “all knowing and powerful” to a newer worldview of shared responsibility between nursing faculty and student with “shared knowledge and shared power.” Nurse educators should make pedagogical changes that advance curriculum development and educational policy; they should implement specific strategies that affect the student’s perception of empowerment and shared responsibility for knowledge acquisition and application in clinical practice. Successfully educating nursing students within such a curricular environment will aid them in meeting the challenges and demands of nursing practice. New shifts in healthcare trends, including changes in federal health legislation such as the Affordable Care Act, state and local regulatory changes such as Medicare reform, new recommendations from the Institute of Medicine regarding nursing practice, and initiatives such as the Future of Nursing, require nursing students to be prepared to empower themselves and incorporate new knowledge to meet these challenges. The Caring Science Curriculum creates an environment in which, through caring-presence, nursing faculty can empower students to continue to learn and take ownership of their knowledge as they enter clinical practice. This will help them to meet the challenges they will face as professionals.

Nursing Practice

As previously stated, the faculty member acts as a role model of caring-presence for the student. However, the student understands the effect that caring-presence has upon those experiencing life challenges. The faculty-student relationship fosters the professional values and attributes necessary for the novice nurse to understand caring-presence. When students learn the art of caring they begin their practice creating the right environment for healing patients. Covington (2003) posits what it means to be present with another individual while assisting them

to move through life's experiences. The study participants consistently spoke of nursing faculty as role models. The nursing faculty participants felt it was important to model behaviors for students to emulate in the clinical practice areas. Nursing students felt the faculty were role models for interactions with patients in the clinical area. In addition, nursing students felt it was an important and necessary attribute of the faculty to exhibit caring behaviors within this relationship.

Insight into caring-presence is relevant not only for nursing education but for the nursing profession as a whole. Caring-presence may affect how nurses interact with one another and shape the nature of their relationships. The relationships a nurse has with patients, nursing colleagues, and other healthcare professionals are rooted in the types of relationships they encounter and form during their initial exposure and entrance into the profession. The initial experience is their pre-licensure nursing education. Therefore, a caring-presence relationship between faculty and students can be the catalyst for future caring presence relationships for every nurse who enters the profession.

Benner (2010) recently called for a radical transformation in educating nurses by recommending a shift from the traditional strategy of socialization of nursing students into their roles, to the formation of nursing students into their roles as nurses (Benner, Sutphen, Leonard and Day, 2010). Formation requires nursing faculty to constitute meanings, content, intent and practice in the form of helping relationships (Benner, Sutphen, Leonard, and Day, 2010). A caring-presence relationship is a manifestation of *formation* in which the nursing faculty constitutes meaning, content, intent and practice for nursing students, while engaging in a caring-presence relationship with patients. Benner states that through formation, the student transforms the way in which they perceive and act in the clinical area (Benner, Sutphen, Leonard and Day,

2010). Engagement in a caring-presence relationship with nursing faculty has the potential to promote the formation and transformation of nursing students with a greater capacity for caring-presence; and thus has a significant impact upon nurse-patient relationships across the discipline. This being said, it should be noted that not every nurse or nurse faculty engages in a caring-presence relationship, but every nurse or nurse faculty has the potential to engage in a caring-presence relationship.

Nursing Research

This study of the lived experience of caring-presence for nursing students and faculty is the second qualitative study of the phenomenon of caring-presence and the second to fuse or integrate caring and presence into a single phenomenon of caring-presence. The literature search for both studies revealed limited studies on the phenomenon as an integrated or fused entity. Conducting research and adding new information to the nursing literature will help us to better understand this phenomenon. My study findings have similarities to the Covington (2005) study: the themes were representative of the qualitative methodology of inquiry. Current nursing literature does not include sufficient nursing research studies of this phenomenon using quantitative methodologies. Without quantitative research activities, it will not be possible to fully understand the scholarly impact of this phenomenon for the discipline of nursing.

