

# Correlations between instructor's caring behavior and nursing students' caring behavior: an international study

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## ABSTRACT

**Introduction:** Theoretically, caring relationship between faculty – student generates a caring moment. However, there is a scarcity of empirical evidence about how caring interactions with faculty can enhance students' caring outcomes.

**Aim:** The aim of this study was to identify the levels of students' and instructors' caring behavior and to explore the correlations between instructors' and students' caring behavior.

**Methods:** A descriptive, non – experimental design has been used in this study. Data collection was based on interviews using two standardized questionnaires; the Nursing Students' Perception of Instructor Caring (NSPIC) and the Caring Behavior Inventory (CBI). Respondents were consisting of nursing students from identified schools and colleges of nursing in different countries. Data were analyzed with SPSS version 21.0

**Results:** The sample was consisted of 368 nursing students (91% female, 9% male) from seven countries (26% Philippines, 31.5% Greece, 1% Kenya, 0.5 Oman, 35.5% India, 5% Nigeria, 0.5% Saudi Arabia). Forty two percent of students are in the second year of studies, 13% in the third year and 45% in the fourth year. The mean score of NSPIC was  $4.02 \pm 0.30$  and the mean of CBI was  $4.56 \pm 0.13$ . The mean for each factor of NSPIC was  $4.39 \pm 0.13$  for the factor "instills confidence through caring",  $3.92 \pm 0.212$  for "supportive learning climate",  $4.06 \pm 0.06$  for "appreciation of life's meaning",  $3.66 \pm 0.11$  for "control versus flexibility" and  $4.01 \pm 0.48$  for "respectful sharing". The mean for each factor of CBI was  $4.63 \pm 0.11$  for the factor "assurance",  $4.58 \pm 0.06$  for "knowledge and skills",  $4.55 \pm 0.18$  for "respectful" and  $4.47 \pm 0.14$  for "connectedness". Correlation analysis showed statistically significance between relevant variables.

**Conclusions:** Instructors' caring behavior affects nursing students' caring behavior. Through positive faculty modeling and role modeling, nursing students can be professionally trained to develop the competence of caring.

**Keywords:** Caring Behavior; Nursing Instructors; Nursing Students; Nursing Education

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### Highlights

- Instructors' caring behavior affects nursing students' caring behavior.
- Through positive faculty modeling and role modeling, nursing students can be professionally trained to develop the competence of caring.

### INTRODUCTION

Caring is a core nursing value and the essence of the nursing profession (Benner & Wrubel 1989, Tanner 1990, Watson 2008). It has been considered as the nurse's moral ideal of preserving human dignity by assisting a person to find meaning in illness and suffering in order to restore or promote the person's harmony (Watson 2002). Watson emphasizes the importance of caring occasion - the moment when the nurse and another person come together in such a way that an occasion for human caring is created. Caring moments may not be limited only during nurse - patient interaction, as in nursing education, caring moments may also occur during faculty and students interaction. Mutual and reciprocal link between faculty and student enables them to search for meaning and wholeness and grow as caring person (Wade & Kasper 2006, Sawatzky et al 2009).

Clinical learning environment in particular is essential for the acquirement of and advancement of students' professional skills, knowledge, decision making, and caring attributes (Papathanasiou et al 2014). As a core value of professional nurses, it is believed that human caring can be learned, taught, and measured through nursing education system. Empirical studies suggest that when caring is introduced early, modeled and reinforced throughout the curriculum, students' may become caring practitioners in the future (Noddings 1984, Gramling & Nugent 1998, Carlson et al 2003). Through positive faculty modeling and role modeling, nursing students can be professionally trained to develop the competency of caring. Moreover, when the climate of nursing education is perceived as caring, students acquire a professional way of being and learn to care as a professional nurse (Kelly 1992, Beck 2001, Woodrow 2003, Labrague 2012).

