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The Perceptions and Experiences on Professional Caring Dispositions in Online and Hybrid Nursing Programs Among Veteran Nursing Educators

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THE PERCEPTIONS AND EXPERIENCES ON PROFESSIONAL
CARING DISPOSITIONS IN ONLINE AND HYBRID NURSING PROGRAMS
AMONG VETERAN NURSING EDUCATORS

By

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in partial fulfillment of the requirements
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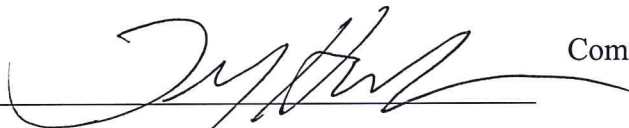



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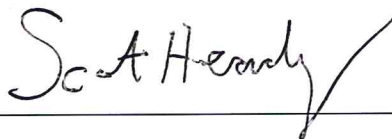
COLLEGE OF EDUCATION

“THE PERCEPTIONS AND EXPERIENCES ON PROFESSIONAL CARING DISPOSITIONS IN ONLINE AND HYBRID NURSING PROGRAMS AMONG VETERAN NURSING EDUCATORS,” a Doctoral research project prepared by DEVORAH OVERBAY in partial fulfillment of the requirements for the Doctor of Education degree in Educational Leadership.

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ABSTRACT

Integration of technology combined with the digitization of the classroom requires significant planning and financial commitment for educational institutions. A tension of sorts has developed that places additional pressure on many academic disciplines, especially applied disciplines such as nursing to teach effectively in the new digital landscape. Educators and students alike may find that the ever advancing technology and learning objectives do not always align in the ways they did in traditional classroom instruction. For an applied discipline, the field of nursing education is faced with many significant challenges to deliver high quality and relevant training in shifting learning environments.

While helping nursing students navigate the complexities of professional nursing care, many schools of nursing curriculum have evolved to accommodate students and faculty in virtual classrooms including simulation, online webinars, and synchronous chats. As a result, some parts of the curriculum may be lost in the translation from traditional to online education. Professional dispositions, such as caring attitudes, may not translate as well as some other nursing practices. Yet, caring, as a professional disposition, is not only a valuable attribute, it must be demonstrated for a nurse graduate to become licensed to practice. Caring dispositions are developed in myriad ways through nursing programs. Traditionally students were mentored both in classrooms and in clinical settings. However, increasingly the important question is how are nursing faculty purposefully developing professional caring dispositions in graduates of online and hybrid nursing programs?

This study explored the issue of how a sample of nursing teachers develop a caring disposition in their online teaching practice. The study included three research foci. In order to

establish context, I examined the general perceptions of the participants on what they believe constitutes a caring disposition in their online teaching. The study then attempted to identify the strategies the participants employ to develop a caring disposition in their students. Finally, I sought to articulate the challenges that the participants identify in developing a caring disposition.

Based on the findings of the study, I discuss the implications for nursing education scholarship and for practitioners involved in nursing curricular design. Notable in this regard is a presentation of what I refer to as the Caring Framework for Online Curricular Design.

ACKNOWLEDGMENTS

Recognizing my LORD and Savior, whose presence is everlasting and from which every good thing flows. The good things I am grateful for are my best friend and husband and my wonderful children, without whom I'd be lost; for my mother who always knew I could do it; for my sisters and their families who tolerated my ramblings since I could first speak; for friends like Laura Criddle, Mary Pate, Karen Elmers, and Carla Hagen, who are all brilliant scholars, inspiring colleagues, and wonderful friends. There have been friends along the way willing to listen to me rattle on both at work and on our walks without which I could not succeed. I will be forever grateful for the department of education at George Fox University especially Terry Huffman who never let on that he could ever give up on me.

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CHAPTER 1

INTRODUCTION

Carolyn Gray, the newly appointed Chief of the New York State Board of Nursing, writing in a 1919 issue of the *American Journal of Nursing* expressed dismay at the failure rates on the nursing licensure exam. Of the January class of 422 examinees, only 6% passed all seven areas of examination (Gray, 1919). That is, of the 422 examinees, less than 30 students passed all areas. Gray placed the blame squarely on the nurse-educator. Almost a century later, Patricia Benner and colleagues related that, “nursing education’s opportunity and responsibility extends to the curriculum and pedagogy, particularly in integrating clinical and classroom learning” (Benner, Sutphen, Leonard, & Day, 2010, p. 365). There remains today widespread agreement that nursing faculty have the responsibility to develop strong nurses. However, the issue remains, amidst changing learning environments, how to best accomplish this daunting task.

According to the *Delphi Study*, designed to identify a consensus on the essential components of nursing professional training, the authors not only outline fundamental components of the nursing curriculum, but also articulate the general agreement on the proper timing to acquire certain skills and professional disposition in nursing students’ academic progression (Barton, Armstrong, Preheim, Gelmon, & Andrus, 2009). Namely, it is the responsibility of the educator is to be prepared to meet the students where they are; to demonstrate the possibilities for students; and to lead students into the realm of their chosen profession. In short, a nurse’s work is complex and requires enormous imagination (Baxter & Boblin, 2008; Colucciello, 1997). In particular, critical thinking skills are employed to sift

through large amounts of information necessary for professional nursing (Baxter & Boblin, 2008; Bristol, 2012).

Statement of the Problem

Helping nursing students navigate the complexities of professional nursing care, many schools of nursing curriculum evolved to accommodate students and faculty in virtual classrooms involving a wide variety of formats (Feingold, Calaluce, & Kallen, 2004). Concern quickly arose whether some parts of the curriculum may be lost in the translation from traditional to online education (Chan, Stanley, Meadus, & Chien, 2017). Currently there is a tension of sorts in nursing education between traditional classroom teaching and digital learning (Heaslip, Board, Duckworth, & Thomas, 2017). Some argue that educators have a responsibility to meet students where they are and capture their interest through the technology commonly consumed by this current generation. Other educators contend that true learning cannot occur except in spaces of traditional nursing instruction and students engage with each other through face-to-face dialogue (Albon & Jewels, 2009). Of specific concern is that vital professional dispositions, such as critical thinking and caring attitudes, may not translate as well as some other nursing practices (Alpers, Jarrell & Wotring, 2013).

The shear increase in the number of online courses and degrees has proven challenging for nursing educators, especially in regards to training on fundamental dispositions. The increase in virtual classrooms can be attributed to a variety of factors including increased access to internet and technology, changing student populations, as well as professional requirements demanding familiarity with technology (Ayala, 2009). Braun (2008) suggests that the flood of technological advancements is not the only reason online education has witnessed a boom. Namely, the growth can also be attributed to the greater access to higher education afforded by

online opportunities. Curiously, while online education can be less expensive to deliver, for-profit online educational institutions are generally some of the most expensive schools in the country (Maggio & Smith, 2010). Yet, there are those who contend that online classes provide more individualized environments to meet the learning needs and styles of the student (Ayala, 2009; Brown & Kiriakidis, 2007; Cobb, 2011). Braun (2008) reported the results of a survey with graduate students on why they participated in online studies. The most frequent reason given for a preference for online study was financial reasons; the second most frequent response was time flexibility; the third most frequent reason was the freedom to do coursework at home and not have to attend on-campus classes. Clearly, online students desire a learning environment where they can manage their own time, maintain a schedule that allows them to learn at their own pace, and is at a physical location of their choosing (Andrus, 2009). Moreover, online study allows for continuing educational pursuits while still participating in the workforce (Andrus, 2009). Thus, the option for online learning is even more attractive to those who must retain active employment while pursuing a college degree.

Millennials born in the late 20th century and the beginning of the 21st century have been described as “digital natives” whereas most educators are considered “digital immigrants” (Morgan, 2010). The millennial student attending college after the turn of the 21st century has typically grown up with technology as part of his or her everyday activities thus a native to technology. Consequently, these students have an expectation that the technology they use routinely be utilized in education. Faculty, however, typically acquired these skills as an adult and may experience more pressure resulting from the millennial students’ expectation.

An important consideration in relation to the rapid acquisition of technology is the pace at which curriculum can be amended. This issue is especially important to applied professional

training such as nursing education (Wittmann-Price, Godshall, & Wilson, 2013). Technology seems to be developing more rapidly than the ability of many higher education institutions to adopt and adapt (Morgan, 2010). Many professionals find it difficult to “step away” from their practice in order to receive updates and have only recently gravitated into the digital environment (Knapp, 2004; Olson, 2014). Webinars, Internet articles, topic centered chat rooms, blogs, and electronic bulletin boards have all become tools for continuing education “on the go.” Moreover, the immediacy of information afforded by electronic books, the Internet, electronic search engines is not always an advantage. Time to percolate on ideas is shortened and conversational debate can be seen as a lost tool when attempting to develop professional attitudes in students (Crawford-Ferre & Wiest, 2012; Olsen, 2014; Wittman-Price et al., 2013).

Integration of technology or digitization of the classroom requires significant planning and financial commitment by higher educational administrators and instructors. Thus, tension continues to grow and places additional pressure on many academic disciplines, especially applied disciplines such as nursing. Educators and students alike may find that the technology and objectives do not always link together in the same way as traditional, face-to-face classroom instruction. Brown and Kiriakidis (2007) suggest that online education has usurped power from the educator and placed it with the students who can attend class anytime and anywhere, while continuing to meet personal, family, and professional goals. It can also be argued that the locus of control in responsibility is transitioned to the learner as well. The difficulty in developing caring attitudes or dispositions in a generation that expects (and is uniquely adept in) the use of technology combines with a generation of faculty are not always completely prepared in the use of that technology. This makes for an important instructional and learning dynamic, if not dilemma. Thus, nursing faculty find that they must adapt the curriculum to meet the needs of the

community as well as the learning needs of the student while using online technology in creative and valuable ways to encourage necessary professional dispositions.

Statement of the Purpose

This qualitative study used personal interviews to examine how nursing faculty perceive and respond to the challenges involved in developing caring dispositions in virtual classrooms. Specifically, this study included three components. First, I documented the perceptions of the participants on what constitutes caring dispositions in online teaching. Second, once the perceptions were identified, the study outlined the strategies the participants described to promote caring disposition among online learners. Third, I documented the barriers the participants identified in developing caring disposition in nursing students enrolled online. The findings of this study will help build the scholarly literature on teaching dispositions in an online environment generally and on how nursing faculty do so specifically.

Research Questions

Consistent with the three components of the research investigation, the study will examine three specific research questions. Some additional findings also emerged from the study and are integrated into the report of the findings in the final chapter. However, the three research questions provide the primary structure to the study, guided the investigation, and their findings are reported in chapter 4.

Research Question #1

What are the perceptions of nursing faculty regarding teaching caring dispositions to nursing students online?

Research Question #2

What strategies do nursing faculty employ to promote caring disposition among online learners?

Research Question #3

What barriers do faculty encounter in developing caring disposition in nursing students online?

Key Terms

American Association of Colleges of Nursing (AACN) is the national organization for undergraduate and graduate nursing education. AACN strives to establish professional standards for nursing education in colleges and university in the United States. It also assists schools in implementing standards it identifies as important and encourages research in professional nursing education.

American Association of Critical-Care Nurses (AACN) is a nonprofit association composed of acute and critical-care nurses. As a professional organization, AACN seeks to represent and support issues important to nurses specializing in the acute and critical care of patients.

Note to the reader—Because both the American Association of Colleges of Nursing and the American Association of Critical-Care Nurses have both adopted the ACCN acronym, I generally refer to these organization by their full title.

Caring, as defined by the American Association of Critical-Care Nurses (2018), is one of eight competencies that reflect professional nursing. The Synergy Model describes caring practices as: “Nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Caring includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel” (American Association of Critical-Care Nurses, 2018, para. 3).

Digital Immigrant refers to a person who developed the use of digital technology while the technology was being developed or introduced. The use of digital technology was not inherent in the culture or in the person's upbringing (Hart, 2013; Morgan, 2010; Suša, 2014).

Digital Native is used to describe a person whose culture and upbringing incorporates computer or digital technology and implies the use of technology is similar to a native language (Hart, 2013; Morgan, 2010; Suša, 2014).

Millennials as the generation after Generation X and is thus far in American history the largest generation, even surpassing in numbers of those considered part of the Boomer Generation. Millennials have been also been identified as Generation Y. This generation was "born after 1980 and are the first generation to come of age in the new millennium" (Taylor & Keeter, 2010, p. 4).

National Council of State Boards of Nursing (NCSBN) is a national nonprofit organization through which individual state boards of nursing can confer and coordinate on issues of mutual interest. The NCSBN is specifically concerned with issues affecting public health, safety and welfare, including the development of consistent nursing licensure examinations throughout the United States.

Online Learning occurs when the traditional classroom experience of participating in face-to-face learning is replaced by a digital learning experience (Sener, 2015). Online learning may occur simultaneously with the facilitator and other participants or pre-recorded and viewed on the individual participant's own time-schedule. Online learning may also be combined with an in-person learning experience in a hybrid course or program.

Professional Dispositions are attitudes exhibited by nurses trained in schools of nursing to provide appropriate care to patients, families, and communities. The American Association of

Colleges of Nursing (AANC) outlines in its foundational document *Essentials of Baccalaureate Education of Professional Nursing Practice* that nurses are prepared to practice with the proper knowledge, skill and attitudes to provide care to their patients and families (American Association of College of Nursing, 2008). The Synergy Model, developed by American Association of Critical-Care Nurses, provides levels of proficiency from competent to expert borrowed from Patricia Benner's 1984 pivotal work, *Novice to Expert* (American Association of Critical Care Nurses, 2018; Hardin, 2005).

Traditionalists those who prefer the face-to-face classroom settings found in brick and mortar buildings to online learning environments. Traditionalists can be either teachers or students and frequently are digital immigrants to technology (Morgan, 2010).