The prologue to this study was the search for a tool to measure caring-presence, as I did not find one in the literature search. Furthermore, only a limited number of quantitative studies exist in the nursing literature; Finfgeld-Connett (2008a) and (2008b) was the most prominent. By suggesting quantitative study as a method of inquiry, I propose to enhance the knowledge of caring-presence. Perhaps a concept analysis of caring-presence would be a good start for defining the phenomenon as separate from caring and presence phenomena. Quantitative

research methods such as this one could lead to the construction of instruments to be used to measure caring-presence and answer quantitative research inquiries. Further research is necessary to expand the knowledge of the phenomenon within the nursing discipline, nursing education and nursing practice.

Reflection of the Researcher's Experience

Qualitative methodology allowed me to hear the personal life stories of nursing faculty and students in a manner that would not have occurred in my everyday life. Listening to the life stories of each participant without expressing my thoughts, opinions, or contributing my experiences proved very enlightening. It was thought-provoking to hear the stories from the perspective of the participant *only*. I was enlightened to find that people wanted to tell their story because they felt they had a lot to share. Both the nursing faculty and students had a high level of enthusiasm. However, I was unprepared for the emotions brought forth from the interviews, and grateful that their emotions flowed through tears of joy, pride, and a sense of accomplishment.

Using the van Manen methodology was an interesting challenge, as it gave me the opportunity to reflect on life experiences and find meaning in participants' responses. This experience has changed my view of the world around me: I no longer will see a situation or hear a story without asking what this experience meant for the individual involved. The process of interpreting the thematic statements and meaning of the stories meant that I had to open up fully and deeply into the conversations to derive meaning. I forgot my own experiences and feelings as they related to caring presence as I became immersed in the experiences of the participants. Conducting this research improved my understanding of the experience of caring-presence.

Recommendations for Further Study

This study was limited in its scope and potential for general suggestions across the discipline of nursing. A number of significant areas of nursing knowledge such as the empirical, ethical, and aesthetic ways of knowing were not explored within the context of this study as they relate to caring-presence in nursing education, nursing practice and nursing research. Additional inquiry may provide further understanding of caring-presence as a phenomenon and support the development of this phenomenon across the discipline. Further study of caring-presence may expand and deepen the patterns of knowing as they relate to caring-presence phenomenon.

One such inquiry concerns the relationship of gender to the experience of caring-presence. Covington (2005) had only one male participant; no males participated in this study. Research involving male participants could reveal new information or support existing themes and meanings. Without further inquiry into the impact of gender on caring-presence, our knowledge of caring-presence will remain limited. Below are several qualitative questions from this study that remain unanswered:

1. What is the lived experience of caring-presence among male nursing faculty and nursing students?
2. What is the lived experience of caring-presence among nursing faculty and male nursing students?
3. What is the meaning of culture in a caring-presence relationship?

Quantitative research should also be a focus of inquiry related to caring-presence phenomenon. Research such as examining the boundaries of the nursing faculty-nursing student caring-presence relationship could possibly add further illumination of the phenomenon. In this study nursing faculty alluded to the boundaries of the caring-presence relationship between

faculty and students, stating they are able to “draw the line” with students and “are not friends” with students. However, the study does not sufficiently quantify the boundaries and the effect they have upon the relationship. Below are several quantitative questions from this study that remain unanswered:

4. What are the boundaries within the caring-presence relationship between nursing faculty and nursing students?
5. How does the inclusion or lack of boundaries effect the nursing faculty-nursing student caring-presence relationship?
6. Does the caring-presence relationship between nursing faculty and students differ in a non-public institution versus a public institution?
7. What is the effect of cultural competence on the caring-presence nursing faculty-nursing student relationship?
8. What effect does the caring-presence student-faculty relationship have on students’ academic success?
9. How are nursing faculty affected by engagement in a caring-presence relationship with a student?
10. What effect does engagement in a caring-presence relationship with nursing faculty have upon students’ role transition?
11. How does engagement in a caring-presence relationship with nursing faculty transform a student into a nurse with caring-presence relationships with patients?

