CARING IN NURSING EDUCATION

by

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JUNE 1992
To my mother.
I declare that Caring in Nursing Education is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

Dirk van der Wal
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The question the researcher set out to answer in this research was: What does caring entail in nursing education from the point of view of both the tutor and the student? Essentially an ontological question, the answer to the question required theory generation rather than theory verification. This has been achieved through grounded theory research.

A phenomenological dialectical anthropology formed the philosophical foundation of this study and symbolic interactionism was applied as methodological framework.

Sampling was conducted in two phases: selective sampling for informants, and selective sampling of data and literature.

Data were collected through formal unstructured qualitative interviews and were analysed through constant comparative analysis. Both structural themes and processes emerged.

Based on the emergent theory it is concluded that in nursing education, caring is an extension of prosocial behaviours and caring as a means to an end cannot be separated from caring as an end in itself.
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CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

INTRODUCTION

Caring is today considered as an ethic in nursing. However, for this statement to be valid, caring should be reflected in all spheres of the nursing profession. As Rawnsley (1990: 43) puts it: If caring is to be the hallmark of all dimensions of nursing, then discourse, which projects that world through a dialectic between event or the world of practice, and meaning, or the world of ideas, must be encouraged. This quotation summarises the foundation of this research.

The primary focus of this study on caring is to explore and to describe (reconstruct) what caring entails in nursing education from the point of view of both tutors and students. This is done within the philosophical and theoretical structure provided by a dialectical phenomenological anthropology and symbolic interactionistic orientated theories using grounded theory research within the qualitative research paradigm.

BACKGROUND

Caring has always been regarded by the general public and members of the nursing profession, as an integral part of nursing, in both traditional intimate familial settings and more organised formal professional surroundings. The caring aspect in nursing can be traced throughout man’s existence, throughout all times and all societies, as man’s most sincere concern with the well-being of his fellow man. Such is the involvement of caring in nursing that caring is today regarded as an ethic in nursing, a diffuse moral and ethical conscience. This core element in nursing is, at present, the focus of numerous theorists in their
attempts to define, clarify, describe, explain and reconstruct the phenomenon of nursing.

Caring, as an attribute of the nursing profession, has been debated by several nurse theorists. The following are more general perspectives on caring: caring as an affect (McFarlane 1976; Bevis 1981; Forrest 1989), caring as a human trait (Griffin 1983; Fry 1989; Leininger 1988d; and also Gaylin and Roach according to Forrest 1989: 815-816), caring as a moral imperative (Watson 1988; Fry 1988; and Gadow as indicated by Morse, Solberg, Neander, Bottorff and Johnson 1990: 3), caring as interpersonal interaction (Gardner and Wheeler 1981a; Weiss 1988), and caring as therapeutic intervention (Gaut, Larson, Mayer and Clayton in Morse et al 1990).

A rather comprehensive definition of caring is given by Leininger (1988a: 8) to whom caring is Those human acts and processes that provide assistance to another individual or group based on interest in or concern for that human being or to meet an expressed, obvious or anticipated need.

Although this author has also defined caring in more specific professional terms, the definition above leaves the phenomenon caring with a rather broad scope. Thus, to claim care and caring as features unique to the nursing profession would be, to say the least, presumptuous. Many other professions can equally claim that caring is a fundamental aspect and feature of their vocations. In nursing however, with its four identified concepts of man, health, environment, and nursing, which are used in theory and conceptual model construction, the sphere in which caring is realised and in which it takes place, is primarily delineated by the definition theorists ascribe to the concept health. In addition to a definition of health, nursing substantiates and clarifies behaviours and actions portraying caring in nursing. Other variables involved in distinguishing caring and care in nursing from other health care services include, amongst others, the coordination of care in all health services through nurse caring (South Africa 1984).
The question to be duly asked is, whether caring, as an ethic in nursing, is restricted to the way in which it presents itself in the interaction between nurse and patient or nurse and client. The underlying contention of this study is that caring in the nursing profession, especially if it is to be accepted as an ethic, cannot be restricted to the actual nursing care situation. It is the responsibility of each nurse, the whole profession for that matter, to care for her own - perhaps even more so for those in their professionally formative years. However, caring in the nursing education setting will have to be defined in terms of the perception of those involved in such caring situations, either as the ones caring (care givers/tutors) or as the recipients of care and caring (students).

Noddings (1984) and Gaut (1979) are exponents of this concept. The shift of caring in the nursing context to caring in the educational context is an easy and almost logical one for Noddings. She argues that: Whatever I do in life, whom ever I meet, I am first and always one-caring or one cared-for. I do not assume roles unless I become an actor (Noddings 1984: 175). Noddings (1988: 222) further agrees with Watson that the possibility of a caring occasion arises in every human encounter. Education is filled with such potential caring occasions.

Thus, in principle, there is nothing contradictory in studying caring in nursing education. This also concurs in general with Leininger’s (1981a: 7-8) rationale for conducting research into caring.

Within the educational setting there are two dimensions which are of vital importance to caring. In her call for a more scientific, humane, and research based approach to caring in nursing in this country, Brink (1990) addresses both these aspects, namely caring as an end in itself and caring as a means to an end.

Caring as an end in itself refers to the teaching and instruction of caring per se to students. In this instance, components which reflect, and are reflected by, caring are taught to students in an integrated manner. This is done in a multiplex of educational
settings using diverse teaching strategies and may involve a variety of knowledge from the cognitive, affective and psychomotor domains. However, to teach caring, a milieu conducive to this should be established. In this instance, caring as a means to an end becomes important.

Caring as a means to an end implies implementing caring in the teaching and learning situation. The aim thereof is to create a humane, warm, and non-threatening environment in which rapport, trust, and the like are reflected, which is conducive to learning and facilitates this in humanistic terms. Research into this aspect of caring in education is often referred to as climate studies or research into affective education. This dimension of caring is the focus of this study. Support for conducting research into caring in the educational setting also comes from Harrison (1990: 125) who states that: In order for nurses to be caring with their patients, they must feel cared for and valued by their colleagues and by the institutions in which they work. Similarly, informants (nurse tutors) in a study conducted by Miller, Haber, and Byrne (1990) concluded: If we don't care, how can we expect our students to care? (Miller et al 1990: 130).

In light of the above, this research is directed at constructing and building a theory on the manner in which nurse tutors and student nurses view caring in the educational setting.

**PROBLEM STATEMENT**

Much has been said about the present crisis in nursing. This crisis is not limited to this country but seems to be present in most Western countries. With respect to The United States of America, Fry (1988: 48) has asked the question whether caring as an ethic in nursing will survive the present crisis in nursing. In this country the same question is pressing. Aspects characterising this crisis in the Republic of South Africa, are summarised in the tables below. Although contemporary data is not readily available, their is little indication that in the present
social conditions in this country, the situation has improved in any way.

**TABLE 1.1: INQUIRIES INTO MISCONDUCT**

<table>
<thead>
<tr>
<th>Era*</th>
<th>Professional Category</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registered</td>
<td></td>
<td></td>
<td>Enrolled</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>65-70</td>
<td></td>
<td>41</td>
<td>84</td>
<td>8</td>
<td>16</td>
<td>49</td>
<td>100</td>
</tr>
<tr>
<td>70-75</td>
<td></td>
<td>61</td>
<td>77</td>
<td>18</td>
<td>23</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>75-79</td>
<td></td>
<td>62</td>
<td>55</td>
<td>51</td>
<td>45</td>
<td>113</td>
<td>100</td>
</tr>
<tr>
<td>79-84</td>
<td></td>
<td>70</td>
<td>48</td>
<td>77</td>
<td>52</td>
<td>147</td>
<td>100</td>
</tr>
<tr>
<td>84-87</td>
<td></td>
<td>337</td>
<td>45</td>
<td>406</td>
<td>55</td>
<td>741</td>
<td>100</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>569</td>
<td>50.4</td>
<td>560</td>
<td>49.6</td>
<td>1 129</td>
<td>100</td>
</tr>
</tbody>
</table>

(Kotzé 1987: 7. *The era indicates the years between the given chronology.)

In this table (Table 1.1) a steady increase in cases of misconduct can be detected.

**TABLE 1.2: FREQUENCY OF SPECIFIC TYPES OF MALPRACTICE 1965-1987**

<table>
<thead>
<tr>
<th>Type of malpractice</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligence regarding records</td>
<td>564</td>
<td>27</td>
</tr>
<tr>
<td>Strikes</td>
<td>535</td>
<td>26</td>
</tr>
<tr>
<td>Related to scheduled drugs</td>
<td>113</td>
<td>5</td>
</tr>
<tr>
<td>Breach of contract</td>
<td>68</td>
<td>3</td>
</tr>
<tr>
<td>Negligence regarding patients</td>
<td>68</td>
<td>3</td>
</tr>
<tr>
<td>Dishonesty</td>
<td>556</td>
<td>27</td>
</tr>
<tr>
<td>Violent behaviour</td>
<td>90</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2085</td>
<td>100</td>
</tr>
</tbody>
</table>

(Adapted from Kotzé 1987: 7)

In Table 1.2 more than 31% of the statistics exhibited are contributed to personality incompetence (Dishonesty and Violent behaviour). It is also interesting to note that in June 1992,
nursing staff at several hospitals started joining a nationwide call for strikes for hospital workers (SABC-TV, News: 6 on 1, 1990-06-22).

Whereas the content of the above tables may leave the general impression of a lack of commitment, devotion, empathy, and the like, it can be argued that a caring concern may counteract these. This becomes more apparent if the following quotations are considered.

* In order for nurses to be caring with their patients, they must feel cared for and valued by their colleagues and by the institutions in which they work (Harrison 1990: 125).

