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THE RELATIONSHIP BETWEEN

SELF-ACTUALIZATION AND

CARING BEHAVIOR IN NURSE EDUCATORS

A Thesis in

Nursing

by

Pamela Lee Starcher

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The thesis of Pamela Lee Starcher was reviewed and approved* by the following:

Carol A. Smith
Associate Professor of Nursing
Thesis Advisor
Chair of the Committee

Sharon Falkenstern
Assistant Professor of Nursing

Fred M. Schied
Associate Professor of Education

Edgar Paul Yoder
Professor of Agricultural and Extension Education

Paula Milone-Nuzzo
Professor of Nursing
Director of School of Nursing

* Signatures are on file in the Graduate School

Abstract

Faculty caring behavior is considered fundamental to educating nurses who demonstrate caring in practice; however studies have found less-than-caring environments are common in nursing education. The purpose of this descriptive correlational study was to increase understanding of factors that may alter caring behavior in nurse educators. Based on Watson's (1985) caring, Nodding's (1984) educational caring, and Maslow's (1976) self-actualization theoretical models, it was hypothesized that a high level of self-actualization in nurse educators would positively correlate with their level of caring behavior.

Subjects included 22 full-time female nurse educators and their students (N= 144) from 6 Associate Degree in Nursing programs in Pennsylvania. Faculty level of self-actualization was measured by Shostrom's (1966/1974) Personal Orientation Inventory (POI) and their student-perceived caring behavior was measured by Duffy's CAT-edu (2002). Demographic variables of participants (e.g. faculty: age, basic education, years of teaching and nursing experience; students: gender, semesters of study, GPA and expected grade) were also examined for relationships.

Analysis using Pearson r correlation revealed a significant negative relationship (p=0.001) between the level of faculty self-actualization and the student-perceived faculty caring behavior, disproving the hypothesis. However, r^2 was less than 10%, suggesting over 90% of the variation in perceived student caring was not explained by

faculty level of self-actualization. It is postulated that the small, homogenous participant sample may explain the limited variance. Demographic correlations were not significant.

Findings do not sufficiently clarify if self-actualization is or is not a significant factor associated with expressed caring behavior. Recommendations for future research include repeating this study on a more diverse, geographically distributed sample of multiple types of nursing programs.

Self-actualization could be considered an ideal nurse educator goal, therefore if repeat studies confirm a negative relationship with caring behavior, the impact on nursing education and practice needs to be carefully explored. The importance of a caring environment in nursing education and practice makes it imperative that research in this area be continued.

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Introduction

Statement of the Problem

An idiom in nursing repeated since the mid-twentieth century is the question, "Why do nurses eat their young?" The question has been applied primarily to the behavior of experienced nurses toward new graduates; however, the expression has also been used when describing some behavior of nursing faculty toward students. Ideally nurse educators are role models for students. Interaction with students, patients, peers, and agency personnel that is negative is not an attractive model of behavior to have associated with nursing or nursing education. Nursing has an obligation to care for and nurture their newest members of the discipline to preserve the image of nurses as the professionals who focus their role on caring for others. Faculty modeling caring behavior is critical to fostering nurturing behaviors in graduates of nursing programs.

> If faculty are to help foster nursing students' capacity to care, the first step is to surround the student with a caring environment. To nurture their own ability to care for others, students need to have a sense of being cared for (Beck, 1994, p. 120).

Nursing literature provides evidence to support that caring and role modeling caring are perceived to be important components of effective nursing practice (Boykin & Schoenhofer, 2001a; Diekelmann, 2003; Gaut & Boykin, 1994; Lashley, Neal, Slunt, Berman & Hultgren, 1994; Watson, 1985) and considered fundamental for effective

nursing education (Beck, 1994, 2001;Bevis & Watson, 1989; Boykin, 1994a, 1994b; Boykin & Schoenhofer, 2001a; Diekelmann, 2003; Lashley, Neal, Slunt, Berman & Hultgren, 1994; Leininger, & Watson, 1990; Wade & Kasper, 2006).

Three phenomenological studies of nurse educators and student nurses conducted by Beck (1994) led her to identify four basic elements of caring behavior: (a) authentic presencing, (b) selfless sharing, (c) fortifying support, and (d) uplifting consequences. From these four basic concepts, Beck has developed the following definition of caring applied to nursing education: "Caring is centered in authentic presencing where selfless sharing and fortifying support flourish and lead to uplifting consequences" (Beck, 1994, p. 115). Beck describes the first element, authentic presencing, as the umbrella under which the experience of caring occurs. Authentic presencing is the awareness of the needs of the other person. Attentive listening is considered a key component of authentic presencing. Authentic presencing also reflects the ability to sense there is a need in the other person even when no words are spoken.

Another way of describing Beck's authentic presencing is supported by Watson's (1999) description of the metaphysical aspect of caring. Watson describes an "…establishment of contact between persons; one's mind-body-soul engages with another's mind-body-soul in a lived moment" (Watson, 1999, p. 47). Lashley et al. (1994) speak of authenticity as necessary for a true caring relationship proposing that authenticity fosters a sense of trust and attachment and, at the same time, allows for

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growth and for releasing the person from the relationship as the needs of the other person change.

Beck's (1994) second element of caring, selfless sharing, is the voluntary act of meeting the needs of the other. Selfless sharing may include sharing knowledge, time, thoughts, and feelings. This sharing is accomplished without the anticipation of receiving anything in return. Time spent in the process is the primary feature of selfless sharing most recognized by the recipient of the caring event (Beck, 1994; Boykin & Schoenhofer, 2001a, 2001b; Lashley, et al., 1994; Mayeroff, 1971; Noddings, 1984; Roach, 1997; Schaefer, 2002; Watson, 1988, 1999).

The third element, fortifying support, is also referred to as unconditional support (Beck, 1994). As with selfless sharing, fortifying support may be unsolicited and is offered voluntarily by the one providing care. The support provides encouragement and assistance to the recipient of the care. Ideally, the one caring recognizes the other person as unique and facilitates that person's growth. Fortifying support is the act of providing for others, meeting their needs when they are unable to do so, and furnishing them with the ability to care for themselves. However, acts of caring may also include discipline, when caring may not be apparent to others (Benner & Wrubel, 1989; Lashley, et al., 1994). For example, in *tough love* the action does not appear to be caring outside the context of the situation (Bosworth, 1995; Manning, 2003).

The fourth element of caring, uplifting consequences, describes the result of the caring act (Beck, 1994). Uplifting consequences can be immediate or evident in long-

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term effects. The recipient of the caring act feels valued and respected (Beck, 1994). This sense of value and respect may, in turn, motivate the recipient to provide caring to another person in the future.

Uplifting consequences may also have short and long-term effects on the one providing the care. The act of caring has been described as having a transformational effect on all involved in the caring situation (Boykin & Schoenhofer, 2001a; Boykin, Schoenhofer, Smith, St Jean, & Aleman, 2003). Caring has also been called the interpersonal, the connecting, or the transcending part of relating to another person (Boykin & Schoenhofer, 2001a; Noddings, 1984; Paterson & Zderad, 1988; Watson, 1999). In this view, it is proposed that both the one caring and the one cared for are changed because of the caring event.

Uplifting consequences could also promote knowledge and understanding of caring. Reflection on a caring event can enhance multiple ways of knowing (Schaefer, 2002). Schaefer maintains that writing caring narratives and reflecting on them is a way of enhancing esthetic knowing. Through the process of reflection, the graduate student nurses in Schaefer's study of caring were able to recognize the importance of ethical knowing, and through understanding the dynamics of the caring event, these students expanded their personal knowing of the concept of caring.

Another consequence associated with caring is improved client satisfaction (Oermann, 1999; Williams, 1998) and improved nursing student learning experiences (Cavanaugh & Simmons, 1997; Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith,

1996; Nelms, Jones, & Gray, 1993; Simonson, 1996). Boykin and Schoenhofer (2001a) propose that in addition to the positive outcomes on patient and staff satisfaction, caring enhances family and community support, and produces positive cost-benefit ratios.

Yet, in spite of the strong association of the concept of caring with positive nursing practice and educational outcomes, the behaviors demonstrated by practicing nurses and nursing faculty toward clients and/or students are perceived at times to be less than caring. Research reports have confirmed that nurses in both practice and nursing education may demonstrate both caring and less-than-caring behaviors (Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Kolonko, Clark, Heinrich, Olive, Serembus, & Sifford, 2006; Nelms, Jones, & Gray, 1993; Simonson, 1996).

In practice, providing caring actions without the desire to care is a perfunctory activity, not a caring event. Nursing situations that exemplify this include findings in the study by Karlsson, Bergbom, von Post, and Berg-Nordenberg (2004), where patients' descriptions of uncaring events reveal their perception that nurses believed the patients were unimportant and bothersome while providing acts of care. Likewise, compassion for the other person without appropriate action is not a caring event. Schaefer (2002) describes a student nurse's realization that becoming too obsessed and emotional in a situation compromised the student's ability to provide appropriate care. However, Schaefer also contends that emotional attachment can foster genuine caring.

Multiple factors have been postulated to be associated with the less-than-caring behaviors observed. If caring is a fundamental element in effective nursing practice and

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nursing education, it is important to have a better understanding of what supports and limits its adoption.

In the seminal work by Mayeroff (1971) he states, "To care for another person, in the most significant sense, is to help him grow and actualize himself" (p. 1). Mayeroff further states that caring provides stability and meaning in the life of the one giving care, and, by helping the other, the one caring may also actualize himself or herself. In this sense, caring and self-actualization are reciprocal and symbiotic. In this context it seems probable that persons with higher levels of self-actualization may demonstrate increased caring behaviors. The work of Mayeroff (1971) forms the base for many of the theories of caring in nursing and helps support further exploration of possible relationships between caring and self-actualization.

A noted theorist of caring in nursing, Jean Watson (1988, 1999), refers to Mayeroff's (1971) assertion that caring is not just a matter of good intentions; caring requires knowledge of the other person. Expanding upon this premise, Watson (1988, 1999) discusses the need for "an epistemic endeavor" requiring new knowledge and understanding of the "human care process" (p. 30).

Purpose

The purpose of this study was to investigate the relationship of the level of self-actualization of nurse educators with student nurses' perception of caring behaviors demonstrated toward the students by the educators. Relationships between other faculty characteristics, perceived caring behavior, and self-actualization were also explored.

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Background

Caring.

Watson (1985) discusses the concept of caring in terms of the nurse providing for the needs of the patient. She orders these needs from lower-order (survival and functional) needs to higher-level (integrative and growth-seeking) needs. The lower-order needs are easily recognized and more tangible; for example, the nurse provides for ventilation, food, fluid, and communication needs. How to meet these needs often forms the basis of most of the fundamental teaching/learning experiences in nursing education.

According to Watson (1985), the integrative needs include motivation and achievement. Motivation and achievement progress as the person develops confidence and self-esteem. Watson contends that experiences help validate the premise that achievement leads one to acquire self-sufficient behavior. To attain self-sufficient behavior the person needs a realistic view of him or herself to be able to identify the level of performance that gives a satisfying sense of competence. Therefore, the caring experience should help the person gain self-sufficiency. Watson (1985) enumerated eight points of the significance of the achievement need for the practice of caring. In her description the nurse should:

1. . . . understand the dynamics and forces operating behind the need and its different forms of expression.

2. . . . know what variables are related to the achievement need and separate…own need and achievement values from the patient's need and values.

3. . . . assess and determine the patient's achievement values from the internal frame of reference of the experiencing person.

4. . . . [include] problem solving to help the patient choose alternative ways to meet his or her achievement need. . . .

5. . . . never underestimate the patient's potential for achievement . . .

6. . . . make sure that achievement expectations and pressures are derived from the patient and not the nurse. . . .

7. . . . [consider] one's need for achievement is an important part of one's personal system; its growth cannot be isolated from the whole person . . .

8. . . . [understand] the achievement need is a higher order need that becomes more developed and controlled by one's intrapersonal and psychosocial mechanisms. . . . (pp. 182-183).

Although Watson's points specifically focus on the patient receiving the care, when one substitutes student nurse for patient, and considers faculty in the role of the person offering support, the cross-application is logical and significant.

Watson (1985) emphasizes the need for nursing practice to promote development of self and values that leads to self-actualization of the nurse. This internal need to grow and fulfill oneself is one of the ten carative factors she identifies within her theory of

caring. The intrapersonal part of self-actualization includes increased sympathy and a genuine desire to help other people. Watson (1985) relates self-actualization to Eric Erikson's 1963 publication discussing the level of generativity in the mature adult. She states that, although self-actualization is intrapersonal, development and generativity is interpersonal, and these two concepts are tightly woven together. Through this intricate connection Watson (1985) declares "no person can be fully self-actualized without some degree of dedication to other people" (p. 198). The link Watson makes between self-actualization and caring behavior implies self-actualization is an important element. However, little is known concerning the relationship of self-actualization to the ability of a person to engage in caring behavior, or how self-actualization actually impacts caring.

Self-actualization.

Theorists looking at human behaviors have proposed from as few as three to as many as nine basic human needs (Huitt, 2004). From the perspective of this researcher, nursing education uses the works of Abraham Maslow (1999) more than any of the other needs theorists. Maslow's hierarchy of needs often serves as a base in nursing curricula for developing problem-solving skills, establishing guidelines for setting priorities, and learning critical thinking techniques.

Maslow (1999) contends that to reach the level of self-actualization the person passes through successively higher levels of *deficiency needs*: physical; safety; love and belonging; and respect and self-esteem. He uses the term deficiency needs to identify needs that are driven by an absence of the fulfillment of that need. For example, hunger is

a deficiency need at the physiological level. In each of these deficiency-need levels, the person performs actions or behaviors to meet his or her own needs.

Maslow's hierarchy of needs describes the priority of needs from deficiency needs to the need to become self-actualized (Maslow, 1954). Concurrent with these needs, Maslow (1999) contends that certain types of caring can exist at all levels of human development. According to Maslow (1999), caring behaviors progress from self-caring to a more altruistic type of caring. At the physical level, caring may be self-directed as the person focuses on a need to survive. A person who has safety and security needs may begin to include the needs of significant others as well as focus on his or her own self-needs. Love and belonging imply caring, but at this level it is the reciprocal type of caring that prevails, where feeling loved and cared for motivates giving love and caring. Respect and self-esteem also reflect a need for receipt of caring from others, as well as from one's self. Based on this premise it is not until one reaches the level of self-actualization, after lower level needs are met, that a self-less type of caring, the type of caring that Watson (1985) contends is needed in nursing can be more freely expressed without expectation of meeting a self-need.

Maslow (1999) has stated that one must meet his or her deficiency needs, or be able to set them aside in order to demonstrate the Being-values (B-Values). The B-Values allow one to *see with caring* in a more holistic way (Maslow, 1999). Knapp (1990) cites studies of counselors, clergy, teachers, and nurses as support for the premise that, before one can reach out to others, one must be satisfied with the state of one's own being.

Therefore, it seems probable that a person may have an improved ability to demonstrate self-less caring if he or she has achieved self-actualization.

Self-actualization is considered possible at any age, and may be present or absent at any one time. Self-actualizing adults have more frequent and more intense experiences that have been defined as self-actualization (Maslow, 1999). An individual may be self-actualized in a specific role: a nurse, an educator, a parent, or a member of a community (Knapp, 1990; Shostrom, 1966/1974). The focus for this study will be on the self-actualization present in persons in the nurse educator role.

Learning caring.

It is not known to what extent or how caring behavior is learned. Some authorities contend that caring is integral to the development of the personality. Caring or less-than-caring behaviors might then be explained as a personality trait. Roach (1997) refers to caring as the "human mode of being" (p. 14). Society has described behavior perceived as not caring or less than caring in terms such as inhumane, or not human. Beginning with the premise that all persons have the capacity and the ability to care about something or someone, it then becomes a question of why some exhibit caring behaviors and others can be described as less than caring. According to Maslow's (1999) hierarchy, caring can be considered an innate characteristic of being human that has the potential to be further developed. It is the premise of this study that caring behavior develops over time and has the potential to undergo change.