The epistemological impact of such inquiry may have far-reaching implications for other disciplines such as education, psychology and sociology, to name a few. The study of human relationships and the ontology of caring-presence within these relationships might be significant

in disciplines where individuals are affected by each other. Discovery of the meaning of caring-presence within the physician-patient relationship, teacher-student relationship, psychologist-client relationship, social worker-client, and many relationships in other disciplines would be important and useful in developing strategies to move people to their greatest potential.

Summary

This study described the lived experience of caring-presence among nine nursing faculty and six nursing student participants. Caring-presence was studied as a phenomenon separate and apart from the phenomena of caring and of presence. I reflected on the lived experience of caring-presence of each participant's story for meaning and the essential themes. An interpretation of the textual writings of each participant's story revealed five essential themes: 1) intimate metaphysical caring, 2) united engagement through presencing of self with another, 3) complete openness within a trusting relationship, 4) heart-centered caring and concern for another, and 5) lifting oneself and others on a pathway of transitions and transformative change. After reflecting on these themes, I developed the summary interpretive statement: "Intimate metaphysical caring as being available through a caring connection of unity through presencing, with openness in a trusted relationship of heart centered caring and concern while lifting another to a pathway of transitions and transformative change."

The themes and summary interpretive statement were reflected upon using Paterson and Zderad's humanistic nursing theory and Watson's human caring theory because the experiences of nursing faculty and nursing students were not of caring or of presence separately. Because the experiences of nursing faculty and students were not about caring or presence as separate ideas, the experience described in this study required a reflection that encompassed the fusion of caring and presence to mean caring-presence. I reflected on the themes and summary interpretive statement using Watson's human caring theory and Paterson and Zderad's humanistic nursing

theory within the context of the nursing metaparadigm of person and human being, nursing, health and environment. Furthermore, I reflected on caring-presence using only one of the theory's major concepts: the transpersonal caring relationship.

This study has implications for the discipline of nursing, nursing education, nursing practice and nursing research. Implications for the discipline of nursing include the possibility of incorporating caring-presence into the existing nursing philosophies, theories, concepts and future research. Implications for nursing education were specific to development and use in the Caring Science curriculum. Implications for nursing research to further develop the caring-presence phenomenon might be continued research, using both qualitative and quantitative studies.

Finally, I recommend future research on caring-presence to expand and deepen the patterns of knowing as they relate to the phenomenon and have posed questions to increase the epistemological impact of the phenomenon within the discipline of nursing. I hope that after further development, the phenomenon of caring-presence will have important implications for other disciplines as well as the health professions.

Appendix A

Overall Demographics of Nursing Faculty and Nursing Students

Table 1: Overall Demographics of Nursing Faculty

Total # Participants	Gender Diversity	Average Age/Median Age	Total # Educational Degrees	Total Professional Titles	Total Positions	Average/Median Years of Experience	Total Program Type	Total Course Instruction Type
9	Female Only	Average Age = 49 Median Age = 50	MS = 7 DNS = 1 PHD = 1	Asst. Professor = 6 Assoc. Professor = 2 Full Professor = 1	Tenure Full time = 9	Average Experience = 8 Median Experience = 8	Bachelors = 3 Associate = 6	Lecture = 8 lab = 9 Clinical = 9

Table 2: Overall Demographics of Nursing Students

Total # of Participants	Gender Diversity	Average Age/Median Age	Median Education Level	Total Program Types	Average Program Status	Total # Year of RN Study	Total # in Clinical Course Level	Total Current Clinical Courses
6	Female Only	Average Age = 22 Median Age = 22	High School +3 years of College	Associate = 1 Bachelors = 5	Full Time Study = 6	1 year = 2 2 years = 2 3 years = 2	6	Med Surg I = 4 Med Surg II = 2

Appendix B
Nursing Faculty Raw Data

Tamia

The first level of reflection of Tamia's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, trust, relationship and knowing.