### Background

Caring as a variable had been the topic of interest for the past century. Most studies conducted are qualitative in nature and usually explore what constitutes caring

relationship between nurse and patients. To date, only very few described caring moments between faculty and students. Noddings (1984), one of the earliest theorists to explain caring models in teaching, opined that there are four central components to teach caring, were: (a) modeling; described as demonstration of caring for the student to learn how to care; (b) dialogue; which included a genuine open-ended exchange and discussed behavior that demonstrated caring; (c) opportunity to practice caring; and (d) confirmation or feedback to the caring event. Noddings recommended techniques on how to teach caring be incorporated in teacher education.

To define what constitutes caring in nursing education, studies of qualitative nature were conducted. For instance Bankert & Kozel (2005) conducted a qualitative study and identified four themes of caring interactions. These themes were described as follows: (a) valuing, (b) genuine dialogue, (c) relations, and (d) connectedness. Roe (2009) derived the following themes from student descriptions of incidences with clinical instructors described as caring. These themes were as follows: (a) encouraging, (b) provide tangible support, (c) kind, and (d) respectful. In a literature review of 31 researches, Halstead (1996) came up with the following themes about student - faculty relationships. These themes were as follows: (a) student empowerment occurred through positive instructor relationships, (b) student faculty interactions may positively or negatively impact students clinical performances, and achievement of educational outcomes; (c) students consistently placed more emphasis on interpersonal interactions than faculty, and (d) students consistently identified "student-faculty interactions as having a significant impact on the quality of their educational experiences and their professional development".

Scientific queries were also conducted regarding caring characteristics of a faculty, as perceived by students. According to Gaberson & Oermann (1999) an effective clinical instructor demonstrated the following characteristics: (a) ability to diagnose student learning needs, (b) plan instruction to meet student needs, (c) meet the goals of the clinical experience, (d) supervision of students, and (e) evaluation of student learning. Similarly, Gignac-Caille & Oermann described the following as effective behaviors: (a) accessibility and availability for student concerns and questions, (b) demonstration of procedures, (c) organization, (d) facilitation of discussions, (e) provision of feedback, and (f) role modeling. A more recent studies, posit that inviting behaviors of clinical faculty included the following characteristics: (a) respect, (b) trust, (c) care, (d) optimism, and (e) intentionality. In this pioneer

study on student nurses anxiety and the inviting behaviors demonstrated by clinical instructors, the results indicated that "if students perceived faculty to be inviting, their state anxiety was lower, and vice versa" (Cook 2005). Kube (2010) also reported teaching behaviors demonstrated by clinical instructors and most frequently perceived by nursing students as influencing their learning. These teaching behaviors reflecting a positive influence on student learning were as follows: (a) approachable, (b) appears organized, (c) provides support and encouragement, (d) provides frequent feedback, (e) well prepared for teaching, (f) encourages mutual respect, (g) listens attentively, and (h) makes suggestions for improvement. Conversely, Kube reported teaching behaviors perceived by the nursing students of high importance to facilitate learning and not frequently demonstrated by clinical instructors as follows: (a) demonstrates clinical procedures, (b) corrects mistakes without belittling, (c) provides specific practice opportunity, (d) gears instruction to student level, and (e) remains accessible to students. In the study by Kotzabassaki et al (1997) nursing students identified the top 10 effective characteristics as descriptive of their best clinical instructors. These were as follows: (a) enjoys nursing, (b) is self-confident, (c) is a dynamic, energetic person, (d) encourages a climate of mutual respect, (e) understands what students are asking or telling, (f) takes responsibility for own actions, (g) answers carefully and precisely questions raised by students, (h) listens attentively, (i) demonstrates clinical skill and judgment, (j) is organized, and (k) is accessible to students. Mean results of effective characteristics by five categories were reported. These categories, from highest to lowest, in the best clinical instructors were as follows: (a) interpersonal relationships, (b) nursing competence, (c) teaching ability, (d) personality traits, and (e) evaluation. Significant differences between the best and worst clinical instructors were reported in the category of interpersonal relationships.

Caring clinical environment has been attributed to increased well-being in nursing students. For example, Letzkus (2005) reported that student had (a) increased their self-confidence, (b) lessened anxiety to approach an instructor for assistance (c) increased their motivation in skill practice, (d) facilitated learning the roles and responsibilities of a nurse, (e) facilitated the connection between theory and practice, and (f) motivated them in the clinical setting as a response to caring instructors. Positive relationship with instructor impacted student in the following ways: (a) perception of clinical competency, (b) decrease anticipated anxiety associated with the clinical setting, and (c) supportive of professional role development (McGregor 2005).