Caring is an attribute that has been identified as present in the student entering a nursing program. For example, a small study completed in 1995 verified that students entering nursing demonstrated a tendency toward caring (MacKay-Greer & Holmes, 1995). Another study indicated that life experiences prior to starting the education process were very significant in the caring behavior demonstrated by the student nurse (Simmons & Cavanaugh, 1996).

Studies have demonstrated that caring behaviors are learned from faculty role modeling (Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray, 1993; Noddings, 1984; Noddings, 1995; Simonson, 1996). Additionally, it has been acknowledged that students learn caring from seeing both caring and less-than-caring behaviors. Examples of these caring and less-than-caring behaviors have been described in several phenomenological studies of caring in nursing education (Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray, 1993; Simonson, 1996).

Schools are ideally where students acquire knowledge, values, and social relations that empower them, rather than experiences that negate their power base (Noddings, 1984, 1995). Affective behaviors of others influence the competence and confidence of the student nurse. Positive nurturing enhances the development of self-confidence and self-esteem (Beck, 1994). Self-confidence and self-esteem promote empowerment (Lashley, et al., 1994). Empowerment, in turn, frees the person to care for others in a positive nurturing way (Worrell, McGinn, Black, Holloway, & Ney, 1996). As a

professional nurse, an individual needs competence and confidence that empowers him or her to demonstrate caring behaviors. Nursing organizations, such as the National League for Nursing (Bargagliotti, 2003), and educational leaders have resolved that caring needs to be a core value in nursing education (Boykin, & Schoenhofer, 2001a; Diekelmann, Ironside, & Harlow, 2003; Dillon & Stines, 1996; Watson, 1999).

The concepts of caring and self-actualization have been advanced in the last four decades as a result of the development of theoretical frameworks and empirical instruments. Many nursing curricula have included caring behavior as an educational outcome. As we rely more on technological advances in our higher education models, it becomes necessary to identify the ways in which we communicate the caring relationships essential to the core of nursing. Laboratory clinical simulation is an example of the movement of some aspects of nursing education away from the bedside. Traditionally, nursing educators have used role modeling in the clinical setting as the way to teach caring. The educator interacted with the client while the student observed. Discussion between the educator and student was used to explore the observed event. Today's interactive computer modules are available for students to intervene in virtual nursing care scenarios. However, this type of learning does not provide the spontaneity of a real-time interpersonal interaction between two or more people.

Role modeling as a teaching/learning technique can also be used in the educational environment: in the laboratory, classroom, faculty office, or anywhere the student observes faculty demonstrating caring. In addition to observing the caring

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behaviors in the clinical setting with a client, the student observes the way faculty interact and show caring toward peers and toward other students.

In education, Noddings (1984) also identifies Mayeroff (1971) as a starting point for examining caring. Similar to Beck's (1994) components of caring, Noddings (1984) identifies the elements of caring as (a) the response to someone's need, (b) the relating to the person with the need, and (c) the response of the one cared for. According to Noddings, it is the relating to the person's need that is the vital element. She describes this relating as *engrossment*. With engrossment, the one caring has motivational displacement of personal needs and focuses on the other's needs (Noddings, 1984).

Noddings (1984), like Roach (1997), begins with the premise that all humans are caring. However, she asserts it is necessary to teach and nurture an ethic of caring. The beginnings of this teaching may be found in the relationship of a parent with a child. Noddings (1984) contends that teaching of an ethic of caring must be continued in the classroom. Moreover, the method of teaching an ethic of caring is accomplished by modeling the ethic through what she describes as moral education for caring (Noddings, 1984).

Noddings (1984) characterizes moral education for caring as having four components: (a) modeling, (b) dialogue, (c) practice, and (d) confirmation. Although Noddings discusses her model of moral education in relation to elementary and secondary education, the concept may also be applied in other teaching/learning models. Because caring is a fundamental element of nursing, the four components described by Noddings

are employed by Bevis and Watson (1989) when they identify the *transformative perspective* in nursing education.

Nurse educators may not be exposed to models of education or formally taught how to acquire educator role competence (Diekelmann, Ironside, & Harlow, 2003). Nurse educators commonly learn their teaching skills from their experiences as students or from the nursing faculty who serve as their mentors. Nurse educators who have been formally taught how to teach often receive that education outside the nursing discipline (e.g. adult education programs) and commonly have no assistance applying what they learned to teaching nursing. More information is needed on what characteristics prevail in master nurse educators who have quality outcomes and demonstrate consistent caring behaviors.

Significance of the Study

During this period of a nursing shortage, many initiatives have been implemented to increase enrollment in nursing programs, reduce attrition rates from nursing education, assure success in NCLEX examinations, and keep nurses in the profession after their career is started. Data from Pennsylvania Higher Education Assistance Agency (PHEAA) indicate that, although enrollments in Pennsylvania nursing programs have increased slightly since 1995, approximately 25 percent of nursing students are lost due to attrition prior to graduation (Press Release Harrisburg PA, PHEAA, October 30, 2002).

One premise is that lack of caring behaviors toward students may be a factor in the loss of students from nursing education programs. Empirical data indicates that, when

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caring is not present in nursing practices or settings, nurses become "depressed, robotic, hardened, oblivious, and worn down" (Watson, 2002a, p. 17).

Hanson and Smith (1996) report outcomes of their phenomenological study of student responses to caring and less-than-caring interactions with their faculty. When students identified a positive encounter, they stated it enhanced feelings of comfort, confidence, and competence; it gave them the motivation to strive for more and to study harder; it affirmed their choice of career; and it helped them learn to care.

However, with less-than-caring interactions with faculty, students identified feelings of being lost, frightened, rejected, discouraged, powerless, and cheated (Hanson & Smith, 1996). They felt looked down upon and not understood. They stated the student's voice is not heard. As a response to these negative feelings, students reported they lost respect for their teacher as well as lost interest in the class and in contributing to the class. Students' self esteem was eroded, their learning disrupted, and they felt diminished as a human being. As a result they developed doubts about their ability to be a nurse and questioned their career choice.

Based on this data, learning to care for and encourage one another during the educational experience can add support that will help reduce the loss of student nurses and later, reduce the loss of practicing nurses from the profession.

The immediate aim of this study is to identify the level of self-actualization present in nurse educators and determine if there is a relationship to the students' perception of the educators as caring or less than caring. Better understanding of the

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dynamics of the relationship between self-actualization and development of caring is needed. If a relationship exists, behaviors in nurse educators might provide insights into ways to enhance the potential for self-actualization in faculty and improve student outcomes.

Theoretical Framework

The theoretical perspectives that will underpin this study are Watson's theory of caring in nursing, Nodding's theory of caring in education, and Maslow's theory of human needs as it relates to self-actualization.

Watson's (1985) hierarchy of patient needs that must be met by the nurse mirrors Maslow's (1999) hierarchy of human needs. However, the nurse responsible for meeting patient needs is also at some level of Maslow's hierarchy of needs. Assuming that caring at the lower levels of the hierarchy is more self-directed, the nurse or nurse educator focused on meeting lower-level needs may tend to be less interested in reaching out to care for others while more concerned about self. As the nurse or nurse educator moves up the hierarchy, becoming more self-actualized, the ability to demonstrate caring behaviors toward others can be assumed to increase. As caring is demonstrated toward others, the person providing the caring becomes even more self-actualized (Mayeroff, 1971).

Watson (1985, 1999) contends that even if self-actualization may be considered idealist or unrealistic at times, it remains a worthwhile goal for health care. As such, Watson postulates that self-actualization is nursing's "most important goal" (1985, p. 201).

Noddings (1984) proposes teaching an ethic of caring can be modeled in the classroom and posits the ethic of caring "seeks to maintain caring itself" (p. 107). Through the four components of moral education for caring: modeling, dialogue, practice, and confirmation, Noddings (1984) provides an opportunity for nurse educators to develop a framework to teach caring in nursing.

Maslow (1999) further describes his beliefs related to caring as it occurs during self-actualization, describing it as an outcome more than a process. Although he speaks of seeing the other individual as unique and of having a higher perception of the multiple facets of the one cared for, in this situation Maslow focuses more on the uplifting consequences of caring experienced by the one caring (Maslow, 1999).

Watson (1985, 1999), Noddings (1984), and Maslow (1976, 1999) approach their beliefs about caring from different perspectives. Watson views caring in an existentialist and altruistic view that contributes to the motivation of caring. Noddings expresses more interest in the two participants in the caring event and the process of caring. Maslow examines caring in a hierarchical and developmental method. However, all three theorists discuss the need to enter the other person's life space (Watson, 1999), have motivational displacement where all attention is shifted to the other person (Noddings, 1984), and become as one with the other person to see all facets of their being (Maslow, 1976).

Conceptual Definitions

  Caring.

  For this study, caring is conceptually defined as a behavior that has four elements: (a) authentic presencing, (b) selfless sharing, (c) fortifying support, and (d) uplifting consequences (Beck, 1994). Absence of any one of these elements can be considered to constitute an incomplete or less-than-caring event.

  Watson (1985, 1999) defines caring in similar terms. She states caring is a personal responsiveness to the individual. Within this definition Watson (1988, 1999) speaks of the importance of the nurse's presence and places him or her as a "co-participant in the human care process" (p. 35). It is through Watson's carative factors that the nurse intervenes and participates in the growth of the one cared for. The caring event transcends time and space in creating change in both the one caring and the one cared for (Watson, 1999).

  Noddings (1984) posits that all persons care. However, caring is not always clearly demonstrated. The caring may be only for one's self where one is unable to see the other's need. The person may have a caring motive but be unable or unwilling to relate to the other. Or the one cared for may not recognize, acknowledge, or accept the caring. In these circumstances there is not a caring event. According to Noddings (1984) "both parties contribute to the relation; my caring must be somehow completed in the other if the relation is to be described as caring" (p. 4).

Self-actualization.

Self-actualization is conceptually defined as the knowledge and acceptance of one's intrinsic nature, allowing for full appreciation of life experiences. It is a level of self-fulfillment that permits a person to go beyond self-needs and look at or to the needs of others. Self-actualization can be a momentary event or can occur more than one time in a person's life. Self-actualization has been defined as an

> …ongoing actualization of potentials, capacities and talents, as fulfillment of
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> mission [or call, fate, destiny, or vocation], as a fuller knowledge of, and
>
> acceptance of, the person's own intrinsic nature, as an unceasing trend toward
>
> unity, integration or synergy with the person. (Maslow, 1999, p. 31).

Research Question

A review of the conceptual literature, research literature, and the author's experience in the faculty role has led to the following research question: What is the relationship between the nurse educator's level of self-actualization and the students' perception of the nurse educator's caring behavior? Based upon a literature investigation into this question, the following hypothesis was formulated.

Hypotheses

> For the purpose of this study, the following hypothesis is proposed:
>
> > There will be a positive correlation between the level of self-actualization,
> >
> > as measured by the two major scales on Shostrom's1(966/1974) Personal

Orientation Inventory (POI), and the students' perception of caring

behavior, as measured by the CAT-edu (Duffy, 2002).

The null hypothesis is:

There will be no relationship between measurements of self-actualization

on the two major scales on the POI and the students' perception of caring

behaviors as measured by the CAT-edu.

Operational Definitions

Nurse educator.

A nurse educator is a full-time nursing faculty member with the responsibility to

teach in the classroom or classroom and clinical setting. For the purpose of this study the

educator will be teaching in an associate degree program.

Nursing students.

Nursing students are students who are currently enrolled in an associate degree

nursing program and are taking a first or second level nursing class taught by a nurse

educator participating in the study.

Caring.

Caring is defined as a score on the Duffy CAT-edu© (Duffy, 2002), an instrument

that measures a student's perception of the caring behaviors of nursing faculty. Duffy

developed the instrument based upon Watson's theory of human caring and the ten

carative factors defined in the theory (Duffy, 2002). The CAT-edu is composed of 94

items that reflect behaviors that encompass the four components identified by Beck

(1994): (a) authentic presencing, (b) selfless sharing, (c) fortifying support, and (d) uplifting consequences.

Self-actualization.

Self-actualization is operationally defined as a score on Shostrom's (1966/1974) Personal Orientation Inventory (POI)©, which measures the characteristics of self-actualization as conceptualized by Maslow (1954). The POI has two major scales of measurement: Time Competence (TC) and Inner Directedness (I). The TC measures the individual's tendency to live in the past, present, or future. Studies suggest that the self-actualized individual lives primarily in the present, able to connect reflections of the past and goals for the future into a balance with the present. In addition, the self-actualized person is more balanced between being inner (I) or self-directed, while maintaining responsiveness to others (Shostrom, 1966/1974).

The students' perception of caring behaviors is measured by Duffy's CAT-edu, a 94-item instrument using a five-point Likert Scale (Duffy, 2002). The POI (Shostrom, 1963) is used to measure the self-actualization level of nursing faculty.

Assumptions

The primary underlying assumption for this study is that caring is inherent in all humans but has the potential to grow or be stifled, based on life experiences. These life experiences are believed found in the growth and development processes as well as in the learning processes of every adult.

A second assumption is that caring can be learned and that role modeling is a primary method for learning role behaviors. Faculty modeling caring behaviors could positively impact the student/graduate in the following three ways: (a) if students experience caring from faculty, they will more likely demonstrate caring in interactions as a student, graduate, or nurse in relation to the client; (b) if faculty demonstrate caring toward the students, the students will, in turn, be more likely to demonstrate caring toward their professional peers; and (c) if students graduate and become nurse educators, they will have experienced a positive role model for caring behavior that could enhance their abilities to demonstrate caring behaviors in the faculty role.

The third assumption is that caring given by faculty can be defined by the perception of the recipients of the care (students) and measured on the Duffy's (2002) CAT-edu instrument. The CAT-edu was developed to specifically measure nursing student's perception of the caring behaviors of nursing faculty.

The fourth assumption is that self-actualization is measurable and occurs as a progressive state of development. Research supports the assumption that the presence, absence, or degree of self-actualization can be measured. The instrument most consistently used to measure self-actualization is Shostrom's (1963) POI.

Summary

This study is based on two premises. First, some type of caring is inherent in all humans and caring behaviors are primarily identified through the perception of the recipient. Although perception implies different interpretations or understandings by each

person, Duffy's CAT-edu provides a standardized measure that quantifies the degree of caring present, based on certain observable behaviors.

The second premise is that nursing faculty may or may not demonstrate the characteristics of Maslow's (1954) concept of self-actualization as defined by Shostrom (1966/1974). It is hypothesized that those faculty who are most self-actualized are more likely to demonstrate caring behaviors than those who are identified as less self-actualized. Shostrom's POI will be used to measure the level of self-actualization present in the nursing faculty.

Relationships between self-actualization and caring behaviors were studied for their potential to explain the variations in caring behaviors manifested by nurse educators toward student nurses, with the long-range goal of identifying approaches to enhance caring behaviors. This study provides increased understanding of the possible role of self-actualization in the caring relationship. Insights into implications for student nurse retention, keeping nurses in practice, enhancement of nursing education, and enhancement of patient care are suggested.

Chapter Two

Literature Review

Introduction

The literature review addresses two major areas: a survey of the major studies of caring in nursing and nursing education, and a review of the literature on self-actualization. Caring is a concept discussed throughout nursing and nursing education literature. The research about caring has been primarily qualitative, describing the behaviors perceived as caring or as less than caring. With recent emphasis on maintaining caring as an imperative part of nursing, there is increased interest in how to foster and enhance caring while meeting the demands of life-long learning and practicing the science of nursing. Understanding the role that an individual's qualities contribute to demonstrating caring behaviors may be a way to understand how caring behaviors can be cultivated in nurse educators.

Role modeling is a legitimate method of teaching and learning behaviors. As a part of informal learning strategies, role modeling may be structured or spontaneous. If caring is to be role-modeled, the nurse educator must understand how students perceive behavior. In order to effectively role model caring, the nurse educator would ideally demonstrate authentic caring toward others. Maslow's hierarchy of needs indicates selfless caring toward others occurs as the person caring reaches the level of self-actualization. Considering Maslow's view, as the educator role model becomes more self-actualized, it can be expected that caring will be increasingly directed to the needs of

others. This study is designed to explore how the relationship of the level of self-actualization may relate to the nurse educators' caring behaviors demonstrated toward student nurses.