Limitation and Delimitations

As with any study there are a number of important limitations and delimitations to this research. Characteristic of qualitative studies that employ nonprobability samples, the findings of this study cannot be generalized to larger populations (Abbott & McKinney, 2013). It is important to note that generalization from a sample to a larger population is not the purpose of qualitative research. Rather the strength of the study lies in its ability to explore highly nuanced social perceptions as a means to establish deeper understanding than can be typically achieved with quantitative studies. Nevertheless, the use of non-probability samples limits this study to non-generalizable results.

A second important limitation of the study is the use of a purposive sampling strategy to recruit potential participants. I used a combination of purposive and snowball sampling techniques to recruit individuals to participate in the investigation. However, snowball sampling does not generally suffer from the same limitations as purposive sampling (Maxwell, 2005).

Using a purposive sampling technique, I relied upon my judgement to identify and recruit suitable participants who possessed the necessary professional experiences to make the research meaningful (Holloway & Wheeler, 2013). However, this strategy imposed limitations on the research. Namely, purposive sampling introduces a greater vulnerability to errors in judgment by the researcher as well as potentially lower level of reliability and high levels of bias (Holloway & Wheeler, 2013; Truglio-Londrigan, 2013). The limitations inherent to purposive sampling should be balanced against the advantages of using this approach. Purposive sampling provides a cost-effective and time-effective sampling method and is especially efficient in exploring social situations where the discovery of meaning can benefit from an intuitive approach (Holloway & Wheeler, 2013). Those are all critical considerations for this particular study.

Just as there are important limitations to the study, there are also key delimitations. Foremost was the choice to delimit the study to nursing faculty. There are a number of different service/helping disciplines charged with developing caring dispositions for online learners. Social work, physical therapy, counseling all face similar curricular challenges as nursing programs. However, I elected to include only nursing faculty in this study. The reason is a simple one. My background is nursing and I am a nursing faculty. Thus, I have professional experience and interests in this area of scholarship. As such, this parameter is reasonable and relevant.

Second, this study was delimited to nursing faculty located in the Northwest Region of the United States. Essentially, one of the restrictions of using a purposive sampling strategy creates the delimitation on the selection of potential participants. Because I am located in the

Northwest, I was compelled to include those who were close enough to be personally interviewed.

Third was the very selection of the key concept of this study—caring disposition. The issue of academic dispositions is a large a topic. “Caring” is a critical component of any nursing program. Indeed, the National Council of State Boards of Nursing (2015) not only recognizes this disposition but tests nurse candidates on this disposition as part of their professional licensure examination. As a result, nursing programs have developed curriculum that specifically include caring dispositions. As this disposition is central to nursing programs, faculty, and students, it was important to focus on this key concept for this investigation.

Bracketing

Over 20 years, I have had the opportunity to provide nursing education online, in the classroom, and in various clinical settings. It has become evident through the years that teaching nursing students is not simply about imparting knowledge and skill acquisition. There is another component that includes developing the professional attitude nurses require to provide high quality and compassionate care. Skills and knowledge usually have objectives and course goals to tie them into a course. Skills and knowledge acquisition are more easily objectified explicitly and, therefore, more readily measured.

However, in my experience the “right attitude” is often taught implicitly rather than explicitly. In addition to the appropriate skills and the required knowledge, nurses must acquire and demonstrate an attitude fitting for a professional. To be a good nurse, there is a component of professional demeanor that must be incorporated into what the nurse knows. This demeanor as described earlier in Key Terms is noted throughout this study as the professional disposition. There are numerous intangibles related to the professional disposition such as being able to

critically reason within a particular situation, being self-reflective as it relates to one's own practice, and presenting information to the client or a group in a caring manner as described in the Synergy Model (Hardin & Kaplow, 2005). The nurse often has to intermediate between the physician and the client, sometimes interpreting the needs of one group to the other, deftly handling the disparate goals and languages.

I frequently wrestled in preparing for courses over how these intangibles are taught depending on the venue, whether the student would have been in the classroom, in clinical, or online. Even more difficult was how to measure meeting these goals. Often intangible skills are mentored. I would purposefully demonstrate professional caring dispositions for instance while having a discussion. The student would then be expected to display caring in other situations. When a student failed to display the appropriate attitudes, the clinical instructor, would then apply correction. Displaying caring in an online course often proved to be different than in a traditional classroom for both the instructor and the student.

The disposition to care may be seen as inherent in a person who would be a good nurse. Prospective students have described to me the desire to enter a rigorous study plan based on the hope to "care for people." Caring for people to the prospective student usually meant holding a sick person's hand, or taking them for a walk after surgery, or giving a person their medicines. It is not meant to imply those tasks are not caring rather, they are a more simple view of what is actually provision of nursing care. These same students, once having been through a nursing program, came to see provision of care much differently. Over the course of a nursing program, students hopefully develop a more professional attitude toward caring through the mentoring and classroom discussions. My observation in the translation of classrooms into an online venue of professional dispositions however, is that some of those intangibles are lost. Either the explicit

course objectives to promote caring dispositions are absent, or they are moved into the clinical courses only.

I had the opportunity to develop a single online nursing course after having taught that same content in the classroom. Upon review of evaluations and reflection at the conclusion of the course, both students and peers seemed to highly value the knowledge-based and skill-based objectives and online activities. However, the activities related to professional dispositions and caring were seen as time-wasters and having low value.

The significance of professional attitudes or dispositions of caring in the nurse is great. However, it seems that the development of those dispositions hold less significance in planning of curriculum. By performing this research, I desire to encourage the discussion of online curriculum development to critically examine the purposeful objectives and measures of the professional attitude of the nursing student. Documenting the perceptions and expectations of practicing nursing educational professionals is a step toward that goal.

Based on personal experience and my knowledge of the nursing profession, the question is not *should* professional demeanor be taught in an online course—the question is actually, *how* can it be done? How are online instructors actually encouraging caring disposition in their nursing students? What specifically are online teachers doing either intentionally or unintentionally, that may increase the likelihood of the student becoming a more caring professional?

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

Online learning and hybrid courses have dramatically changed over the years. Instead of loading PowerPoint presentations onto a course site for students to view on their own time hoping for the best, faculty now attempt to engage students with the content in a variety of ways. It is insufficient to expect students to simply read the documents set forth by faculty and hope for rigorous discussion (Albon & Jewels, 2009; Mortari, 2004). Nursing schools endeavor to develop nurses with knowledge, skill, and dispositions in preparation for the administration of nursing care. It is well established that participation is required for learning to occur (Harasim, 2017). What that participation looks like has not been equally established, however. Nor has the exact role of the online nurse educator in enlisting participation been well established. Student engagement is required to develop nursing professional dispositions necessary to the maturity of strong critical thinking, moral comportment, and situational reasoning skills (Benner, 2000; Benner et al., 2008; Benner et al., 2010).

This review will examine the scholarly literature around three interrelated issues. These issues include: pedagogical considerations in online instruction, coaching professional dispositions by nursing faculty, and caring specifically as a professional nursing disposition.

Pedagogical Considerations in Online Instruction

The question arises as to the best way to engage online students in an authentic way without promoting rote responses to empty objectives that hold little meaning to the content. The goal for nursing education according to Benner et al. (2010) in *Educating Nurses: A Call for*

Radical Transformation is to promote accommodation of theory into practice. This is not achieved easily according to Benner et al. (2010), and the mark is unfortunately often missed. Shooting for these goals and missing is not necessarily a unique challenge facing those who teach online; educators can fall into the trap of making assignments for the sake of completing tasks in brick and mortar educational settings as well as online.

Adewale, Ibam, and Ilese (2012) describe in detail a framework for the virtual classroom. These researchers define their new classroom as a Web-based Virtual Classroom (WebVCS) and place it within a constructivist-cognitivist framework. The student in the WebVCS is an active learner; and the objectives are designed to engage the learner with the content, instructor, and peers. Adewele et al. (2012) aspire to develop an “e-pedagogy” that provide equal opportunity for all students and particularly enable participant-to-participant engagement. The researchers’ design divide the parts of e-learning into three components: users (or learners), knowledge database, and learning environment. Each classroom compose eight “modules” as follows: Course Room, Media Center, Schedules, Learning, Profile, Assessments, Data Base, and Administrative. In this classroom, information is layered with activities that promote engagement with the content, with teachers/tutors, and with other participants. It can be said the priority in the WebVCS is equality of access to both the content and fellow participants for richer contextualization and conceptualization. There is very little description offered by the researchers on the actual role of the instructor/tutor on learning in this model. In this framework, the pivot appears to be the participant and the content.

McCrary, Putnam, and Jansen (2008) examined the aspects of online format that have the greatest influence on participants in the e-learning environment. In order to examine various factors, these researchers interviewed school of education students participating in an online

course. Their findings revealed that the interaction of subject matter and the participants was largely determined by the content itself, the medium employed, and, significantly, the attitude of the participant. Introducing a topic and creating norms had some impact, but the greatest influence on lively discussion and actual engagement were the three aforementioned factors in this study.

Engaging students promotes development of new ideas and provides contexts for students to apply newly acquired knowledge. Gaining knowledge and applying it to our world is more likely with thoughtful interaction. Dickieson, Carter, and Walsh (2008) place the responsibility for designing curriculum to develop strong thinkers squarely on the educator. Even in the digital age when the locus of control sways between teacher and student, it is the educator who bears the responsibility to provide a stimulating online learning environment. In fact, these scholars argue that trusting the participant to develop the “habits of mind” to become the imaginative and organized critical thinkers on their own is misplaced (p. 1). To develop integrative thinkers, educators must engage students in a variety of ways (Dickieson et al., 2008). Dickieson et al. (2008) also propose that methods such as reflective writing, case scenarios, and standardized testing can all be utilized to develop students’ organized and creative thinking. These strategies are indispensable irrespective of the traditional classroom or the digital classroom.

Consistent among traditional and digital environments, learning requires engagement. Educators in the digital classroom provide the presence and set the tone. Introduction to the course and the expectations is one step; however, teaching presence and establishing a sense of community help provide the learning milieu (Ice, Curtis, Phillips, & Wells, 2007; Mayne & Qiang, 2011; Olson, 2014). The accessibility and the flexibility of the digital classroom are not the only desired effects. Creating a community is apparently important as well as being self-

paced or allowing for independence (Alexander, 2017; Coole & Watts, 2009). It seems the educator is not let off the hook that easily in the digital environment either.

There are a variety of activities frequently used in the online classroom. Albon and Jewels (2009) examined the effectiveness of a commonly employed strategy used in the online teaching that of posting case studies designed to elicit student engagement through question/response assignments. They contend the behavioral approach of counting the number of student postings in response to a prompt is counterintuitive; it fails to engage students; and it does little to promote learning (Albon & Jewels, 2009). A better strategy perhaps would be to read the posts and engage the student in a conversation (Alexander, 2017). Potentially the student would continue to be expected to respond to the same prompts, but the exercise could be used in a way to enliven the conversation or to stimulate students' thinking on a topic in a new way through interaction with the faculty. Readings and postings can foster contextualization; however, developing new constructs in context is not accomplished by simply checking a list of completed tasks (Hrastinski, 2009). Higher faculty interaction with student posts would conceivably increase student perception of engagement by faculty therefore potentially increasing student learning (Kazmi, 2010; Kiener, 2008; Kleinman, 2005). Engaging students while not the primary purpose, can potentially improve educational outcomes (Crawford-Ferre & Wiest, 2012).

Jones-Schenk (2014) examined the Western Governor's University model of a wholly online nursing education program characterized as a "disruptive approach" that is completely different from traditional classrooms. By moving toward "student-centric education" and away from "faculty-centric education," the learner is the driver of his or her own education and therefore more likely to be engaged in the learning process. In the Western Governor's

University approach, student-mentors daily engage the student; course-mentors deliver the content; and student-evaluators grade students' activities. Students move through the curriculum based on competence and evidence of satisfactory achievement. Unfortunately, Jones-Schenk provides little description on the content and how professional nursing disposition such as caring or other professional dispositions may be developed in this model.

Beside some models that are considered a complete departure from traditional classroom, there remain valuable methods found in brick-and-mortar classrooms that can apply to the digital classroom (Vishtak, 2007). Not all of the literature regarding online instruction necessarily propels curriculum designers to leave traditional classroom approaches completely behind. For instance, nursing programs have translated parts of their curriculum into hybrid learning models. These hybrid models combine traditional classrooms with varying degrees of online tools. One example is Jefferies' hyperlearning model developed in 2000 (Thomas & Baker, 2008). Jefferies' objective was to develop an online curriculum for an Associate Degree in Nursing (ADN) program. The Jefferies' model includes four components: 1) general principles, 2) process, 3) critical thinking, and 4) professional application. Course activities in the online ADN program are categorized according to the four aspects of Jefferies' traditional curricular model. PowerPoint presentations provide general principles. Course assignments combine with online postings contribute to the process of contextualization and accommodation of information. Critical thinking is developed throughout the program as the student moves from course to course. General principles, processes, and critical thinking skills are then applied to professional nursing practice in clinical practicum.

Bristol (2012) examined a hybrid nursing education curriculum wherein an ample amount of "seat time" is combined with ample "foot time." Seat time is not necessarily in the traditional

classroom mode whereby students listen to a lecture, but does occur in the virtual classroom as students engage online material. “Foot time” occurs either in a physical clinical setting with a mentor or in simulation under the direction of faculty. This idea of combining seat time with foot time is consistent with the goal of applied nursing education (Benner et al., 2010). That is, combining classroom theory and clinical practice is necessary for learner engagement and successful theory to practice accommodation. Exemplars, case studies, and theories are a good start to nursing education; however, practical application and contextualization is necessary to integration of knowledge and skills (Crawford-Ferre & Wiest, 2012). Otherwise Benner et al. (2010) contend the student is left with theory that seems to have little relevance to the bedside practice of nursing care. The ultimate goal is to develop the whole nurse who can critically think, situationally reason, and integrate theory into practice (Alexander, 2017; Dodson, 2017).