	Fundamental Meaning
"making myself available to students who need me and understanding what their needs are" "being there for them"	Being There
"development of a trusting relationship where you connect with the student that needs your help" "a connection with a student in need and making myself available"	Connecting Trust
"one to one interaction where you understand them and help them" "an open relationship between faculty and student where the faculty member understands the students needs and feels what they are going through"	Relationship
"Understanding and feeling what a student is going through"	Knowing

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning of Tamia's life story.

Thematic Interpretation of Tamia's Life Story

	Meaning
1. Existing in a connected and open relationship	Connecting
2. Instinctive awareness of a student's needs	Knowing
3. An appreciation of a student's needs	
4. A trusted relationship	Trust
5. Making one's self accessible as a facilitator in time of need	Relationship
6. Being there for them	Being There

Monica

The first level of reflection of Monica's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, relationship, knowing and transformation.

Sententious Phrases of Monica's Life Story	Fundamental Meaning
"being with students and providing caring"	Being there
"sitting with a student"	
"needing to be there with students to nurture them"	
"being there until they don't need me"	
"we formed a bond and the student was able to do well"	Connecting
"engaging with them is appreciated"	Relationship
"being more in tune with the student and myself"	Knowing
"the student transforms"	Transformation

The second level of reflection of Monica's life story involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning.

Thematic Interpretation of Monica's Life Story	Meaning
1. Existing in a relationship until it is terminated	Being there
2. Existing in a connected relationship	Connecting
3. Awareness of self in the presence of others	Relationship
4. Creating a caring environment while existing with others	Knowing
5. Transformation of self	Transformation

Brandy

The first level of reflection of Brandy's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, knowing, trust, and transformation.

Sententious Phrases of Brandy's Life Story

Fundamental Meaning

<p>“being there with a person in the moment” “being with a student in a moment of crisis and wanting her to know I wanted to be there” “being present and showing caring behaviors”</p>	Being there
<p>“having an emotional connection with someone while demonstrating caring behaviors” “connecting until there is a feeling of peace and you can move on” “connecting, listening and supporting” “staying connected because of the engagement with students” “emotional connection” “staying connected because of the engagement”</p>	Connecting
<p>“paying attention to another person” “focusing on the individual when they are vulnerable”</p>	Knowing
<p>“developing trust”</p>	Trust
<p>“I need you with me on this journey”</p>	Transformation

During the second level of reflection I interpreted the sententious phrases to reveal thematic statements and saturation of themes and meaning of Brandy's life story.

Thematic Interpretation of Brandy's Life Story

Meaning

<p>1. Being present and showing caring behaviors 2. Existing in the moment 3. Existing in the moment of need and wanting to be in that moment</p>	Being there
<p>4. Existing in a connected relationship with another 5. Focusing on another</p>	Connecting Knowing
<p>6. Development of trust</p>	Trust
<p>7. Feeling needed on the journey</p>	Transformation

Dionne

The first level of reflection of Dionne’s experience revealed sententious phrases of caring presence that revealed the fundamental meanings; connecting, relationship, knowing, and transformation.

Sententious Phrases of Dionne’s Life Story

Fundamental Meaning

“connecting with students/human beings”

Connecting

“connecting with a human in a holistic way”

“relating with a person”

Relationship

“partnership”

“how I relate with my students”

“working with students to know who they are”

Knowing

“understanding a person’s experiences”

“trying to understand who the person is you are with”

“Understanding who the student is when they are with you”

“transformation”

Transformation

“we are going to work together to make this vision happen”

The second level of reflection of Dionne’s life story involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning.

Thematic Interpretation of Dionne’s Life Story

Meaning

1. Awareness of who the student is when they are with you

Connecting

2. Connecting with a human being

3. Awareness of the student’s needs

Knowing

4. Connecting with a human being in a holistic way

Relationship

Patty

The first level of reflection of Patty's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, relationship, knowing, and transformation.