Caring

Caring is a word strongly associated with nursing. Within the profession, nursing is described as both an art and a science. The science of nursing is based on the information gleaned and adapted from both the natural and social sciences. A major component of the art of nursing is the specific element called caring.

The term care is used as a noun in many contexts: nursing care, intensive care, morning care (synonymous with morning hygiene), total patient care, partial care, postmortem care, prenatal care, and surgical care. Care is a descriptive word: caring nurse, caring touch, or caring attitude. Slogans about caring permeate the media in describing nursing. Nurses offer the comparison that the physician focuses on cure and nurses focus on care. Even current verbiage describing facilities that provide for one's health use the word care (e.g. acute care hospital, home health care, long-term care facility, hospice care). Signs saying, "We care," with pictures of nurses are often used to advertise health care agencies.

Referencing the dictionary (Agnes, 2000; *American Heritage Dictionary*, 1994), the word care has multiple definitions. As a noun it can mean (a) burdened state of mind, or worry, (b) mental suffering or grief, or suffering of mind, (c) a disquieted state of blended uncertainty, apprehension, and responsibility, (d) charge or supervision, (e) an

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object or source of attention, anxiety, or solicitude, (f) caution, (g) painstaking or watchful attention, (h) regard coming from desire or esteem, and (i) assistance or treatment. As a verb the meanings include (a) to be concerned or interested, (b) to provide assistance, treatment, or supervision, (c) to object or mind, (d) to feel troubled or anxious, (e) to have a liking, fondness, or taste, (f) to have an inclination, and (g) to wish. Etymologically the word care can be traced to the Old English word *caru*, meaning anxiety or sorrow; Middle English *cearu*; Old High German *kara*, to lament; and Latin *garrire*, to chatter (Agnes, 2000; *American Heritage Dictionary*, 1994).

The antithesis to caring is apathy. A person who is apathetic may be called uncaring. Both terms imply a negation of the verbs and nouns listed above. The apathetic or uncaring person has a lack of emotion or a lack of concern or interest (Agnes, 2000). However, we are not always able to know the presence or absence of emotion, concern, or interest. The words less than indicate a smaller degree or a smaller extent. Therefore, for this study, the term *less than caring* is used to describe those behaviors that student nurses perceive as not caring.

Despite the strong association of the word care with nursing and nurses, there are nurses who do not demonstrate behaviors that represent caring of or for others. Many who have been in the health care system can relate a story of a nurse who showed less-than-caring behavior. A nurse is not infallible: fatigue, personality conflict, stress, or reaction to an unrelated event may cause a nurse to behave in a manner that would be viewed to be less than caring.

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Nursing leaders address caring in both concept and theory development. The literature in nursing, as well as the literature in other disciplines, is abundant in the analysis of caring. Caring is conceptually defined in a multitude of ways. There is little consistency in the presentation of the concept of caring and of what constitutes caring. The concept of nursing as a caring profession had its roots in the writings of Florence Nightingale (1859/1946). In the 1950's Hildegarde Peplau used concepts from psychology to describe the interpersonal nature of nursing (Meleis, 1997). Madeleine Leininger has been called the "Mother of Care and Caring" (Stevenson & Tripp-Reimer, 1990, p. xii). Leininger proposes that caring is the essence of nursing (Leininger, 1995). Motivated by her experiences in transcultural nursing to look for explanations of caring, Leininger began exploring anthropology. From her studies she concluded that caring is an inherent trait in humans, and it was this trait that allowed the species to survive (Leininger, 1990).

Mayeroff (1971) describes caring as helping the other person to grow and self-actualize. He identifies eight themes within the concept of caring: (a) knowing, (b) alternating rhythms, (c) trust, (d) hope, (e) humility, (f) patience, (g) courage, and (i) honesty. According to Mayeroff, it is through these components that the individual can learn to know him or herself as a caring person.

Roach (1997) developed her concept of caring in the mid-1980s, stating all humans are caring. In 1995, Roach speaks of caring power as a power that is in the connection or the relationship that occurs between people when caring occurs. Then, as

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well as in more recent writings, Roach (1997) refers to caring as the "human mode of being" and identifies it as the fundamental phenomenon of human existence (p. 7). She calls for nurses to respond to the inherent capacity to care in order to fulfill one's self as a human being. Roach outlines the five C's of caring: compassion, competence, confidence, conscience, and commitment (1997).

Over the last 25 years, nurses have discussed caring in great depth, resulting in new, varied, and extensive understandings of the concepts and theories of caring. The writings about caring range from the pragmatic to the metaphysical. For this review the literature on caring is organized within Beck's (1994) conceptual framework of sub-concepts: authentic presencing; selfless sharing; fortifying effects; and uplifting consequences.

Caring sub-concept: authentic presencing.

According to Beck (1994), authentic presencing is the element that supports and encompasses the caring event. It is during authentic presencing that the person becomes aware of a caring need, develops an empathetic response, and moves to meet that need. Using the presencing concept as developed by Roach (1997), presencing may be described as involving compassion, conscience, and commitment, three of the five C's she outlines to be part of caring. Many authors refer to the concept of authentic presencing using different words: transpersonal caring relationship (Watson, 1999), humanistic interaction (Paterson & Zderad, 1988), the nursing situation (Boykin & Schoenhofer, 2001a), the caritas motive (Eriksson, 1994), engrossment (Noddings, 1992),

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and motivational displacement (Noddings, 1984). Each of these authors provide further elaboration on this element of caring.

Watson (1988, 1999) contends that caring is the moral ideal for nursing. In 1985 Watson reiterated Mayeroff's (1971) viewpoint by stating that the nurse who recognizes and uses his or her sensitivity and feelings will promote growth and self-actualization in oneself and in others. Watson (1985) also contends that altruistic values and behavior can bring meaning to one's own life.

Watson (1988, 1999) proposes that caring is more than an emotion or an attitude and that nursing has a moral commitment to preserve human dignity and, subsequently, to preserve humanity. Watson provides an existential philosophical approach to caring. She describes a transpersonal caring relationship, where the nurse enters the other person's life space, is able to detect that other person's condition of being, can feel that condition within himself or herself, and responds so that the other person can release subjective feelings and thoughts that could not be released before. With transpersonal caring, the caring occasion becomes a part of the past and of the future of both persons in the caring relationship. Caring requires a personal, social, moral, and spiritual commitment on the part of the nurse. To not heed this obligation could negatively impact the preservation of humankind.

Watson continues her exploration of caring as a factor in transpersonal nursing when she writes of cultivating *intentionality* into the foundation of one's personal conscious understanding of caring (Watson, 2002b). She speaks of the metaphysical

when she calls for nurses to bring love and caring back into the ethics of nursing

(Watson, 2003). Watson also declares the leadership of nursing must adopt a caring ethic

for nursing to survive the changes in health care (Watson, 2000, 2001, 2006).

Other theorists of caring speak of the *between* when they discuss caring models.

Paterson and Zderad (1988) focus on humanistic nursing. They describe nursing as a

human response, one human helping another. As this human response occurs, both the

one caring and the recipient are affected by the interaction. It is this interaction or the

process part of the experience that describes the humanistic (or caring) part of nursing.

The experience involves both doing and being as part of the interaction, resulting in a

connecting between the ones involved in the interaction.

Katie Eriksson (1994) proposes that caring is being, not a behavior, state, or

feeling. She calls it the *caritas* motive, or acting out of love and compassion. From

Eriksson's viewpoint, the caritas motive is the core of caring, while compassion is the

force that motivates caring.

Benner and Wrubel (1989) define caring as connecting with others. According to

Benner and Wrubel, in order to care there must be a sense of relative worth. They

contend caring has a major role in both the creation of stress and coping with stress. By

caring about things that matter, the individual determines what will produce stress and

what will allow him or her to cope. Benner and Wruble (1989) contend that caring fuses

thought, feeling, and action. The converse to caring would be to not care about anything;

nothing would matter. When faced with a decision, all options would have identical

worth. Therefore, one could not choose because there would not be a better option. Because of this sense of relative worth, a person is able to choose to connect caringly or less than caringly, with others.

A concept identified by Boykin and Schoenhofer (2001a) is the *nursing situation*, a "shared lived experience in which the caring nurse and the nursed enhance personhood" (p. 13). In this view, as the nurse demonstrates his or her belief that all persons are caring, the nursing situation emerges. Any interpersonal experience has the potential to become a nursing situation. It is the intent to know the other person as caring that is a key aspect in their view of nursing. Boykin and Schoenhofer (1997, 2001a) outline several points that can relate to caring: relationships, reflective practice, intention, outcomes, transformation, and knowledge. They address the application of caring to advanced nursing practice within the context of this nursing situation.

Boykin and Schoenhofer (2001a) also discuss caring as a process. Basic to their theory is that all persons are caring. They also believe that the person has the potential to grow in his or her caring. They list several assumptions related to caring. Their primary assumptions are:

> (a) persons are caring by virtue of their humanness, (b) persons are caring from
> moment to moment, (c) persons are whole or complete in the moment, (d)
> personhood is a process of living grounded in theory, (e) personhood is enhanced
> through participation in nurturing relationships with caring others, [and] (f)
> nursing is both a discipline and a profession. (Boykin & Schoenhofer,

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2001a, p. 1).

According to Noddings (1984), there are two components in the caring event: the *one-caring* and the *one-cared-for*. The focus is not on the intent of the one-caring, nor is it on the outcome. The focus is on the relationship that occurs between the one-caring and the one-cared-for. Genuine caring is context appropriate. The caring behavior might be hugging someone in one context, or in another it may be removing oneself to allow the one-cared-for space and time to be alone. The one-caring needs to have what Noddings (1984) calls *motivational displacement*, in which the one-caring shifts all the attention to the one-cared-for. Noddings (1992) also states the roles of the one-cared-for and the one-caring may reverse at times. Caring for inanimate objects is not the same as caring for a living being because there is no reciprocal relationship between the one-caring and a cared-for object.

Noddings (1992) proposes that when one attributes the best possible motive to the other person, that person sees the image of himself as a person with that positive attribute. Because of that, within the educational setting, what one reveals to a student about him or herself as an ethical and intellectual being has the power to nurture or to destroy that being (Noddings, 1985). Without imposing personal values of the one-cared-for, the way the teacher treats the student can change the way the student responds to the world (Noddings, 2005). Caring is in itself ethics, demonstrated when one enters a real relationship with another (Noddings, 1984).

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Caring sub-concept: selfless sharing and fortifying support.

For the purpose of discussion, this report combines the elements of selfless

sharing and fortifying support. These elements together are the giving and receiving of

the caring act (Beck, 1994). Selfless sharing is the time, emotion, resources, and use of

self that the one caring puts into the caring event. Fortifying support is the physical,

emotional, cognitive, and spiritual gains that are received by the one cared for. Inherent

within these elements are the remaining two C's identified by Roach (1997): competence

and confidence.

According to Benner and Wrubel (1989), the concept of caring needs to be

understood in context. Caring can be the technical proficiency necessary in an emergent

situation. Caring can also be the recognition of the person as an individual after the

emergency is concluded. The demonstration of the same behaviors may not be the most

appropriate ones in a different context. Through caring, the person can enable the

recipient to cope with whatever physical or emotional stressors are present. Caring

intentions are identified as a means of transforming physical acts to something beyond

just the psychomotor skill (Bjork & Romyn, 1999).

The concept of caring is also described as the acts one performs to promote

physical, emotional, and spiritual comfort. Barry (1994) proposes that caring is

demonstrated through nursing rituals (e.g. bathing, changing linens, mouth care, touching

a hand) and it is through these rituals that the values of nursing are communicated. Barry

states "Caring rituals of nursing are thoughtful, purposeful, stylized routines that preserve

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and enhance the personhood of the other and symbolize the connectedness to the other"
(1994, p. 75).

Lashley, et al. (1994) state that caring reflects the act of doing technical care;
someone is the recipient of the care given. Care reflects the physical act while caring is
the relationship between patient and nurse and recommends the words care and caring be
described within that context. Lashley, et al. also propose that nurses need to integrate
caring with competency. It is the caring part of the behavior that makes it more than just a
physical act. It would be less than caring to perform tasks without experiencing the
relationship between patient and nurse. Also, it would be less than caring to just *feel for*
the person and have no competency in delivering the care.

Oermann (1999) reported on a study where patients identified concern and caring
behaviors as the predominant perception of high quality nursing care. In another study of
antepartum and postpartum patients, the participants indicated technical skill was
perceived to be of great importance when evaluating the caring behaviors of nurses
(Schultz, Bridgham, Smith, & Higgins, 1998).

The paramount factor defining caring behaviors of nurses in critical care was
found to be the competency of the nurse providing care. Barr and Bush (1998) examined
caring in intensive care and identified four factors that were significant to the critical care
nurse's ability to demonstrate caring behaviors: (a) support from colleagues; (b) other
nurses role modeling caring behavior; (c) observable patient progress and family
interactions; and (d) economic and bureaucratic factors. The first three factors were

supportive and encouraged the caring behaviors. The fourth factor was identified by the

nurses in the study as "making it much harder to provide adequate human care" (Barr &

Bush, 1998, p. 223).

Locsin (1995, 1998) proposes that caring behaviors of critical care nurses evolve

as the nurse develops clinical competency and, therefore, can focus more on the patient as

an individual. However, competence in machine technologies also has the potential to

alienate patients and further contribute to the technology-caring dichotomy. Locsin

(1995) further states that as nurses become technological competent, there needs to be

continued emphasis on the perspective of nursing as a caring profession.

Caring sub-concept: uplifting consequences.

Uplifting consequences are the outcomes or results of the caring event. The

uplifting consequences are diverse and can be timeless (Beck, 1994). The consequences

affect the one caring and the one cared for. They also have the potential to create a chain

of effects not evident at the time of the caring event. Beck states, "by experiencing caring

firsthand, a person learns how to care for others" (1994, p. 113).

Although Boykin and Schoenhofer (2001b) contend that caring is a process, they

also address the outcomes of caring. Schoenhofer and Boykin (1998a, 1998b) propose

that the articulation of caring as an outcome of nursing is imperative to maintain the

value of nursing in a health care arena supporting multiple levels of health care providers.

Caring by nurses is an important component in patient satisfaction and in patient

outcomes. Williams (1998) identified the role of caring behaviors as key to improving

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patient satisfaction with the quality of care received. Benner, Tanner, and Chesla (1996) contend that caring cannot be reduced to abstract concepts or psychological attitudes and that it is more than providing care. From the viewpoint of Benner, Tanner, and Chesla, caring is the dominant ethic found in the experiences of the nurse. Conversely, this ethic of care is also learned from the experience of nursing. It is the interrelating of the learning and the doing of care that, over time, will produce the caring nurse (Benner, Tanner, & Chesla, 1996).

Caring Research

Morse, Bottorff, Neander, and Solberg (1991) provide a comprehensive review of the nursing literature through the 1980s. They suggest that further delineation of the concept of caring is necessary to remove the confusion caused by the variety of interpretations of the behavior. They also recommend more rigorous qualitative research to inductively develop theories of caring.

Research that helps identify the qualities of caring, particularly as it is used in describing nursing practice, is prevalent in the literature (Beck, 1994; Boykin, 1994a; Leininger, 1995; Roach, 1997; Watson, 1985). Caring was also quantitatively and qualitatively studied in research investigations of nurse-client caring relationships (Watson, 2002a). Citing Swanson's (1999) meta-analysis of caring, Watson (2002a) lists several empirical outcomes for both clients and nurses. According to Watson (2002a), when a caring relationship is present, clients experience: (a) a sense of emotional or spiritual well-being, (b) improvement in healing and comfort, and (c) the development of

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trusting relationships. In turn, Watson contends that nurses involved in caring situations experience: (a) a feeling of emotional or spiritual satisfaction, (b) increased self-esteem, and (c) a desire for more knowledge.

Bent (1999) investigated the *caring imperative* in the context of community. Analysis led to the finding that it was necessary to view caring as a holistic approach to the client and the community, conceptualized as *ecological-caring*, the interrelationships among client, family, community, and environment.