Application and contextualization are not the only factors affecting how students accommodate the concepts necessary to become a professional nurse. The way a student perceives the learning experience may also have an influence on the development of professional skills. In a study comparing hybrid learning and distance learning, Sowen and Jenkins (2013) found that student satisfaction is strongly correlated with student achievement (especially in online courses). It seems student success may influence satisfaction, or visa versa; that is, student satisfaction may promote learning. Nevertheless, not all programs successfully convert from brick and mortar to online (Cook, Dover, Dickson, Underwood, & Engh, 2014). The failure to translate traditional curriculum into online venues may have some roots in students’ feelings of a lack of engagement and, thus, may have some relation to low satisfaction. In an Associate Diploma in Nursing (ADN) program assessing a conversion attempt examined by Cook et al. (2014), students described feeling unsure of passing the course and surprise at the

workload in a hybrid course. Students in the study often felt unsure of the faculty actually reading the students' work and insecure with the methods of grading. They also missed contact with faculty and other students. Student engagement, thoughtful curriculum that is relevant and contextual, and faculty integrity are some of the concepts that do not seem to change regardless of the educational venue (Alexander, 2017).

Developing Professional Nurse Dispositions

The American Association of Colleges of Nursing (2008) outlined curricular development in its foundational document *Essentials of Baccalaureate Education for Professional Nursing Practice*. In that document, the nurse is described as a “provider of care, designer/manager/coordinator of care, and a member of a profession” (American Association of College of Nursing, 2008 p. 7). The development of the nurse graduate includes an educational experience wherein, “[n]ursing faculty introduce nursing science and theories, and guide the student in developing an understanding of the discipline of nursing’s distinctive perspective” (American Association of Colleges of Nursing, 2008, p. 10). That distinct perspective includes the right knowledge, skills, and attitudes (or dispositions) to practice in a highly competent manner that meets the needs of both individuals and communities. It is made clear in the *Essentials* that several things are fundamental. Namely the environment of healthcare is changing; the learning environment for nursing education is changing; therefore, nursing faculty must respond to meet the changing needs of both the community and the learner (American Association of Colleges of Nursing, 2008).

To meet nursing student educational needs, nurse educators facilitate learning through a variety of teaching strategies that need to be based on educational theory as well as evidence-based practice (American Association of Colleges of Nursing, 2008). In addition, the educator

must engage in self-reflection, and have personal attributes that lend to successful teaching-learning processes (Billings & Halstead, 2016). Beside accommodation of ideas into skill and developing student's satisfaction, educators build relationships with the student (Hensley & Burmeister, 2008). Educators' use of relationship in the classroom enables more than a sense of satisfaction or the exchange of ideas. As a mentor in a traditional classroom, an educator might use the relationship with students to demonstrate appropriate and professional dispositions.

The new millennium and technology have changed how our society develops and fosters relationships and therefore how educators utilize relationships in education. Sherry Turkle (2011) describes our age of technology in her book *Alone Together*. In this work, Turkle explores how technology seemingly has separated Millennials from each other, and how it may appear like their relationships are more connected to technology rather than with each other. In actuality, according to Turkle, relationships are being developed and communities continue to grow and thrive using greater technological venues. Even toys and online games have enabled relationships that otherwise would not have occurred and in ways that were hard to imagine in the past. Social media such as Facebook, Instagram, Snapchat, and Twitter have opened doors to people across the world, and enabled relationships and the exchange of ideas that previously would not have been possible. Electronic books and webinars seemingly have taken learners out of the library and classrooms as students increasingly expect learning to reflect the technology that packs their daily lives. The relationship component of teaching nursing students can remain a strategy of mentoring; however, the method in which faculty-student relationships are created and fostered are likely to be different since the infusion of technology in so many aspects of the student's life.

Creating a community is imperative if for no other reason than because critical thinking dispositions are not easily taught online. A study designed based on constructivist learning theory with some blending of transmissive and experiential learning explored the development of critical thinking dispositions in an online program for RN to BSN students (Carter, 2008). The author argues that the professional degree requires transmission of knowledge from the expert to the novice learner. Thus, the applied use of this knowledge is requisite to nurse training. Hence, the need for effective transmissive and experiential learning. The researcher concluded that necessary dispositions, such as a caring disposition, were more a product of the university environment where personal modeling occurs rather than the online education students received.

The findings of Carter's 2008 study are extremely important to nursing programs with significant online components. Imaginative and critical thinking are not impossible in the digital classroom; but they are a critical key to developing critical thinking skills and dispositions important to the profession (Hrastinski, 2009). In the final analysis, it is the educator who has the responsibility to open the space for the learner to gain access to the content and create a community for rigorous dialogue (Olson, 2014). One example of how relationships may facilitate the development of professional dispositions may be by modeling appropriate behaviors. Modeling appropriate behaviors and attitudes toward a subject matter can be a useful strategy in a classroom (Branson, Franken & Penney, 2015). Without a relationship, attitudes are less likely to transfer from the educator to the student.

Like other teaching strategies utilized in the traditional classroom, relationships and mentoring professional attitudes may also prove useful in the virtual classroom (Ehrich, Tennent & Hansford, 2002). For instance, nursing educators must teach students how to appropriately delegate a task (Powell, 2011). Specifically, it is an expectation that nurses delegate to

unlicensed and licensed healthcare professionals. The lines sometimes between various members of the healthcare team may seem blurry, however, a nurse is expected to be adept at this complex act. Delegation requires a professional disposition by both the person delegating the task as well as the person who received a delegated assignment. In nursing curriculums, this dynamic may be discussed in the classroom then demonstrated and mentored in the clinical setting. Traditionally, the topic arises in the final semester of many nursing programs (Barton et al., 2009). By this point in the curriculum, students learn the scope of practice attributed to the nurse by the State Boards of Nursing. Respect for other members of the healthcare team; an understanding of the nurse's (as well as the other member's) scope of practice, an understanding of the task to be delegated, and a command of communication skills are all essential to performing delegation appropriately (Josephsen, 2013). It is plausible that nursing curriculum prepares pre-graduate nurses in an online course to safely perform delegation as one of many professional roles utilizing case studies and reader response posts (Josephsen, 2013). Be that as it may, delegating appropriately is a skill and it requires a professional disposition to perform well.

The Jefferie's model of curricular development (Thomas & Baker, 2008) can also be applied to the curriculum requirements described by Josephsen (2013). For example, Jefferie's approach includes an assignment using a module from the National Council of State Boards of Nursing (NCSBN) to define nursing delegation and its purpose in the provision of nursing care. It also includes a case study analysis component used to further explore delegation as a disposition deemed essential by the American Association of Nursing (ANA). Here students are expected to conceptualize delegation by mapping how and why the task was delegated. They are further expected to engage with each other by critically analyzing the appropriateness of the

mapped delegated task. The students then provide feedback regarding the delegated task. This approach assisted in developing the students' concepts of delegation.

Much like delegation, critical thinking is another construct of professional disposition necessary for nurse training (National Council of State Boards of Nursing, 2015). Critical thinking implies the student has developed an understanding of important concepts, is skilled enough to use those concepts, and can evaluate outcomes based on gathered evidence (Benner et al., 2010; Carter, 2008). The challenges to develop a critical thinking disposition is a challenging for online nursing education as the need to develop delegation skills. Nevertheless, the appropriate attitudes necessary to provide nursing care requires a nurse to have adequate nursing knowledge, an accommodation of nursing concepts, and the ability to reflect on the evidence. In short, a nurse must have critical thinking skills and this disposition must begin in nurse training programs (National Council of State Boards of Nursing, 2015).

Not all programs have had success translating professional disposition from an objective to a measurable reality. For example, Carter (2008) did not find any demonstrable statistical improvement in the development of critical thinking dispositions in an online nursing education program. It is important to note that Carter made a distinction between critical thinking skills and critical thinking dispositions. In this scholarship, critical thinking skills were considered concepts applied whereas critical thinking dispositions were associated with "habits of mind," character, and attitudes. This is an important distinction as critical thinking skills are generally more easily measured than a critical thinking disposition. Nevertheless, Carter's study attempted to document the development of critical thinking dispositions among students.

In an effort to analyze the development of critical thinking skills, Carter (2008) compared three cohorts enrolled in university-level courses. The groups consisted on an experimental

cohort and two comparison cohorts. The experimental cohort consisted of post-RN participants who were registered nurses enrolled in a baccalaureate-level online course as part of a program to obtain a Bachelor of Science in Nursing (BSN). These participants were pursuing a BSN after having already obtained a Registered Nurse (RN) license. The second cohort met face-to-face as part of a university undergraduate nursing course. The third cohort consisted of an online sociology course and was not part of any nursing program.

Students participating in the online post-RN course were expected to read instructor prepared notes, mixed with various “learning activities.” The learning activities included meeting with a family at various points during the term, perform assessments of the family, and reflect on the meetings. A second type of learning activity included responding to online “bulletin board” posts with the objective of developing reflective practice and critical thinking. Students were also expected to respond to a certain number of their colleagues’ posts as well.

The first comparison group attended a face-to-face instructor-led class that met once per week for three hours. There were no online activities for this course. The course was built utilizing the traditional methods of reading, writing, and classroom discussion for the purpose of development of critical appraisal and research skills. The main assignment was a literature review on a nursing topic.

The second comparison group participated in an online sociology course. The course instructor posted notes for students to utilize and students were required to submit various quizzes, short bulletin board postings, a longer reflective written assignment, and a final exam. The students in this cohort were not expected to interact with each other’s bulletin board postings (unlike the format used by the experimental group consisting of the online, post-RN students).

Carter then assessed the participants in the first two weeks of the respective courses and again during the last week of the term using a 75-point attitudinal measure to determine overall disposition toward critical thinking. The students enrolled in the two online formats were given the assessment online, whereas the face-to-face participants were assessed in person by the researcher. When the researcher compared the pre-test and post-test scores, there was no significant difference in critical thinking dispositions. The pre and post-test scores for all three cohorts were remarkably similar. The researcher then compared the two online course designs with the traditional, face-to-face format. While each of the courses had the intent to develop critical thinking dispositions, again there was no demonstrated change evidenced by format. An important limitation to the study noted by Carter (2008) was the short period of time used in the study. The researcher proposed that a greater change over more areas contributing to critical thinking disposition may be more likely to occur if observed over multiple terms instead of over a single term. The lesson from Carter's work is that developing dispositions appropriate for a professional nurse, despite sound intent in any single course, may not translate into immediate change in disposition. Multiple efforts over an extended timeframe is necessary to develop professional dispositions.

Caring as a Disposition

Mortari (2004) asserts that caring is more than a good moral idea. In the author's estimation, caring can be taught through a two-part continuous cycle of practicing caring and reflecting on caring. Much like Dickieson, Carter, and Walsh's (2008) discourse on integrative thinking (what they refer to as "the habit of mind"), caring as a nursing disposition can be developed through reflection, scenarios, and even standardized testing. The objective of

developing a professional disposition of caring is necessarily an abstract one, and requires a deep sense of community in order for dialogue and engagement to be genuine.

Caring, as defined by the American Association of Critical-Care Nurses (2018), is one of eight competencies of professional nursing reflected in the Synergy Model developed by the AACN in the 1990's (Hardin & Kaplow, 2005). Caring practices in the Synergy Model is described as:

Nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel. (American Association of Critical-Care Nurses, 2018, para. 14)

Moreover, the competent caring nurse: “[f]ocuses on the usual and customary needs of the patient; no anticipation of future needs; bases care on standards and protocols; maintains a safe physical environment; acknowledges death as a potential outcome” (American Association of Critical-Care Nurses, 2018, para. 18). Further, the competent nurse has the knowledge and skill to respond to the needs of the patient and family. Whereas the expert caring nurse:

[h]as astute awareness and anticipates patient and family changes and needs; fully engaged with and sensing how to stand alongside the patient, family, and community; caring practices follow the patient and family lead; anticipates hazards and avoids them, and promotes safety throughout patient's and family's transitions along the healthcare continuum; orchestrates the process that ensures patient's/family's comfort and concerns surrounding issues of death and dying are met. (American Association of Critical-Care Nurses, 2018, para. 23)

The expert nurse performs nursing care at a level reflecting experience and with a professional attitude that includes anticipation and self-reflection. Delegation and critical thinking are staples to nursing curriculum. More commonly, however, people generally describe nurses as caring. As such, caring is a crucial disposition in nursing education. The National Council of State Boards of Nursing (2015) defines the professional disposition of caring as: “[T]he interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes” (p. 4).

Benner et al. (2010), while reflecting on the required principled attitude that nursing educators are charged with fostering in young nurses, suggest a caring disposition is a significant component. Nurse theorist Jean Watson (2008), in her pioneering book *The Philosophy and Science of Caring* (the ideas were originally presented in a journal article published in 1979), described the concept of caring for the whole person as a highly relational experience based on the nurse’s ethical comportment, spirituality, and compassion for humanity. As authenticity is obviously of great importance, the endeavor to instill a caring disposition would be certain to fail without genuine discourse. Students and faculty alike need to engage in a meaningful discussion both in developing ideas as well as reflecting on meaning.

Alpers et al. (2013) ponder whether caring as a concept is even teachable. Skepticism may exist that such a deep and meaningful conversation can actually occur, let alone develop in an online venue. However, Millennials do not deny the plausibility and see only possibility (Turkle, 2011). This may have to be one area where traditionalists and digital natives (such as Millennials who have grown up in a digital age and are comfortable with its nuances) agree to disagree.

Traditionalists (those teaching in the brick and mortar classroom) and digital natives likely agree that a caring disposition is an imperative for nursing students to develop. Researchers Sitzman and Leners (2006) studied undergraduate nursing students in an online program, investigating which factors create a caring digital environment. Using a qualitative study, they asked the students what methods their instructors best used to impart caring attitudes in online classes. Findings surrounded such themes as empathy, timely communications from faculty, an appreciative tone in communications, felt supported by faculty to “be the best I can be,” feeling “harmony,” and the “passion of caring.”