Sententious Phrases of Patty's Life Story

Fundamental Meaning

<ul style="list-style-type: none"> “sit together to make a plan” “working together” “being aware” “sitting together to make a plan” “sitting with students and sharing their dreams shows you care” 	Being there
<ul style="list-style-type: none"> “connection enables you to reach out” “you must connect before you can do anything else” “ability to connect with the student” “able to connect” “must connect before you can do anything” “connection enables you to reach out” 	Connection
<ul style="list-style-type: none"> “relationship related to making a difference” “relationship began as related to making a difference” “relationship with student varies from student to student based upon the experience” 	Relationship
<ul style="list-style-type: none"> “focusing in on the student” “getting to know students” 	Knowing
<ul style="list-style-type: none"> “getting the student to where they need to be” “asking questions of the student to get them where they need to be” “ask about their journey” “telling the faculty what they need to do to get the student to their goal” “help students get to where they want to be” 	Transformation

Patty (continued)

During the second level of reflection, interpretation of the sententious phrases to revealed thematic statements and saturation themes and meaning of Patty's life story.

Thematic Interpretation of Patty's Life Story

1. Existing in a relationship sharing together
2. Existing in a connected relationship enabling you to reach out
3. A relationship which makes a difference
4. Focusing in on the student
5. Awareness of students needs
6. Awareness of student's needs and facilitating them on the journey
7. Existing in a relationship where caring is perceived and shared

Meaning

Being there
 Connection
 Relationship
 Knowing

 Transformation

Gladys

The first level of reflection of Gladys's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; connecting, relationship, knowing, caring, and transformation

Sententious Phrases of Gladys's Life Story

Fundamental Meaning

"both parties are aware this is a good relationship"	Connecting
"working with students to achieve their goal"	Relationship
"compassion builds a strong relationship because they feel comfortable enough to come to me"	
"seeing the whole person and dealing with their intricacies"	Knowing
"wanting to understand and help students grow"	
"understanding where the person is coming from and seeing the whole person"	
"dealing with all intricacies of the person"	
"showing an individual you care about their ability to achieve their goals"	Caring
"compassionate"	
"help student move past a situation and understand them better"	Transformation

The second level of reflection of Gladys's life story involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning.

Thematic Interpretation of Gladys's Life Story

Meaning

1. Existing in a connected relationship	Connecting
2. Making one's self accessible as a facilitator in a time of need	Relationship
3. Awareness of the person as a whole	Knowing
4. Showing caring behaviors	Caring

Tina

The first level of reflection of Tina's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, caring, and connecting.

Sententious Phrases of Tina's Life Story

Fundamental Meaning

<ul style="list-style-type: none"> “making myself available” “giving your time to help students be successful” “letting students know I'm here to give my time” “spending time with students” “stopping to take the time to be with people face-to-face” “stopping to take time to acknowledge, listen and let people verbalize” “I'm here to give them my time” “interacting with someone letting them know you are there physically, emotionally, and psychologically” 	Being there
<ul style="list-style-type: none"> “putting a lot into letting students know you care about them” 	Caring
<ul style="list-style-type: none"> “listening and engaging with a student” “putting energy into staying engaged with students” 	Connecting

The second level of reflection of Tina's life story involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning.

Thematic Interpretation of Tina's Life Story

Meaning

1. Existing in a connected relationship	Being there
2. Existing in a connected relationship where you are available physically, emotionally and psychologically	Connecting
3. Showing caring behaviors	Caring

Aretha

The first level of reflection of Aretha's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, caring, and transformation.