Ethical issues of caring are emerging due to rapidly growing technology. Values strongly grounded in caring will be necessary for nurses as they encounter ethical dilemmas (Barr & Bush 1998). Caring cannot be lost as technological advances are made since caring behaviors could be the differentiating factor that keeps nursing unique. Caring by nurses is an important component in patient satisfaction and in patient outcomes. Duffy and Hoskins (2003) emphasize the need to know how to teach and measure caring behaviors in nursing students to assure quality care.

Using a critical incident method, patients identified events where the nurse cared for them and where the nurse did not care for them (Karlsson, Bergbom, von Post, & Berg-Nordenberg, 2004). To feel cared for the patients described incidents where: (a) the nurse allowed them to *unburden* their hearts and listened attentively to them; (b) the nurse considered and provided for their physical or psychosocial wishes, desires, and needs; and (c) the nurse showed that he or she had been thinking about the them, even when the nurse was not physically present. These behaviors created for the patients the

feeling that they were welcome and important. The reverse descriptions are the three

subcategories of not feeling cared for. When not feeling cared for, the patients believed:

(a) the nurse considered them unimportant, (b) they were troublesome or a bother to the

nurse, and (c) they were treated without thoughtfulness (Karlsson, et al., 2004). Caring is

a key element in creating an effective nurse-patient relationship.

Caring in Education

Noddings (1984) developed a theory of caring that is based on the premise that

humans want to care and to be cared for by someone. Her overall theory of caring is that

it is the act of the interpersonal relationship that demonstrates the caring behavior.

Noddings (1984) describes caring through a transformational feminine approach, an

approach designed to make the world a better place at the same time giving attention to

the condition of women in the world. Noddings (1992) also describes the role of caring in

education, emphasizing the need to teach caring to children in elementary and secondary

education. Noddings (1992) proposes that educators need to be taught how to teach

caring.

Noddings (1984) identifies four central components of caring. First, *modeling* is

needed to demonstrate caring for the student to learn caring. Second, *dialogue* needs to

occur that is open-ended, permitting the one caring to talk about the behavior being

modeled. Dialoguing requires *engrossment*, a genuine interest that provides a path for the

connecting to occur. Third, there is a need for the student to have the *opportunity to*

practice what has been learned. Caring, like any other skill, requires practice for the

student to become proficient. Finally, there needs to be *confirmation* that the teacher affirms and encourages the best in others. If the student does a harmful act, the educator must give the student the benefit of the doubt that the act was unintentional, making trust critical (Noddings, 1992).

Caring plays a role in the development of critical thinking skills (Thayer-Bacon, 1993). Thayer-Bacon states that if we want to educate students to work collaboratively with others to solve problems, we first have to teach them the capacity to care. According to Swick and Brown (1999), teaching caring ideally begins in early childhood. In order to teach caring, it needs to be fostered in the development of the teachers. A complete revolution of the educational system has been proposed, emphasizing the need to teach caring and, consequently, to teach educators how to teach caring (Bosworth, 1995; Chaskin & Rauner, 1995; Epstein, 1995; Lipsitz, 1995; Newberg, 1995; Noblit, Rogers, & McCadden, 1995; Noddings, 1995). Although these writings address childhood education, the tenets can readily be applied to adult education. Educators in nursing programs need to know how to effectively model caring in order to teach caring to the student nurse (Beck, 1994; Diekelmann, 2003).

Over the last five decades, caring behaviors of faculty in interactions with student nurses have been examined in numerous research studies. These studies focus on student perception of caring behaviors of faculty (Dillon & Stines, 1996; Grams, Kosowski, & Wilson, 1997; Hanson & Smith, 1996); the learning of caring from faculty role-modeling

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(Nelms, Jones, & Gray, 1993; Simonson, 1996); and educational strategies to teach or nurture caring behaviors of student nurses (MacKay-Greer & Holmes, 1995).

Study findings indicate that caring is learned from faculty role modeling (Cavanaugh & Simmons, 1997; Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray, 1993; Simonson, 1996). Students learn caring from seeing both caring and less-than-caring behaviors (Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray, 1993). Examples of these caring and less-than-caring behaviors have been described in several phenomenological studies (Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray; Simonson, 1993). What has not been addressed is what may explain the relationship between characteristics of the faculty and student views of nurse educators as caring or less than caring.

Role modeling of caring occurs when the faculty interact with clients in the presence of students. However, role modeling is also exemplified in the behaviors manifested by the faculty in their interactions with students. A phenomenological study (Hanson and Smith, 1996) revealed that caring behaviors by faculty enhance the student nurse's feelings of comfort, confidence, competence, motivation to keep striving, and provide an affirmation of the student's choice of profession. Hanson and Smith (1996) recommend further study involving a variety of programs, as well as study of the relationships of the caring factor with diverse cultural, ethnic, gender, and age groups.

Grigsby and Megel (1995) contend that faculty must demonstrate caring for each other and that promotion of caring among faculty would promote positive student-faculty

relationships and ultimately enhanced student behaviors. Simonson (1996) examined the caring that the educator role models when working with clients. Although the focus of the study was a clinical setting, she concluded that there is a need for faculty and administrators to demonstrate caring in interrelationships with faculty and between faculty and students.

Nurse educators are beginning to look at new paradigms for teaching nursing. The research related to nursing education focuses primarily on teaching the nurse educator the strategies of teaching: content development, test construction, media utilization, and evaluation techniques (Diekelmann, 2002a, 2002b; Martens & Stangvik-Urban, 2002; Siler & Kleiner, 2001; Young & Diekelmann, 2002). These are essential components in developing nursing faculty. However Diekelmann (2001a, 2001b) reports that research findings indicate faculty-student relationships need to improve in the educational climate in order to facilitate student learning and student participation in his or her education. Diekelmann (2003) proposes that many faculty are teaching models of nursing that are out-dated and are using teaching pedagogies that are not applicable to the diverse student population seen in today's nursing programs.

Bevis and Watson (1989) state that caring is a human process, contending that its ethical dimension is central to all of nursing, and that it must be the core of nursing education. Their view encourages self-affirmation and self-discovery as a way of modeling caring behaviors. Bevis and Watson also propose that nursing educators must pass on this ethic of caring to student nurses.

Boykin (1994a) describes the need for a caring environment in nursing education. Within this environment the nurse is the teacher and the client is the student. Ideally, characteristics of the nursing education environment allow for the expression of caring in the teacher-student relationship. However, Boykin and Parker (1997) contend the expression of caring is difficult in the traditional hierarchical organization of power and obedience.

A phenomenological study conducted on 64 incoming nursing students revealed that students entering the program had already developed caring skills and attitudes (MacKay-Greer & Holmes, 1995). The authors state that faculty has a responsibility to acknowledge, validate, and professionalize these abilities. This should be done in a caring environment that "honors the richness and diversity" of the students' "innate caring abilities" (MacKay-Greer & Holmes, 1995, p. 37).

Simmons and Cavanaugh (1996) concluded from their research that the strongest linear predictor of the student's ability to care was the caring climate in the nursing program. Only 52 per cent of the students who participated in the study identified their school as caring. A follow-up survey of these participants was completed three years after graduation (Simmons & Cavanaugh, 2000). This study concludes that the long-term effects of the caring modeled in the nursing program were evident in the caring behaviors of the graduates long after graduation.

Schaefer's (2002) phenomenological study of graduate nursing students identifies five themes emerging from their reflections on caring: (a) the nurse needs to care for his

or her self in order to care for others, (b) there is danger associated with becoming

emotionally attached, (c) caring is a moral responsibility, (d) attending to or reflecting on

care activities teaches one about caring, and (e) reflecting on caring encounters engages

one in defining caring. Although Schaefer applied her study to support enhancement of

the ways of knowing in graduate education, there are implications from this study for

undergraduate education. Students could write in journals about caring moments that

could be shared with peers and faculty. Faculty could share their own lived experiences

of caring events. A group may use the clinical area to recognize and appreciate the

phenomena of transpersonal connecting with another (Schaefer, 2002).

Self-Actualization

Sociologists and psychologists have proposed several descriptions of human

needs, some of which are hierarchical in nature while others view the levels as more

fluid. Maslow (1954, 1976, 1999) attempts to summarize biological, sociological, and

psychological information to explain what motivates and drives human behavior. Maslow

(1976) identifies a hierarchy of needs, with the basic needs of survival as the first level

need with progression to self-actualization as the peak attainment. Maslow's hierarchy of

human needs has been used as one of the foundations for organizing nursing

interventions.

The philosophical foundation for Maslow's theory of human needs is humanistic

psychology (Huitt, 2004). In a break from the studies of abnormal psychological and

behaviorist theories, Maslow investigated what drives the people who are described as great (Norwood, 2004).

The first four levels of Maslow's (1976) hierarchy are what he calls *deficiency* needs: (a) physiological needs (air, water, food), (b) safety or security needs (shelter, out of danger, (c) love and belonging (relationship with others, acceptance), and (d) esteem (self respect and the respect of others). He states the individual has the motivation to meet these needs on a priority basis, beginning with physiological needs and moving up to esteem needs. He uses the term deficiency needs to identify needs that are driven by an absence of the fulfillment of that need. For example, hunger is a deficiency need at the physiological level. In each of these deficiency-need levels, the person performs actions or behaviors to meet his or her own needs (Maslow, 1976).

After meeting the deficiency needs, an individual is motivated by what Maslow calls the growth or *being* needs. Initially self-actualization was the only growth need he identified (1976). Later Maslow (1999) included two other growth needs that preceded self-actualization, cognitive needs and aesthetic needs. He also added self-transcendence as a growth need at a higher level than self-actualization, which will not be addressed in this study.

Self-actualization can be conceptually defined as the knowledge and acceptance of one's intrinsic nature, allowing one to more fully appreciate life experiences. Maslow (1999) states that to reach the level of self-actualization, the person passes through successively higher levels of deficiency needs. The state of self-actualization permits a

person to go beyond self needs and look at or to the needs of others. Self-actualization can be a momentary event or can occur more than one time in a person's life (Maslow, 1999).

In his book, *The Farther Reaches of Human Nature*, Maslow (1976) outlines eight ways in which a person becomes self-actualized and thus develops the characteristics of the Being-values (B-Values). First, one must selflessly experience the moment, much like a child before the development of the self-consciousness seen in adolescents. Second, self-actualization is a process of making a *growth choice* when a decision is required. Maslow states that self-actualization is an ongoing process, with choices providing the direction toward or away from becoming self-actualized. Third, one should allow the self to emerge; not just reflect what others think one should be. This is reflected in one of the major measurements of self-actualization, the Inner Directed scale (Shostrom, 1966/1974). Fourth, he advocates "when in doubt, be honest" (Maslow, 1976, p. 45). Maslow states he used the phrase *when in doubt* to avoid arguments about being diplomatic. Completing these four steps allows one to move to the fifth step, knowing one's self, what one's destiny is, and daring to be different. At this level Maslow contends that the person should learn to listen to his or her own tastes and ideas. This might require the person to accept the idea that he or she might be unpopular for not doing the popular thing. Sixth, the person must put effort into developing one's fullest potential. Putting forth effort includes studying, practicing, and working at the thing one wants to do well. Seventh, one must learn to recognize the peak experiences of self-

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actualization. Maslow contends everyone has these peak experiences, but they often go

unrecognized. They are the moments when one feels there is something beyond just being

a person (Maslow, 1999). Peak experiences are also difficult to communicate to another

person. The joy one feels when viewing a magnificent sunset is one example of a peak

experience, while another person will find similar joy in a personal accomplishment.

Finally, self-actualization means that one recognizes his or her own defenses and has the

courage to give them up. This is a form of self-psychoanalysis, understanding why one

behaves in a certain way, and changing the behavior if it does not promote growth

(Maslow, 1999).

Some people can have all their deficiency needs met but not progress to the self-

actualization level. A major difference between people who have met their deficiency

needs but progress no further and those who have reached the level of self-actualization is

the adoption of B-Values (Maslow, 1999). According to Maslow (1999) these B-Values

are identified as "wholeness, perfection, completion, justice, aliveness, richness, beauty,

goodness, uniqueness, effortlessness, playfulness, truth, and autonomy" (pp. 93-94). He

states that if a person holds these B-Values as important determinants of his or her

behavior, the person has a desire for self-actualization. Behaviors that are aimed at

satisfying the deficiency needs can be identified as coping behaviors. It is the deficiency

that motivates the behavior. Behaviors based on the B-Values are motivated by internal

beliefs, not external stimuli (VerWys, 2000). The B-Values allow one to see with caring

in a more holistic way (Maslow, 1999).

Self-actualization reflects the desire to realize one's potential. Maslow (1976) initially estimated that only two percent of the general population achieved self-actualization, and that it usually did not occur until the person reached maturity, defined as over age 60. In later writings (Maslow, 1999) indicated a shift in his belief to say that one may be self-actualized at any point in time, may achieve a state of self-actualization more than once, and may be at deficiency-need levels at other times. Maslow now defines self-actualizers as individuals who have more frequent and more intense episodes of self-actualization (1999). The difficulty with this definition is that it is difficult to quantify these characteristics, and therefore difficult to research and prove or disprove the theory.

To study self-actualization, Maslow (1976) identified a group of people he called self-actualizers. He used a qualitative method called *biographical analysis*. His subjects included both contemporary and historical figures (e.g. Albert Einstein, Abraham Lincoln, Thomas Jefferson, Eleanor Roosevelt). Through analysis of their biographies, writings, acts, and words, he identified qualities that seemed more characteristic of these people than of the general population (Maslow, 1976, 1999).

The qualities that Maslow (1976, 1999) identifies as self-actualizing behaviors include:

1. Having greater perception of a reality-centered world, and detecting what is honest and real as opposed to dishonest and false.

2. Being problem-centered, focusing on problems outside of oneself, and feeling responsibility for solutions to life's difficulties.

3. Having a different perception of means and ends by believing ends do not always justify the means and that often it is the process that is most important.

4. Experiencing pleasure in solitude or detachment and remaining less disturbed by what upsets others.

5. Enjoying deeper interpersonal relationships with a few friends and family as opposed to having surface relationships with many acquaintances.

6. Maintaining autonomy, or independence, of the culture and the environment; resisting enculturation to the point of being considered non-conformist.

7. Expressing a philosophical, non-hostile sense of humor, without directing their humor and joking at another person.

8. Accepting themselves and others as they were and promoting change only if a behavior was harmful.

9. Acting spontaneously but without drama, and using internal motivation for self-growth.

10. Maintaining humility and respect toward others; avoiding discrimination and holding democratic values.

11. Experiencing human kinship ("Gemeinschaftsgefühl"), or empathy, compassion, and humanity for mankind.

12. Exhibiting a freshness of appreciation, enjoying even ordinary things with wonder.

13. Showing creativity, inventiveness, and originality.

14. Experiencing a mystical connection with life, nature, or God.

Maslow (1999) describes self-actualizing people as those who have peak experiences that transcend everyday life. With these peak experiences the person feels more in contact with life or nature or God. Some have used the term mystical to describe these peak experiences. The essence of the peak experience is that one has a sense of connectedness to the infinite (Maslow, 1999).

Other theorists looking at human behaviors have proposed from as few as three to as many as nine basic human needs (Huitt, 2004). For example, Norwood (2004) described information seeking behavior related to Maslow's hierarchy. Norwood illustrated this by describing the types of books one might read at each of the need-levels. Norwood also added spiritual needs to the top of his hierarchical pyramid. In addition, Norwood (2004) stated man is too complex to be described as fixed at any one level. For example, a person can be hungry and reading a book at the same time.