A similar study on a graduate online program supports previous findings (Cobb, 2011). Namely, students felt frequent contact from the teacher, the teacher sharing their thoughts on the subject, as well as reflecting on the student’s postings, providing timely feedback and encouragement, and being trustworthy were factors that contributed to the student feeling and perceiving a caring disposition. In this sense, having a caring attitude online is still possible. One question is whether feeling cared for translates into the student’s own disposition of caring. Leners, Roehrs, and Piccone (2006) provide some insight into professional caring dispositions in a digital environment. Students scored significantly higher on post-test evaluations of some caring factors than on pre-test factors, such as patient advocacy and other professional relationships. This suggests that caring can be developed in the digital environment in the same way that teachers in face-to-face classroom settings can express caring to their students.

Conclusion

Traditional classrooms continue to play a critical role in the university. Further, it is evident that Millennials have brought about change to higher education in the way classroom instruction occurs and what learning expectations they hold (Stickley & Basset, 2008).

Technology has encroached upon brick-and-mortar classrooms as webinars and blogs become more widespread as learning devices. More importantly, complete online courses and degree programs are as common as traditional classrooms. The push and pull forces have created some gaps and tensions as educators struggle to find ways to develop in their students strong critical thinking skills while demonstrating a caring disposition. The temptation is to separate learning objectives by venues, leave the content to the Internet, and the mentoring to the classroom and clinical is proving inadequate. New direction and new vision for training in applied, professional programs like nursing are essential.

Dewey warned against teaching science as merely content and not a process; Poincarre admonished educators to resist the temptation of holding science as the mere boiling down to facts (Steinkuehler & Duncan, 2008). Reducing objectives to singular methods of teaching can be difficult to provide contextualization. Benner et al. (2010) caution nursing faculty that classroom and clinical teaching are inextricably linked, and that separating the two leads to pedagogical dissonance. The digital classroom can be a place to post material, data, and assorted information and hope for the best; or it can be a rich environment where students are regarded as valuable, interesting, and thought provoking.

The review of the literature demonstrates virtual-classrooms in nursing education are rising in prominence and, in fact, are here to stay (Feingold et al., 2004; Braun, 2008; Maggio & Smith, 2010). Online nursing curriculum continues to evolve and hybrid courses are prevalent. Studies suggest relationships within these courses must develop a deeper sense of satisfaction for both student and faculty alike (Albon & Jewels, 2009; Brown & Kiriakadis, 2007; Cobb, 2011). Some researchers suggest that a relation-rich virtual learning environment may develop caring disposition in students toward clients and colleagues (Lerners & Sitzman, 2006; Sitzman &

Lerner, 2006). The pragmatic question is how do faculty teaching virtual nursing courses go about incorporating caring dispositions for the explicit purpose of developing caring as a professional disposition? This research attempts to provide some answers to that critical question.

CHAPTER 3

METHODOLOGY

Introduction

Intangible characteristics demanded of graduates of nursing programs are difficult enough to develop in traditional classrooms. With the boon of hybrid and virtual classrooms in nursing programs, the potential for professional disposition development may be lost in translation from the traditional venue. Professional dispositions such as caring may not translate as well as some other nursing theories. The professional disposition expected of a nurse by the community may require a different approach from case study and theory accommodation. Caring, as a professional disposition, is not only a valuable attribute, it must be demonstrated for a graduate to become licensed to practice. The important question is how are nursing faculty purposefully developing professional caring dispositions in graduates of online and hybrid nursing programs?

This study explored the issue of developing a caring disposition in the online teaching practice of a sample of nursing faculty. The investigation included three specific research foci. In order to establish context, I examined the perceptions of the participants on what they believe constitutes a caring disposition in their online teaching. The study also identified the strategies the participants used to develop a caring disposition in their students. Finally, I attempted to articulate the challenges that the participants identify in developing a caring disposition. In addition to these three aspects of the research, additional findings were revealed during the investigation. The findings related to the three fundamental research questions are reported in

chapter 4. Additional findings that emerged are integrated into the discussion on the implications of the study reported in chapter 5.

Research Design, Sampling Strategy, and Participants

This study used a qualitative approach with personal interviews as the primary data collection method. I also supplemented the personal interviews with field notes in which I recorded emerging themes related to the three research questions and other extemporaneous data that emerged (Maxwell, 2005). The interviews were digitally recorded and later transcribed for analysis. I used semi-structured interviews with a set of guide questions designed to document the data necessary to examine and answer the three fundamental research questions (see Appendix A). However, I also explored additional issues and perceptions as they developed from the interviews process (Thorne, 2000).

I employed a combination of purposive sampling along with snowball sampling to recruit participants. Qualitative researchers often use these sampling strategies in combination in order to identify potential participants and achieve an appropriate sample. These approaches are especially useful when no sampling frame is available (Cleary, Horfall, & Hayter, 2014). These strategies resulted in the recruitment of six nursing faculty members who teach online and include a caring disposition into their instruction. These individuals are all rostered in accredited nursing programs from institutions in Washington and Oregon.

Analytical Procedures

I used traditional qualitative data analytical methods in this study. As a general analytical approach I employed a typical three stage coding process to answer the three primary research questions and identify prominent themes in the data (Maxwell, 2005). The first stage involved initial coding in which all responses to the interview questions were identified. During this stage

of the analysis, I used an in vivo technique whereby the participants' own words (or a shorthand version of their words) were used to label responses (Arthur, 2012). During this stage I was careful not to make any attempt to refine responses into categories or themes. It is sufficient (actually desirable) during initial coding to simply list of all responses provided by the participants in order to gain full coverage of responses (Maxwell, 2005). In the second stage, focused coding, I collapsed the initial responses into categories based on their similarities. These categories were then regarded as emerging themes. I continued to refine the categories/themes until I became satisfied that I could no longer further collapse the categories. In the third stage, thematic coding, I examined the final themes for patterns in the data. The field notes proved to be helpful in the thematic coding stage (Mulhall, 2003; Seale, 2004). The results of this three stage process allowed me to analyze the relevant answers to the three research questions and identify important additional findings.

Research Ethics

Once potential participants were identified using purposive and snowball sampling, I personally contacted each person with an invitation to engage in a personal interview. Participation was voluntary and informed consent obtained through a signed letter of consent prior to the actual interview. As part of the informed consent procedures I made available the guide questions used in the actual personal interview. This approach served two purposes. It facilitated the research methodology by allowing the participants to think ahead of time about the questions and, thus, they were able to provide more deeply considered responses during the interviews. Further, it served the ethical purpose of allowing the participants to see that the interview questions were innocuous and did not relate to any sensitive, personal issues.

Participants agreed to engage in the research with the understanding they would remain anonymous. As such, throughout this study I refer to them by fictional pseudonyms. Any demographic or background information that may identify the individual participants are not reported in the findings so to retain the anonymity of the individual and the confidentiality of his/her information. Likewise I do not identify the participants' academic institution as this may also allow for the decoding of personal identities.

Data from personal interviews were collected via digital audio recordings. These recordings are currently stored on a flash drive and are password protected. Field notes are likewise protected by securely held in hard copy format by the researcher in locked file. Additionally, the signed letters of consent (which include each participant's name) are secured in a locked file. All these materials will be destroyed or deleted seven years following the defense of this dissertation. Specifically, all data will be erased from the flash drive and all notes and signed letters of consent shall be shredded after the appropriate time in order to maintain anonymity and confidentiality.

Potential Contributions of the Research

Nursing faculty charged with curricular development have the task of designing strategies that impart knowledge, skill, and disposition to students. The American Association of Colleges of Nursing (AACN) and the National Council of State Boards of Nursing (NCSBN) define to some degree important items for graduates of nursing programs to know and what skills should be developed during a program. Although professional disposition is an expectation, the more tangible objectives of nursing education are often more easily designed and measured and therefore receive more attention in the literature. Professional attitudes such as caring are more difficult to observe and design curriculum to meet those objectives.

As nursing faculty design curriculum for online courses, it remains important to consider the methods in which professional attitudes are mentored. Purposeful curricular design related to professional attitudes may require objectives that cross courses over time. The literature regarding nursing curriculum online design speaks little to ways to promote professional dispositions nor does much research exist addressing how faculty promote caring as a professional disposition. The findings of this study provide much needed dialogue that addresses purposeful curricular design of objectives to develop caring dispositions while nursing faculty build more online nursing courses. By inviting nursing faculty to discuss techniques to develop professional nursing dispositions in online course, other nursing faculty may consider some of these approaches to purposefully address professional dispositions in their online course development.

CHAPTER 4

FINDINGS

Introduction

Nursing faculty charged with curricular development have the task of designing strategies that equip students with the right knowledge, skills, and dispositions necessary to provide high quality nursing care. As discussed in previous chapters, the American Association of Colleges of Nursing (AACN) and the National Council of State Boards of Nursing (NCSBN) define important items for graduates of nursing programs to know as well as what skills should be evidenced. Although professional disposition is an expectation, the more tangible objectives that address knowledge and skills are often more easily designed and measured and therefore receive greater attention in the literature (Fey & Kardong-Edgren, 2017). Professional attitudes such as critical thinking and caring dispositions are more difficult to measure and present greater challenges in designing curriculum to meet those objectives.

As nursing faculty design curriculum for online courses, it remains important to consider the methods in which professional attitudes are mentored. The literature regarding online nursing curriculum design speaks little to methods that enhance professional dispositions nor does much research exist addressing how faculty promotes caring as a specific professional disposition.

This qualitative study used personal interviews to examine how a sample of nursing faculty engage with the challenges involved in developing caring dispositions in virtual classrooms. Specifically, this study included three components. First, I documented the perceptions of the participants on what constitutes caring dispositions in online teaching. Second, strategies were described by the participants as they explained how to promote caring disposition among distance

learners. Third, I documented the barriers the participants identified in developing caring disposition in nursing students enrolled online.

Each interview began with the introduction “I am exploring how we teach nursing students online in the virtual classroom compared to traditional classrooms and clinical settings. The question I am researching is HOW nursing faculty mentor professional dispositions specifically caring dispositions in the online venue and IF we have carried that over from our traditional classroom and clinical setting. To that end, I would like to discuss your perceptions of teaching caring online, what strategies you may employ, and what hurdles you may experience.”

This chapter presents the findings emerging from the data gathered to answer the three fundamental research questions designed to structure the study. Before a review of the findings, however, I present a brief profile of the participants.

Profile of the Participants

To maintain anonymity in reporting the findings, I assigned each participant a fictitious name. I had the opportunity to interview six nursing faculty. *Madge* and *Ilene* were both longtime instructors with over 40 years of teaching experience between the two of them. *Bruce* and *Kim* had also been teaching in nursing school for many years. *Kim* however was still engaged in hospital employment providing a unique clinical perspective with academic insight. *Haley* and *Amy* were very much still engaged in clinical work with significant online teaching experience, although not with the number of years in education as some of the other faculty interviewed. All the participants can be considered as veteran nursing educational professionals.

The school environment wherein the faculty taught was varied much like their work experience. Teaching environments included two public universities, a private not-for-profit

online university, and a public community college. All of the institutions are located in the Northwestern region of the United States. Each nursing program had a variety of traditional, clinical, and online courses. All the participants interviewed with the exception of one, taught strictly online nursing courses. Each one also had experience teaching in the traditional classroom and in clinical prior to their online courses.

Findings

Question #1: What are the perceptions of nursing faculty regarding teaching caring dispositions to nursing students online? All of the participants interviewed agreed that teaching caring professional attitudes to nursing students is a critical imperative for nursing educators. Each had compelling arguments as to why the obligation to develop caring professionals exists. The charge seemed to come from the community the nursing students will eventually serve as well as from accrediting bodies like the American Association of Colleges of Nursing (AACN). One interviewee described it as crucial in this moment because historically we seemed to have done a poor job in developing caring among students.

Each nursing faculty member not only stated caring disposition can and should be taught but that it also ought to have an explicit objective in nursing programs' curriculum. Madge demonstrated the belief that professional disposition has its place in nursing curriculum across the program, regardless of degree, when she stated, "When you ask about caring, I see that as an integral part of the curriculum from the very beginning, from the health promotion course that students start in either the 3-year bachelor's or their associate degree program through the end of their associate degree or the end of their bachelor's year."

Madge also expressed that caring disposition is an expectation in the curriculum not only by the program, but added that there are external standards mandated from the state's consortium

of nursing schools as well as from national accrediting bodies. She stated that her various nursing programs “use the [consortium] competencies and benchmarks as a way to help, it helps guide the outcomes for our courses and there are very specific competencies with corresponding benchmarks around patient-centered care, communication, leadership evidence-based ethics and more.” Ilene, echoed Madge when she stated that her nursing program also “is dictated to by the [consortium] curriculum and requires the development of professional caring disposition in nursing students, but it doesn’t prescribe the how” a program will develop their students.

There were, on the other hand, deep concerns with the history of nursing faculty not being particularly caring to one another or to students. Bruce believed that nursing schools in his experience “don’t do a good job of teaching caring.” Many nurses can tell scary stories of nursing clinical faculty haunting students to do the right thing or wear clean and starched uniforms. Amy described the disparity between desire to teach caring and actually being caring as an instructor, “So, if you were taught by someone who is going to dress you down because you didn’t wear the proper colored shoes to clinicals, or whatever, that is whether you meant to or not, a lot of what you learned has come from that . . .” She went on to say, “When people need caring is when they are screwing up something, when they are realizing themselves that they have failed to meet some expectation and so what does that, that really is where it comes up . . . that is, you know, thoughtfulness and revisiting on how you behaved in an interaction. And, that’s true whether it’s online or in the classroom . . .”

Fear of failure is an enormous concern for nursing students. Bruce expressed with remorse that “although the goal is to develop caring nurses, programs historically have instead fostered a fear of those in authority.” However, he had hopes for the future “despite our unfortunate history,” and personally strove to dispel enduring myths like caring cannot be taught

and that some students entering a nursing program either have the “caring disposition or do not.” He strongly emphasized that the imperative exists to develop the professional attitude necessary to be a nurse and that “nurses are not born.” He brought up the idea that Florence Nightingale would agree with him and that even she believed nurses are developed and not born.