Sententious Phrases of Aretha's Life Story

"be available to meet the student's needs"

"being available"

"sit with the individual and help them"

"I'm here for you"

"connecting with the student"

"in tune with and connect with the person"

"connected to the student"

"help the person having compassion for them"

"having compassion to assist student"

"extend compassion to assist them to work through it and listen"

"transform, get closer and deeper with student"

Fundamental Meaning

Being there

Connecting

Caring

Transformation

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning of Aretha's life story.

Thematic Interpretation of Aretha's Life Story

1. Existing in a connected relationship

2. Instinctive awareness of student's needs

3. Making one's self accessible as a facilitator in time of need

4. Showing caring behaviors

5. Transformation of self

Meaning

Being there

Connecting

Caring

Transformation

Tammy

The first level of reflection of Tammy's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, connecting, knowing, caring, and trust.

Sententious Phrases of Tammy's Life Story

“being there when the person is vulnerable”
 “take moments to be there to meet the need for someone”
 “give of yourself”
 “be there to help with the journey”
 “being approachable ; students can come to me”
 “being there even in silence”
 “being there with emotion”

Fundamental Meaning

Being there

“we had a bond and closeness”

Connecting

“pay attention to details”

Knowing

“being perceptive”

“mutual self-aware of self”

“what matters at the time to care of things that matter at the time to the person”

Caring

“you learn to care from life experiences”

“caring behaviors”

“trust”

Trust

“trust in themselves as a developing student”

“requires trust”

“self-awareness, trust, spirituality”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning of Tammy's life story.

Thematic Interpretation of Tammy's Life Story

Meaning

1. Making one's self accessible as a facilitator in time of need

Being there

2. Sharing with another

Connecting

3. Connecting with another

4. Existing in a connected relationship in a time of need

5. Awareness of the student

Knowing

6. Showing caring behaviors

Caring

7. Trusting relationship

Trust

Appendix C
Nursing Student Raw Data

Crissttte

The first level of reflection of Crissette's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; listening approachable, knowing, caring, being there, and trust.

Sententious Phrases of Crissette's Life Story

Fundamental Meaning

"listening with your whole body and willing to be there"
"Sits and listens"

Listening

"approachable"

Approachable

"understand where people come from in the physical spiritual and psychosocial"

Knowing

"Understand you are human"

"understand what I am going through"

"actual evidence of care"

Caring

"you feel the person cares"

"demonstrates caring behaviors"

"behavior portrays that you are there with someone paying attention"

Being there

"being real"

"takes time to help you"

"gives me time"

"Develop trust and gives you confidence"

Trust

During the second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Crissette's life story.

Thematic Interpretation of Crissette's Life Story

Meaning

1. Listening with your whole body

Knowing

2. Awareness of my needs

3. Willing to be accessible

Being there

4.. Awareness of the student physically, spiritually, and psychosocially

5. Existing in a relationship fully aware of another

Caring

6. Showing caring behaviors

7. Trusting relationship

Trust

Jill

The first level of reflection of Jill's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; connecting, listening, being there, caring, and transformation.

Sententious Phrases of Jill's Life Story	Fundamental Meaning
" I feel connected"	Connecting
"listening to me"	Listening
"was there for me"	Being there
"being there; being there to care for you"	
"belong to someone or something; rely on someone"	
"constantly shows she was there for me"	
"going beyond the scope and caring for me"	Caring
"offers to help"	
"comfort"	
"makes a difference and transforms me"	Transformation
"transforms me"	

The second level of reflection involved interpretation of the sententious phrases that reveal thematic statements and saturation of themes and meaning of Jill's life story.

Thematic Interpretation of Jill's Life Story	Meaning
1. Existing in a connected relationship	Connecting
2. Existing in a connected relationship showing caring behaviors	Caring
3. Extending one's self beyond to show caring	Being there
4. Listening	Listening
5. transformation of self	Transformation

Christina

The first level of reflection of Christina's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; being there, approachable, caring, relationship, and transformation.