Rubenstein (2001) discusses basic needs theory related to violence, deviant behavior, and terrorism. The bases for Rubenstein's needs theory are sociological and psychological. The primary needs described from Rubenstein's perspective are self-identity, recognition, security, and personal development. Recognizing and meeting these needs are steps in conflict analysis and conflict resolution. Rubenstein criticizes Maslow's work for omitting emotional and cognitive dynamics from the hierarchy of needs that Maslow developed (Rubenstein, 2001)

Critics of Maslow's theory of self-actualization argue that Maslow decided who was self-actualized, and then studied their behaviors. Some researchers believe Maslow relied too heavily on case study and did not conduct a rigorous scientific study. They also point out that many people who could be considered self-actualizers may not have their deficiency needs met (Daniels, 2001; Heylighen, 1992). With a few exceptions, Maslow studied highly educated white males. One question raised is the validity of applying Maslow's findings to all of mankind (VerWys, 2000). Daniels (2001) applauds some attributes of Maslow's studies, but also lists several criticisms of his work. Included in Daniels' analysis are (a) the subjective selection of the sample, with no control group, (b) the lack of definitions and vague statements that made theory formation difficult to understand, (c) attempts to fit newer findings into his original paradigms, (d) a view that social environments inhibit rather than facilitate self-actualization, and (e) the lack of congruence between non-transcending self-actualizers and transcending self-actualizers. He concludes that without further research into self-actualization, Maslow's theory may promote self-seeking and personal gratification behaviors (Daniels, 2001).

Despite these criticisms, Maslow's theory has survived five decades of study. There seems to be little dispute about the hierarchy of the levels of need identified. Nursing has used the hierarchy when teaching student nurses how to establish priorities when giving patient care. The hierarchy is also used as a tool to teach critical thinking.

The method used by Maslow to study self-actualization can be considered a form of qualitative research. Some have criticized qualitative research because it does not have

the scientific rigor of quantitative studies. Qualitative research is an inductive form of inquiry (Morse & Field, 1995). Phenomenology is designed to enhance understanding of the *lived experience*. Participants are selected because they have experience with a phenomenon that is the focus of the study. Phenomenological research consists of asking the participants to explain things in their own words. Historical research reviews the writings of participants who are deceased for significant patterns. Both phenomenology and historical research are considered valid qualitative research methods (Morse & Field, 1995). Maslow's research approach contained elements of both phenomenological and historical research methods, lending some credibility to his findings.

Maslow identified a phenomenon that he called self-actualization (Maslow, 1976) and then identified people who he believed fit the operational definition of self-actualization that he developed. Maslow (1999) recognized that his research was biased because he determined who he thought should be included: older people of Western culture who were obviously successful. Through interviews with these people he identified as *great*, and through the study of the writings of a few deceased prominent people, Maslow captured several themes that seem to be common among their experiences. Through a process similar to the thematic analysis performed in qualitative research, Maslow identified the Being values or B-Values. The B-Values are the values he contends are the motivating forces that differentiate self-actualizers from people who may be similar in many respects but are not considered to be *great* (Maslow, 1976, 1999).

Maslow (1976) calls his work pre-scientific, a term that could apply to other qualitative studies. Maslow (1976) states he felt "less confident in speaking of self-actualization in women" (p. 292). Maslow (1976) recognizes the difficulty he had connecting transcendence just with self-actualizers. He analyzes his own work as his perceptions of his explorations, and suggests his affirmations could be proved or disproved through scientific testing.

Measuring self-actualization.

Interest in providing empirical data to test Maslow's theory of self-actualization prompted Everett Shostrom (1963) to develop the Personal Orientation Inventory (POI). This was accomplished in consultation with Maslow (Shostrom, 1966/1974). The literature review indicates the POI is the instrument used in the majority of the research looking at self-actualization.

The POI has two major scales of measurement: Time Competence (TC) and Inner Directedness (I). The TC measures the individual's tendency to live in the past, present, or future. The studies suggest that the self-actualized individual lives primarily in the present. According to Shostrom (1966/1974) the self-actualized person also is more Inner Directed (I) or self-directed, rather than oriented to Other Directed (O).

The 10 subscales of the POI measure the different facets of the self-actualized person (Shostrom, 1966/1974). These subscales are:

1. Self-Actualizing Value (SAV) – affirms the type of primary values one holds

2. Existentiality (Ex) – examines the flexibility of the person to react according to ones own principles or according to the established rules.

3. Feeling Reactivity (Fr) – examines the degree of sensitivity one has about his or her own needs and feelings.

4. Spontaneity (S) – looks at how much one can be oneself and act spontaneously,

5. Self Regard (Sr) – identifies if one tends to like oneself and has a sense of self worth.

6. Self Acceptance (Sa) – examines if one is able to accept oneself with one's own weaknesses.

7. Nature of Man – Constructive (Nc) – views people as essentially good and is able to resolve some of the dichotomies seen in other people.

8. Synergy (Sy) – measures the ability to look at opposites and see meaningful relationships.

9. Acceptance of Aggression (A) – ascertains the ability of the self-actualized one to accept anger and aggression in oneself.

10. Capacity for Intimate Contact (C) – determines if one is able to establish meaningful interpersonal relationships.

The POI has been used to study self-actualization behaviors of educators, college students, clergy, counselors, management personnel, and student nurses (Knapp, 1990). Knapp (1990) and Shostrom, (1966/1974) have identified patterns of self-actualizing

profiles and compared the profiles to people who have been clinically determined to be self-actualizers.

Researchers have also used the POI when looking at groups of people considered to be non-self-actualizers. Most non-self-actualizers have POI scores within common mid-range parameters on the profile (Knapp, 1990; Shostrom 1966/1974). The POI has also shown distinctive profiles of clinically determined less functional individuals, including alcoholic males, hospitalized psychiatric patients, delinquent males, and psychopathic felons (Knapp, 1990; Shostrom, 1966/1974). Profiles of each of these groups are presented in the POI Handbook and the POI Manual, written by Knapp (1990) and Shostrom (1966/1974), respectively.

Multiple studies of self-actualization are discussed in the POI Handbook and the POI Manual. In education, Knapp (1990) reports that while it is difficult to assess the amount of learning that takes place when a teacher is identified as self-actualizing, one study indicates students taught by self-actualized teachers did gain in their critical thinking skills. Knapp (1990) cites Green, 1967; Gunter, 1969; Ilardi & May, 1968; Kramer, McDonnell, & Reed, 1972; Mealey & Peterson, 1974; Murray, 1966, 1968, & 1972; Rosendahl, 1973; and Shimmin, 1969 as examples of using the POI as an indicator for predicting success of student nurses.

Recent studies have looked at specific behaviors of adults, correlating them with both the level of self-actualization and specific scores on the subscales. The POI was also used in a study to examine student's perceptions of teachers who scored high on the self-

actualization scale with teachers who scored low (Welling 1974 study as cited in

Peterson, 2004). Welling found students had higher opinions of teachers who scored

higher on the POI. The relationship of power and self-actualization to job satisfaction in

home health care was examined by Mahoney (1998). Results indicated self-actualization,

as measured by Shostrom's POI, had an inverse relationship with job satisfaction. The

more one was self-actualized, the lower the job satisfaction in home health care. Rhodes

and McFarland (2000) used the POI to examine self-actualization in agency-supported

caregivers with ambiguous results. Agency-supported caregivers demonstrated a high

purpose in life, but scored low in self-awareness. One conclusion was that the caregivers

were very altruistic yet were unable to achieve a sense of self-fulfillment and self-

actualization. Fetzer (2003) completed a study using the POI to understand the role of

self-actualization in the degree of professionalism exhibited by associate degree nurses.

The results support a significantly positive relationship between the two variables, self-

actualization and professionalism. Collins (2005) measured self-actualization with the

POI in her study of masters-level counselor education students and found no statistically

significant change in the level of self-actualization before and after an art therapy retreat

designed to increase self-actualization. Overall, self-actualization research has provided

limited and inconsistent findings.

Self-actualization and Caring

Noddings (1984) states that to care is not to gain something for self, but to

"protect or enhance the welfare" of the other (p. 24). Noddings (1984) also contends that

caring is a desire to please the other for his or her own sake, not for gratitude or recognition. At times the motivation to care may not be recognized as caring behaviors (e.g. disciplining a child). If looking for recognition, the caring is not for the other, but for the self.

In the state of self-actualization, Maslow (1999) contends the person's movement beyond deficiency needs, through acceptance of the B-Values, allows him or her to see another with a holistic type of caring. He also states that the person may still have a deficiency need, but is able to set it aside to care for the other. In some instances these can be described as self-sacrificing behaviors. The motivation is the other, not the self. Examples from both Maslow (1999) and Noddings (1984, 1992) include the parent providing food for one's child while feeling hunger; the citizen giving one's life for family, country, or beliefs; or the person stepping back from an unreciprocated relationship.

Noddings (1984) posits that all persons care. However, caring is not always clearly demonstrated. The caring may be only for one's self when one is unable to see the other's need. The person may have a caring motive, but be unable or unwilling to relate to the other. The one cared for may not recognize, acknowledge, or accept the caring. In these circumstances there is not a caring event. According to Noddings "both parties contribute to the relation; my caring must be somehow completed in the other if the relation is to be described as caring" (1984, p. 4).

According to Watson, within the cognitive quality of self-actualization, people have a more accurate sense of reality and are less bound by "desires, anxiety, or rigidity" (Watson, 1985, p. 198). Watson (1985) addresses autonomy as another characteristic of self-actualization. She writes of an inner freedom that allows people to be ruled by the laws of the self instead of the rules of society. This inner freedom does not provide a free rein of behaving; rather it is a balance between self and society where concern for others governs behavior. In this view, the greatest threat to caring is the loss of the freedom to be oneself (Watson, 1985).

Noddings (1984) contends caring may be judged by two characteristics. First, the act causes a favorable outcome for the other, or it will do so at some future point. Second, it is not rule-bound. This does not mean the act is arbitrary or capricious. Instead it is a "broad and loosely defined ethic that molds itself in situations, and has a proper regard for human affections, weaknesses, and anxieties" (Noddings, 1984, p. 25).

Summary

Caring is viewed from several perspectives. The totality of the views seems to bring caring down to three essential components: (a) the response to someone's need (the authentic presencing, the affective response, the motivation); (b) the relationship to the person with need; the engrossment into the person's need or want; empathy; and the motivational displacement of one's own needs with the needs of the other; resulting in an act or action that enhances the other (selfless sharing and fortifying support); and (c) the response to the caring by both the one cared-for and by the one-caring (uplifting

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consequences). The behavior that demonstrates caring can be related to all three components.

The relationship between caring behaviors and self-actualization behaviors seems to overlap at several levels. Mayeroff (1971) defines caring as helping another person grow and actualize him or herself, and further states that caring provides stability and meaning in the life of the one giving care. Mayeroff contends that the person who is caring may support improved self-actualization in him or herself. Maslow also declares that in order to self-actualize, it is necessary to have met or set aside any deficiency needs. The focus of the self-actualizer is outside of one's self. In ideal caring, the focus is on the one receiving care.

Attributes found in the theories of caring mirror the attributes of self-actualization. Both caring and self-actualization theories recognize a need to know, understand, and perceive in order to authentically relate to others. Boykin and Schoenhofer (2001a) state the nursing situation is a "shared lived experience in which the caring nurse and the nursed enhance personhood" (p. 13). Enhancing personhood in the one-caring and in the one-cared-for implies developing self-actualization in both.

Several studies have examined specific attributes with self-actualization. No study relating caring with self-actualization has been identified. If caring in nursing is to be enhanced, it is important to understand what individual characteristics might most promote caring, and in turn, how these characteristics could be enhanced. The literature suggests a parallel between many of the attributes associated with self-actualization and

caring behaviors. Therefore, a better definition of a possible relationship between caring

and self-actualization is needed to determine if an association does exist that can enhance

our understanding of caring and clarify any associated implications for nursing education.

Chapter Three

Methodology

Introduction and Overview

This study utilized a descriptive correlational design to investigate the relationship between the level of self-actualization of nursing faculty and the students' perception of their faculty's caring behavior. Maslow (1999) describes a hierarchy of human needs ranging from basic physical needs to the higher level need of self-actualization. At the lower level needs, the person is intent upon meeting what Maslow identifies as deficiency needs. In the deficiency-need state, the person chooses to care about other people primarily to meet deficiencies within himself or herself. When the person attains the level of self-actualization he or she takes on what Maslow calls the Being-values (B-Values), and cares for the other person without anticipation of reciprocal caring.

In nursing, caring has been considered to be the core of the profession. However, there have been reports of nurses who do not demonstrate the caring one would expect. This study is designed to examine if self-actualization of nursing educators is commonly associated with how caring is perceived by their students.

Hypothesis

The hypothesis is there will be a positive correlation between the level of self-actualization of faculty and levels of caring perceived by the student nurses of these faculty. The Personal Orientation Inventory (POI) developed by Shostrom (1963) was used to measure the self-actualization levels of the faculty. The student nurses'

perception of their nurse educators' caring behavior was measured by Duffy's (2002) CAT-edu. For this study, level of self-actualization is the independent variable and the student-perceived faculty caring behavior is the dependent variable.

The study was reviewed and approved by The Pennsylvania State University Human Assurance Committee (Appendix).

Participants

The faculty subjects for this study are full-time nurse educators (faculty) teaching in associate degree in nursing (A.D.N.) programs in the Commonwealth of Pennsylvania (PA). The student subjects were enrolled in at least one of the classes taught by the faculty participants. The sample was obtained from the State Board approved nursing programs in PA. All were programs accredited by the National League for Nursing Accrediting Commission.

The 78 approved professional nursing programs in PA are distributed among three types of programs: 22 diploma programs, 23 associate degree programs, and 33 baccalaureate programs. This study focused on the A.D.N. programs in the state. Two of the A.D.N. programs have branch campuses, but for the purposes of this research are counted as single programs. The Pennsylvania Colleges of Associate Degree Nursing (P.C.A.D.N.), an organization that includes 21 of the 23 state-approved A.D.N. programs, requested data from the member programs. Sixteen of the 21 member programs responded to the questionnaire distributed by P.C.A.D.N. The survey data included the number of full-time nurse educators and the total student enrollment in each of the

sixteen programs (fall 2004). These sixteen programs were the target population for this study.

The targeted 16 A.D.N. programs had a total enrollment of 4,553 students. The program directors reported they collectively employed 230 full-time nurse educators. Six programs indicated that full-time nurse educators had teaching responsibilities in areas other than associate degree nursing. In addition, 392 part-time nurse educators taught in the programs. Because this researcher is affiliated with one of the P.C.A.D.N. member schools, that program was excluded, leaving 15 possible programs in the sample. The 15 remaining P.C.A.D.N. member schools were asked to participate in this study.

Initially, program directors were personally informed about the study at the spring 2005 P.C.A.D.N. meeting. Of the 15 programs, 10 schools were randomly selected to participate in the research. Follow-up letters were sent to the directors, requesting participation in the study. Included with the letters were packets containing letters of explanation to the faculty, a copy of the Implied Informed Consent Form for Social Science Research, Shostrom's Personal Orientation Inventory (POI), and an answer sheet to be distributed to each full-time faculty. The POI was coded in order to maintain anonymity of the faculty. With each POI packet, the faculty members who chose to participate also received a second packet containing letters of explanation to the students, a copy of the Implied Informed Consent Form for Social Science Research, and 20 copies of the CAT-edu to be distributed to the students enrolled in their classes. The CAT-edu

was coded to match the faculty code. Implied informed consent was met when faculty and students chose to return the surveys.

Three schools stated they were not able to distribute the studies before the students were dismissed for the summer break. One school that had multiple instructors teaching the class surveyed was eliminated from the sample. Six schools and 72 full-time faculty remained in the participant pool. Twenty-three faculty members returned the survey. One of the faculty, who completed only the first 91 items of the POI, was deleted from the sample.

A total of 249 students returned the CAT-edu. Both the faculty and their students had to return the surveys to be included in the study. Subsequently, 105 students, representing 16 faculty members who were non-respondents to the POI, were removed from the study, leaving a total of 144 student participants. The data analysis was performed on a final sample of 22 faculty participants and 144 student participants (see Table 1).

Table 1

Total Participants Available for Study, Total Surveys Sent, and Final Sample

| Participants | Total | Surveys | | | Sample |
		Sent	Returned	Removed	
Schools	15	10	7	1	6
Faculty	230	72	23	1	22
Students	4,553	1,440	249	105	144

Instruments

Personal Orientation Inventory (POI).