Bruce also contended that newer nursing instructors seem better prepared to provide improved pedagogy that can develop the professional attitude in the nursing student. He stated it plainly, “our job is to create a culture of caring.” That caring culture “in turn develops professionals who embody a caring attitude themselves.”

Amy also was skeptical as to the plausibility of developing a caring attitude in nursing students without having to be more caring as a nursing instructor. When describing the difficulty of developing caring dispositions she explained, “We try to be intentional and be like, ‘Now I will teach you caring!’ . . . Although the trouble with that is that in the same way that when you’re teaching your children something like when, ‘I want you to do this.’ That is not what they do, they do what they see you doing.” She said that she “find(s) that teaching caring is really something that you end up putting on last with the final touches.” Developing caring students into caring nurses, according to her, requires “catching them in the act” of engaging with each other and then mentoring caring attitudes. Although it requires different techniques, Amy supposed that it could be done online, but the “catching” would have to occur in different ways than it would in the classroom or in the clinical setting. She believed that the instructor very much influences how the student develops professional caring attitudes,

So, I read this and I found it to be true, it was . . . the idea . . . that caring is learned from how you behave as an instructor . . . they see how other nurses behave and they are like, “Oh, this is professional, and this is how this looks, and this is how I will then behave.”

If you are trying to teach people about basic human dignity and you're trying to teach them that part of your job is to . . . demonstrate caring . . . it's a finer skill, it's a higher-level thing.

Although difficult and requiring the instructor to be intentional, Amy argued that caring dispositions could be translated into the online/hybrid venue. She continued by stating,

There are good things and bad things about it. I would remember that for a lot of nursing instructors who are moving from tradition to the online classroom that process where you were going through, "What is my content . . . how does my delivery go? Let me evaluate how are my exam scores." That whole process is getting rebuilt. So, the idea of caring, in my experience, does not come into that in the beginning . . . But I've also, in my experience, found that it has to be a little more intentional. Everything seems to need to be a little more intentional when it's online because of the lack of non-verbal and all of that...

To Amy, developing disposition was more dependent on the skill and the experience of the instructor not necessarily the venue, but there was a nuance to teaching disposition without the non-verbal communication cues that are in the traditional classroom.

There was no doubt in Kimberly's mind about the charge to raise up nurses that have the caring attitude necessary to manage the needs of patients in all their complexity. "Patients need caring nurses and the families expect it" she said. Having been teaching online and hybrid courses for many years, Kimberly was adamant that professional disposition is not only "possible to teach online" but believed the charge for nursing instructors is to develop the "right attitude" in nursing students regardless of the venue. She almost made it seem like a silly question and totally obvious the right answer was to teach professional caring dispositions as absolute.

Each of the faculty had some adaptation of how dispositions are addressed differently in the online and hybrid nursing courses compared to the traditional, face-to-face classroom. Haley reflected on the difference explaining, “Online nursing course work takes that non-verbal aspect of communication away that we can see in students in an in-person setting.” On the other hand, Haley reflected that “You really get a chance to help the student with is . . . helping them try to find a way to put their thoughts into words.”

Ilene made the point that online venues are particularly useful developing dispositions in nursing students when she considered the introvert and extroverted student. “The extroverted student can become easily distracted in a classroom or run off with the conversation,” she said. However, in the online classroom, the extroverted student can be more easily redirected. Ilene also suggested that the introverted student is more easily engaged in the online format, whereas, “The traditional classroom can be tough for the introverted students to engage and express themselves, often leaving it to the extroverts in the class to speak up.”

All the participants seemed to agree that on some level professional disposition, although difficult to develop, is very much a responsibility of the nursing faculty and must be interlaced through multiple parts of the nursing program. In addition, caring dispositions can, with intention, be developed in online and hybrid nursing courses. Some expressed concerns with developing caring dispositions by new instructors who might be more focused on their course content or in learning how to teach; and others expressed concerns over instructors trying to teach caring dispositions who are not very caring to their students.

Question #2: What strategies do nursing faculty employ to promote caring disposition among online learners? The participants did not identify any explicit objective related to caring disposition in any of their courses. Nevertheless, all instructors agreed that the

attempt to develop a caring professional disposition in nursing students is implied by the program objectives, consortium objectives (if the school participates), national accrediting body standards, and licensure exam blueprint. The data analysis revealed three general commonalities in activities related to how professional caring dispositions are taught by faculty online and in hybrid nursing programs. These two categories of activities include: mentoring by faculty, creating a caring culture with sensitive curricular design.

Mentoring. To the participants, mentoring is fundamental in equipping students with a strong professional disposition. When it comes to a caring disposition, they related that nursing faculty must model caring behavior effectively before it can be expected of a student to become a professional. Amy related, “The instructor can’t expect a student to have the right attitude if you found fault in everything she said or did. They’re just going to think your mean and that’s the way it’s done.” Ilene thought it would be incongruent, for example, if there could be no adjustment in policy for issues at home that prevented the student from meeting classroom deadlines. The strict adherence to policy described in the interview was considered inauthentic and mentored what she called “a false act of care.”

Amy repeated the point that observing how the instructor remains non-defensive when faced with a question from a student was really important to developing students as professionals. Becoming self-aware, she said, was a useful exercise. Defensive posturing only diminishes engagement. Knowing one’s own triggers and pressure points, she explained, is useful not only as an instructor, but particularly as a nurse at the bedside. In this way, being non-defensive helps mentor the student to develop self-awareness and non-defensive posture toward patients too.

Being consistent and reliable came up in most of the interviews. Not changing the syllabus mid-term, or maintaining office (or phone) hours, Ilene suggested, “May seem like simple rules some faculty do and others don’t.” However, these simple techniques assist in mentoring students by demonstrating that the instructor is reliable, an essential trait for a nursing professional.

Transparency appeared to be interchangeable with genuineness and was regarded as vital in mentoring nursing students into caring professionals. “Students should know the rules and expectations from the teacher, there should be no hidden agendas, and conversations should be honest and frank,” Bruce stated. He went further to say, “Communicating clearly is particularly important in modeling toward the student professional attitudes.” Online is difficult for students to “read facial expressions from the instructors so the instructor has to take the time and be very clear about intentions.” He also pointed out, “Mentoring is very much about presence and presence is very possible in hybrid courses.” However, he argued it must be intentional, a sentiment, not coincidentally, that was echoed in other interviews.

Caring Culture with Sensitive Curricular Design. The participants related developing professional caring nurses requires the instructor to be respectful to the learners and attempt to understand the outside forces and problems that may be competing with school interests. In other words, developing a caring disposition involves creating a caring culture in the courses they teach.

Ilene suggested that late policies, careful attention to such routine instructional matters as methods to turn in assignments, and times of day in which synchronous classes are held, were all strategies to consider when designing curriculum and courses. Ultimately, these types of

consideration provide an environment that fosters students' engagement. According to Bruce, these policies need to consider "Who the student is and what do they struggle with."

Bruce held that "There [ought to] be a new way to think about academics in nursing schools," late policies and strict timelines are helpful to faculty that must read and grade assignments but are not always sensitive to the personal needs of students. Haley suggested nursing programs design courses and develop policy that allow students to collaborate more on assignments and negotiate timelines with one another, thus empowering students and fostering personal accountability. "No one knows their home life and stresses like they do, I know what I want them to get out of class and have some ideas on how to get there, you know, I'm the teacher, but they know and can negotiate better," Haley contended. Nurses rarely work alone post-licensure, and it seemed to Haley that designing assignments could be an opportunity to forge new ways to develop students. The purpose of each policy as suggested by Ilene, Bruce and Haley, should be thoughtful and promote an environment of caring.

Stated objectives designed to develop professional dispositions was strongly recommended by all those interviewed. On the other hand, it was recognized as difficult to do without a method to measure that objective. Bruce believed that the purpose of a certain assignment or activity was in fact to develop some parts of a professionally caring attitude in the students. However, he also warned about, "Hidden goals conflagrant competing agendas." He argued that when developing an assignment, it is necessary to determine the outcome goal and make it clear; otherwise, other sub-goals can become the focus and diminish the actual objective. These multiple goals create confusion and frequently work against the original intended goal.

Curriculum design, according to Kimberly a longtime hybrid instructor, is dependent on the philosophy embraced by the nursing department. The question must first be asked what the

framework is that the curriculum is operationalizing? One school she used as an example employed Sister Callista Roy's Adaptation Theory model (1988), which regards people as interconnected to the environment which influences how people adapt to their situations. Another model she said she had seen in nursing programs is Martha Rogers' framework (Alligood & Marriner-Tomey, 1997). This framework sees nursing as being both an art and a science and that there are patterns or waves that emanate from patients much like from the center of a solar system's sun. Kimberly also discussed Jean Watson's (1979; 2008) Philosophy and Science of Caring theory wherein nursing requires its own language, culture, structure, worldview and philosophy to human caring. Ultimately, the framework a school ascribes to heavily influences policy as well as curricular design. As such, it is important to be very intentional about the framework to adopt as a guideline if developing a caring disposition is a prevailing objective for the nursing program.

With good design comes good measurement. The participants agreed that not only are caring disposition objectives difficult to write, there was agreement that those objectives are even more difficult to measure. Bruce suggested, "Attitudes are subtler than skills and knowledge." There is a nuance to describing the appropriate attitude and to observing those appropriate attitudes in another. Attitudes can be easily influenced and not necessarily accommodated by the student. Amy described that a student in clinical "will do exactly as she knows I want her to so she can get that A from me." But the minute the student follows a nurse, "she thinks 'Ah, this is actually the way it is.' And then throws what I'm trying to create into the wind."

To develop the professional caring disposition, several instructors contended that design elements need to be located across the curriculum and carried over from one course to the next, in didactic and clinical courses, and consistently applied to all facets (although perhaps in

varying degrees of complexity). Amy described how little a first year nursing student understands about ways of thinking but instead tend to focus on memorizing how to perform every little detail of an assessment. By the senior level courses, according to Ilene, those same students have developed more complex ways of thinking about patients and community issues. It is unrealistic to think that a student will acquire these caring attitudes in one course according to Madge. She suggested the best methods involve ideas introduced early, repeatedly discussed and demonstrated, and further developed throughout the program. This, Amy suggested, requires the responsibility for developing the professional caring attitude to be shouldered across all the faculty within a nursing department and not belonging to any one professor or small group of professors. Amy was concerned that many programs default to caring dispositions being taught during senior level courses and, therefore, the responsibility of the senior level faculty. She also voiced concerns that online didactic faculty defer to clinical faculty since there might be a perceived barrier to teaching professional attitudes in online formats. Ilene also voiced the concern that the objectives associated with a caring disposition really should be evident in some form across the entire curriculum.

Some of the different types of specific classroom instructional strategies to promote professional caring dispositions described by the participants included case studies, directed assignments, and self-reflection. They repeatedly identified debriefing as a tool to develop professional attitudes. It was important according to Ilene, for the instructor to remain open to the student's perspective in order to model caring. Amy repeatedly described that self-reflection in particular during debriefing was an important way to assess the development of the appropriate professional attitudes in students. Haley offered that other techniques during the "debriefing included sound clinical judgments, setting priorities and advocating for themselves

and others.” It seemed to Ilene that these skills were best introduced in lower level courses and become more complex throughout the program culminating in the senior level. Ilene gave an example of an assignment in which the senior level students were asked to reflect on their “best example.” This example would be of any interaction with a patient, family member, colleague, or community member where an encounter could reflect the right attitude even as it developed. She also described another assignment that required students to watch a video of an encounter followed by a debrief involving a self-reflection which was read and responded to only by the instructor. Later, the students who were willing to share their reflection had the opportunity to do so in a synchronous online class. She made certain to express that it is the responsibility of the mentor to create a safe learning environment that is caring, allow students to make mistakes, and encourage the student to grow from the experience. “Giving students a chance to work the content, get feedback from me, change their minds about the right way to respond, and share with each other” enriches both the students and their peers Ilene said. She also talked at length about creating a culture that respects students as “complex individuals with competing needs.” Bruce contended that students are in fact “preparing to provide nursing care in the real world” and should be prepared for that world. To Amy, that meant treating each student as an adult and with compassion. The consensus was that a professional caring environment is useful in developing caring professional nurses.

Many of the faculty believed that authentic conversations occurred in online venues and did not see developing caring dispositions being at a disadvantage for online learning. Ilene suggested that introverted students had more time to reflect as often online and hybrid learning occurs asynchronously. She also thought that online instruction might actually require less

intervention to moderate monopolized discussion by a few students due to the distance created by the asynchronous nature of online classes.

Each participant stressed the importance of modeling caring behaviors toward the students, and encouraging students to employ caring behaviors toward each other. Madge described how students' lives are increasingly more complicated today than in years past. Students have home lives that must be balanced with work, school, children, and aging parents. She referred to what she calls, "community of inquiry presence" wherein the faculty pay close attention to the student's pressures of life and consider how it may interfere with learning and developing as a professional. "It should be evident that we care for them," Madge said.

Ilene described this caring culture as modeling Watson's caring framework by encouraging self-care as part of department policy. For instance she suggested, exams on Mondays encourage students to study all weekend, whereas exams or assignments due on Thursday allows students to observe a work schedule with one day (Friday) as a buffer for remediation if necessary before the weekend. Ilene also said she has an "open-phone policy" instead of an open-door policy and has office hours that are published and students are encouraged to "just check-in." "An instructor making herself available and encouraging students to call or reach out to ask questions or bounce ideas off provides a safe place for students and stresses that the student is valuable," she argued. According to Ilene, when teachers are hard to reach or unresponsive to students, it creates a more stressful environment for the student and a sense of unknowing.

It was clear during each interview these faculty members agreed that professional caring disposition could and should be taught in nursing schools. There was consensus among them that objectives should be designed to develop the disposition in students and suggested that can

be done in a caring way; that faculty can promote an environment that is caring that demonstrates the attitude desired in the student; and the objectives should carry across the whole curriculum with responsibility among all nursing faculty. These faculty members had real world experience on activities and assignments that they use in order to develop caring professionals. That veteran experience was clearly on display during the interviews.