Sententious Phrases of Christina's Life Story	Fundamental Meaning
"being there" "help students"	Being there
"approachable; feel comfortable" "relationship that is approachable"	Approachable
"shows caring at a particular time"	Caring
"human relationship" "open approachable relationship"	Relationship
"transforms students; changes students; encourages students"	Transformation

During the second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Christina's life story.

Thematic Interpretation of Christina's Life Story	Meaning
1. Existing in an open human relationship	Being there
2. Being approachable	Approachable
3. Showing caring behaviors	Caring
4. Transformation of self	Transformation

Aaliyah

The first level of reflection of Aaliyah's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; caring and being there.

Sententious Phrases of Aaliyah's Life Story

"compassion"

"being in the moment"

"spending time with students"

"making time for students"

"taking time to help me"

"going above and beyond"

"faculty are there for you"

"faculty are available and non-judgmental"

Fundamental Meaning

Caring

Being there

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning of Aaliyah's life story.

Thematic Interpretation of Aaliyah's Life Story

1. Showing caring behaviors
2. Making one's self accessible as a facilitator in time of need
3. Existing in a relationship in the moment

Meaning

Caring

Being

Lauren

The first level of reflection of Lauren's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; caring, being there, knowing, relationship, and connecting.

Sententious Phrases of Lauren's Life Story

Fundamental Meaning

"nurturing others to help them"

Caring

"made me feel better"

"body movements demonstrate caring and were comfortable to me"

"concern about my education"

"warm comfortable feeling"

"being aware and knowing in the moment"

Being there

"always there"

"body movements demonstrate caring and were comfortable to me"

"concern about my education"

"available for me to encourage me"

"I can go to them"

"put themselves aside for me"

"they are there if you need something"

"assured me to understand"

Knowing

"able to relate to them"

Relationship

"connection with the faculty"

Connecting

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Lauren's life story.

Thematic Interpretation of Lauren's Story

Meaning

1. Showing caring behaviors

Caring

2. Making one's self accessible as a facilitator in time of need

Being there

2. Instinctive awareness of needs in the moment

Knowing

4. Existing in a connected relationship

Relationship

Connecting

Alicia

The first level of reflection of Alicia's experience revealed sententious phrases of caring presence that revealed the fundamental meanings; trust, connecting and being there.

Sententious Phrases of Alicia's Life Story

"trust someone to care for you"

"first impression feeling that you can trust someone"

"trust"

"connecting with me"

"connection with someone"

"being there; being there no matter what"

"going above and beyond"

Fundamental Meaning

Trust

Connecting

Being there

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation of themes and meaning of Alicia's life story.

Thematic Interpretation of Alicia's Life Story

1. Existing in a connected relationship
2. Existing in a relationship that goes beyond
3. Trusting relationship
4. Trust someone to show caring behaviors
5. Being available under all circumstances

Meaning

Connecting

Trust

Being there

Appendix D
Documents

**City University of New York
The Graduate Center
Doctor of Nursing Science Program**

**Qualitative Research Study
The Lived Experience of Caring Presence for Nursing Faculty and Nursing Students
Faculty Demographic Form**

Code: _____

Interview Date: _____

Gender: Female Male Age: _____ Highest Education Degree: _____

Faculty Title: _____ Faculty Position: Tenure Track FT PT

Number of Years of Teaching Experience: _____

Program Type: _____ Associate Degree Bachelors Degree

Course Instruction Type: (select all that apply) Lecture Lab Clinical

**City University of New York
The Graduate Center
Doctor of Nursing Science Program**

**Qualitative Research Study
The Lived Experience of Caring Presence for Nursing Faculty and Nursing Students
Student Demographic Form**

Code: _____

Interview Date: _____

Gender: Female Male Age: _____ Highest Education Level: _____

Program Type: _____ Associate Degree Bachelors Degree

Nursing Program Status: Full Time Study Part Time Study

Year of Registered Nursing Study: 1 2 3 4

Entered Nursing Clinical Course Level: Y No

Current Clinical Nursing Course: _____

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