The Personal Orientation Inventory (Shostrom, 1963) was used to measure the self-actualization level of the nurse educators. The POI is a comprehensive standardized instrument specifically designed by Shostrom (1963) to measure self-actualization as conceptualized by Maslow. It is a 150-item questionnaire of *paired opposites* (Knapp, 1990). Examples of the paired opposites include statements such as: "a. I like everyone I know [and] b. I do not like everyone I know."

The measurement of self-actualization is a combination of two ratio scales and a ten-point profile reflecting the values espoused by Maslow's theory. The results of the two ratio scales, Time Competence (TC) and Inner Directedness (I) are considered to be the primary indicators of self-actualization (Shostrom, 1966/1974).

The POI measures time competence as a ratio between living in the present and living in the past or future. Time competent people live in the present and are able to use the past and the future as a part of the time continuum (Knapp, 1990). As indicated by the guidelines for interpretation (Shostrom, 1966/1974), the TC ratio of the person who is determined to be self-actualized is 1:8, where the person lives primarily in the present, with the past and future as secondary influences on behavior. The ratio of 1:8 indicates that for every one hour considered time incompetent, the self-actualized person will be time competent approximately eight hours. Time competent people are able to reflect upon and use the past when dealing with the present, and able to tie the present to future goals and aspirations. However their primary focus is on the here-and-now.

According to Shostrom (1966/1977) a mid-range TC ratio of 1:5 reflects a relatively 'normal adult' range. A TC ratio of 1:3 or lower reflects time incompetence, where individuals live: (a) in the past, frequently with feelings of guilt and resentments; (b) in the future, with fears or unrealistic goals and plans; or (c) in the present with no connection to the past and no goals for the future. Time incompetence implies a state of non-self-actualization.

The second primary ratio indicator of self-actualization is the inner-directed, or I, ratio. Shostrom (1966/1974) indicates the second ratio scale, the I ratio, typically shows the self-actualized person at a O-I ratio of 1: 3, more directed by internal drives than by external factors. The person who is considered I competent has developed an inner set of values and principles that guides actions and decisions. The inner values can be

influenced by the needs of others, but ultimately behavior is determined by the internalized self-actualizing values.

The outer- or other-directed person is more concerned with how others perceive him or her and is more likely to react to things solely to please others. The other-directed person responds to the perceived wants and desires of other people. Fear and anxiety related to the opinions of others become the primary motivating factor for the non-self-actualizer (Shostrom, 1966/1974).

The self- actualized person integrates both inner-directedness and other-directedness to achieve an optimal balance of relative autonomy.

The usual measurement of TC and I are ratio scores. However, Shostrom (1966/1974) recommends the total scores from the TC and I scales be used when doing other statistical analyses. These scores are the nominators in the ratio equation. Combining these two scores (TC and I) gives a total self-actualization score range on a scale of 0 to 150 (Shostrom 1966/1974), indicating lowest (0) to highest (150) levels of self-actualization.

In addition, Shostrom identified a subset of ten indicators, which create a profile of the B-Values that a self-actualized person has adopted. These values include self-actualizing value (SAV), existentiality (E), feeling reactivity (Fr), spontaneity (S), self-regard (Sr), self-acceptance (Sa), nature of man – constructive (Nc), synergy (Sy), acceptance of aggression (A), and capacity for intimate contact (C). The results of the subscales are analyzed as a profile. Individual characteristics may differ among people,

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but the overall pattern of responses remains relatively comparable (Shostrom1966/1974).

Because the subscale responses are not discrete, a decision was made to not include the

B-value profiles in analysis for this study.

The validity of the POI has been tested by administering the survey to clinically

identified self-actualizing adults, non-self-actualizing adults, and *normal adults*, who are

neither self-actualized nor non-self-actualized (Shostrom, 1966/1974). In the validity

testing, mean scores of the self-actualized adults were consistently higher on 11 of the

total 12 scales than the mean scores for normal adults. Additionally, mean scores of the

non-self-actualized adults were consistently lower than mean scores of the normal adults

on all 12 scales, the ratio scales as well as the sub scores (Shostrom, 1966/1974).

Validity has also been examined by comparing results of the POI with results of

other psychosocial tests such as the Minnesota Multiphasic Personality Inventory

(MMPI) and the Eysenck Personality Inventory (EPI). Test-retest reliability of the POI is

estimated at 0.71 for the TC ratio and 0.77 for the I ratio (Shostrom, 1964; Shostrom,

1966/1974).

CAT-edu.

The CAT-edu was used to measure the nurse educator's caring behaviors as

perceived by the students enrolled in one of his or her classes. The CAT-edu is a 94-item

instrument adapted by Duffy (2002) from her original Caring Assessment Tool (CAT).

The original CAT was created to measure patient perception of caring behaviors of

nurses. The items were developed to reflect Watson's (1985) *carative factors*. A panel of

eight experts, including Watson, confirmed the content validity of the CAT (Duffy, 2002). Duffy reports internal consistency reliability was determined with Cronbach's coefficient alpha measured at 0.9667 (J. Duffy, personal communication, March 15, 2003). In order to reduce the chance of error, 19 of the items are intentionally worded negatively and/or overlapped with other items (Duffy, 2003).

Maintaining the meaning of each item in the original CAT, Duffy (2002) developed the CAT-edu to measure students' perceptions of nurse educators caring behaviors. The majority of questions on the CAT are identical to the questions on the CAT-edu. The exceptions include items that differentiate the relationship of the nurse educators with their students (e.g. my instructors "enjoy working with me") from the relationships of the nurses with their patients (e.g. the nurses "enjoy taking care of me") (Duffy, 2002).

In an unpublished pilot project, this researcher distributed the CAT-edu instrument (Duffy, 2002) to 10 A.D.N. faculty not involved in the study sample, with a request to categorize the behavior as one of three components: motivation, action, and consequence. The faculty found it impossible to place the behaviors described in the survey into a single category. Therefore, this study will not make an attempt to look at the different components of caring, but will examine caring as a single entity or holistic phenomenon.

The results of the CAT-edu responses are ordinal-level data. The survey items are measured on a five-point Likert Scale, from 1 = never (low caring) and 5 = always (high

caring). The range of the scores can vary from 94 to 470 (least to most caring).

Instructions to the students included the statement that it was not necessary to answer all

the items. Therefore, the mean of each student's raw score is calculated. Multiplying the

total number of questions, 94, by the student mean adjusted the raw scores to account for

the variation in the number of questions answered. The 94 scores for each student were

summed and averaged, producing interval-level data.

Demographic survey.

A questionnaire regarding the demographics of the participants, both students and

faculty, was used to help control external variables. The nurse educators were asked to

identify their basic nursing educational program, the length of their total experience in

nursing, the length of their experience in nursing education, and their age and gender.

The student questionnaire also requested information on age and gender, and included the

students' length of time in the nursing program, grade point average, and expected grade

for the course.

Analysis of the Data

The data were analyzed for correlations. When all of the 22 faculty scores and

144 student scores are included in the analysis, the independent variable, self-

actualization, and the dependent variable, caring, became interval level data. The sum of

each faculty score on the POI was correlated with the sum of the students' scores of

perception of caring on the CAT-edu. A Pearson product-moment correlation was

performed on the entire sample.

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The nurse educators who had mid-range, normal-adult values were separated from the educators who had self-actualized and non-self-actualized scores as determined by the POI. Seventeen faculty and 111 students remained in the sample. A second Pearson correlation was done using the TC, I, and summed POI scores. By separating the groups into self-actualized and non-self-actualized, it became possible to do an independent samples t test.

Additionally, a Pearson product-moment correlation examined the relationship between faculty and student demographic data and the results of the POI and the CAT-edu.

Chapter Four

Results

Introduction

The purpose of this study was to investigate the relationship between the level of

self-actualization of nurse educators and the students' perception of their nurse educator's

caring behavior. Self-actualization, as defined by Maslow (1999), is a level of human

development at which Being-values (B-Values) are accepted as motivating factors for

behavior. Self-actualizing individuals either have met or are able to set aside their

deficiency needs (i.e. physical, safety, love and belonging, and self-esteem needs). Based

on these self-actualization theoretical assumptions, it is proposed that individuals who are

in a state of deficiency need will primarily demonstrate caring behaviors as a way of

meeting their own needs. In turn, after an individual achieves a self-actualization level,

the caring behavior will be more likely to be directed toward others and less toward the

self.

Demographic Data

Faculty.

In order to obtain a faculty sample, a target sample of program members of the

Pennsylvania Colleges of Associate Degree Nursing (P.C.A.D.N.) was identified. Ten

programs of a potential 21 programs were randomly selected. Six of the selected 10

programs participated in the study. Seventy-two full-time nurse educators were employed

at the 6 participating programs. The response rate was 30 percent of the sample, resulting in data for a sample of 22 nurse educators.

All the nurse educators who participated are female. Their age range is 42 to 62, with a mean of 53 and a median of 54. Sixteen educators received their basic nursing education from diploma programs, two received their basic nursing education from associate degree programs, and four received their basic nursing education from baccalaureate programs (see Table 2). The ages of the diploma educators range from 45

Table 2

Demographic Data of Participating Nurse Educators (N = 22)

| Age | n | Basic nursing education | | | Years of nursing experience | Years of teaching experience |
		B.S.N.	A.D.N.	Diploma		
40-44	2	1	1	___	23	13
45-49	4	2	___	2	26	15
50-54	6	___	___	6	30	13
55-59	8	1	1	6	34	26
60-65	2	___	___	2	40	14
Total	22	4	2	16	Mean 31	Mean 17

to 62 years, with only two under age 50. The mean age of this group is 55 years. The mean age of the two associate-degree educated faculty is younger at 50.5 years. The baccalaureate graduates were the youngest faculty with a mean age of 49 years, and only one educator over 50 years of age.

The youngest member of the sample has a Bachelor of Science in Nursing (B.S.N.) and is enrolled in a Master of Science in Nursing (M.S.N.) program. The oldest is the only member with a doctorate. The remaining 20 have a master's degree. The nurse educators' experiences in nursing range from 20 to 40 years with a mean of 31 years. Their experiences as nurse educators range from 5 to 36 years with a mean of 17 years.

Students.

Faculty participants distributed surveys on caring to students enrolled in their classes. Of 1440 student surveys sent, a total of 249 students returned the CAT-edu survey. Students associated with 16 nurse educators who did not return the Personal Orientation Inventory (POI) or had incomplete surveys were removed from the study, leaving 144 students in the sample (See Table 1). The number of student surveys returned for each nurse educator ranged from 1 to 18. The ages of the students included in the study were 18 to 61 years, with a mean and median of 32 years. Other demographic data requested from the students were gender, the number of semesters in the program, grade point averages (GPA), and the grade expected for this course (see Table 3).

Table 3

Demographic Data of Participating Student Nurses (N = 144)

Students	n	Percent
Gender		
Male	23	15.2
Female	121	84.7
Semesters of study[a]		
Less than four	62	43.1
Four or more	80	55.6
Grade Point Average[a]		
4 or greater	10	6.9
3 to 3.9	107	74.3
2 to 2.9	14	9.7
Expected grade for this course[a]		
A	15	10.4
B	88	61.1
C	40	27.8

Note: [a] = missing data.

Self-actualization.

Shostrom's Personal Orientation Inventory (POI) was used to measure the level of self-actualization of the nurse educators in this study. Shostrom outlines the interpretation of the results of the POI in the Personal Orientation Inventory Manual (1966/1974). The primary indices to determine self-actualization are the two major ratio scales: time incompetent – time competent (T_I-T_C) ratio, or TC ratio; and Other-Inner (O-I) ratio, or I ratio. A self-actualized person will tend to be more time competent and more inner directed than a non-self-actualized person (Shostrom, 1966/1974).

Although ratio scales assess the scores on the POI, Shostrom recommends that studies looking at correlations use the total TC and total I scores. The total possible raw score for the TC is 23, and for the I is 127, with a total range of TC plus I scores of 0 to 150. Faculty participants in this study had TC scores that ranged from 12 to 22, with a mean of 17.8. For the I scores, faculty scored a low of 67 and a high of 110 with a mean of 88. When added together, the faculty TC plus I scores ranged from 83 to 128 with a mean of 105 (see Table 4).

The raw scores were plotted on a profile sheet that automatically placed them onto a standardized scale with a mean standard score of 50, ranges of scores in multiples of ten from 10 to 90, and a standard deviation of 10 (Shostrom, 1966/1974). An estimated 95 percent of the population should fall between the standard scores of 30 and 70 (Shostrom, 1966/1974). Shostrom identifies the self-actualized person as one who has the majority of scores, the 2 primary scores and the 10 sub-scores, greater than 50 but less

than 60 on the standardized scale. The normal range for people who are not classified as either self-actualizing or non-self-actualizing is 40 to 50. Non-self-actualizing people have scores 40 and lower. Shostrom identifies a person who has scores above 60 as "a 'pseudo-self-actualizing' person" (1966/1974, p.19).

Table 4

Mean, Standard Deviation, and Range of Faculty Self-Actualization Scores on the POI (N = 22)

Faculty POI Scores	Mean	Standard deviation	Range* Low	High
Time Competence (TC)	17.8	2.70	12	22
Inner Directed (I)	88.2	10.98	67	110
Sum of TC plus I	105.1	13.33	83	128

Note. *For the range of the sum of TC plus I, the high and low values are not the total possible scores.

Twenty-two faculty participants had I scores within the 30 to 70 standardized scale range, and 21 had TC scores within the 30 to 70 scale range, with one participant score at 29.6 on the TC scale. In order to develop a method to determine self-actualization and non-self-actualization with the data, each ten-point range of the

standard profile scores was recoded to a single-integer category. The number of faculty in

the recoded category for TC and I is identified in Table 5.

Table 5

Results of Faculty Scores Compared to the POI Standardized Scores (N = 22)

Standard scale	Recoded category	Faculty scores within the standard scale			
		Time competence (TC)	n	Inner directed (I)	n
70-80	7	___	___	114-127	___
60-70	6	21-23	4	101-113	3
50-60	5	18-20	9	87-100	8
40-50	4	15-17	6	73-86	9
30-40	3	13-14	2	60-72	2
20-30	2	10-12	1	45-59	___

Results of the TC category and the I category for 18 of the 22 faculty occur in

different categories. Therefore a cross tabulation (see Table 6) of the TC and the I

categories was performed. Because the standard scale for the self-actualizer was the 50 to

60 range, and that range was assigned a category number of five, any sum of the

categories for TC and I that resulted in ten or greater was determined to be in the self-

actualized group. Sums of the TC and I categories of eight or less were considered to be

in the non-self-actualized group. Nine educators were in the self-actualized group, six

Table 6

Tabulated Outcomes: Time-Competent Category Plus Inner-Directed Category

Determining Self-Actualizing and Non-Self-Actualizing (N = 22)

Time-Competent	Inner-Directed Category				
Category	6	5	4	3	All
6	1[a]	3[a]	0[a]	0[b]	4
	4.5	13.6	0.0	0.0	18.1
5	2[a]	3[a]	4[b]	0[c]	9
	9.0	13.6	18.1	0.0	40.9
4	0[a]	2[b]	3[c]	1[c]	6
	0.0	9.0	13.6	4.5	27.2
3	0[b]	0[c]	1[c]	1[c]	3
	0.0	0.0	4.5	4.5	9.0
2	0[c]	0[c]	1[c]	0[c]	1
	0.0	0.0	4.5	0.0	4.5
All	3	8	9	2	22
	13.6	36.3	40.9	9.0	100.0

Note. Cell contents include count, and percent of total.

[a]Self-actualized = 9. [b]Mid-range = 6. [c]Non-self-actualized = 7.

Correlation of Time Competent category with Inner-Directed category: Pearson's r = 0.5746 with p < 0.5.

were in the mid-range group, and seven in the non-self-actualized group (see Table 6). The six educators and the associated 33 students in the mid-range group were removed from the study in order to differentiate the self-actualizing group from the non-self-actualizing group. Analyses were computed on both the total 144 students and 22 educators as well as the 111 students associated with the 16 nurse educators identified in the self-actualizing range and the non-self-actualizing range.

Caring.