Question #3: What barriers do faculty encounter in developing caring disposition in nursing students online? No faculty member interviewed was able to describe how success could be measured in developing the caring professional nurse. Participants identified the difficulty in measuring this disposition as the largest barrier to making it an explicit objective in their courses. It was generally articulated that intangible professional attitudes do not lend themselves easily to objectives and curricular design. In the end, developed, albeit evolving, professional caring dispositions are problematic to measure. Their concern is understandable as the components of a caring attitude have yet to be defined clearly in the literature. The participants believed they designed good assignments that could address professional dispositions, but designing rubrics for those was difficult and designing measures for a course objective was even more difficult.

Nevertheless, they described some ideas and strategies designed to demonstrate what they wanted the student to do, such as self-reflect, demonstrate compassion, consider the other person's viewpoint, use the literature, invest time and thought, and be authentic. Kimberly said it plainly, "There is not a good way to measure professional attitude because we have not plainly defined as a standard what that attitude looks like. We all have our opinions of what I think is a good student and someone who'll make it, but there isn't a rubric. That would be amazing." She

went on to suggest that is why there is no explicit objective which lends itself to the unstated objective being pushed away for other more concrete tasks which are more readily measured.

Amy voiced concern that developing professional attitudes is not acquired over one assignment or by watching one video clip. The complexity of an attitude, she explained, requires pre-planning and can be brushed aside by rushed or less seasoned instructors. She also related that some students may perceive an assignments as “fluffy” and not meaningful since there is no new knowledge imparted or skill developed. She expressed that students often would approach assignments with little preparation and only partially addressed the questions just to complete the assignment because there was little value held for that assignment they regarded as containing no new skill or new piece of information. When students had difficulty buying into an assignment or objective, Amy believed, it was difficult to obtain support from other faculty too. Unfortunately, the assignments lose their meaning and purpose without buy-in from the students and other faculty.

Amy’s experience was unique from the others interviewed who actually identified support for teaching caring dispositions from colleagues in their programs. However, as identified by both Bruce and Haley, a directive to teach something doesn’t always translate into that it is actually taught or is taught well. Madge thought that large student loads create a barrier to teaching ways to think and act with professional attitudes. She described that since going online, many courses have increased the number of students in a classroom to as many as 50. Those classes, she said, are reminiscent of seminars involving little interaction with the faculty, and more about information delivery. Madge was concerned that the instructor could not read all the posts or provide feedback that would actually grow the students in a meaningful way. She

was also troubled that students may be making specific choices but she was unable to reach the student to facilitate the appropriate choices.

Ilene wondered about the effects of a possible generation gap wherein the current generation of students “speaks almost a different language.” She described how her students’ communication skills were developed in chat boxes and in shorthand, and how her students try to speak in classroom discussions the same way. She described how there is a big difference between the way a student should speak in the chat box, versus the way to speak in a virtual classroom. However, her students did not seem to think the same as she did about conversation etiquette. She also found it difficult to get her students to write in response to thoughtful questions that are centered on attitudes. She said they would ask, “Why do I need to write that?” and she found these types of responses to be disconcerting.

Kimberly echoed a similar view on generational differences as Ilene. Kimberly stated that, “Different generations bring different bias about experiences of caring.” She thought that faculty sometimes try to teach what caring dispositions is but the student from a different generation might have a different idea of caring. Moreover, Kimberly also thought that caring disposition being implied as opposed to explicit is a barrier. Specifically, she said it becomes the “thing that no one wants to talk about.” But she also observed that the traditional classroom was at times a barrier to teaching caring too. Unfortunately, she did not expound on that observation.

Another barrier identified by the participants was that nursing faculty can be difficult or reluctant mentors. Bruce indicated some frustrations regarding the culture of nursing education. Nursing school is often the last place to be cared for he explained, and therefore the last place to learn how to have a caring attitude for others. “Have you ever heard about nurses eating their young?” he asked. For many years the reasoning held that tough instructors could raise strong

nurses. He believed a large obstacle in developing caring disposition in nursing students was the lack of caring on the part of the nursing faculty. To teach caring, Bruce admonished, “One must be caring.” At the same time he was encouraged by younger incoming faculty whom he thought seemed better equipped with more current pedagogy, and they also had more caring dispositions themselves toward their students.

Haley expressed frustration with the variations in education to become a nurse which she regarded as a barrier to teaching professional caring disposition. According to her, there are at least four different ways a person can enter the nursing profession (as she counted on her fingers). Like the various ways to become a nurse, there are various ways to teach how to be a nurse she said. The lack of standardization was frustrating at times when her students did not all have the same background in nursing. Some, she related, had experience while others had “zero.” It made it difficult, Haley explained, to develop a plan of action solely based on the objectives with a topic as complex as caring dispositions. So, she said, she had to be very creative.

Conclusion

As nursing faculty design curriculum for online courses, it remains important to consider the methods in which professional attitudes are mentored. The participants indicated that purposeful and sensitive curricular design related to professional attitudes requires creating objectives that cross over many courses over length of the program. Thus, regardless to the nature of the instruction, whether traditional classroom, online, or hybrid, teaching caring professional attitudes to nursing students entails careful intentionality.

No explicit objective in any courses were identified by any of those interviewed. Nevertheless, all the participants indicated that the objective to develop a caring professional

disposition in nursing students is in some way reflected in their respective programs. Generally, this involved two specific teaching or teaching-related activities, including mentoring by faculty, creating a caring culture with sensitive curricular design.

The greatest barrier to teaching caring disposition for the individuals who engaged in this research is that caring disposition is simply difficult to measure. They all related that while objectives are implicit, they have encountered problems in establishing ways to measure stated objectives. However, the participants also identified a number of creative assignments that can address and may even document the types of desired behaviors and attitudes typical of a caring disposition. The purpose of those assignments as recounted by them could potentially be used to develop a rubric and may help overcome their biggest barrier.

CHAPTER 5

CONCLUSION

Introduction

University and colleges today are exploring a variety of venues to educate the new generation of students. With each new generation comes changing expectations as to how the engagement between faculty and students should occur (Albon & Jewels, 2009). Faculty of nursing schools charged with the daunting task of preparing nurses to provide care to the community are working to meet the evolving needs of both the community and the student.

To engage today's student, faculty must find a balance between the use of technology and the art of relationship building (Hensley & Burmeister, 2008; Turkle, 2011). Students with competing interests expect their education to fit into their lives that is both in conjunction with technology and sometimes in direct competition with those very technologies that are integral in their lives. In an effort to develop a professional nurse, faculty teach a new language, acculturate the student to the healthcare world, and develop the new nurse into a caring professional with the knowledge, skills, and disposition necessary to provide high quality and compassionate care the community expects of the new nurse (Alpers et al., 2013). The environment of nursing school has changed from strictly clinical hospital based training dominant prior to the 1970s, to predominately classroom lecture and discussion with some clinical up to the 2000s, and now to the current emphasis on online venues utilizing a combination of hybrid classrooms, clinical and online work (Cook, 2008; Cook et al., 2014). Yet, the endeavor has remained the same—to develop a highly competent and professional nurse (Benner et al., 2008; 2010; Carter 2008). A professionally caring nurse takes in a wide array of information and develops compassionate

interventions that encompass the whole patient, their family, as well as their community. Thus, the challenge has always been formidable for nursing educators.

This concluding chapter presents a discussion on the implications of the findings of the research on scholarship as well as the implications associated with the practice of nursing education. Specifically, this chapter outlines what I regard as how the findings of the study speak to the scholarship on hybrid and online pedagogy, teaching professional nursing dispositions, and establishing caring dispositions. This discussion is followed by an examination of how the research findings relate to the practice of nursing education including curricular design, and, based on the interviews with the participants, I also identify a potential caring disposition framework for online curricular design. The chapter concludes with suggestions for further research.

Contribution to Scholarship

The findings of this study have relevance to the existing scholarship on nursing education and the attempts of nursing instructors to develop caring dispositions in hybrid and online venues. As such, this section is divided into three parts addressing 1) the literature on the pedagogy of hybrid and online instruction, 2) the literature on teaching professional nursing dispositions, and 3) the literature on caring dispositions important to nursing instruction.

Hybrid and Online Pedagogy. Just as Benner et al. (2010) admonished nursing school educators to accommodate nursing theory into practice, the nursing faculty interviewed in this study were compelled to bring data to life. Each faculty described methods to engage the learner to the relevant content. In addition to wrestling with the content, faculty made a point to address the student as an individual, including taking into consideration how specific students in hybrid and online venues learn. Adewele et al. (2012) described “e-pedagogy” as consisting of three

parts: users (or learners), knowledge database (or content to be learned), and learning environment. These areas of consideration were revealing in the data analysis. Teaching to today's nursing student in hybrid and online venues proved not necessarily difficult, but the faculty expressed a desire to know the student and their struggles. Several of them described their current students as unique from previous generations.

The nursing professional disposition of caring has been described as the content or knowledge database necessary to apply the concepts found in curriculum design (Adewele et al., 2012). Yet the faculty interviewed contended that developing this disposition is distinctly different from imparting knowledge or improving skills. This perspective is consistent with the notion suggested by Dickieson et al. (2008) of "habits of mind" which require different and unique effort from faculty compared to the pedagogical practices of the past. According to the participants, a certain set of skills and experience along with a specific intention to teach caring attitudes is required and, thus, faculty must be agile in thought as well as practice.

Moreover, that instructors are accountable for the presence and tone of a course was a consistent theme voiced by the participants (Ice et al., 2007; Manye & Qiang, 2011). They described how engaging students in the course and how students need to regard the faculty as available to them. Faculty can provide not only consistent experience, but also the right tone in each course. Some of them described how some student personalities can be moderated online and other personalities can be encouraged online to provide that quality of experience desired. The participants recognized how teaching online can improved the flexibility, independence, and accessibility in much the same way as identified by previous scholars (Coole & Watts, 2009).

The participants gave examples of course policies that encourage student independence and students were decision makers with the flexibility to meet course requirements on their own

terms. With these policies faculty hoped to foster better student engagement while fostering professional accountability. Thomas and Baker (2008) proposed that professional disposition application using the Jeffries curricular design model should be included across the curriculum and not left to any one level or a few courses. Relatedly, the participants too voiced a concern over the lack of buy-in from other faculty. They advised against developing disposition in a single course which, in their view, would be woefully unsuccessful. This perspective aligns with the need for cross-curricular development of dispositions as suggested Thomas and Baker (2008). Activities presented by instructors were also consistent with Jeffries model including general principles, process, critical thinking and professional application (Thomas & Baker, 2008).

Without proper contextualization, students can be left wondering the usefulness of many instructional exercises (Benner et al., 2008; 2010). Consistent with the literature, the participants emphasized the use of exercises demonstrating the application of complex ideas in order to encourage higher-level thinking following by the integration of learning. Some of the exercises were reflective, some were observation followed by response, and some encouraged developing the student to establish own ways of being.

Teaching Professional Nursing Dispositions. The nursing discipline has a distinct perspective on professional attitudes (American Association of College Nurses, 2008) and all the participants ascribed to the development of appropriate attitudes in their nursing students. Some of them believed the most important way to develop the necessary dispositions is through mentoring those ways of thinking. For them, building and fostering relationships that are transparent and genuine are essential to establishing professional dispositions in nursing students.

This is, of course, consistently recommended in the literature (Branson et al., 2015; Hensely & Burmeister, 2008; Ehrich et al., 2002).

The participants described attempts to create a community that blends transmissive and experiential learning with genuine relationships to meet adult learner needs (Carter, 2008). The analysis of the data reveals the participants were attempting to design courses that encouraged participation and learner engagement, which is described in the literature as inseparable from development of professional attitudes (Hrastinski, 2009).

Caring Dispositions. The participants agreed that teaching caring dispositions is more than a good moral idea (Mortari, 2004). For them, a caring disposition is also of practical use for the nursing professional as it is essential to compassionate, effective nursing practice. These instructors were familiar and comfortable with navigating the AACN Synergy Model and endeavored to develop compassionate and supportive nurses.

On multiple occasions the instructors spoke about creating environments that promoted mutual respect and trust. They were supportive of their students and wanted to provide encouragement and hope with compassion to help students achieve their goals. This objective is reminiscent of the NCSBN blueprint for the NCLEX-RN 2016 (National Council of State Boards of Nursing, 2015) which describes the professional disposition of caring. In this way, the participants were models to their students on how to be caring nurses to their patients and communities. Further, in this regard, the participants mirror Watson's highly relational concept of nursing care which is based on the ethical compartments of spirituality and compassion for humanity (Watson, 1979; 2008). What is not clear and what cannot be deduced from the data is whether feeling cared for translates into their students' own disposition of caring (Leners et al., 2006). This issue may open up new areas of important research.

Contribution to Nursing Education

This findings of the study have relevance to the practice of nursing education. In this section I discuss the findings in relation to general curricular design and, considering the insights gained from the interviews, I offer a caring framework for online curricular design.

Curricular Design. Online instruction for nursing programs has not yet become the most pervasive method of instruction, however it has become very common and is rapidly increasing (Gazza & Hunker, 2014). Entry-level education for a nurse is varied as well (Feingold et al., 2004). To become a licensed practical nurse (LPN), a person may obtain a technical college degree in just over one year. Those programs are rarely offered online. Another type is the registered nurse obtained through an associate's degree program (ADN-RN). Currently, ADN-RN programs are still mainly taught in traditional classrooms supplemented with clinical instruction. An ADN-RN may also obtain a bachelor's of science through a degree completion program. This arrangement has seen the greatest amount of growth and leads to the student becoming an RN to BSN. Notably, these programs are typically taught online and have grown due to the healthcare community's push toward bachelor degree level preparation (Feingold et al., 2004). A hospital system, for instance, may hire a nurse with an ADN-RN but require a BSN within 2 years. This trend has encouraged relationships between hospitals and nursing schools reminiscent of days when hospitals would run their own nursing school (Beccaria, Kek, & Huijser, 2018). Today, however, many of these programs are offered online with hybrid venues. In fact, now master's and even doctoral nursing programs are often hybrid programs (Beccaria et al., 2018; Gazza & Hunker, 2014).