* Informants in a study conducted by Miller, Haber, and Byrne (1990) concluded: If we don't care, how can we expect our students to care? (Miller et al 1990: 130).

* According to student nurse informants in a study by Byrne (Miller et al 1990: 132), caring nursing education can be critical to the recruitment and retention of nursing students.

* Moccia (1988: 31) cites Scott who claims that nursing's role has always been to extract from the bureaucracy its hidden humanity and use it to 'civilise the system'. This speaks of a very special kind of caring regarding both the patient and the nursing corps.

* To Forsyth, Delaney, Maloney, Kubesh, and Story (1989: 165) caring is the means, or tool, used to put nursing concepts into practice through a process founded on reverence for life, love of self and others, and concern for improving world conditions.

These lofty aspects may well be absent from the individuals who contributed to the statistics contained in the tables above. Without trying to simplify the complex collective conscience...
underlying some of the statistics contained in Table 1:1 and Table 1.2, lack of caring, or deficient internalisation of caring as a moral and ethical conscience in the profession of nursing, may also be considered an important denominator. This is also illustrated by media coverage. Headlines shocked the reader with the request: Don't use patients to make a point, says Dr. Rina (Stuart 1990: 3). Under the heading: TPA to probe deaths of 23 babies, an anonymous medical doctor (What is going on in East Cape hospitals? 1990: 3) claimed: 29 of 50 premature babies in a single ward died from neglect while nurses and hospital workers withheld their services in protest [I underlined] at alleged unfair labour practices. Other alarming headlines related to health services and nursing are: No basic care (No basic care 1985: 2), TPA to probe 'pig sty' hospital strike (Humphries and Hlahla 1990: 1), More workers back hospital strike (More workers back hospital strike 1990: 9), 'Critical patients only' at Tygerberg (King 1990: 3), and so forth, and so forth.

Studying caring in "its most essential state", namely a caring milieu in nursing education, thus seems to be of utmost importance.

The importance and pressing necessity for studying the phenomenon caring in this country becomes more evident if the result of the needs assessment study conducted by Brink (1990: 38-43) is taken into consideration. According to Brink during the twelve years of Curationis' existence [the former official magazine for nursing in this country] caring was referred to in only four articles and in only one case as a major concept. Caring as a major concept was not included in any article of Nursing RSA Verpleging [the present official magazine for nursing in this country]. If it is taken into consideration that in this country caring is also considered as the core of the nursing profession and that it is also regarded as an ethic in nursing, this state of affairs borders on moral and ethical negligence on the part of the nursing profession at large.

Several priority areas for research on caring are listed by Brink
8

(1990: 42). This research is based on Brink's suggestion of Analysing caring and non-caring behaviours as perceived by persons in different groups.

THE RESEARCH QUESTION

Based on what has been stated above, the research question for this study is:

What does caring entail in nursing education from the point of view of both the tutor and the student?

In effect this is a question as to What is the nature of caring (in the educational setting)? According to Roach (Forrest 1989: 816) this is an ontological question. As such, it requires a research approach that is atheoretical (or rather a-conceptual) so as to allow the phenomenon to "speak for itself".

METHODOLOGY

The appropriate methodological and theoretical framework for this research is general phenomenology and the phenomenologically based theories of symbolic interactionism. Due to the atheoretical requirements of the study, qualitative research in the form of grounded theory seems to be the most appropriate research approach for this study.

The data collection instrument used was the unstructured formal qualitative interview and the analysis of the data was performed by means of constant comparative data analysis. This was greatly enhanced by using Glaser's six concepts for the clarification of all phenomena, the five dialectical processes from Gurvitch's dialectical sociology, Spradley's nine universal semantic relationships, and Strauss and Corbin's paradigmatic model.

Six informants, two nursing tutors and four student nurses, were
selected by means of purposeful sampling using a questionnaire measuring the individual's self-concept to participate in this research. Theoretical sampling was further conducted in order to saturate the different themes and categories which emerged from the data.

PURPOSE AND OBJECTIVES OF THIS STUDY

The purpose of this research has to some extent already been clarified above. The overall purpose of this study is to determine the nature of caring as reflected in nursing education and is as such exploratory in nature. The views of both the nurse tutor and the nursing student regarding the research phenomenon are investigated so as to contribute to a more complete and more comprehensive description of the phenomenon of caring in nursing.

The objectives of this study are to:

- reconstruct the ontology of caring in nursing education within the parameter set by the paradigm model for grounded theory research constructed by Strauss and Corbin (1990: 99);

- determine the causal conditions of caring in the educational setting in nursing education;

- describe the phenomenon caring as it manifests itself in the educational setting;

- establish the context in which caring is consummated;

- identify the intervening conditions involved in caring in the educational setting;

- expose the actions and interaction strategies involved in caring in the educational setting;
- indicate the consequences of caring in the educational setting in nursing education; and

- construct a diagram of the phenomenon caring.

SIGNIFICANCE OF THE STUDY

As previously stated, caring is today regarded as an ethic in nursing. This study is in the first instance relevant since it addresses the basic tenet of the science and profession of nursing. With reference to the needs assessment done by Brink (1990), this study, especially because of its most fundamental enquiry into the phenomenon caring, most certainly fills an important gap in the knowledge of caring in the educational setting in nursing in this country.

Further, nursing, as an academic endeavour, is under pressure to develop a body of scientific, and scientifically obtained, knowledge. Such knowledge is required to be free of any speculation and should be empirically grounded. This study is an attempt to generate such empirically vested theory for future elaboration and refinement. The model of caring, which has emerged from the data collected, can be used as the basis for the future structuring of the educational setting in nursing education and can also be used for further theory development in future by applying emergent fit grounded theory combined with empirical observations.

A wide variety of affective educational concepts such as trust, warmth, non-threatening conditions, contentment, rapport and the like are also found in caring. These concepts convinced Aspy and Roebuck (1982: 489) that "...people do better when they are at least moderately content." Being cared for in a manner which allows for personal growth constitutes such contentment. By improving aspects of affective education, Aspy and Roebuck (1982: 489) and others found that a decrease in teacher attrition occurred as well as a decrease in student absence from lectures,
and a decrease in disciplinary incidences. The present research also shows a positive relationship between affective education and students' academic performance, self-concept and general conduct.

The danger always exists that nurse tutors, who become distant and alienated from the caring core of nursing, may negate caring to such an extent that they may not be able or willing to recognise the caring aspect of a student-teacher encounter. Such tutors may well raise the question as to whether education is intended for the development of the intellect or to socialise students. Nursing education answers in the affirmative to both these pseudo choices. In Aspy and Roebuck's words (1982: 489), we are not compelled to make a choice between producing either intelligent psychopaths or professionally adjusted and caring dumbbells. In nursing, we refine intellectuals who are capable of being caring. For this reason this study aims at exploring the nurse tutor's view of the nature and importance of caring for students in the educational setting and for caring for students from an educational point of view in addition to exploring the claim that nursing has caring as an ethic.

Literature on caring more often than not implies that with an increase in modern technology caring is eroded and an alienation between the nurse and the client is cultivated. If the results of this study are applied, this may indirectly contribute to counteracting this erosion because a caring milieu will be created within which caring will be fostered rather than eroded. More directly, the constructed model of caring in the educational setting indicates the worth the tutor has for the student as a person and the appreciation students have for the tutor being there. This aspect, if applied in the educational setting may contribute to resisting the possible negative and alienating effect teaching technology and individualised and self-paced learning might have on the student and the tutor. Thus, preventing the tutor from surrendering to technology.

Leininger (1981a: 7-8) lists the following rationale for studying
caring. Firstly, the concept of care appears to have been critical to growth, development, and survival of human beings for millions of years. This aspect seems to be of vital importance in guiding the student nurse to professional adulthood.

Secondly, the reason for studying this phenomenon is to explicate caregiver, and care recipient roles in various living and survival contexts. Again, if caring is regarded both as an ethic in nursing and a human mode of being, as has been proposed by various authors, the educational setting too must reflect this. In a certain way the educational experience is a survival experience since self is recreated and moulded by new knowledge and experiences, some of which, especially in nursing, can be very threatening to the self-image of the student.

The third reason is to preserve and maintain this human attribute for current and future human cultures. Especially since caring is regarded as an ethic in nursing such preservation seems justified. If not, which will be the generation willing to discard caring as an ethic? Let the finger not be pointed at the present generation! As it is, the crisis in nursing referred to above, and the apparent disinterest in caring in this country, apart from the manifestation of skills and procedures pertaining to specific nursing care settings, may well result in caring being discarded as outdated and out of fashion. Let us do something to preserve our heritage. This study is also an attempt in this direction.

The fourth reason or rationale advanced by Leininger is that since the beginning of modern professional nursing, the profession has not systematically studied caring in relation to nursing care. Although Florence Nightingale used the term, she never explicated it (Leininger 1981a: 7-8). The situation has however changed since Leininger's initial statement. On studying the bibliography at the end of this dissertation the reader will find that abroad, today, caring is at the forefront of academic and professional debate and endeavour. As previously indicated such research into caring has not yet been initiated in this
country. In South Africa we owe that much to our pioneers of nursing - all the Henriëtta Stockdales, the Sister Emmas, Cecilia Makiwanes, Charlotte Searles, and every single patient and nurse of the past. We owe it to ourselves and our students, patients, and clients, present and future, to secure a place where they belong, where they can grow, serve, be served, and alleviate physical pain and human longing, and where they can find true human bondage and union.

The following quotations are repeated here, and new ones quoted, to further substantiate the importance and significance of this study.

* In order for nurses to be caring with their patients, they must feel cared for and valued by their colleagues and by the institutions in which they work (Harrison 1990: 125).