Consequences of uncaring environment in nursing education had been documented. Hanson & Smith (1996) opined that uncaring clinical instructors provoked negative emotions in student nurses. These feelings were described as follows: (a) rejection, (b) discouragement, (c) loss of confidence, (d) hopelessness, and (e) emotional turmoil. Thomas (2003) identified the presence of anger in nursing students related to critical and unfair nursing clinical faculty. Emotional responses to unfair treatment by nursing faculty led to negative consequences. Similarly, in the study conducted by Thomas (2003), as a response to uncaring encounter with clinical instructors, nursing students experienced the following: (a) interference with learning, (b) decreased role development, (c) dissatisfaction, and for some students (d) leaving the nursing program or nursing completely.

In summary, nursing educational researches has provided models for promoting and enhancing caring environment during nursing education and training. Most of the researchers agreed that caring and nurturing teaching behaviors had a significant influence on learning. However, very few empirical evidences explored and measured the effect of instructors' caring on students caring behavior. To date, instructors' caring as a variable associated with students' caring has not been studied.

### Theoretical Model

Jean Watson's Theory of Human Caring or also called as Theory of Transpersonal Caring was served as the theoretical framework of for this study (Watson 2002). This theory was designed to bring meaning and focus to nursing as a distinct health profession and it emphasizes the humanistic aspects of nursing in combination with scientific knowledge. Watson emphasizes the importance of caring occasion - the moment when the nurse and another person come together in such a way that an occasion for human caring is created. Caring moments may not be limited only during nurse - patient interaction, as in nursing education, caring moments may also occur during faculty and students interaction. Mutual and reciprocal link between faculty and student enables them to search for meaning and wholeness and grow as caring person (Wade & Kasper 2006, Sawatzky et al 2009).

### METHODS

#### Study Design

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

### **The aim of the study**

The aim of this study was to identify the levels of students' and instructors' caring behavior and to explore the possible correlations between instructors' and students' caring behavior.

Two research questions were addressed in this study:

1. Is there a relationship between instructors' caring and students' caring behavior?
2. Do caring behaviors of instructor affects students' caring behavior?

### **Sample and Setting**

This study was conducted at the different schools of nursing in eight (8) countries. Study population was including nursing students in their second to fourth year.

Data collection started on the February of 2014. The data that are presented in this paper are until May of the same year. Students who were enrolled in the nursing program [to include only the sophomore (second year), junior (third year), and senior students (fourth year)] and those who were willing to participate were contacted. Once consented, aim of the study was explained and students received the CBI and NSPIC tools with a background data sheet. Safety measures to maintain confidentiality of data were observed throughout the research process. Completed questionnaires were placed in a sealed envelope and will be secured in a container.

### **Measures**

#### **Demographic Form**

Study participants completed a self - report questionnaire regarding their demographic profile such as their age, sex, and year of attendance and the following questionnaires:

#### **Nursing Students' Perception of Instructor Caring (NSPIC)**

Developed by Wade & Kasper (2006), this instrument is based on Watson's Theory of Interpersonal Caring and was designed to measure nursing students' perceptions of instructor caring. The 31 - item scale is internally consistent ( $\alpha = 0.97$ ) and contains five factors that reflect transpersonal caring in nursing education. The 31 items were group into 5 subscales; (a) instill confidence through caring (11 items), (b) supportive learning climate (10 items), (c) appreciation of life meanings (3 items), (d) control versus flexibility (4 items) and (e) respectful sharing (3 items). It uses a 6 - point Likert - type scale, where potential item responses ranged from strongly

disagree (1) to strongly agree (6). The total score of nursing students' perceptions of instructor caring will be the sum of responses to each item. The possible range of score is 31 to 186, with higher scores indicating more positive perceptions of instructor caring.