The nature of the various types of nursing programs played a crucial role in the experiences and perspectives of the participants on how caring disposition is taught. All of them

agreed that online learning could be an adequate setting for developing professional dispositions and some even believed it could be an improved venue. Nevertheless, there was some qualification as to which nursing student would be more successful via online instruction. For instance, the consensus was that a pre-licensure student in an ADN-RN program (who had never been a nurse) would likely benefit by being in a hybrid course that relies heavily on clinical instruction to develop necessary professional attitudes. On the other hand, RN licensed students who are seeking to obtain either a BSN or MS would more readily benefit from online engagement with other students and their nursing faculty offered in rich, deeply meaningful ways to promote and enhance appropriate professional attitudes. The participants believed that although those latter students may already embrace professional caring attitudes, there is room for growth and online instruction has real potential to facilitate professional development.

It was evident that for the participants, caring disposition is an ongoing objective achieved through multiple levels of curriculum. Perhaps later in the curriculum, students are more ready to deal with concepts beyond skills and facts. One participant even proposed that professional attitudes might more easily be taught in online courses as the student progress through various levels of nursing school. In the beginning, when language and healthcare culture is new and less familiar, skills are fundamental and the way we think is associated with higher-order learning. The implication is, like skills, various complexities can be introduced in early levels and dive deeper later in the nursing program. Thus, nursing program faculty might find it useful to explore how to develop objectives with measures intended to develop professional caring dispositions within an entire program curriculum as well as within its individual courses (Beccaria et al., 2018).

Some of the barriers to the development of professional dispositions identified by the participants included a culture in nursing schools that is uncaring. This includes, but not limited to, policies that seem designed for a different time and situation than those relevant to current nursing students. Nevertheless, culture can be modified. In fact, some schools of nursing are working hard to modify policy to create a better learning environment considered more conducive to today's nursing student (Beccaria et al., 2018; Fey & Kardong-Edgren, 2017). But the work needs to continue to evolve as several of the participants emphasized during the interviews. One small, albeit important, example is they were frustrated by vestiges of old rubrics that linger on well past their usefulness. As curriculum is re-designed in light of new methods of teaching, more friendly policies that are less punitive and designed to promote student engagement and a community of learning are becoming more common. This is a positive change celebrated by the participants and they clearly strove to achieve this in their own instruction. Yet, the findings of this study suggest that future discussion is needed on what specific policies create a caring learning community and how schools can incorporate those policies into nursing education especially as online education continues to evolve (Beccaria et al., 2018; Schnetter, Lacy, Jones, Bakrim, Allen, & O'Neal, 2014). One participant described how difficult it is to "touch" each student and engage with them in a meaningful way because she had 50 students in one course per term. The terms moved quickly and developing appropriate attitudes attributed to a professional was difficult. Nursing schools developing policies must consider class sizes while being mindful of student-teacher engagement in the hopes of developing the professional caring attitude.

Another barrier identified was unsympathetic and uncaring attitudes among some nursing faculty. However, the participants believed there is a lot of potential for those residuals of

previous nursing education to be cleared away. Certainly the participants were personally filled with care and compassion in the way they described their hopes for their students and how much they care for the students' endeavors. They generally appeared hopeful, in spite of their concerns and wanted to encourage nursing education to continue in a more student-sensitive direction.

The greatest barrier identified by the participants related to measuring the successful development of professional caring attitudes. As mentioned previously, Carter (2008) found that a critical thinking disposition showed no demonstrable significant difference in students' professional dispositions. However, the participants in this study would likely take exception to such a finding. They regarded that professional dispositions are interconnected and that a caring disposition in particular is a critical course objective. Nevertheless, they agreed that measuring this disposition is extremely difficult and appeared to be stymied in the attempt.

If an explicit objective is developed and placed in the course curriculum, there is an expectation that a measure can be applied to demonstrate achievement (or lack thereof). In the event a student is unable to achieve the goal, then remediation should be designed with the intent to assist the student's development to more closely align with stated objectives. It is significant that all faculty interviewed in this study stated they had no method to measure their students' success in developing professional caring disposition. However, when reviewing how each faculty deployed various activities, there were some common themes about what expectations they held. Interestingly, when describing the mentoring methods the instructors used, the following words commonly appeared: compassionate, reflective, self-aware, explicit, authentic, and available. Moreover, when describing the goals of assignments, similar words appeared: compassion, preparation, authenticity, availability, insight, and reliability. From the interviews

with these six nursing faculty, it appears as if there may be potential measures for caring dispositions that would need to be further explored in future research. Comparing those words, they clearly fall into similar categories: self-aware/insight/reflection, preparation/reliability/responsibility, and compassion/authenticity/availability and seem to parallel with Jean Watson's theory of caring and deserve exploration toward developing potential behaviors that would demonstrate a caring professional nurse (Watson, 1979; 2008).

The participants, despite their admission of not having to systematic way to measure a caring disposition, did nevertheless identified some potential means to observe the development of this professional attitude. In one interview, compassion was evidenced by an awareness of other's needs and by the willingness of a student individual's willingness to meet those needs. Another participant suggested that when a student properly prepares for an activity or merely sits with a client is a tangible demonstration of caring. By contrast, a participant related an incident in which a student met with a client without any prior preparation and had not given the assignment or the client any thought before the encounter. The instructor identified these behaviors as the exact opposite of a caring attitude.

One faculty interviewed stressed that students need to be aware of the importance of being truthful and honest, but struggled to demonstrate to students how to balance those with professional distance. Much like mentors and instructors being available to students, some of their assignments were designed to demonstrate the requirement to be available to the patient both in presence and mind. Several of the participants related that self-reflection and insight were valuable when developing professional dispositions. One faculty member suggested that if a student cannot hear that they are doing something wrong and modification needs to occur, then it seemed unlikely the student would be able to sufficiently understand another person's needs

and provide appropriate care. Being able to reflect on what the student is doing and having some insight as to how that is affecting others was discussed by a number of the participants. The same was true for being reliable and the willingness to commit. It did not seem that the caring behavior of the professional nurse was essentially different from what the faculty described as effective characteristics common to successful mentoring nursing faculty. This perspective is consistent since the participants believed that the faculty fosters caring individuals by being caring toward the students.

Although nursing is considered the “caring profession,” nursing has thrived in the science of nursing. Louisa May Alcott, better known for *Little Women*, described that she began her education as a nurse with death and amputations (Alcott, 1863, p. 41). But this gruesome education turned from the destroyed body’s needs to the searing needs of the soul. Alcott’s first impression of her work was of washing, feeding, and the tending as the surgeon cut and stitched. Her focus she described in *Hospital Sketches* foreshadowed the modern nursing student that concentrates on the acquisition of skills typical of the job. Much like what faculty interviewed hopes for the millennial nursing student, Alcott grew into the compassionate nurse by striving alongside those suffering. Today’s caregiver is faced with deeper knowledge of the disease process than during the Civil War; care that is increasingly complicated by technology to manage these processes; yet maintaining adequate engagement in the human experience of suffering despite scientific advancement in knowledge and technology. Three decades after Alcott wrote *Sketches* (1863), the first woman statistician, Florence Nightingale wrote *Notes on nursing; What it is and what it is not* (1898). Nightingale’s endeavor was to describe exactly the role and responsibility of the nurse in caring for the infirm. For the first time, the education of nurses was outlined with clear definition. Nightingale’s work was groundbreaking in the way nurses were

educated, nurses worked, how nurses were perceived, and how well patients were cared for. In addition to modeling reasoning skills, Nightingale entreated the reader to consider herself a nurse if she was willing to take responsibility and make decisions based on improving the health of her patient and diminishing suffering. She admonished the would-be-nurse to first consider the patient's needs and then to consider what is the "right thing to do" (pg. 225). Nightingale it seemed was not only concerned with the larger concepts and modeling reasoning skills, but also instilling a sense of accountability in the woman tending to the sick. Nursing education can easily be boiled down to tasks either simple or complex. Beneath these tasks are rationale and broad concepts. The knowledge and compassion essential to the nurse employing these skills are best developed through the trial of human suffering as Alcott demonstrated in *Hospital Sketches* (1863). This development is supported by strong rationale and mentoring of reasoning skills as Nightingale demonstrated in *Notes on Nursing* (1898).

According to Alligood and Tomey in their book *Nursing Theory: Utilization and application* (2006) a survey had been done in 1933 of New York schools of nursing to address what nurses needed to know to practice. It was from this survey and others like it that brought about the expanding nursing education from physiology and pathophysiology to include administration of medication, performing nursing procedures, and the contribution of social sciences (pg. 5). The development of the basic nursing skills and knowledge had congealed in courses soon to be dubbed "fundamentals" which is continued in its instruction today. Modern nursing schools still introduce basic nursing concepts and skills in the fundamentals course. Alligood and Tomey (2006) noted that early curriculum taught nursing procedures in a room similar to the hospital ward called the "nursing arts laboratory" which over time became known and is still referred to as the "skills lab" (pg. 5). The authors suggested that the idea of nursing as an art fell out of

favor, as science had become the new religion and the basis for all valuable instruction. Allgood and Tomey (2006) further described nursing education having developed as the graduate education era began in 1960's; this was followed by the theory era and finally the current era of theory utilization.

While nursing had moved away from the art of nursing practice to the science of nursing as a profession, Benner proposed that a good nurse was one that listened to her "gut" and followed her intuition in the preface of *Novice to Expert* (1982). It appeared countercultural to propose in the midst of a milieu of belief in the facts, taxonomy lists, and strict theory testing that educated guesses were what constituted the best decisions made by a nurse. The second unique concept presented by Benner (1982) was that there exists a process of developing the novice into the expert and it was not simply the amount of time performing their duties, although this significantly contributed to that development. Benner was not only monumental in describing nursing students' development, but also facilitated a method to observe nursing practice. In developing ways of considering how students grow into thinking and feeling practitioners, Benner's methods of observing nursing practice facilitated refreshing and productive ways to describe the complexity and artistry of nurses thought process and decision-making. Although the educator is not going to see the student through to becoming an expert, it certainly provides a groundwork knowing where most begin and where to point the student on their path to success and higher order thinking. In full agreement with Gray (1919) it is intimidating however, to potentially spend two and a half to three years teaching students to do something they are in fact ill prepared to do.

Benner, Sutphen, M., Leonard, V., and Day, L. (2010) offered in several chapters of the research *Educating Nurses: A Call for Radical Transformation* some guidance in changing the

way we teach nurses. Gray (1919) was a distant call to action. The researchers in *Educating Nurses (2010)* was a new call on nurse educators to make pedagogical changes that would provide better contextualization facilitating integrating knowledge, understanding, attitude and reasoning. The sum total of strengthening nursing education is to develop nursing graduates who have strong clinical imagination to provide high quality care to a variety of patient populations.

Faculty need to teach students to be strong communicators (Benner *et al*, 2010, pg. 658); have interpersonal-relational and technical-scientific knowledge intertwined (pg. 692); discern what is important in a clinical situation as it unfolds as in clinical reasoning (pg. 709); and to develop self-reflection in light of ethical dilemmas (pg. 714). The responsibility of the nursing student is as daunting if not more. The student must be prepared to learn to write and communicate effectively in a variety of settings to a variety of audiences (Benner *et al*, 2010, pg. 775). Gray (1919) continues to echo from the past. The student must also develop the ability to think and make decisions in specific situations that may be ill defined (Benner *et al*, 2010, pg. 811) and prioritize issues as well as activities (Benner *et al*, 2010, pg. 1204). In order to develop reasoning skills, students need formative opportunities to advance their own practice (page 819) and they need to germinate research skills to continue growing their own practice (page 853).

Formation of an identity as a professional does not come necessarily by sitting in a classroom hearing the nursing theories and viewing taxonomies of nursing activities. Nursing identity and reasoning skills are developed in high-stakes learning situations (pg. 738) where safety measures are in place, but the student must make decisions that have impact on a real person's life. Within that situation, the clinical instructor needs to provide coaching (Benner *et al*, 2010, pg. 824). Students also need to have the opportunity to receive feedback on performances and reflect on experiences both in the high-stakes or clinical environment as well as in the classroom (pg.

1048). These clinical instructors need to model responses to clinical situations for students (pg. 1073) and provide contextualization. Benner *et al* (2010) also made a point to mention that nursing educators need to “link” with schools of education (pg. 941) to provide better pedagogy. The art of instruction is no longer being handed down except in a few select programs of graduate nursing education. It would benefit the nursing profession to have either a link with schools of education, or to develop a more robust curriculum around the psychology of adult learning as in the administrator’s curriculum from ages gone by (McMillan, 1900).

To combat nursing education inadequacies, Benner *et al* (2010) summarize their ideas of how nursing education must shift. There are four paradigms that must change. First, nursing educators must move away from lists and complex taxonomies, instead interpret these for students by providing contextualization (pg. 1846). Secondly, educators must integrate classroom and clinical learning (pg. 1866) by limiting requiring students to perform skills out of context, provide examples of clinical situations, and model clinical reasoning in the classroom. Thirdly, educators must develop “critical reasoning” (pg. 1887) by encouraging the use of clinical imagination to think up likely resources and limitations of the patient and family. Finally, educators need to transform the student into a professional as opposed to socializing the student (pg. 1922). Transforming the student implies a whole person integrating into a new paradigm instead of bringing a person into a new environment. The student becomes a nurse in this paradigm rather than simply learning how to perform a function. The caring professional is developed through mentoring, guiding, and engaging. The professional has the appropriate attitudes that provide the bumpers for reasoning and clinical decision-making. These attitudes and feelings do not just appear out of knowledge and skill acquisition.