* Informants in a study conducted by Miller, Haber, and Byrne (1990) concluded: If we don't care, how can we expect our students to care? (Miller et al 1990: 130).

* According to student nurse informants in a study by Byrne (Miller et al 1990: 132), caring nursing education can be critical to the recruitment and retention of nursing students.

* According to Gaylin (Marz 1986: 29) to become a caring person, one must be treated in a caring way, and this caring can be impaired or reinforced by the environment.

* Marz (1986: 30) also cites Bevis who refers to the need to create an environment that enables others to fulfil themselves in order for caring to occur.

* McCloskey (Marz 1986: 30) found assistance and support (caring) from colleagues to be crucial to decreasing turnover in newly hired nurses.
In summary, the survival of caring as an ethic in nursing and the essential credibility of the nursing profession is dependent on research into caring in nursing and the implementation of the results of such research. Any study on caring in nursing education should aim at exploring and improving the general educational climate in nursing conducive to the teaching and instruction of caring, the contentment of students and tutors, and the counteracting of wastage of manpower in nursing, thereby enhancing the outward image of the profession, and contributing to the restoration of humaneness which at present appears to be increasingly diminishing.

ASSUMPTIONS

Assumptions are formulated with reference to the three areas of commitment for any research undertaking as proposed by Kuhn (Mouton 1988: 149).

ASSUMPTIONS REGARDING THEORETICO-CONCEPTUAL COMMITMENTS

It is assumed for this study that:

- general phenomenology and a dialectical phenomenological anthropology are indispensable as a philosophical point of departure; and

- symbolic interactionism is the theoretical construct of preference in explaining and clarifying the epistemology and methodology underlying grounded theory research.

ASSUMPTIONS REGARDING METHODOLOGICAL-TECHNICAL COMMITMENTS

In this instance it is assumed that:

- grounded theory, within the qualitative research paradigm,
is the appropriate approach to studying the phenomenon involved;

- symbolic interactionistic theories provide an appropriate methodological framework for grounded theory research without compromising the researcher's atheoretical (a-conceptual) stance regarding the research object;

- unstructured formal qualitative interviews will elicit the required information from informants; and

- all these philosophical and theoretical constructs are logically related and they can be fused into a sententious conceptual and theoretical framework within which the phenomenon under investigation can be explored sensibly, responsibly, scientifically, and systematically.

ASSUMPTIONS PERTAINING TO ONTOLOGICAL COMMITMENTS

Even though the ontological question asked about caring in the educational setting requires an atheoretical (a-conceptual) and, by implication, an assumptionless sterility, the assumptions stated below are but broad indicators clarifying the anticipation of the existence of the phenomenon caring. In no way do these describe or predict this phenomenon. The assumptions in this respect are that:

- the phenomenon caring does exist within human interaction and experience;

- caring, as implied in this study, only exists inter-subjectively and interpersonally;

- caring, as an ethic in nursing, is reflected in all spheres of the profession including nursing education; and

- caring exists diffusely in the nursing profession as a moral and ethical conscience.
SCOPE AND LIMITATIONS OF THE STUDY

Scope

Although this research was conducted primarily on caring in the educational setting in nursing education, care and caring in nursing context are frequently referred to. Often, a direct line is drawn between the essence of care and caring in nursing and its manifestation in nursing education. Also, though this study was conducted in, and aimed at, the educational setting only, the result does, however, contribute to a better understanding and clarification of the phenomenon caring in general. It contains concepts reflected in the work of various authors who view caring from very different angles and perspectives, such as caring as: a human attribute, an affect, a moral imperative, and therapeutic and interpersonal interaction. Caring is also viewed from a sociological, psychological and anthropological perspective.

Generalisability and credibility (Validity and Reliability)

Notwithstanding these tangent points, the general questions levelled at qualitative research, regarding adequacy and generalisability prevail. As Chenitz and Swanson (1986: 10-14) put it, internal validity is always threatened by: events which occurred before data collection, subject maturation as a result of the relationship between the investigator and the researcher, subject bias or the difference between those people studied and those not studied, subject mortality, reactive effects of the researcher on the informants, and changes in the observer or the extent to which the observer is affected by the research. In this research one informant was lost through mortality. The presence and scope of the other problems are not known and probably not knowable, though acknowledged by the researcher.

According to Chenitz and Swanson (1986: 12) the external validity rests on generalisability of the observations to the general
population. Of importance here is the fact that the informants are all from a specific and well defined subculture within nursing education. In this instance it should be noted that only students following the diploma in nursing, according to regulation R. 425 of February 1985 as amended, were selected, and more specifically that the institution in which these students are working has a very definite unique tradition, culture, and institutional arrangement. Generalisability in this instance can thus be questioned.

Only students and tutors willing to participate in the study were included. This in itself can pose a problem regarding bias. The question remains as to the possible results had other informants been included.

The inclusion of tutors from both the clinical field and the classroom setting gives support to the definition of the scope of nursing education as applicable to this study.

There is also the possibility that peer group pressure, college subculture and general group cohesion associated with adolescence and late adolescence may in some way have contributed to a one sided and an askew image and description of the phenomenon caring. This is especially important and possible since follow-up interviews were conducted and informants could have contaminated one another. The same influence could have occurred amongst tutors.

Even though the assumption was accepted that informants would answer honestly and with integrity to reasonable questions asked during the interview, the general problems associated with the measurement of affective attributes are also associated with caring. Thus informants might have answered questions in a manner which they perceived as being more polite and not really as they felt about or perceived them. Also, informants might have answered questions without taking into consideration the various situational variables involved. This last aspect is however not as serious a problem as the previous since what is real is real to the individual and any discrepancies between this and
situational indicators may of itself be significant research findings.

Saturation

This issue is closely related to the previous limitation namely, generalisability. As discussed in Chapter 4, saturation in a certain sense is a myth. The main problem is that at some stage, the research has to be discontinued. The problem resulting from this is often premature closure. According to Hutchinson (1986: 128), *premature closure is often the case with theses and dissertations*. However, saturation, completeness, clarity, and the like are also dependent on the researcher's analytical abilities. For this to be successful, quality, uninterrupted, extended periods of time are an absolute necessity. Doing research while working, one has to settle for rather fragmented involvement with the research. Quality time, as described above is in this instance an absolute marvel. The researcher experienced this duality, concentrating alternately on marking assignments and analysing data, as totally demoralising.

Semantic problems

Several semantic problems were encountered in this study. The first is that of *polysemy*, the possible multiple meanings a word has in natural languages. Ricoeur (Rawnsley 1990: 43) warns that although words may be potentially polysemic at the lexical or dictionary level, *it is only by a specific contextual action of shifting that they realize, in a given sentence, a part of their potential semantics and acquire what we call determinate meaning*. The problem of the polysemic state of the word *caring* was to some point covered in the explication of the different types of caring as it emerged from this study (Chapter 6). However, in the literature, and even in single defining statements e.g. Kitson's definition of *lay caring* versus *professional care*, the problem is obvious. Also, the use of the the word *care* as a noun and a verb
and caring as a descriptive noun and a verbal form of care further complicated matters. Throughout this report, the researcher tried to keep to the words of the author whose viewpoint is discussed at that specific point.

Other words which presented semantic and polysemic problems are those related to, or indicating the "care giver" or the "receiver of care." Words such as carer, the cared-for, and the one caring, were encountered in the literature. Again, the researcher tried to use the words of the authors quoted directly or indirectly.

The use of the words care for to name one of the types of "caring" which emerged from this study are thus also prone to possible misinterpretation.

ETHICAL CONSIDERATIONS

Ethical considerations in grounded theory research have a wide scope. In this report the ethical considerations important to this study is discussed in Chapter 4, in answer to the question: What do the findings mean and how do they relate to the original problem? These centre around:

- Problem identification;
- Anonymity;
- Power differential;
- New insights developed by informants; and
- Publication of the findings.

DEFINITIONS

The following definitions are provided to clarify terminology involved in this research.

Adequacy: is used in terms of research validity and refers to the sufficiency and quality of the data obtained. This implies
assessment of data for relevance, completeness, and the amount of information obtained (Morse 1991: 135).

**Axial coding:** A set of procedures whereby data are put back together in new ways after open coding, by making connections between categories (Strauss and Corbin 1990: 99).

**Basic social process:** is the core variable or process which emerges from the data around which the whole theory is constructed.

**Constant comparative data analysis:** refers to the analysis and coding of data throughout and simultaneous with data collection and comparing these to other data obtained and to the literature. This forms the basis of theoretical sampling and represents theoretical sampling in operation.

**Consistency (internal):** is implemented to establish the reliability of data by judging the logical or explanatory rationale of ideas about the same topic within a single interview (Morse 1991: 176).

**Credibility:** See Reliability

**Emic:** is the study and analysis of a setting or behaviour interpreted from the subject's point of view (Field and Morse 1991: 21).

**Equivalence:** is the testing for reliability in qualitative research by asking different questions during an interview in order to establish the equivalence of the data elicited regardless of the form of the question (Morse 1991: 176).

**Etic:** The study and analysis of behaviour interpreted from the perspective of the researcher (Field and Morse 1991: 21).

**Generic caring constructs:** are those component constructs found in caring universally e.g. compassion.
Grounded theory: a research approach within the qualitative research paradigm. The central idea in grounded theory is that theory is generated from and grounded in data; theory generation rather than verification is the ultimate aim (Melia 1982: 328).

Informants: refer to the students and tutors from whom information was elicited during open unstructured qualitative interviews.

Nursing education: is defined as the education and training involved in the professionalisation of students registered in terms Regulation R425 as amended (South Africa 1984). Nursing education thus involves both classroom teaching and the clinical experience of students.