Caring was measured by the CAT-edu, an instrument developed by Duffy (2002). The CAT-edu had statements such as the instructor "listens to me," "answers my questions," "uses my name when he/she talks with me," "knows what he or she is doing," and "keeps me challenged" (Duffy, 2002). A Likert scale of one (never) to five (always) accompanied each of the 94 items on the CAT-edu. Responses to negative statements (e.g. the instructor acts as if he/she disapproves of me) were recorded in a reverse Likert scale (one representing always to five representing never). The scores for each student were totaled and the means calculated. The student's sum scores were then mathematically adjusted to factor in the items not answered by the students (see Table 7). In validity testing, the 144 students' CAT-edu scores showed a relatively normal distribution with a skewness of –0.77.

Table 7 also represents descriptive data of the 111 students remaining in the sample after six faculty from the mid-range group were removed. The ranges and the

Table 7

Range, Mean, and Standard Deviation of Adjusted Student Scores on Duffy's CAT-edu

	Raw	Adjusted student scores	
	student scores	N=144	N=111
Minimum	160	183	183
Median	369	385	386
Maximum	461	466	466
Mean	358	373	373
Standard deviation	66.31	60.7	61.0

means for both groups were the same. The standard deviation differed by 0.3. The distribution of these data also reflects a relatively normal distribution of scores with a skewness of –0.88.

Data Analysis

The data were analyzed for a relationship using the Pearson product-moment correlation. The results of the surveys of the total sample of 22 educators and 144 students were tabulated (see Table 8). The relationship of self-actualization and the perception of caring, as measured by the CAT-edu, is negative at a significance of 0.001 or less. The total POI score and the Inner-Directed score have a significant, negative relationship with the perception of caring. The relationship with the Time Competence

Table 8

Pearson Product-Moment Correlation of Nurse Educators (N=22) Identified by Level of

Self-Actualization with the Perception of Caring by Their Students (N= 144)

	CAT-edu score		
	r	r^2	p
Time competence (TC)	-0.072	0.00	0.274
Inner directed (I)	-0.177	0.03	0.000
Sum of TC plus I (POI)	-0.174	0.03	0.001

Note: df $= 142$.

score, also negative, lacked significance. However, with an r value at -0.177, the

coefficient of determination is 0.03, leaving 97 percent of the variance of the dependent

variable unexplained.

Repeating these same analyses excluding the mid-range group of faculty yielded

similar results as seen in Table 9. The correlation remained significantly negative and the

coefficients of determination increased, but still did not account for 90 percent of the

variance of the dependent variable. This small gain in the coefficient of determination

may be explained by the loss of variance that occurred by limiting the groups analyzed.

Examining the independent samples t value for the relationship between level of self-

actualization and the perception of caring, the results were found to be significantly

negative but very weak (see Table 9).

Table 9

Pearson Product-Moment Correlation of Nurse Educators (N=16) Identified as Self-

Actualized or Non-Self-Actualized with the Perception of Caring by Their Students (N=

111)

	CAT-edu score			
	r	r^2	t	p
Time competence (TC)	-0.105	0.01	1.10	0.274
Inner directed (I)	-0.326	0.10	3.60	0.000
Sum of TC plus I	-0.307	0.09	3.37	0.001

Note: df = 109.

In addition to examining the relationship between self-actualization and

perception of caring, the demographic data from both the faculty and the students were

examined for any significant relationship with perceptions of faculty caring behaviors

and with faculty self-actualization characteristics.

The student demographic information was correlated with the results of the CAT-

edu and with the results of the POI. These data were compared using the original 22

nurse educators and 144 students as well as the 16 educators identified as self-actualizing

or non-self-actualizing and the 111 students associated with them. The results of both analyses showed a significant, but very weak, negative correlation of student grade point average (GPA) and the expected grade for the course with the three measurements of self-actualization: time competence, inner directedness, and the sum of the TC and I (see Table 10).

The demographics of the faculty were examined for their relationship with caring and the values of self-actualization. None of the faculty demographics had a significant relationship with caring. The program of the basic nursing education showed a negative correlation with the three values of self-actualization (TC plus I, TC, and I) at a significance of less than 0.000. The current faculty degree, total experience in nursing, and experience as a nurse educator all had a positive relationship with the scales of self-actualization (see Table 11). Again, the coefficient of determination was too small to show significant variance ($r^2 \leq 0.21$).

The relationships of the student and faculty demographic data may or may not have a causal relationship. However, they are interesting when considering if other factors may have a role in the results of the study.

Research Question and Hypotheses

The research question asked "What is the relationship between the nurse educator's level of self-actualization and the students' perception of a nurse educator's caring behavior?" The hypothesis was that there would be a positive correlation between self-actualization as measured by the two major scales on the POI and the perceived

Table 10

Relationship of Caring, Self-Actualizing Scores, and Student Demographics (N=144)

	CAT-edu	TC plus I	TC	I
Sum TC plus I	-0.174			
	0.037			
Time Competence	-0.072	0.571		
	0.389	0.000		
Inner Directed	-0.177	0.983	0.410	
	0.034	0.000	0.000	
GPA	-0.016	-0.245	-0.204	-0.226
	0.859	0.005	0.020	0.009
Expected grade	0.187	-0.250	-0.269	-0.218
	0.025	0.003	0.001	0.009

Note. Cell contents Pearson's r; p value.

caring behavior as measured by the CAT-edu. The Pearson correlation on the sample of

self-actualized and non-self-actualized educators, as indicated by the sum of the TC and I

scores of the POI and the adjusted student scores, is -0.307 with a p value of 0.001. The

Pearson correlation on the sample of self-actualized and non-self-actualized educators on

Table 11

Relationship of Caring, Self-Actualizing Scores, and Faculty Demographics (N=22)

	Caring	TC plus I	TC	I
TC plus I	-0.174			
	0.037			
TC	-0.072	0.571		
	0.389	0.000		
I	-0.177	0.983	0.410	
	0.034	0.000	0.000	
Faculty Program	0.008	-0.464	-0.433	-0.418
	0.926	0.000	0.000	0.000
Faculty Degree	-0.105	0.256	0.416	0.191
	0.209	0.002	0.000	0.022
Nursing Experience	0.152	0.214	0.426	0.141
	0.069	0.010	0.000	0.093
Education Experience	-0.008	0.474	0.295	0.465
	0.926	0.000	0.000	0.000

Note. Cell contents Pearson's r; p value.

the I score with the adjusted student scores is -0.326 with a p value of 0.001 (see Table

9). This indicates a significant negative correlation between self-actualization and the

perception of caring. Therefore the findings of the study do not support this hypothesis,

meaning the greater the degree of self-actualization of faculty, the lower the student

perception of caring behaviors demonstrated by the nurse educators.

The null hypothesis stated there is no relationship identified between measurements of self-actualization on the two major scales and the perception of caring behaviors as measured by the CAT-edu. At $p = 0.274$ level of significance we are unable to reject the null hypothesis that there is no correlation between self-actualization as measured on the TC scale of the POI (See Table 9).

This result may be partially explained by the characteristics the POI is measuring with the TC and the I scores. Inner directedness describes the self-actualizing response to inner values as opposed to the values and opinions of others. On the other hand, the TC score is a response to time and not to people. Therefore, it is logical to conclude that time competence might not be reflected in any measurement of caring behavior.

The data were then analyzed for relationship using the two-sample t-test. The nurse educators were distributed between two categories, self-actualized and non-self-actualized, based upon their sum scores on the POI. When examined, the data again indicate there is a significant negative relationship between the two groups of faculty, identified as self-actualizing and non-self-actualizing, and the perception of caring behaviors as measured on the CAT-edu (See Table 9). However, both sets of data have very low coefficients of determination, indicating a small amount of shared variance.

Chapter Five

Discussion and Recommendations

Overview of the Study

A review of the literature and research on caring indicates caring may be an inherent human behavior that has the potential to be developed. Caring has been and is an integral part of nursing. However, there are examples in nursing literature and nursing research of behaviors of nurses and nurse educators that have been perceived to be less than caring.

The development of caring has been theorized as moving from self-care to reciprocal care to selfless caring, similar to the needs hierarchy described by Maslow (1999). Based on this developmental view, it was proposed that the individual experiencing deficiency-needs would be more likely to care for others in order to meet his or her own basic needs. In turn, it was considered probable that as an individual moved toward self-actualization, caring would become more holistic and be more likely to be given without the anticipation of reciprocation.

Results

Based on theoretical perspectives and past research, it was hypothesized that there would be a positive correlation between the level of self-actualization as measured by the two major scales on Shostrom's (1963) Personal Orientation Inventory (POI) and the student-perceived faculty caring behavior as measured by Duffy's (2002) CAT-edu. The data did not support this hypothesis. The results of this study found a negative correlation

of the level of self-actualization of nurse educators with the perception of caring

behaviors by their students. This negative correlation was significant (*p=.001)*for the

total POI score (p=.001) as well as the I score, inner directedness (p=.000). Although the

correlations were significant, the Pearson r scores were weak for both the total POI

(r=.307) and for I (r=.327) making the coefficient of determination scores (r^2) small.

Therefore the relationship between the two sets of variables, as expressed by r^2, explained

only 9% and 11% respectively, meaning around 90% of the variation is the result of

factors other than the relationship studied (unexplained variance). The negative

correlation for the time competence score was not significant.

The negative weak correlation provides interesting possibilities and is worth

exploring further to prevent rejecting a relationship that may have meaning, particularly

in the context of other variables or with some alteration in the research design. An initial

goal would be to repeat the study with a larger faculty and student sample, selected from

varied types of programs, to make the group less homogenous, and increase the potential

for a wider range of scores and improve the potential for an increase in the effect size. A

larger sample would increase the diversity of the groups and also improve representation

of students associated with each nurse educator. In addition, bivariant analysis may not

provide a clear picture of the true nature of the nursing education learning situation and

the inclusion of additional variables, suggested to be significant in prior studies, would

allow the use of statistical procedures (e.g. regression analysis) to study multiple

relationships simultaneously.

If continued research of self-actualization and perception of caring confirms the correlation is negative, the next question will be to identify the characteristic or behavior associated with self-actualization that creates this negative perception. An interesting premise that could explain the negative correlation is to examine Maslow's (1999) theory of self-actualization from a different perspective. Returning to Maslow's definition of self-actualized individuals, one finds that some of the self-actualization characteristics he describes could be perceived as less than caring. For example, self-actualized individuals are more inner directed and will allow inner values and beliefs to guide their actions rather than trying to please others. They may also be more attuned to doing what they see as necessary. In addition, self-actualized individuals are more likely to respond to others by telling them what they need and the caring they express will be more general or global than individualized and personal.

Maslow (1999) identified fourteen qualities of self-actualization. Six of these qualities reflect the interactive relationships one has with others. Considering the assumed qualities of self-actualized individuals, the following characteristics may alter perceptions of caring and/or the way caring may appear to others. For example, according to Maslow (1999), the self-actualized individual:

1. *Has a greater perception of a reality-centered world, and detects what is honest and real as opposed to dishonest and false*. The likelihood of the self-actualized individual not responding to needs that he or she contends are without merit may be increased.

2. *Is problem-centered, focusing on problems outside of themselves, and feeling responsible for solutions to life's difficulties*. It is this characteristic that promotes the self-actualized individual to look at needs more globally, caring for the many rather than the individual.

3. *Has a different perception of means and ends by believing ends do not always justify the means and that often it is the process that is more important than the outcome*. As an example, the nurse educator might not immediately answer a question, but instead encourages the student to research the answer or critically think it through to reach a conclusion for himself or herself.

4. *Experiences pleasure in solitude or detachment, and remains less disturbed by what upsets others.* The calm detachment of the self-actualized individual during what another believes is a crisis could be perceived as cold and uncaring.

5. *Enjoys deeper interpersonal relationships with a few friends and family as opposed to having surface relationships with many acquaintances*. The self-actualized individual enjoys close relationships but does not need others to enjoy life. Others could perceive this behavior as being remote and detached. This does not demonstrate the friendly relationships some might wish to have with the individual.

6. *Maintains autonomy or independence of the culture and the environment.* The self-actualized individual may be perceived as someone who does not fit into the role expectations, creating a feeling of dissonance. (Maslow, 1976, 1999).

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The perception of the behaviors considered common in self-actualized persons may be partially substantiated by the significant negative correlation with inner directedness. Inner directedness (I) is one of the two major factors measured when one is examining self-actualization. If a person is more inner-directed than other-directed, he or she could be perceived negatively: self-centered, not responsive to the needs of others, a loner, not friendly, and *uncaring*. The "I" is one score that significantly correlates with the total POI score when looking at the relationship of caring and self-actualization. Time competence (TC), however, is not seen as a factor in the relationship of caring and self-actualization. It is hypothesized that time competence, although considered a primary indicator of self-actualization, has less of an association with interpersonal relationships than does inner- versus other-directedness. Time competence may positively correlate more readily with critical-thinking and problem-solving skills.

The remaining eight qualities of self-actualization (Maslow, 1976, 1999) may be characterized as internal values or are characteristics of the self-actualized person interrelating with all human beings, not to an individual. However, they may be worth exploring further in future studies. The additional eight qualities identified by Maslow are:

1. Expressing a philosophical, non-hostile sense of humor, without directing their humor and joking at another person.

2. Accepting themselves and others as they were and promoting change only if a behavior was harmful.

3. Acting spontaneously but without drama, and using internal motivation for self-growth.

4. Maintaining humility and respect toward others; avoiding discrimination and holding democratic values.

5. Experiencing human kinship ("Gemeinschaftsgefühl"), or empathy, compassion, and humanity for mankind.

6. Exhibiting a freshness of appreciation, enjoying even ordinary things with wonder.

7. Showing creativity, inventiveness, and originality.

8. Experiencing a mystical connection with life, nature, or God (Maslow, 1976, 1999).

Limitations of Study Design

The results of this study were examined from several perspectives to postulate reasons for the findings. Self-actualization and caring are difficult to define and quantify. Maslow's concept defined self-actualization in this study; others may dispute both the concept and the characteristics Maslow identifies. Several areas of the design of the study could be improved, including participant sampling methods, timing of the study within the school year, selection of instrumentation, and approaches to data analysis.

Sampling.

The selection of the faculty sample was limited to one type of nursing program, the associate degree in nursing (A.D.N.) program, and was not randomized across types

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of programs. The target population sampling eliminated faculty within seven of the twenty-three A.D.N. programs not present at the meeting of the Pennsylvania Colleges of Associate Degree Nurses (P.C.A.D.N.). Although 72 nurse educators remained in the potential sample, only 22 nurse educators were in the final sample. Returns from the students of these educators varied from 1 to 18 per educator. This created an imbalance in the number of student responses available to correlate with each faculty member. The low number of responses may also reflect faculty or student perceptions about the study and the value of the study.

Timing of data collection.

The timing of the data collection had an effect on the results. The surveys were sent in late April. Three schools did not participate because summer break had started by the time they received the surveys. The other schools were approaching the summer break, which also could have reduced the number of surveys returned. Because the study occurred in late spring, final examinations and anticipation of grades may also have created a bias in the student perceptions of faculty caring behaviors. Additionally, the timing did not allow for follow-up, either to clarify questions related to the distribution of the surveys, or to remind participants of the study. These factors also contributed to the lower number of surveys available for analysis.

Instrumentation factors affecting results.

Perception of the attitudes and emotions of another person is an interpretation of observations. The person perceiving the behavior forms an opinion based upon his or her

background and prior experiences, and responds to the received perception. Issues affecting student perception of faculty may be biased by the timing of the administration of the survey, the expected grades, or grades previously received. Difficulty exists when participants are asked to self-report or to interpret events they experience. Self-reports may be influenced by memory and imagination. Similarly, participant self-selection can be a threat to the internal validity of the study. Faculty participants may self-select based upon their perception of the presence or absence of the studied characteristic within themselves, creating a non-representative group. Participants, faculty or student, with stronger feelings related to the subject may be more willing to invest the time in the surveys. Pre-existing differences in the participants may have created differences or similarities in the results of the CAT-edu. For this reason, for both the POI and the CAT-edu, there are issues of objectivity and accuracy related to participant interpretation and bias.

Analysis of data issues.