The education research described by McCoach, Gable and Madura (2013) in their book *Affective Characteristics in School and Corporate Environments: Their Conceptual Definitions* described Allport's early work as far back as 1935 defining the affective domain as the theory or ideals surrounding feelings, attitudes, or moods. It seems affective constructs in the school curricula continue to confound educators even today. Tyler (1973) in his article, *Assessing Educational Achievements in the Affective Domain* described how educators believed then that affective constructs were better taught at home or in the church and that "feelings" as affective constructs can be construed, are not necessarily the role of the school. In addition, Tyler (1973) asserted that educators believed appropriate values and attitudes are natural outgrowths of the cognitive concepts developed during the proper learning process. The nursing faculty interviewed in this study at least believed the affective constructs necessary to be a professional nurse has a place in the nursing curriculum but struggled with the method to observe and measure the appropriate attitudes. Anderson and Bourke (2000) contend the cognitive domain continues to be the driving force in education but affective assessment should also be held as important in education; this seems to be a consistent struggle for the participants in nursing education in this study. As the nursing profession thrives in the world of science and technology, nursing education continues to pursue the cognitive and psychomotor domains. Nursing education consistently nods to the affective domain, but fails to directly effectively address the professional nursing disposition.

Bloom's Taxonomy appropriately includes the cognitive domain, affective domain and psychomotor domain however, unlike the cognitive and psychomotor domains, the affective domain cannot be directly observed (McCoach, Gable, & Madura, 2013, p. 34). This statement is consistent with what the study participants were frustrated by when attempting to develop

professional nursing attitudes. It is relatively easy to measure the nursing student's knowledge of heart failure and the skill of inserting an intravenous catheter; but it is another matter entirely attempting to ascertain the student's perceptions about providing nursing care to a drug addict living on the streets of Seattle awaiting a liver transplant.

McCoach, Gable and Madura (2013) suggest educators simply ask students their feelings or attitudes when assessing the affective characteristics. Directly observing students according to McCoach, Gable and Madura (2013) poses many difficulties, however attitudes and feelings can be inferred by measuring things that may define the feeling or attitude. In this manner through various activities, an educator may attribute a scale to student responses and imply an attitude to a certain degree. It is not impossible to measure affective domain concepts; rather it requires a different approach than cognitive or psychomotor constructs.

Caring Framework for Online Curricular Design. I used insights from the interviews to build a framework of teaching caring dispositions to nursing students in hybrid and online courses. The participants described the importance of several considerations they regard as contributing to students developing a caring disposition. Namely, these factors include faculty mentoring, caring culture within the learning environment, sensitive curricular design, and caring disposition measures. Thus, each of these components should be considered as essential to creating a caring framework within nursing programs.

The importance of faculty mentoring was central to the experiences and perceptions of the faculty who participated in this study. Derived from the data, I summarize their perspectives into five "be" statements: 1) be compassionate and considerate of others; 2) be self-aware; 3) be explicit; 4) be genuine and authentic; and 5) be available, attentive, and "seen." A caring culture, as clearly described in various interviews, includes seeing students as complex individuals with

competing needs; preparing students for the real world is actually a caring act; and there are caring languages that nursing faculty can use such as compassion, preparation, authenticity, availability, insight, and reliability. This type of learning environment combined with faculty who actively engage in mentoring will help facilitate a caring framework inherent within the curricular design. Moreover, policies need to be written with the adult student in mind. Design would be dependent on the school's theoretical framework such as Roy, Rogers, or Watson; nevertheless, they must also incorporate caring as an act into those theoretical frameworks. Design would also need to take into consideration that dispositions are subtler than knowledge and skill, and therefore require unique and innovative approaches relative to those different kinds of affective objectives. Ownership of development of disposition must stretch across the curriculum and cannot be regarded as the responsibility of a single course or one instructional level. Remediation would develop out of the measures related to the course objectives and those objectives should be more open and explicit than frequently assumed in previous nursing education approaches.

Courses should be designed to be collaborative and progressive. Nurses rarely work independently without a team and the transition can be difficult given that many nursing schools tend to prepare students to work in a silo. Understanding that preliminary conversations need to allow for deeper thinking evolving into post-event conversations (which in turn encourages growth and reflection), the participants encouraged the use of chat boxes and other online conversational techniques to engage students early and often. Students often need faculty to fill the gaps and give time to pause, take note, and resume. Thus, podcasts were identified as an example of a unique way to foster caring. These procedures give the student an opportunity to listen at his or her pace and allow for lag time that can be useful to process complex ideas. The

participants also encouraged engaging students in their own media environments such as Facebook™, SnapChat™, Twitter™, and Instagram™. They encouraged the use of assignments that help students “see” how nurse faculty respond, act, and think as a caring professional.

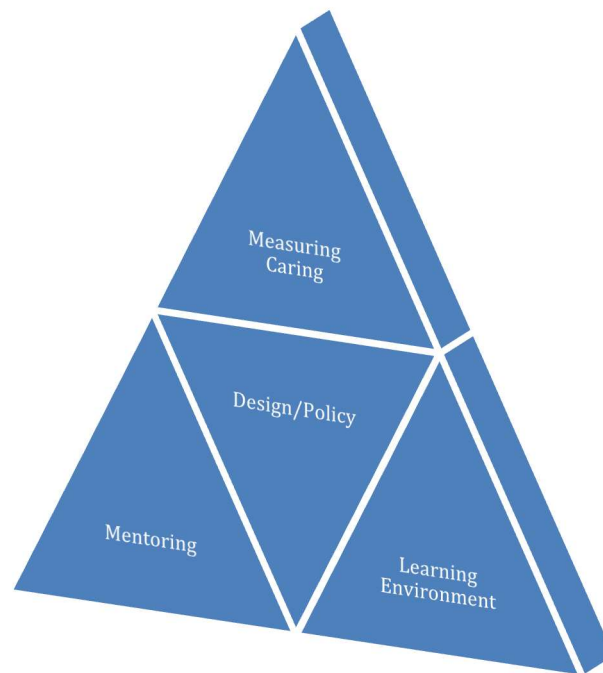
The participants suggested a variety of creative assignments for online instruction that could facilitate a caring disposition. Their suggestions ranged from debriefing with case studies to movie clips. Many recommended the Socratic method involving a pointed question. For instance, one participant suggested asking students, “When did you not care?” as a possible question to unpack their attitudes and encourage self-reflection. Another suggested that giving students an opportunity to develop what she called their “game face” so that students could practice a professional demeanor while still caring. To further practice caring, one faculty used games that had ethical implications moving around a board or through the steps in the game. Another participant described a full program long series of assignments she termed, “journey of disposition framework” that was part of the students’ portfolio. In this case, over the course of the program, a vision statement is first drafted early in the program and then revised over the years to then be finalized in the final leadership course of the nursing program.

To summarize, I offer a suggested caring disposition framework conceptualized as a pyramid consisting of four components: 1) Mentoring; 2) Learning Environment; 3) Design/Policy; and 4) Measuring Caring (Figure 1). There are three building components on the bottom of a pyramid. The two outside components hold the third in the middle, then a fourth component rests on top of the three to complete a pyramid (see Figure 1). Mentoring and Caring Environment rest on the floor, with Caring Curricular Design in the center of those two. Without mentors and without a caring environment, curricular design cannot be operationalized. With

those three components solidly in place, development of the professional disposition can be measured with the hopes of successful realization.

This potential framework, based on the experience and perceptions of veteran nursing educators, includes the essential components necessary for sustained and effective development of a caring disposition for those committed to become nursing professionals.

Figure 1. Caring Framework for Online Curricular Design



Suggestions for Future Research and Curricular Development

In my research about how faculty perceive the development of professional caring dispositions, how they design objectives, and what barriers they encounter, I discovered that the conversations were well worth the investigation. The data clearly indicates that scholarly

research and curricular development are integrally connected. Faculty stated that they struggle to accommodate the credentialing expectation to demonstrate professional dispositions with the practical application of measuring the attainment of those dispositions. The volume of students faculty are attempting to carry through advanced courses limits the interaction required for faculty to adequately engage students in a meaningful way. Development of professional attitudes requires mentoring and engagement. There are cultural barriers within some nursing program that may hinder the development of caring environments. Yet, despite those prevailing obstacles, the participants related the desire to be more caring. However, the participants demonstrated that they are incredibly creative in their methods to grow compassionate and caring nurses. In the future, researchers need to explore ways to develop objectives that could be placed within a nursing curriculum that are flexible enough to be accommodated regardless of the specific nursing theoretical framework. These objectives ideally would work across the curriculum and be designed to be progressive. The findings revealed there is tremendous need to create different types of assessments appropriate to assess affective objectives sufficient to measuring realistic and appropriate professional caring dispositions. Some of the assignments described in the interviews could be used to demonstrate new rubrics and help operationalize important concepts. Replication of this study using exemplars of faculty recognized as quality nursing educators would potentially provide groundwork for developing methods to measure students effectively developing in the affective domain. Measurement of affective constructs requires faculty engagement given the implied nature of any measurement. Future research should investigate effectiveness of faculty engagement with larger cohorts in the development of professional nursing dispositions. Further, research and curricular development is needed to

explore and further flesh out the Caring Framework for Online Curricular Design suggested by the findings of this research.

Conclusion

Helping nursing students navigate the complexities of professional nursing care, many schools of nursing curriculum have evolved to accommodate students and faculty in virtual classrooms. There are those who believe that online classes provide more individualized environments to meet the learning needs and styles of students (Beccaria et al., 2018; Gazza & Hunker, 2014; Schnetter et al., 2014). Online coursework makes further education pursuits while in the workforce a possibility. Thus, the option for online learning is even more attractive to those who must retain active employment while pursuing a college degree. As new generations are born and technology advances, students change and faculty adjust teaching methods to address those changes. Integration of technology along with the digitization of the classroom requires significant planning and financial commitment by institutions offering nursing education.

Developing professional caring dispositions in nursing students is an expectation from both the community in which those nurses will serve as well as credentialing and licensing bodies. Gaining knowledge and applying it to our world is more likely with thoughtful personal interaction which presents a continued challenge for online instruction that must find ways to encourage substantial personal exchanges. Researchers argue that relying students to develop the “habits of mind” on their own to become the imaginative and organized critical thinkers is misplaced (Dickieson et al., 2008). In the past, the expectation was that appropriate ways of thinking and attitudes had been mentored in class and in clinical. To develop integrative thinkers, online educators must engage students in a variety of creative ways.

Ultimately in both traditional and digital environments, learning requires engagement. Educators in the digital classroom provide the presence and set the tone. Combining classroom theory and clinical practice is necessary for learner engagement and successful theory to practice accommodation. Exemplars, case studies, and theories are a good start to nursing education; however, practical application and contextualization is necessary for the integration of knowledge and skills. The way a student perceives the learning experience may also have an influence on the development of professional skills.

Clearly, several “truism” of nursing education need to be recognized. First, the environment of healthcare is changing. Second, the learning environment for nursing education is likewise changing. Third, as such, nursing faculty must respond to meet the changing needs of both the community and the learner. Beside accommodation of ideas into skill and developing student’s satisfaction, educators necessarily must build relationships with the student in ways not realized during former nursing education practices. Like other teaching strategies utilized in the traditional classroom, relationships and mentoring professional attitudes will prove absolutely vital in the virtual classroom.

The objective of developing a professional disposition of caring is necessarily an abstract one, and requires a deep sense of community in order for the dialogue between students and instructor to be genuine. Not all have had success translating this professional disposition from an objective to a measureable reality. Authenticity is obviously of high importance, the endeavor would be certain to fail without genuine discourse. Students and faculty alike will need to engage in a meaningful discussion both in developing ideas and in reflecting on meaning. As the classroom evolved into something very different than the traditional classroom and online and hybrid courses have expanded, faculty have become creative with methods to develop strong

nurses. There is great hope that faculty can meet the challenges to raise a new generation of nurses, and that new nurses entering the profession will provide the high quality and compassionate care our communities require for good health and happiness.

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APPENDIX A
PERSONAL INTERVIEW GUIDE QUESTIONS

Introduction: I am exploring how we teach nursing students online in the virtual classroom compared to traditional classrooms and clinical settings. The question I am researching is HOW nursing faculty mentor professional dispositions specifically caring dispositions in the online venue and IF we have carried that over from our traditional classroom and clinical setting. To that end, I would like to discuss your perceptions of teaching caring online, what strategies you may employ, what hurdles you may experience, as well as your story as a nurse educator.

- **What are the perceptions of nursing faculty regarding teaching caring dispositions to nursing students online?**
 - What are your thoughts about online nursing coursework and how do you think it is different from the traditional classroom?
 - Are professional dispositions taught in nursing school?
 - If yes, what is the best way to mentor professional dispositions in nursing students?
 - If no, tell me more about that?
 - Do you believe that teaching professional dispositions possible in the virtual classroom? Tell me more about your experience.
- **What strategies do nursing faculty employ to promote caring disposition among distance learners online?**
 - How do you include “caring disposition” in your course implicitly?
 - How do you include “caring disposition” in your course objectives explicitly?

- If not, could you tell me more about that?
 - How do nursing students develop professional disposition such as caring?
- If “The Caring Disposition” were an objective of an online course, how would you go about incorporating that into the curriculum?
 - What are the activities related to meeting the objective?
 - What measures are used to observe the objective being met?
- **What barriers do faculty encounter in developing caring disposition in nursing students online?**
 - What sorts of things keep you from intentionally incorporating “caring” into your course explicitly or implicitly?
- **What personal and professional characteristics of nursing faculty contribute to intentional development of professional dispositions of students in online classroom environments?**
 - **Personal experience of education**
 - How long have you practiced as a nurse?
 - What type of degree did you first obtain to practice?
 - Was your first nursing school experience
 - an in-hospital school program?
 - a traditional classroom?
 - a virtual classroom?
 - an LPN, ADN, BSN, MSN?
 - What is your highest degree completed?

- What degrees do you hold?
 - Were any degrees obtained online or hybrid? If yes, which degree?
 - How did you develop a professional disposition to care as a nurse, as an educator?
- **Professional experience teaching**
- How long have you taught nursing courses?
 - Do you teach full-time currently?
 - Are you tenure or tenure-track faculty?
 - What courses do you teach currently? Classroom, Clinical, or Online
 - What courses have you taught in the past? Classroom, Clinical, or Online