Open coding: is the process of breaking down, examining, comparing, conceptualising, and categorising data (Strauss and Corbin 1990: 61).

Phronema: is a construct which emerged as part of the essential structure of caring and represents the will, feelings and knowledge of the care giver, and initiates and directs caring actions.

Purposeful sampling: is the selection of informants according to the needs of the study. Rather than selecting a criteria based sample founded on typical or representative population and demographic attributes, the sample is selected according to the informant's knowledge and experience of the phenomenon under study (Morse 1989: 119; Field and Morse 1991: 95). (See Selective sampling.)

Qualitative research: for the purpose of this study is defined as inductive, holistic, emic, subjective, and process-oriented research used to understand, interpret, describe, and develop theories pertaining to a phenomenon of setting (Field and Morse 1991: 139).
Reliability: Reliability in qualitative research and in grounded theory research does not pertain to the exact replication of the study and results. It points to the affirmation of the question: If I apply this theory to a similar situation, will it work, that is, allow me to interpret, understand, and predict phenomena? Transferability and Credibility are thus associated terms.

Saturation: The (mythical) point after which further observations and interviews do not elicit any new or alternative information of data.

Selective sampling: refers to conducting sampling within specific predetermined criteria and parameters. According to Schatzman (Strauss 1990: 39), this refers to the calculated decision to sample a specific locale or type of interviewee according to a preconceived but reasonable initial set of dimensions. This refutes the principles of "random sampling." (See Purposeful sampling.)

Stability: is a component in testing for reliability in qualitative research and refers to repeating observations and interviews over a period of time with different informants to establish the consistency of information given (Morse 1991: 176).

Sufficiency: See Adequacy.

Student: is a person undergoing education and training in terms of Regulation R425 as amended (South Africa 1985).

Theoretical sampling: is sampling on the basis of concepts which have proven theoretical relevance to the evolving theory. This is always selective sampling and includes sampling of both data and literature (Chenitz and Swanson 1986: 9; Stern 1987: 84; Strauss and Corbin 1990: 176)

Theory: in grounded theory is defined by Glaser and Strauss
(Melia 1982: 328) as: a strategy for handling data in research, providing methods of conceptualization for describing and explaining.

Within the qualitative research paradigm, Leininger (1988e: 154) defines theory as sets of interrelated knowledge with meanings and experiences that describe, explain, predict, or account for some phenomenon (or domain of inquiry) through an open, creative, and naturalistic discovery process.

Transferability: See Credibility.

Triangulation: is the use of multiple methods or perspectives to collect and interpret data about some phenomenon, in order to converge on an accurate representation of reality (Polit and Hungler 1987: 537). This also implies applying both qualitative and quantitative approaches.

Tutor: refers to all those people directly involved in the education and training of students. It thus includes both tutors registered with the South African Nursing Council as nurse tutors and registered professional nurses in the clinical field involved in the education and training of nurses, whether qualified as registered nurse tutors or not.

Validity: in qualitative research refers to the best available approximation of the truth of propositions (Chenitz and Swanson 1986: 10). Also see adequacy.

OUTLINE OF THE STUDY

CHAPTER 1  Introduction, background, problem statement, purpose, objectives, significance, assumptions, scope and limitations, ethical considerations, and definition of concepts referred to in the study.

CHAPTER 2  Orientation to the philosophical foundation and theoretical framework underlying the study,
including: a dialectical phenomenological anthropology, symbolic interactionism, verstehen, and aspects from the theoretical constructs of the dialectical sociology of Gurvitch, and the qualitative data analysis framework by Glaser and the semantic relationships by Spradley, Casagrande and Hale and the paradigm model by Strauss and Corbin.

CHAPTER 3 Literature review on caring including the origin of caring, the definition of caring, and the structure of caring as portrayed by research in both nursing practice and in nursing education.

CHAPTER 4 Methodology, including a qualification for the use of the proposed theoretical framework, and an explanation of the qualitative research paradigm, grounded theory research, data collection techniques, and data analysis techniques.

CHAPTER 5 Presentation of data: Themes and categories. This includes the philosophical foundation of caring, the origin of caring in the educational setting, factors influencing caring, people involved in caring in the educational setting, types of caring, the outcome of caring, the nature of caring.

CHAPTER 6 Axial coding: the theory/model. the processes underlying caring in the educational setting, and the phenomenon caring and its variants.

CHAPTER 7 Summary of findings, conclusions, implications: and recommendations.

BIBLIOGRAPHY

ANNEXURES
CHAPTER 2

LITERATURE REVIEW ON THE PHILOSOPHICAL AND ANTHROPOLOGICAL FOUNDATION UNDERLYING THE ONTOLOGY AND EPISTEMOLOGY IN THIS RESEARCH

INTRODUCTION

Grounded theory research implies generating theory rather than verifying theory. For this reason, this chapter is devoted to stating the philosophical stance taken in this research, whereby the philosophical and anthropological framework underlying social reality (ontology) and the research act is explained. However, the research phenomenon, caring, is in no way predicted or described hereby.

Because qualitative research and grounded theory research in nursing in this country are still in their infancy, it seems appropriate to provide an overview of the philosophical, anthropological and unfolding theoretical frameworks underlying this research as it clarifies social reality (ontology) and the nature of knowledge (epistemology). By implication, this discussion will also address questions regarding the methodology. However, a more detailed discussion thereof follows in Chapter 4.

The philosophical point of departure is a dialectical phenomenological anthropology which forms a basis for the theoretical groundwork, namely symbolic interactionism.

THE DIALECTICAL PHENOMENOLOGICAL ANTHROPOLOGY

The fundamental philosophical point of departure for this study is vested in general phenomenology. Phenomenology in this instance represents a dialectical argument between objectivism and subjectivism as explained by Meyer, Muller, and Maritz (1967:
The invalidation of the subject/object duality in this dialectic is regarded as fundamental to this study. The basic argument that the individual is subjected, not to determinative factors, but to restrictive factors, applies. With this argument, both the anthropological determinism and indeterminism are invalidated. From this philosophical point of view the individual becomes both object and subject.

This dialectical phenomenological argument does not negate the existence of an objective reality apart from the individual. However, it also gives support to the individual's constitution of meaning of such a reality. Reality does not consist of a collection of objects which exist independently of the individual such as the positivists, in general, propose the relationship between man and environment to be. Nor does the individual autonomously generate knowledge or a reality. Whatever the individual thinks, that is, whatever appears to be real to the individual, this thinking is directed to, or is about, an objective something. The individual's thinking, knowledge and reality are in terms of something in the objective realm. Thus, though the objective realm restricts the individual's thinking, it does not determine what the individual will think about any specific something.

The process by which the individual constitutes this relative (and qualitative) reality originates from the assumption that the individual is eccentric; man has self-awareness and self-consciousness and is self-directed and self-reliant. The individual, as an eccentric being, is able to distance himself from his surrounding. Thus, he is able to focus on (objectivate) his surrounding; constituting a lived and experienced world. In the same manner man can reflect upon himself.

With the individual's constitution of reality in terms of a dialectical phenomenological argument, the stage is set for both the ontology (social reality of interacting individuals, in this instance, caring) and the epistemology (the question as to what comprises knowledge). It provides a basic framework for the
existence and nature of reality and knowledge and it also introduces and provides a basic framework for the question as to how knowledge is brought about and how knowledge can be ascertained. This latter aspect has direct bearing on the choice of the research approach and data gathering instruments to be used in the research. However, even though both the ontology and the epistemology involved in this study will be discussed in this chapter, the related methodology will be attended to in detail in Chapter 4.

Although a dialectical phenomenology does clarify the essential nature of knowledge and reality it will be agreed that it is a rather anaemic and disembodied representation of human existence. Some theoretical substantiation for the anticipation of the existence of social reality (caring) is thus appropriate. It is therefore necessary to turn to a more explicit theoretical argument which gives more substantiation to the nature of man and to his relationship with his environment and his fellow man. It is, however, imperative that this theoretical framework be compatible with the preceding dialectical phenomenological anthropology and that what is stated in this theoretical structure be stated in such general terms that it does not compromise the researcher's scientific objectivity, neutrality, and unbiased position regarding the research topic (caring) and theory generation as required by grounded theory research. Symbolic interactionism provides such a line of reasoning.

In this respect Chenitz and Swanson (1986: 46) point out that the misconception prevails that grounded theory, because it is directed towards theory generation and not theory verification, is atheoretical in nature. In this regard, Chenitz and Swanson quote Blumer in saying:

One can see the empirical world only through some scheme of it. The entire act of scientific study is orientated and shaped by the underlying picture of the empirical world that is used. The relationship between the research act and the
theoretical framework is also critical. This picture sets the selection and formulation of problems, the determination of what are data, the means to be used in getting data, the kinds of relations sought between data and the forms in which the propositions are cast (Chenitz and Swanson 1986: 46).

From this quotation it is clear that the following aspects should be addressed in a discussion of the philosophical and theoretical framework underlying any research. These are:

* the scheme (philosophical point of departure or theoretical framework or both)
* the relationship between this and the research act
* the selection and formulation of a problem
* determining what data are
* the data gathering instrument/method
* the relationships between data and the form into which propositions will be cast.

This corresponds to Mouton (1988: 16) regarding aspects to be attended to by methodology. However, in this chapter only the scheme, as indicated by Blumer above, will be discussed explicitly. The remaining aspects will be discussed in Chapter Four; Methodology and Research Design.

At this stage it seems appropriate to represent the line of argument and the proceeding of the research act for this study diagrammatically. See Figure 2.1. on the next page.
Figure 2.1 Diagrammatic representation of the line of reasoning and the proceeding of the research act in this study.
SYMBOLIC INTERACTIONISM

Ferreira (Mouton and Marais 1988: 203) and Chenitz and Swanson (1986: 5) see the symbolic interactionistic theories as the logical choice for framing grounded theory research and thus as the scheme of preference through which to look at the empirical world during such research.