Limitations of the sample influenced the data analysis. Restricting the number of variables limited the ability to perform analysis of variance testing. The low number of variables combined with the small sample size prevented any regression analysis. Although the correlations found were at a significant level, the small effect size limited significance for interpretation of the results.

Discussion of Concepts

Self-actualization.

Many nursing programs use Maslow's (1999) hierarchy of needs as a model for organizing interventions to meet human needs. However, the conceptual base of Maslow's hierarchy poses difficulties when used as a framework for research. Maslow describes the developmental stages of needs and gratification as linear, progressing through basic lower-order deficiency needs to higher-order growth, or being, needs. Neither deficiency needs nor growth needs are static. All needs may be present at any one time, with the priority need fluctuating from moment to moment. Measurements of the level of the need or the fulfillment of the need will also fluctuate, contributing to the difficulty of quantifying either a level or a state of self-actualization.

Maslow (1976, 1999) initially proposed that self-actualization was a state of development that occurred after all deficiency needs were met. Although his theory evolves with later writings to state all persons are capable of the *peak experiences* of self-actualization, he remains unclear in his description of the transition between deficiency needs and growth needs. The B-Values (e.g. wholeness, perfection, justice, beauty, truth) that Maslow attributes to the self-actualized individual may not be limited to those who have had peak experiences. Additionally, not all individuals who have had peak experiences may subscribe to the B-Values. The differentiation of self-actualized individuals from non-self-actualized individuals may lack the clarity needed for definitive quantitative research.

Caring.

Caring has been defined and conceptualized as something pragmatic and physical (Barry, 1994; Lashley, et al., 1994; Schultz, et al., 1998) to transcendental and spiritual (Roach, 1997; Watson, 1999). With such a broad concept as caring, limiting the operational definition of caring behaviors in future studies may prove beneficial. For example, future studies could focus on one element of caring, such as presencing (Beck, 1994), and examine its relationship with other variables. As each caring element is fully explored and understood, a more complete picture of caring in nursing education might emerge.

Caring is a subjective behavior that is difficult to measure. Instruments to measure caring in practice and in education are being developed and refined (Wade & Kasper, 2006; Watson, 2002a). However any assessment of faculty behaviors that involves students is based upon the perception of the students. In this study the sample size was too small and limited to counter any potential bias caused by perception. With qualitative studies, sample size needs to be large enough to reach data saturation. With quantitative studies, sample size needs to be large enough to have a strong effect size.

Recommendations for Future Research on Caring and Self-Actualization

The present study can be considered as a base for future research. More studies are proposed to provide additional information on possible relationships between self-actualization and caring behavior. Listed below is a summary of the recommendations discussed in the limitations of the study design.

Sampling.

Changes to improve the reliability and validity of the data include creating a larger randomized sampling plan, increasing the geographical distribution of the research, and including nursing programs other than A.D.N. A larger randomized sampling plan could improve the effect size of the study. It could also increase reliability and contribute to the reduction of potential bias possible with small sample sizes.

Further studies could include a better geographical distribution of students along with randomization of selection. In addition to associate degree students, future studies will ideally include baccalaureate programs. Differentiating first-year students from upper-level students can also provide information on how student experiences with the educational process may influence student perceptions. The larger sample will increase the diversity in the demographic data obtained, which, in turn, may determine other variables that may have influence on the results.

Timing.

Personal or delegated distribution of surveys earlier in the semester may increase uniformity in directions, availability for clarification, and management of the faculty/student distribution pattern. These factors may increase participation and return rates. The beginning of the semester was considered to be too early for students to judge the caring behaviors of the faculty. Administering the survey during the latter half of the semester permitted students to have a longer acquaintance with their faculty. An ideal time might be at the middle of the semester. However, the extent of the faculty/student

relationship may not increase or improve understanding of the faculty behaviors observed or perceived.

Design and instrumentation.

Because of the subjective nature of both concepts, a strong qualitative study is recommended to provide further clarification of caring and the role of self-actualization of caring in the context of nursing education. Quantitative studies could be developed to reduce or factor in the effect of perception on the assessment of behaviors by adding a direct observation component to the design. Longitudinal studies across the nursing curricula from admission to graduation, including information gathered from students who leave the programs prior to graduation may provide additional information about how nurse-educator caring may be perceived in the context of the changing nursing expertise of the student. It may also be useful to include a component that allows faculty to self-identify caring feelings and caring behaviors to better understand the role of faculty perceptions of caring in the context of teaching nursing. Concurrently, a study of the perceptions of the students could be obtained and compared with the faculty self-identified caring. Observations and/or interviews by the researcher can contribute to better understanding of the phenomenon.

A mixed method approach (triangulation) might also be useful, using a combination of quantitative surveys, interview and observation, and self-identification of caring behaviors by faculty to increase the richness of the data available for analysis. Triangulation of methods may also help establish the internal reliability and validity of

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the instruments used and help determine if the quantitative measures are not powerful enough to reveal what may be affecting the teacher/student relationship in the nursing education environment.

The literature review indicated the Shostrom's Personal Orientation Inventory (POI) is the instrument used in the majority of the research looking at self-actualization as defined by Maslow. Other concepts and/or measurements of self-actualization may provide different data. POI data may be more useful in the context of additional variables in future studies.

Shostrom's POI (1966/1974) included a subset of scales to profile the Being-values (B-Values) originally identified by Maslow (1999). The subscale profile responses are not discrete and would have limited value in the small sample size of this study, therefore, they were not included in the data analysis. However, with a larger sample, including the profiles of the ten B-Values may have the potential for increased enlightenment of the relationship between the major scores on the POI and the results of any conclusions about correlation with caring. Additionally, measures of B-Values may reveal personality characteristics that relate to faculty caring behaviors.

Analysis of data.

Increasing the sample size should increase the substance of the data collected and increase the power of the statistical analyses that can be performed. Phenomenological studies have supported that less-than-caring behaviors by faculty occur. (Cohen, 1993; Dillon & Stines, 1996; Hanson & Smith, 1996; Nelms, Jones, & Gray; Simonson, 1993).

Future qualitative studies of sufficient size to attain data saturation may provide a better understanding of student perceptions of caring or less-than-caring behaviors. Quantitative studies are needed to identify the prevalence of the less-than-caring incidents and the measurable factors that may have significance in their occurrence.

Conceptualization of variables.

Self-actualization is a concept difficult to operationalize. The concept needs further analysis in order to define and understand the components of self-actualization. After the essential components are further defined and clarified, propositions of how the elements of self-actualization relate to the role of educators can be more effectively explored.

In a similar fashion, the concept of caring needs further clarification of the central components and properties to more fully understand its relationship with nursing education. With improved clarification of caring behaviors in nursing education, discussions regarding practicing tough love, maintaining standards, and being 'nice', can be compared and contrasted with caring to a greater extent. Research may then focus on the specific behaviors essential to balance caring and teaching.

Increased elucidation of both self-actualization and caring concepts would support a stronger concept exploration of caring in education. This in turn, may add to the theory base of nursing education.

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Recommendations for Correlation of Additional Variables with Caring

Although the focus of this study was specifically on the relationship of self-actualization with caring behaviors, additional psychological or personality profile examinations may be useful to identify other characteristics of faculty that may better correlate with caring. The Myers-Briggs Type Indicator (MBTI) ("Myers-Briggs Type Indicator", 2006) is frequently used in a variety of non-clinical settings to enhance team-building skills, understand learning styles, or train employees. However, some critics oppose the use of the MBTI as well as other personality tests, citing the lack of scientific validity. Other tests, such as the Minnesota Multiphasic Personality Inventory (MMPI) ("Minnesota Multiphasic Personality Inventory", 2006) or the Millon Clinical Multiaxial Inventory III (MCMI-III) (Millon, Davis, Millon, & Grossman, 2006) are used primarily in clinical settings to facilitate diagnosis and treatment of emotional or interpersonal disorders. A search of multiple data bases indicates many tests of varying worth that could be used to examine one or more personal characteristics of faculty in order to explore other relationships with caring behavior.

Incorporating other variables could allow a broader analysis of caring in nursing education and perhaps improve understanding of the factors contributing to faculty adopting caring or less-than-caring behaviors. Other variables that could also be considered may include professional socialization, role development, self-concept, or internal and external motivation.

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Professional socialization usually begins during the educational process of learning a role (Austin & Wulff, 2004; Chitty, 1993; Urzua, 1999). For example, while learning the formal content of nursing, the student is internalizing the culture of the profession from peers, faculty, or other role models involved in the profession. Graduate education in nursing that focuses primarily on the development of nursing practice may not provide the opportunity for the graduate student to be informally socialized into the role of a nurse educator. Exploration of the nurse educator's socialization into the role and evidence of caring behavior in different experiences could be valuable to understand. How faculty accomplish educator role skills, on-the-job versus formal education, could affect role behavior. A large proportion of nursing faculty learn solely by observing other educators. Chitty (1993) contends that informal socialization has a more powerful and memorable effect on education than formal learning. More knowledge is needed concerning the effects of various processes, or combinations of methods, on the behaviors adopted by faculty.

Role development refers to a change in the form of one's role over time (Bandura, (1977). The basic structure of the role already exists. The development that occurs is a process of growth. Role development occurs as a result of changes related to (a) learning job skills, new knowledge, and behavioral principles; (b) developing attitudes, expectations, and concerns; and (c) living through job events such as promotion or change in responsibility (Bandura, 1977). Within the concept of role development, one might pursue other concepts related to role: role change, role conflict, role transition, role

identity, role socialization, or role achievement (Bandura, 1977; Chitty, 1993, Edgar & Sedgwick, 1999)

Self-concept is a broad term that can include self-esteem, self-ideal, and self-regard. The perception of one's self is a characteristic that has the potential to influence behaviors demonstrated toward another person. The development of these attributes is described in Maslow (1976), Lashley, et al. (1994), and Watson (1988, 1999). Within the discussion of self-concept is the hypothesis that self-esteem leads to confidence, empowerment (Lashley, et al., 1994), motivation, achievement, self-sufficiency (Watson, 1999), and self-actualization (Maslow, 1976).

Extrinsic and intrinsic motivation for acquiring the nurse educator role may also have an impact on the caring behaviors of faculty (Bandura, 1977). Innate desire for exploration and growth may be the motivating force when making a decision to transition from practice to education. For others, the motivation may be the extrinsic factors: status, work hours, salary, or privilege. An individual may make the initial choice to be a nurse educator based on either internal or external motive, and choose to continue or leave the position based upon either of these motives (Bandura, 1977). Bandura further contends that there needs to be a balance of both intrinsic and extrinsic factors in an individual's choice, but with time, self-satisfaction and self-regard outweigh external inducements.

Implications

The findings of this study, suggesting a potential negative relationship between self-actualization and the perception of caring by others, may reveal an area of concern.

While Maslow does not make a direct relational statement of self-actualization and caring, his theory does suggest such a relationship exists. However, self-actualization only accounted for 9-11% percent of the explained variance in this study. The implication of the results is that further research is needed to determine the actual significance of this finding. The inclusion of additional variables, using a larger and more diverse sample could be expected to improve the understanding of self-actualization and other factors in the nursing education experience that may have an impact on faculty caring practices.

In nursing practice, improved understanding of the factors that create caring behaviors could be used to teach nurses about the effects of certain behaviors and how to better enhance a caring environment in clinical settings. If the caring behaviors associated with self-actualization create a perception of less than caring, perhaps explanations of reasons for behaviors or decisions given to clients may be of benefit in promoting improved perceptions of caring.

In nursing education, nurse educators need to have an increased understanding of the phenomenon of caring as perceived by others, particularly as perceived by the students they teach. Recognizing and understanding how behaviors might be perceived will provide opportunities to improve methods of communicating caring to the student and improve the method of the modeling of caring behavior in practice. Caring is proposed to be an inherent characteristic that may be nurtured through formal and informal teaching methods. Communicating caring toward students is considered

essential to providing a role model that enhances the informal teaching of the caring behaviors considered fundamental for effective nursing practice.

Conclusion

While this study did not yield the postulated relationship between caring behavior and self-actualization, the findings generated interesting new questions that demand further exploration. If further research of self-actualization and associated perceptions of caring confirms the correlation is negative, the next question will be to identify the characteristic or behavior associated with self-actualization that creates this negative perception.

Improved understanding of the factors that create caring behaviors can be used in educating nurses about the effects of certain behaviors and how to better enhance a caring environment. Incorporating other variables could allow a broader analysis of the nursing education experience and perhaps a better understanding of the factors contributing to caring or less-than-caring behaviors. While this study does not fully explain the significance of the negative correlation, it does support the need to examine the variables with a larger, more diverse sample and possibly consider different methodology. The importance of a caring environment in nursing education and practice makes it imperative that research continues in this area to improve our understanding of caring and less-than-caring faculty behavior in the nursing education environment.

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Appendix

Implied Informed Consent Form for Social Science Research
The Pennsylvania State University

Title of Project: Characteristics of Nursing Faculty Associated with
Students' Perception of Faculty as Caring.

Principal Investigator: Pamela Starcher
Director of Nursing
Pennsylvania College of Technology
One College Avenue
Williamsport, PA 17701
pstarche@pct.edu
(570) 327-4525 (work)
(570) 322-6463 (home)

Advisor: Dr. Carol A. Smith
201 Health and Human Development East
University Park, PA 16802
cas35@psu.edu
(814) 863-2211

1. **Purpose of the Study:** The purpose of this research is to explore a possible cause of caring or less-than-caring behaviors demonstrated by nursing faculty as perceived by nursing students.

2. **Procedures to be followed:** You will be asked to complete a questionnaire and return it directly to the researcher.

3. **Discomforts and Risks:** You may feel uncomfortable answering certain questions. You are free to not answer any question you do not wish to answer.

4. **Benefits:** There are no specific benefits to you or to society in general. There is potential benefit for nursing education and the nursing profession related to understanding what might influence caring behaviors of nursing faculty.

5. **Duration/Time:** The time needed to complete your survey will depend upon whether you are completing the faculty survey or the student survey. Estimated time varies from 30 to 60 minutes.

6. **Statement of Confidentiality:** The survey does not ask for any information that would identify who completed the responses. Your responses are recorded anonymously. The Office for Research Protections and the Social Science Institutional Review Board may review records related to this project. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared because your name is in no way linked to your responses.

7. **Right to Ask Questions:** You can ask questions about this research. Contact Pamela Starcher at (570) 322-6463 or (570) 327 4525 with questions. If you have questions about your rights as a research participant, contact The Pennsylvania State University's Office for Research Protections at (814) 865-1775.

8. **Compensation:** No compensation is offered for this participation.

9. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

You must be 18 years of age or older to take part in this research study.

Completion and return of the survey implies that you have read the information in this form and consent to take part in the research.

Please keep this form for your records or future reference.

VITA

Pamela Starcher R.N., M.N., Ph.D.
Director of Nursing
Pennsylvania College of Technology
Williamsport, PA 17701

I received my Bachelor of Science in Nursing from the University of Pittsburgh in 1965, and my Master of Nursing from the University of Pittsburgh in 1971. In 2006 I received my Doctor of Philosophy from The Pennsylvania State University Department of Nursing.

I have been in nursing education since 1971. My teaching experience includes: Instructor, University of Rhode Island, B.S.N. (1971 – 1973); Assistant Professor, West Virginia Wesleyan College, B.S.N. (1973 – 1975); Professor, West Virginia University at Parkersburg, A.D.N. (1975 – 1998); Professor, Pennsylvania College of Technology, A.D.N./B.S.N. (1998 – 1999). In addition I have taught summer sessions at South Eastern Massachusetts University, West Virginia University, and Washington State Community College.

While employed primarily as a nurse educator, I maintained skills in nursing practice by working weekends and summers in acute care facilities as a staff nurse in critical care.

I have been the Director of Nursing at Pennsylvania College of Technology since 1999. I am responsible for all of the nursing programs within the School of Health Sciences: Certificate of Practical Nursing; Associate Degree in Health Arts with a Certificate in Practical Nursing; Associate Degree Nursing; and Bachelor of Science in Nursing, both a traditional four-year program and an on-line R.N. completion program.