#### **Caring Behavior Inventory (CBI)**

To examine the caring behaviors of nursing students, the investigator will utilize the Caring Behavior Inventory (CBI) (Wu et al 2006) after seeking the permission of its authors. This tool is a 24-item questionnaire that uses a 6-point Likert scale and is based on Watson's ten Carative Factors. This tool was originally designed to capture patients' perceptions of nurses' caring behaviors. In the current study, the tool will be used as self - report questionnaire to assess own caring behavior of nursing students. The CBI measures four subscales of caring: 'assurance of human presence' (eight items), which deals with patients' needs and security; "knowledge and skills" (five items), related to nurses skills and educated persons; "respectfulness deference to the other" (six items), dealing with how nurses show interest for the patients; "positive connectedness" (five items), corresponding to the need for nurses to be ready to help the patients (Wolf et al 1994). Students are asked to answer using a 6 - point Likert scale (1= never, 6 = always).

Prior to actual data collection, permission to use the CBI and NSPIC were granted by its authors through email. For respondents from English - speaking countries, the original English version of the tool was used. For non - English speaking countries, both instruments were translated into the participating countries' language by respective research-partner. Translated versions were undergoing discussions within panel of experts within the respective country to ensure content validity.

#### **Ethical Considerations**

Each research - partner of this project was responsible for obtaining ethical permit according to local requirements. Prior to administration of sealed questionnaires, consent forms were secured and confidentiality maintained all throughout the research duration.

#### **Data Analysis**

Data were analyzed with SPSS version 21 (SPSS Inc., Chicago, IL, USA) using descriptive and inferential statistics. Descriptive statistics such as frequencies, means, percentages and standard deviations were utilized.

Due to the characteristics of the data non parametric statistics were used to determine correlations between

relevant variables, such as Wilcoxon test, Kolmogorov-Smirnov test and regression analysis. The predictive ability of the NSPIC was examined by regressing

NSPIC on the CBI subscales and questions utilizing a regression analysis. Level of significance accepted was  $p < 0.05$ .

## RESULTS

The sample was consisted of 368 nursing students (91% female, 9% male) from seven countries, 26.00% from Philippines, 31.50% from Greece, 1.00% from Kenya, 0.50 from Oman, 35.50% from India, 5.00% from Nigeria and 0.50% from Saudi Arabia (**Figure 1**). Most of the students (89%) are aged between 18-23 years old (**Figure 2**).

Forty two percent of students are in the second years of studies, 13% in the third year and 45% in the fourth year (**Figure 3**).

The mean score of NSPIC was  $4.02 \pm 0.30$  and the mean of CBI was  $4.56 \pm 0.13$  (**Table 1**). The mean for each factor of