Symbolic interactionism constitutes both a theoretical perspective ... and a methodological orientation (Manis and Meltzer 1978: 11). Theoretically it clarifies the individual’s constitution of a social reality (ontology) as contained within a dialectical phenomenological anthropology. It thus clarifies the existence of a social reality (such as caring) but does not suggest any preconceived ideas of such a reality.

Methodologically, symbolic interactionism serves as a broad framework of argumentation which guides the researcher in making choices regarding the research process congruent to the fundamental nature of man and thus appropriate to eliciting data/knowledge in accordance with the way in which man constitutes knowledge or social reality (life world).

DEFINITION

Jansen (1978: 30) states that symbolic interactionistic oriented theories can be classified into two main categories: symbolic interactionism and social action theory. Symbolic interactionism emphasises symbolic meaning as the foundation of social interaction. According to this orientation, the individual communicates with others by means of significant symbols which have similar meaning to all those involved. Social action theory, on the other hand, takes meaningful social actions as units for analysis. Actions are social in as far as these are directed at other individuals and become behaviour when the individual attaches meaning to these actions. This is one of the principles on which the research act in this study is founded.
Charon (1989: 22-23) defines symbolic interactionism as a perspective in social psychology which, instead of focusing on the individual and his or her personality characteristics, or on how the social structure or social situation causes individual behaviour, focuses on the nature of interaction, in terms of the individual acting in the present; an act reflecting what is happening in the individual, who, by defining and giving meaning to these acts, makes it his own.

Symbolic interactionism, in addition to a definition, can be summarised in seven basic propositions.

**BASIC PROPOSITIONS OF SYMBOLIC INTERACTIONISM**

**Proposition 1:** The meaning component in human conduct implies that distinctively human behaviour and interaction are carried on through the medium of symbols and their meanings. This is the central idea in symbolic interactionism. However, human beings do not typically respond directly to stimuli, but assign meanings to these and act on the basis of these meanings (Manis and Meltzer 1978: 6).

Blumer believes that: The human being is not a mere responding organism, only responding to the play of factors from his world or from himself; he is an acting organism who has to cope with and handle such factors and who in so doing has to forge and direct his line of action (Chenitz and Swanson 1986; 5). Further, the meaning an object has to the individual gives it a value. This implies that action or behaviour toward an object is planned and based on the meaning and the value it has for the individual. Thus, Blumer also maintains that definitions of scientific concepts, rather than being arbitrarily determined by scientists, must be based on the definitions of people interacting in society (Timasheff and Theodorson 1976: 239). This is one of the central ideas on which grounded theory research is founded and is reflected in this research in the data obtained through
unstructured qualitative interviews.

Proposition 2: *The social sources of humanness* refer to the fact that the individual becomes humanised through interaction with other persons. Contained in this intricate concept (interaction) are the fundamental components of the symbolic interactionistic theory; self, mind, role taking, and symbols (Charon 1989:101; Manis and Meltzer 1978: 6). This process, the essence of individual constitution of a social reality, will be further elaborated upon in the paragraphs to follow.

Proposition 3: *Society as process* implies that human society is most usefully conceived as consisting of people in interaction. This is in sharp contrast to metaphors such as *social structure*, *social organisation* and *social system* (Manis and Meltzer 1978: 6). In grounded theory specifically, social process is assumed and looked for during the research (Wilson 1989: 480).

Blumer (Timasheff and Theodorson 1976: 239) accepting Mead’s view of society as continuously modified through the interaction of its members, emphasises society’s *processual* or constantly changing character. Blumer is thus critical of those who do not regard society as a dynamic unfolding process. Although structures exist, (like the roles occupied in a caring encounter) rather than determining actions, such structures only enter into the process of interpretation and definition engaged in by individuals in interaction.

Proposition 4: *The voluntaristic component of human conduct*, as can be deduced from the previous principle, implies that human beings are active in shaping their own behaviour. Symbolic interactionism is thus not a deterministic perspective (Manis and Meltzer 1978: 7). In dialectical phenomenological terms the individual is both enmeshed in society and freed from society. Thus, both subject and object. Meaning to symbolic interactionists consequently does not inhere in objects but derives from the uses people make of objects. The fact that Blumer maintains that definitions of scientific concepts, rather
than being arbitrarily determined by scientists, must be based on the definitions of people interacting in society is also applicable at this point. This aspect is fundamental to this study specifically and grounded theory research in general. Through conducting unstructured qualitative interviews, the high premium placed on people's definitions are reflected.

Symbolic interactionistic orientated theories' advancement of a relationship between human beings (as individuals with needs and a capacity to constitute meaning) and society (as a normative structure of interaction) replace the stark conservatism of determinism with a more open and dynamic view. This aspect of symbolic interactionism makes the application of these theories to qualitative research a viable proposition and as such reflect the dialectical phenomenological anthropology underlying this study.

Proposition 5: The dialectical conception of mind points to the fact that consciousness (thinking) involves interaction with oneself; an internal conversation (Manis and Meltzer 1978: 70). This forms the basis for abstract and reflective thinking. These modes of thinking allow the individual to designate objects and events remote in time and space, create imaginary phenomena and other abstractions, and thereby learn without having direct experience of the things to be learned (Manis and Meltzer 1978: 8). For this reason, people can be asked about a thing such as caring during unstructured qualitative interviews.

Proposition 6: The constructive emergent nature of human conduct in conjunction with the previous propositions states that The behavior that emerges from the interactions within an individual ... is not necessarily a product of past events or experiences ... [it] may be an unpredictable emergent constructed in the thought processes of the actor ... (Manis and Meltzer 1978: 8). Human beings are thus, in part at least, participants in creating their own destinies. This however does not imply a completely free will but, a soft determinism which influences human conduct as proposed in the dialectical phenomenological argument discussed earlier.
Proposition 7: The necessity of human introspection is implied by the notion that if human beings act on the basis of their interpretations or meanings, it becomes essential to get at actor's meanings in order to understand and explain their conduct (Manis and Meltzer 1978: 12). For this reason too, this research is based on the personal knowledge, opinions and experiences of informants elicited through unstructured qualitative interviews.

Discussion on symbolic interactionism

Mead, who at first espoused social behaviourism included within the legitimate bounds of scientific investigation not only observable overt behaviour, but also covert behaviour (thought) knowable only through introspection. This is in agreement with other theorists' work such as Cooley and Weber. These theorists considered introspection a valid technique for understanding human behaviour because it could be made objective by the consensus of scientific investigators (Timasheff and Theodorson 1976: 236).

Thus, simply observing behaviour from the outside does not provide an understanding of actors' views of their social world, and hence, an understanding of their conduct. This, in essence, allows for a verstehen approach to human behaviour (Manis and Meltzer 1978: 8-9) and reflects some phenomenological moments in symbolic interactionistic theory (Manis and Meltzer 1978: 12).

According to Weber, in the study of social phenomena we are able to go beyond mere demonstration of functional relationships and uniformities. We can understand (verstehen) the actions and subjective intentions (meanings) of the actors. In MacIver's words, Social facts are all in the last resort intelligible facts (Timasheff and Theodorson 1976: 150).

Thus Weber's verstehende (to understand) approach is also significant in constructing and clarifying a theoretical
framework for this study. According to Melia (1982: 327) The qualitative methodologists, ... do not place much emphasis on the idea of predicting human behaviour; rather, they favour the understanding of behaviour in the traditions, described by Weber (1947) as verstehen.

Max Weber, agreeing with the positivists that social and cultural phenomena can be studied objectively and causally and subjected to generalisation as in the natural sciences, at the same time, agreed with the German philosophical view that human behaviour involves meaning and ideas and that it can and should be understood from within by the investigator. Weber did not feel that the element of internal understanding makes the social sciences less scientific than the natural sciences. To Weber this state of affairs gives the social sciences an advantage over the natural sciences since although both can obtain etic data (from the outside) regarding their object of interest, only social sciences can obtain emic data (from the inside) through sympathetic introspection.

At this point it is necessary to attend to an epistemological issue. Emic data as data from the inside pertains to, the inside of the phenomenon under study. In studying caring, emic data was assumed to be the data obtained from the receiver of care - the one experiencing care and caring. In nursing this means that the patient and client can give emic data, data from the inside of the phenomenon, and the nurse can give etic data, data from the outside. The question now arises as to whether this present study isn’t perturbed by an epistemological fallacy because, according to the research question, caring will be investigated from both a care giver’s (tutor’s) and a receiver of care’s (student’s) point of view. The answer is no! not at all. Based on the assumption that caring is manifested interpersonally, caring is established by both a care giver and a receiver of care and thus data from both parties should be obtained. Without questioning the atheoretical approach as far as the research phenomenon caring is concerned, Pirsig’s definition of caring as quoted by Barker (1989: 136) could serve to illuminate this issue further. Barker
puts it as follows: When one isn't dominated by feelings of separateness from what he is working on, then one can be said to 'care' about what one is doing. That is what caring really is, a feeling of identification with what one is doing. When one has that feeling then he also sees the inverse side of caring. Quality itself. Care described in these terms is consonant with the fusion of subject and object. Applied to nursing (and nursing education) this would mean to rid the words care giver and receiver of care. Care and caring would be the quality which is consonant with the fusion of the nurse and patient (tutor and student): where the meaningful interaction of the two produce a quality which could not exist outside the interaction, and which could not (logically) belong to one or the other of them (Pirsig as quoted by Barker 1989: 136).