Figure 1. Percentages of nursing students from each country

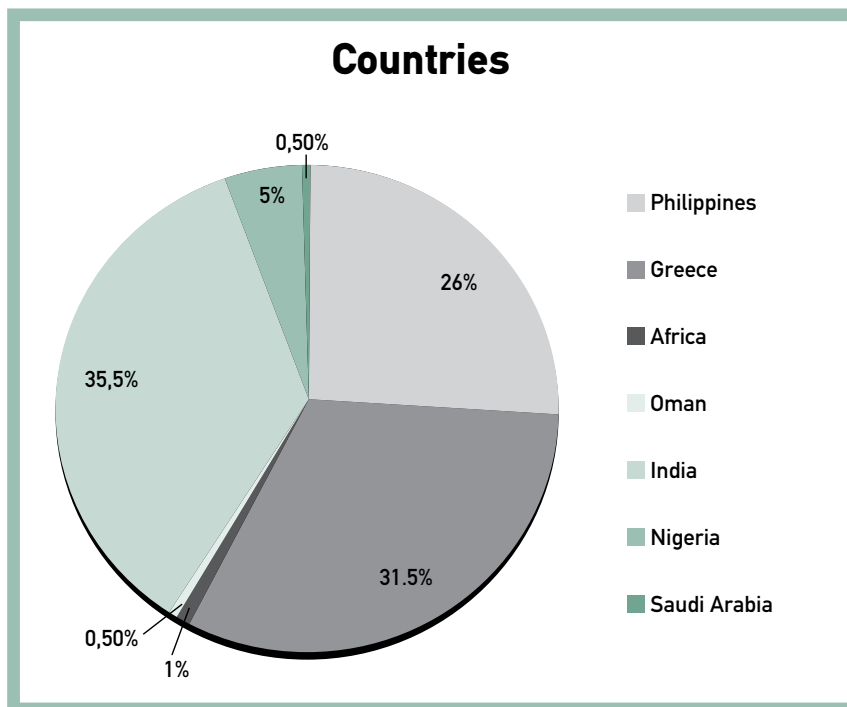
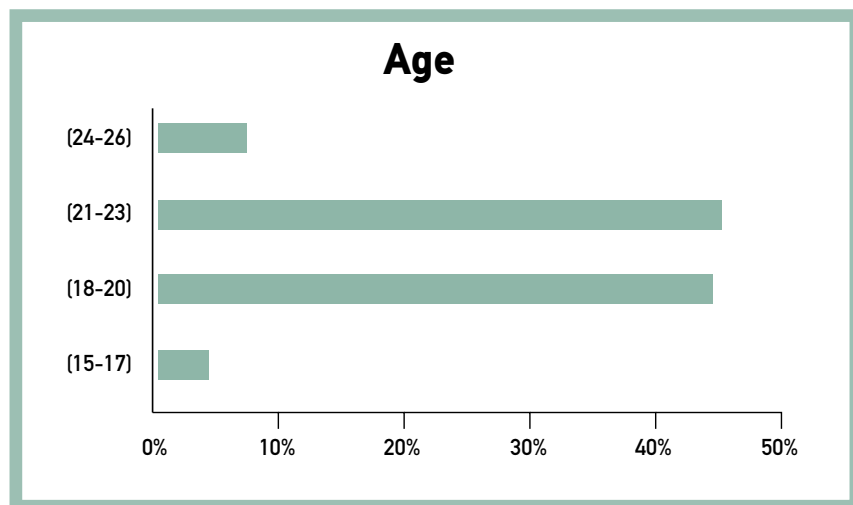
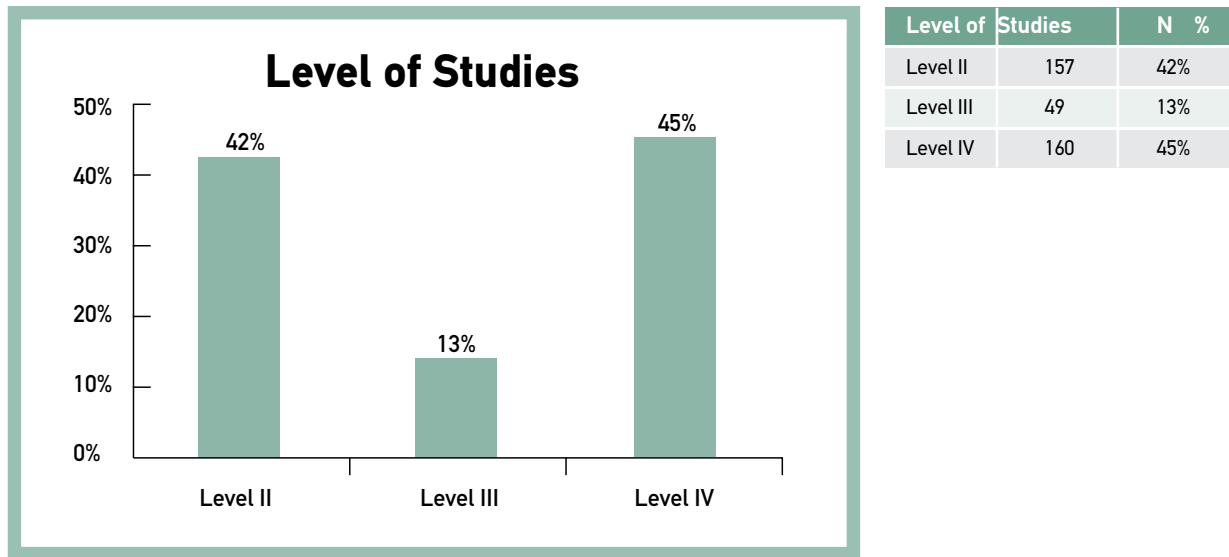