The moral and ethical importance of viewing caring from the point of view of the receiver of care is not negated, but, if nursing, in its quest to gain more knowledge of and insight into the phenomenon caring, continues to describe caring only from the point of view of the receiver of care, the question can duly be asked as to the extent to which nursing is an autonomous profession and to what extent nursing has rid itself of the influence of asceticism?

According to Weber, in the study of social phenomena we are able to go beyond mere demonstration of functional relationships and uniformities. We can understand (verstehen) the actions and subjective intentions (meanings) of the actors. Thus there are two ways in which understanding on the level of meaning takes place. First we understand by direct observation. Secondly, there is understanding of motive in which case we reproduce in ourselves the purposive reasoning of the actor (Timasheff and Theodorson 1976: 150).

Of further importance to this study, (especially to data analysis) are the basic principles underlying Theodore Able's ingenious recast of Weber's operation verstehen approach. This consists of internalising the factors observed, one being stimulus, the other response and finding a commonly accepted
maxim of conduct that links the two together. In essence this indicates the identification of emergent themes from what one observed. To illustrate, Able (Timasheff and Theodorson (1976: 151) notes:

Competent statistical research has established a high correlation...between the annual rate of crop production and the rate of marriage in a given year...We use as items of information the fact that failure of crops...materially lowers the farmer's income...and the fact that one is making new commitments...when one marries...We then internalize [the first fact] into 'feeling of anxiety'...and [the second fact] into 'fear of new commitments'...We are now able to apply the behavioral maxim: 'People who experience anxiety will fear new commitments'...Since we can fit the fact of new fewer marriages when crops fail into this rule, we say we understand the correlation.

In summary these seven propositions are further condensed by Blumer who holds that symbolic interaction rests on three basic premises (Chenitz and Swanson 1986: 5). Firstly, human beings act toward things on the basis of the meanings that the things have for them. These things may be objects, other human beings, institutions, guiding ideals, activities of others and situations, or a combination of these.

Blumer's second point of view is that meanings of such things is derived from, or arises out of, the social interaction that one has with one's fellows. And, thirdly, these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (Chenitz and Swanson 1986: 5).

The act (The constitution of a social reality)

For Mead, the unit of study [of social phenomena] is 'the act,' which comprises both overt and covert aspects of human action
(Manis and Meltzer 1978: 23). An act, though occupying a space of time and sometimes several actions, is presented here for both analytical reasons and the purpose of clarification as an all-at-once happening. The following presentation is thus a time slice or cross section and presents a/any moment in time in any human act including research and caring. Because individual constitution of an ontology also implies a continuing and continuous reorientation toward the objective world the following explanation of the act in symbolic interactionism is also applied in explaining and clarifying such individual constitution of reality.

Figure 2.2: Diagrammatic representation of the act of constituting a social reality

Symbols

Human beings respond to one another on the basis of intentions or meanings of gestures. This renders the gesture symbolic (Manis and Meltzer 1978: 17). However, to engage in concerted behaviour, individuals must attach the same meaning to symbols. At this point consensus becomes an important concept in human society. This term is designated to the sharing of meanings in the form of common understandings and expectations. (Manis and Meltzer 1978: 17). Consensus also leads to a linguistic element (name or word) being attached to a symbol designating it a significant symbol. Interaction to Mead is based on these shared symbolic meanings - a uniquely human phenomenon (Timasheff and Theodorson 1976: 236).
Indeed, it is due to the world of symbols and language that the human is not passive in nature and does not respond to physical stimuli as other organisms do ... The symbol is, in a way, the central concept of the whole [symbolic interactionistic] perspective ... Each individual depends on society for symbols; without other people each individual would be without a symbolic life and all things that symbols make possible (Charon 1989: 35).

Though objects may exist in physical form, they are pointed out, isolated, catalogued, interpreted and given meaning through social interaction (Charon 1989: 35). Symbols, though in themselves social objects, also represent social objects and are thus used for communication. The degree of shared meaning of the significance of symbols may however differ in degree from individual to individual making the concept different as would become apparent through the I as creative part of self (discussed in the following paragraph). This is also underscored by Proposition 7 above.

In this respect Blumer (Timasheff and Theodorson 1976: 240) maintains that definitions of scientific concepts, rather than being arbitrarily determined by scientists, must be based on the definitions of people interacting in society. Blumer in this respect identifies two types of concepts.

A definitive concept is one that 'refers precisely to what is common to the class of objects, by the aid of a clear definition in terms of attributes or fixed benchmarks.' However, since the empirical social world is not fixed, but constantly in the process of redefinition by its members, definite concepts tend to be arbitrarily determined by the sociologist and not based on empirical reality. The use or attempted use of definitive concepts in sociological theory is therefore a mistake ... Instead, sociologists should recognise that their concepts, ... are inherently sensitizing concepts, which, although lacking in specification of attributes or benchmarks, give the user general guidance in approaching empirical instances ...
'Whereas definitive concepts provide prescription of what to see, sensitizing concepts merely suggest directions along which to look' (Timasheff and Theodorson 1976: 240).

The basic difference between the two types of concepts thus lies in the fact that whereas definitive concepts provide prescription of what to be on the look for, sensitizing concepts merely suggest directions along which to look. Sociological and therefore social science concepts, though perceived by some as definitive concepts, in fact represent sensitised concepts. Blumer emphasises that while sensitising concepts should continually be redefined and improved, they will never reach a final definitive form (Timasheff and Theodorson 1976:240). This is of utmost importance regarding the data respondents present and the analysis of such data.

Theoretical propositions according to Blumer, should be tentative statements using sensitising concepts based on empirical observation. Moreover, theory construction should be based on induction rather than deduction because the former is more subjected to empirical verification and therefore less subject to error. This principle is also applied in symbolic interactionism and in this research since the approach is empirically inductive; from the specific to the general. Empirical research is conducted (specific elements) which are reconstructed into theory (general element). Grounded theory, and thus this research as well, is based on empirically inductive research - moving from the specific statements and instances in the social reality to construct a generalised representation of that reality. However, as will be explained later, this induction is somewhat reversed through deduction when selective sampling of literature is conducted.

Closely related to Blumer's point of view and of further epistemological importance for this study is the sociology of knowledge as explicated by Berger and Luckmann (Timasheff and Theodorson 1976: 299). Regarding the distinction these authors make between objective and subjective knowledge, representative-
ness and variety - both important factors in this research - are qualified. According to Berger and Luckmann:

Subjective reality (knowledge) refers to an individual's acceptance of a set of beliefs, expectations, definitions, meanings, and evaluations as his or her own view of the world, ... Objective reality is socially shared reality. When meanings are shared by a number of persons, they are not purely subjective, but are objectified; they have an objective reality in that they are external to any one person (Timasheff and Theodorson 1976: 299).

This is also qualified by the symbolic interactionistic concepts making up self; Me and I. The implication is clear, the knowledge, understanding, description given, and symbols used may be either objective and definitive or subjective and sensitising, however, both are important as data in this study.

Self

According to Manis and Meltzer (1978: 18) To state that the human being can respond to his own gestures necessarily implies that he possesses a self. Thus, the human being can act socially toward himself just as toward others. This again is accomplished by role taking. Role taking and the development of self are concurrent. Self is thus a social object the actor acts toward (Charon 1989: 66). Regarding this, Mead (Charon 1989: 73) points out that the essence of the self ... is cognitive: it lies in the internalized conversation of gestures which constitutes thinking, or in terms of which thought or reflection proceeds. Interviews in order to surface these thoughts are thus appropriated in research such as the present and grounded theory in general. The discerning reader will also note the relationship between what is stated in this paragraph and the epistemological implications of the work of Blumer, and Berger and Luckmann as discussed above.

Within self, two analytically distinguishable concepts are identified by Mead (Manis and Meltzer 1978: 19) namely the Me and
According to Timasheff and Theodorson (1976 238) the Me pertains to the situational manifestation of the generalised other, or, the organised set of community standards internalised by the individual. The Me includes the norms, values, definitions, and meanings that have been internalised in the individual. This implies social control and conformity within the individual.

On the other hand, the I represents the spontaneous part of the self. It is unpredictable and gives a uniquely individual response to the situation and to the Me. Each person is to some extent different from every other person, varying not only in biological make-up but in experience that is never exactly the same. The I provides for the explanation of the dynamic and creative element in human behaviour. This necessitated Timasheff and Theodorson (1976: 238) to remark that in any interactive situation the behaviour of the participants is never completely predictable from a knowledge of social expectations. This aspect has bearing on the present research, for as indicated in Chapter 1, no promises could be made regarding the outcome of this research.

Every act starts in the form of an I and ends in the form of a Me. The 'I' thus gives propulsion while the 'Me' gives direction to the act (Manis and Meltzer 1978: 19).

Self is established, maintained and altered in interaction with others. Thus, the self is an ever changing social object (Charon 1989: 71).

According to Ferreira, (Mouton 1988: 203) the amount of respect and concern significant others show to the person will be perceived by him as a measure of his own worth. According to Hickman and Kuhn (Charon 1989: 74) the self 'anchors' us in each situation, since unlike other objects, the self is present in all situations. The self serves as a basis from which a person 'makes judgements and subsequent plans of action toward the many other objects that appear in each situation.' Self-perception and
self-concept are thus important considerations.

In this study the *looking-glass* which self-perception provides was applied in selecting an initial sample of respondents. In this instance the Personal Orientation Inventory (POI) constructed by Shostrom, Knapp and Knapp (1976) was used to select respondents for interviews.

**Mind**

According to Mead (Manis and Meltzer 1978: 20) the mind develops correlatively with the self, constituting the self in action.