Figure 2. Age frequencies of nursing students



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

**Figure 3. Percentages of nursing students' level of studies**

**Table 1. Mean Values of NSPIC and CBI**

Nursing Students' Perception of Instructor Caring (NSPIC)	Mean Score	Standard Deviation
<b>FACTOR 1:</b> Instills confidence through caring	4.39	0.13
<b>FACTOR 2:</b> Supportive learning climate	3.92	0.21
<b>FACTOR 3:</b> Appreciation of life's meaning	4.06	0.06
<b>FACTOR 4:</b> Control versus flexibility	3.66	0.11
<b>FACTOR 5:</b> Respectful Sharing	4.01	0.48
<b>TOTAL PART I</b>	<b>4.08</b>	<b>0.31</b>

Caring Behavior Inventory (CBI)	Mean Score	Standard Deviation
<b>FACTOR1:</b> Assurance	4.63	0.11
<b>FACTOR 2:</b> Knowledge and Skills	4.58	0.06
<b>FACTOR 3:</b> Respectful	4.55	0.18
<b>FACTOR 4:</b> Connectedness	4.47	0.14
<b>TOTAL PART II</b>	<b>4.56</b>	<b>0.13</b>

NSPIC was  $4.39 \pm 0.13$  for the factor "instills confidence through caring",  $3.92 \pm 0.212$  for "supportive learning climate",  $4.06 \pm 0.06$  for "appreciation of life's meaning",  $3.66 \pm 0.11$  for "control versus flexibility" and  $4.01 \pm 0.48$  for "respectful sharing". The mean for each factor of CBI was  $4.63 \pm 0.11$  for the factor "assurance",  $4.58 \pm 0.06$  for "knowledge and skills",  $4.55 \pm 0.18$  for "respectful" and  $4.47 \pm 0.14$  for "connectedness".

Wilcoxon test for paired samples showed that there is a statistically significance ( $p=0.00$ ) in mean values between NSPIC and CBI (**Table 2**), and also

**Table 2. Difference in Mean Values between NSPIC and CBI**

NSPIC Mean $\pm$ SD	CBI Mean $\pm$ SD	t	P-Value
$4.08 \pm 0.31$	$4.56 \pm 0.13$	-6.81	0.00

a statistically significance ( $p=0.045$ ) in mean values between male and female for the question “Spends time with the patient” (**Table 3**). Male students ( $M = 4.00$ ,  $SD = 1.479$ ) seems to spend less time with the patients in correlation with female students ( $M=4.49$ ,  $SD=1.329$ ).

Correlation analysis showed statistically significance between several relevant variables of NSPIC and CBI, but no statistically significance

**Table 3. Difference in Mean Values between Male and Female for the question “Spends Time with the Patient”**

Male Mean $\pm$ SD	Female Mean $\pm$ SD	t	P-Value
4.00 $\pm$ 1.47	4.49 $\pm$ 1.32	-2.01	0.045

**Table 4. Multiple linear regression with dependent variable “Helps to Decrease Patient’s Pain” from CBI**

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

**Table 5. Multiple linear regression with dependent variable “Demonstrates Professional Knowledge and Skills” from CBI**

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

between factors of NSPIC and CBI. Thus, the data analysis identified a positive correlation, statistically significant between the question “Helps to decrease patient’s pain” from CBI, and the questions “Makes me feel that I can be successful” ( $\beta=0.25$ ,  $p=0.00$ ) and “Helps me to envision myself as a professional” ( $\beta=0.27$ ,  $p=0.00$ ) of NSPIC (**Table 4**).