The mind is action; using symbols which are directed toward the self. The mind is thus *symbolic interaction with the self* (Charon 1989: 88). However, because of mind humans develop an active relationship with their environment, including other persons.

According to Charon (1989: 96) the individual pursues interests, values, goals, and in these pursuits problems arise that must be resolved: Here lies the essence of minded activity, especially the most conscious and deliberate. It is exactly this minded action which has brought the researcher to the point of starting this research. It is also this minded action which was started in the respondents by creating a *problem situation* (e.g. the question *What in your opinion constitutes caring?*) upon which the respondents had to reflect; a unique human ability.

**Role taking**

*Role taking* is the imaginative completion of an act by an individual (Manis and Meltzer 1978: 17). For this the individual must put him/herself in the place of the other i.e. must identify with the other. By means of role taking we can see ourselves as others see us (Manis and Meltzer 1978: 21) and recognise in ourselves the response we call out in others. The result is a conversation within ourselves between the representation of the other (*Me*) and our impulses (*I*) which constitutes the mind.
Through role taking, the individual is capable of being an object to self and achieves a sense of self. As the individual 'takes the role of other' the ability to look back at self, a distinctly human capacity, is learned. This human capacity to see self from the perspective of other enables the individual to hold a concept of self (Manis and Meltzer 1978: 21). This aspect is of importance in this study due to the fact that both tutor and student should take the role of the other in order to perceive the role and concept of the self in a caring encounter. The tutor must perceive in the student the self-concept of the student as being one who needs to be cared for and for the student to perceive the tutor as one capable of providing such care. To illustrate this more succinctly, the dialectical sociology of Gurvitch can be applied. Gurvitch's concept of a complementary dialectic in which two apparently distinct (and often seemingly opposite) elements or concepts are in fact parts of a larger whole and cannot exist or be understood except in relation to each other (Timasheff and Theodorson 1976: 272) for example, caregiver and the receiver of care in a caring encounter.

By role taking the individual is able to obtain a certain degree of objectivity about the way others view him or her. In time this expectation of the responses of others becomes abstracted from those of the specific individuals from whom it had been derived. These are then organised into a system of normative standards referred to by Mead as generalised other. According to Mead, integration of the individual and society takes place in essentially the same way. Though this may leave the impression that the individual is in some deterministic fashion shaped by the society, Mead's contention is that the individual is not merely a creation of society but, the individual is also the creator of society (Timasheff and Theodorson 1976: 272). In the same manner caring is created, and those involved can be asked about it. This is also underscored by Proposition 4 as discussed above.

In summary, since verstehen, symbolic interactionism, and
phenomenology pursue to know human action by understanding the subjective aspects of human action, they all form part of that sociological perspective which places the individual centrally. These approaches allow the individual to express a view of himself and the world around him. All of these rest in a dialectical phenomenological anthropology in which concern for meaning is intrinsic.

THEORETICAL GUIDANCE IN DATA ANALYSIS

To guide the researcher in analysing data, directing follow up interviews, and in order to illuminate data (variables) from all angles, five theoretical constructs were used. These are: Gurvitch's five dialectical processes, Glaser's 6 C's, Spradley's semantic relationships and Strauss and Corbin's paradigm model. All these were applied to data analysis and do thus not compromise the atheoretical approach required by the ontological question.

In this regard it is advised that Able’s application of Weber’s operation verstehen cited above (Proposition 7), regarding emergent themes in data analysis, be kept in mind.

Gurvitch’s dialectical approach

Aspects of the dialectical sociology of Gurvitch are implemented with respect to determining possible propositions which concepts may have in relation to one another thus facilitating the construction of a model of the reality of caring. Regarding the work of Gurvitch, Sorokin (1966: 469) remarks The empirico-realistic dialectic only sets forth the questions but does not furnish the answers to them. It only prepares the framework for explanation. Gurvitch’s dialectical sociology is thus not presented as part of the overall theoretical framework of this study but as an additional tool in guiding data analysis in the applied grounded theory approach. Aspects of Gurvitch’s dialectical sociology which are of importance to this study are his five dialectical processes:
complementarity, in which two apparently distinct (and often seemingly opposite) elements or concepts are in fact parts of a larger whole and cannot exist or be understood except in relation to each other - for example, two sides of a coin or 'high' and 'low';

mutual involvement, in which two elements interpenetrate each other, as body and mind;

ambiguity and ambivalence, which occurs when there is both attraction and repulsion;

polarization of opposites, as in Hegel's dialectic of thesis, antithesis, and synthesis; and

reciprocity of perspectives, which attempts to differentiate between parallel manifestations of an element, as the expression of the same opinion by a group and by a member of the group. (Sorokin 1966: 468-469; Timasheff and Theodorson 1976: 272)

The five dialectical processes of Gurvitch are further coupled with the six C's as proposed by Glaser (Chenitz and Swanson 1986: 41-42) in guiding both data collection and analysis.

Glaser's six C's

According to Glaser, these are the bread and butter of theoretical analysis for social phenomena (Chenitz and Swanson 1986: 41) and when applied to social phenomena clarify the phenomena with reference to:

cause, which refers to the reason, source, or explanation for the occurrence of a phenomenon;

consequences, which refers to the result, outcome, or effect, of the phenomena;
covariance, is used to explain the nature and the extent of the relationship between the variables. Whereas variance is used to describe the variation in phenomena, covariance explains the extent to which variables systematically vary together:

contingencies, which imply the direction of variance;

context, in which the social world of the individuals, engaging in the phenomena under study, is captured; and

conditions, under which the phenomena occur are explained. Through study of the context and the conditions under which phenomena occur, phenomena are placed in the perspective of the researcher who integrates the event both in the social world in which it occurs and to other social worlds that relate to it or impinge on it (Chenitz and Swanson 1986: 41-42).

To further assist the researcher in analysing the qualitative data obtained through the interviews, semantic relationships (Spradley 1979: 110) were also applied.

Spradley's Semantic Relationships.

1 Strict inclusion  
   X is a kind of Y

2 Spatial  
   X is a place in Y, X is a part of Y

3 Cause-effect  
   X is a result of Y, X is the cause of Y

4 Rationale  
   X is the reason for doing Y

5 Location for action  
   X is a place for doing Y

6 Function  
   X is used for Y
Means-end  X is a way to do Y
Sequence  X is a step or stage in Y
Attrition  X is an attribute or characteristic of Y

To these nine semantic relationships, Casagrande and Hale (Spradley 1979:110) add the following relationships.

Contingency  If X then Y (If one gets dirty one washes)
Operational  X is defined with respect to an action
(A pipe is that which is smoked)
Comparison  X is defined in terms of its similarity and/or contrast with Y.
Exemplification  X is defined by citing an appropriate co-occurring factor Y
Synonym  X is defined as an equivalent to Y
Antonym  X is defined as the negation or the opposite of Y
"Provenience"  X is defined with respect to its source, Y
Grading  X is defined with respect to its placement in a series or spectrum that also includes Y (Yellow is when something is white, but not very white)
X is defined as X (Values clarification is the clarification of values)

(Spradley 1979:110-111)

Strauss and Corbin's paradigm model.

Strauss and Corbin's paradigm model (Strauss and Corbin 1990: 99) closely resembles the six factors put forward by Glaser. This model is represented in Figure 2.3.

(A) CAUSAL CONDITIONS ----> (B) PHENOMENON ---->
(C) CONTEXT ---->(D) INTERVENING CONDITIONS ---->
(E) ACTION/INTERACTION STRATEGIES ---->
(F) CONSEQUENCES.

Figure 2.3: Strauss and Corbin's paradigm model

In this model, causal conditions refer to the events or incidents that lead to the occurrence or development of a phenomenon.

The phenomenon represents the central idea to which all other components of the model are related. Context refers to the specific set of properties that pertain to a phenomenon, while intervening conditions have bearing on the action/interaction strategies. The latter represents the core of theory building through grounded theory research and is processual, goal oriented and purposeful in nature. Consequences follow actions/interaction and may become part of the conditions (Strauss and Corbin 1990: 107).

All four these theoretical tools were used in guiding the interviews. However, this did not change the formal unstructured qualitative interview into a structured interview. The unstructured nature was adhered to by allowing respondents to
come up spontaneously with feelings, ideas, concepts, etcetera. No suggestions in this regard were suggested to respondents. Only after these had been made by respondents did the researcher apply questions based on these tools to clarify the topic or entity which had been referred to by the respondents. Thus, the ordering of data, and to some extent the analysis of data, were done right from the outset of the research.

IN CONCLUSION

The theoretical framework for this study is vested in a dialectical phenomenological anthropology. The essence of this dialectical argument - individual constitution of reality - is theoretically explained and illuminated/clarified by symbolic interactionism which serves both as a theoretical framework and a methodological framework. In these instances symbolic interactionism answers questions about the existence of an ontology or social reality on the one hand and on the other, questions pertaining to methodology. As a theoretical framework, it clarifies both the ontological and the epistemological questions pertaining to this research.

In addition to these philosophical and methodological frameworks, the five dialectical processes as proposed by Gurvitch, the six concepts for clarification of all social phenomenon as proposed by Glaser, the universal semantic relationships proposed by Spradley and Strauss and Corbin's paradigm model, which were applied to guide interviews and analysing data were discussed.
CHAPTER 3

LITERATURE REVIEW RELATED TO THE RESEARCH TOPIC - CARING

INTRODUCTION

The time at which the literature review should take place and the place thereof in qualitative research and in grounded theory research are crucial questions and have been much disputed. In quest of objectivity, Chenitz and Swanson (1986: 43) state that the impression has been created that grounded theory commences without a literature review. The dispute stems from positivistic research being aimed at verifying theory and grounded theory research being aimed at theory generation. Though knowledge of the phenomenon under study is essential prior to conducting the study albeit only for the purpose of writing a research proposal, grounded theory maintains a cautious and sceptical attitude about the literature throughout the study (Chenitz and Swanson 1986: 44). The question is thus as to how and for what purposes the literature review is done. In this regard Chenitz and Swanson (1986: 44) are quoted as saying:

In the grounded theory study, literature is always approached as data in the form of written documents. The purpose of the review will change over the course of the study. Initially, the literature is reviewed to identify the scope, range intent, and types of research that have been done ... Finally, the literature is used to establish the study's purpose, background, and significance.