Furthermore, positive correlations were found between the question “Demonstrates professional knowledge and skills” from CBI and the questions “Makes me feel that I can be successful” ( $\beta=0.15$ ,

$p=0.01$ ), “Helps me to envision myself as a professional nurse” ( $\beta=0.47$ ,  $p=0.00$ ) and “Inspires me to continue my knowledge and skill development” ( $\beta=0.14$ ,  $p=0.02$ ) of NSPIC (**Table 5**). Finally, positive correlations were found between the question “Allows patient to express feelings about his or her disease and treatment” from CBI and the questions “Shows genuine interest in patients and their care” ( $\beta=0.17$ ,  $p=0.00$ ), “Is attentive to me when we communicate” ( $\beta=0.16$ ,  $p=0.00$ ) and “Makes me feel that I can be successful” ( $\beta=0.30$ ,  $p=0.00$ ) of NSPIC (**Table 6**).

**Table 6. Multiple linear regression with dependent variable  
“Allows Patient to Express Feelings about his or her Disease and Treatment” from CBI**

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

## DISCUSSION

It is agreed that caring is learned by experiencing caring interactions with faculty in an environment supported by positive caring faculty – student relationships (Tanner 1990, Gaines & Baldwin 1996, Wade 2003, Watson 2008). In the context of faculty - student relationship, caring is defined as actions demonstrated by faculty to facilitate students' learning of clinical competence, caring values, and interpersonal caring interactions (Thomas 2003) and is often characterized by an environment that value students, encourages genuine dialogue, mutual relations, and positive connectedness (Bankert & Kozel 2005). Caring experiences with faculty may lead to enhanced clinical judgment, mobilization of caring abilities, enhanced empathy, decreased levels of anxiety, and enhanced learning. Other studies suggest caring as possible influencing factor to the retention of nursing students and this may lead to successful completion of the clinical experience (Audet 1995, McManemy 2002, Gardner 2005, McManemy 2002, Sutherland et al 2007, Clark 2008). Conversely, students who experience non - caring may become hardened, depressed, worn-down, stressed, anxious, and it may even impede their learning and ability to perform nursing skills (Swanson 1999, Beck 2001, Cook 2005, Waterman 2007, Roe 2009, Kube 2010).

The results of this study showed that if the instructor makes student to feel that he/she can be successful and to envision him/her self as a professional nurse, the student helps the patient to decrease his pain ( $p < 0.05$ ). If the instructor makes student to feel that he/she can be successful, to envision him/her self as a professional nurse and inspires him/her to continue

knowledge and skill development, the student demonstrates professional knowledge and skills ( $p < 0.05$ ). And finally, if the instructor shows genuine interest in patients and their care, makes student to feel that he/she can be successful and is attentive to student when they communicate, the student allows patient to express feelings about his or her disease and treatment ( $p < 0.05$ ).

One of the limitations of this study is the research design. The snapshot nature of cross-sectional studies, while convenient and cost effective, does not provide a good basis for establishing cause and effect. However, cross-sectional studies can still provide knowledge on concurrent relationship between the variables being tested and the study population (Polit & Beck 2010).

## CONCLUSIONS

Instructors' caring behavior affects nursing students' caring behavior. Caring relationships between faculty and students enable students to grow as caring professional nurses and generates a caring moment (Watson & Foster 2003, Thomas 2003, Wade 2006, McGregor 2007). Although few evidences exist, still, there is a scarcity of empirical evidence about how caring interactions with faculty can enhance students' caring outcomes (Watson 2002). Hence, this study was conducted. The knowledge that could be generated out from this study would provide direction for how to develop useful and effective caring strategies and curricular programs for nursing students. Through positive faculty modeling and role modeling, nursing students can be professionally trained to develop the competence of caring.



## REFERENCES

- Bankert E. & Kozel V. (2005). Transforming pedagogy in nursing education: A caring learning environment for adult students. *Nursing Education Perspectives* 26: 227-229
- Beck CT. (2001). Caring within nursing education: A metasynthesis. *Journal of Nursing Education* 40: 101-109
- Benner P. & Wrubel J. (1989). *The primacy of caring: Stress and coping in health and illness*. Menlo Park, CA: Addison - Wesley.
- Carlson S., Kotze WJ. & Van Rooyen D. (2003). Accompaniment needs of first year nursing students in the clinical learning environment. *Curationis* 26: 30-39
- Cook LJ. (2005). Inviting teaching behaviors of clinical faculty and nursing students' anxiety. *The Journal of Nursing Education* 44: 156
- Gaines S. & Baldwin D. (1996). Guiding dialogue in the transformation of teacher-student relationships. *Nursing Outlook* 44: 124-128
- Gramling L. & Nugent K. (1998). Teaching caring within the context of health. *Nurse Educators* 23: 47-51
- Gaberson KB. & Oermann MH. (2010). *Clinical teaching strategies in nursing*. Springer Publishing Company.
- Gignac-Caille AM. & Oermann MH. (2001). Student and faculty perceptions of effective clinical instructors in ADN programs. *Journal of Nursing Education* 40: 347
- Hanson LE. & Smith MJ. (1996). Nursing students' perspectives: experience of caring and not-so-caring interactions with faculty. *Journal of Nursing Education* 35: 105-112
- Halstead JM. & Taylor MJ. (1996). Values in education and education in values. (1st eds). *Falmer Press*. London: Taylor & Francis
- Kotzabassaki S., Panou M., Dimou F., Karabagli A., Koutsopoulou B. & Ikononou U. (1997). Nursing students' and faculty's perceptions of the characteristics of 'best' and 'worst' clinical teachers: a replication study. *Journal of Advanced Nursing* 26: 817-824
- Kube ML. (2010). *The Relationship of Nursing Faculty Clinical Teaching Behaviors to Student Learning*. ProQuest LLC, Ed.D. Dissertation, College of Saint Mary.
- Kelly C. (2007). Student's perceptions of effective clinical teaching revisited. *Nurse Education Today* 27: 885-892
- Letzkus MW. (2005). *Nursing Students' Perceptions of a Caring Clinical Instructor* (Doctoral dissertation, Graduate School of Education and Psychology), Pepperdine University
- Labrague LJ. (2012). Caring competencies of baccalaureate nursing students of samar state university. *Journal of Nursing Education and Practice* 2: 105-113
- Noddings N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkeley: University of California.
- Papathanasiou IV., Tsaras K., Sarafis P. (2014). Views and perceptions of nursing students on their clinical learning environment: Teaching and learning. *Nurse Education Today* 34: 57-60
- Polit DF. & Beck CT. (2010). *Essential of Nursing Research: Appraising Evidence for Nursing Practice*. 7th Edition. Lippincott Williams & Wilkins, Philadelphia, PA.
- Roe DC. (2009). *The Relationship Between Pre-licensure Baccalaureate Nursing Students' Stress and Their Perceptions of Clinical Nurse Educator Caring*. Louisiana State University Health Sciences Center School of Nursing.
- Swanson KM. (1999). Effects of caring, measurement, and time on miscarriage impact and women's well-being. *Nursing Research* 48: 288-298
- Sawatzky JA., Enns CL., Ashcroft TJ., Davis PL. & Harder BN. (2009). Teaching excellence in nursing education: a caring framework. *Journal of Professional Nursing* 25: 260-266
- Tanner C. (1990). Caring as a value in nursing education. *Nursing Outlook* 38: 70-72
- Thomas SP. (2003). Handling anger in the teacher-student relationship. *Nursing Education Perspectives* 24: 17-24
- Thomas K. (2003). *Caring for the dying at home: companions on the journey*. Radcliffe Publishing.
- Watson J. & Foster R. (2003). The Attending Nurse Caring Model: integrating theory, evidence and advanced caring-healing therapeutics for transforming professional practice. *Journal of Clinical Nursing* 12: 360-365
- Woodrow W. (2003). Preparing a new workforce. *Nursing Administration Quarterly* 27: 215-222
- Wade GH. & Kasper N. (2006). Nursing students' perceptions of instructor caring: an instrument based on Watson's Theory of Transpersonal Caring. *Journal of Nursing Education* 45: 162-168
- Wu J., Larrabee JH. & Putman H. (2006). Caring Behaviors Inventory: A reduction of the 42-item instrument. *Nursing Research* 55: 18-25
- Watson J. (2008). *Assessing and measuring caring in nursing and health science*. 2nd ed. New York: Springer.
- Watson J. (2002). Intentionality and caring-healing consciousness: A practice of transpersonal nursing. *Holistic Nursing Practice* 16: 12-19