Marshall and Rossman (1989: 114) corroborate this, emphasising the use of an initial literature review in establishing preliminary groups and categories from the raw data.

In this study, a partial literature review had been conducted prior to the study and was repeated during the data gathering
phase and during constant comparative analysis of data.

Methods implemented by authors to obtain information regarding caring include the philosophical analysis of the word caring, grammatical analysis of the word, bibliometric research, and, mostly, qualitative research in the form of phenomenological research using open unstructured qualitative interviews.

The nature of caring is presented here in both general and more specific terms. This is due to the research models and approaches used by the various authors. Further, the nature of the knowledge regarding caring is also related to the context in which caring is described, such as in philosophical context, nursing practice, general education and nursing education.

Caring in the literature is at times presented or discussed as a philosophy, an ethic, a set of concepts without propositions linking these concepts, as reconstructed models, as a science, and as a set of context dependent activities. Caring appears to be an extremely important and generic construct in human services. It appears to be at the heart of all health care services (Leininger 1981a: 4).

ORIGIN OF CARING AND THE MEANING OF THE WORD CARING

ORIGIN OF THE WORD CARING

According to Dunlop (1986: 662) the word care comes from the Old English carian denoting in the verbal form to trouble oneself, whereas cure comes from the Latin via French in which instance it still refers to a priest. The different origins of the terms care and cure are suggestive of an original class difference in these terms - that the higher orders cured while the lower orders cared. This distinction found its way into modern health services as reflected in the male dominant field of medicine which cures while care is relegated to women and thus to a women dominated profession such as nursing.
Dean & Bolton (Dunlop 1986: 663) argue that in the nineteenth century philanthropic thought, care was the means by which the conditions likely to produce danger [were] constantly monitored and kept under control. The introduction of the concepts care and caring to modern nursing, as reflected in Nightingale's definition of nursing, viz, putting the patient in the best condition for nature to act upon him (Barker 1989: 135), is an example of this line of thought. However, in its emergent form, the use of the word caring seems to involve a form of love. In closer analysis, it appears that the most basic presentation of this emergence of love in caring is found in the nurse empathetically imagining herself to be in the patient's position/predicament or to imagine what the person who most loves the patient would do in the present predicament and then to act accordingly. To this, Carper (1979: 14), adds that dictionary definitions of caring include a sense of close or careful attention, a sense of watchful responsibility, custody or management, and a feeling of love or liking.

Nyberg (1989: 9) after having analysed the word caring, concludes that there are three different uses for the word. These are: a burden (One has many cares in life), a responsibility (I will care for you), and a feeling (I care deeply for you). Gaut (1979: 56) concurs with Nyberg.

In a bibliometric study conducted by Johnson (1990: 132) caring as a nurse's role, and 'self care' as a patient's role have been found in literature as a key word or topic of discussion only since 1966. Prior to that, no key words applicable for classification as 'patient role' were found. Only two key words prior to 1966 indicated the nurse's role; 'health counselling' and 'health education' (Johnson 1990: 132-133). The general findings of this study imply a diffuse paradigmatic change to a holistic paradigm for nursing, and with it a newly kindled interest in caring as an essential concept in nursing.

To Fry (1988: 48) caring has developed into an ethic in nursing as a result of several influences. The primary influence being
the nurturing nature of nursing practice itself. Fry also gives credit to the work of the National Caring Conferences held in the United States of America. A third influence of mentionable magnitude is the development of theories of human care and care behaviours within nursing.

CARING AS AN INNATE HUMAN ATTRIBUTE

Nyberg (1989: 10) is of the opinion that: Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person to exist and grow. As one experiences the satisfaction of an individual caring relationship, caring becomes part of one's life (Nyberg 1989: 10).

Roach expresses care as the human mode of being. Central to Roach's work is the idea that the desire to care is human (Forrest 1989: 816).

To Griffin (1983: 289), caring denotes a primary mode of being in the world, which is natural to us and of significance in our relationships to others. It might be argued that to care is a part of one's concept of a person: that an uncaring person is, to some extent, crippled (Griffin 1983: 289).

Closely related to Roach's and Griffin's views is Gaylin's opinion that caring is biologically programmed in human nature (Carper 1979: 14). Caring includes a component of self-respect. Noddings (1984: 145) feels so strongly about the human nature of caring that she emphatically states: Whatever I do in life, whomever I meet, I am first and always one-caring...I do not 'assume roles' unless I become an actor. 'Mother' is not a role; 'teacher' is not a role (Noddings 1984: 145).

Gaylin (Carper 1979: 14) further connotes that the caring impulse may be impaired or reinforced by environmental circumstances. This statement by Gaylin is partially substantiated by Noddings
(Dunlop 1986: 666) who suggests two roots for the existence of caring. The one root is traced to man’s longing to maintain, recapture or enhance our most caring and tender moments and the other the natural sympathy human beings feel for each another. She thus seems to suggest both a nurture and a nature source for caring.

To Forsyth et al (1989: 165) caring is founded on reverence for life, love of self and others, and concern for improving world conditions. It is based on a dedication that motivates and energises self and others towards mutual actualisation. This view is also reflected by all major religious axioma and most contemporary philosophical thought.

DEFINITIONS OF THE TERM CARING

In trying to define or clarify the concept caring, I would like to range myself with Gaut (1981: 19) who states: ... I do not mean to imply that there will be a single clear and precise meaning [of caring], but rather that the term being defined has a family of meanings, related and broad in scope.

Caring as a qualitative and/or a quantitative phenomenon has been debated by several authors. According to Morrison (1989: 421) caring has frequently been used by the helping professions as a qualitative descriptor of their function. This is reflected by Sobel’s (1969: 2612) definition of human caring as that feeling of concern, regard, respect, one human being may have for another. Reverby (1987: 5) in this respect attests to the fact that due to the historical evolution of the profession of nursing, caring has been taken on by nurses, more as an identity than as work, in which instance Gaut (1979: 79) states: To treat caring as a verb (work only) puts the focus on its action sense and sets aside certain other senses of caring such as, ‘care and sorrow’, and to some extent, caring as a virtue or quality. A preference for defining caring more as a qualitative and emotional phenomenon seems to be suggested here.
To Lindberg, Hunter, and Kruszewski (1990: 5) Caring should involve more than just carrying out nursing procedures ... True caring is based on an attitude of nurturing, of helping one another grow. This last thought is also found in the philosophical treatise on caring by Mayeroff (Mayeroff 1971: 7-11).

According to Carper (1979: 14) the root definition of nursing care reflects the exercise of serious attention, caution, protection, and concern. Through this expression of human compassion and worry the carer looks after the patient (Barker 1989: 134). This is echoed by Forsyth et al (1989: 165) who regard caring as the means, or tool used to put nursing concepts into practice.

To exploit the qualitative aspect of caring further, Bevis (1981: 49-58) distinguishes caring from other feelings and processes such as love, sex, concern, intimacy, and duty. Although all of these are in their own way positive human experiences, Bevis (1981: 49) is convinced that All other human feelings have potentially negative effects as well as positive ones, but caring by its nature and definition is only and always positive. This however is strongly opposed by Maslach (Harrison 1990: 125) who points out that the effect which caring has on the care giver often results in burnout.

Mayeroff in this respect indicates that caring should not be confused with such meanings as wishing well, liking, comforting and maintaining, or simply having an interest in what is happening to another. Nor is it an isolated feeling or a momentary relationship or simply a matter of wanting to care for another. Caring, according to Mayeroff, as helping another to grow and actualise himself, is a process, a way of relating to someone that involves development (Mayeroff 1971: 1). The importance of both qualitative and quantitative attributes of caring is further implied by Mayeroff when stating that in caring, a person or an idea is experienced both as an extension and as something separate from oneself. Thus, caring is the
antithesis of possessing, manipulating or dominating someone or an idea. It is a process which requires devotion and trust. In any actual instance of caring, there must be someone or something specific that is cared for. Caring cannot occur by sheer habit; nor can it occur in the abstract (Carper 1979: 14).

A definition of caring which evoked strong reaction from several authors is that formulated by Kahn and Steeves (1988). According to research conducted by these authors, liking is reflected in cases where the nurse is able to manifest praxis, that is, to help the patient. Friendship develops and the nurse terms this caring (Kahn et al 1988: 211). The moral implications of caring being initiated by the client and the bias involved in caring only for those to your liking are discussed by Watson (1988b), Griffin (1983), and Mayeroff (1971).

For Pelligrino (Fry 1989: 16) integral care is a moral obligation of health professions. He contends that such care should reflect at least four senses in which the word care is understood. These are care in the sense of compassion or concern for another person, care as doing for others that which they cannot do for themselves, taking care of medical problems experienced by the patient, and caring as seeing to it that all necessary procedures in patient care are carried out with conscientious attention to detail and with exemplary skill (Fry 1989: 17).

According to Moccia (1988: 31-32), Noddings provides the most succinct and clear definition of caring namely to help one grow and actualise oneself. The act of caring for Noddings (Dunlop 1986: 667) involves ...stepping out of one's own personal frame of reference into the others'... To care is to act not by fixed rule but by affection and regard. This notion also finds reverence in the work of Mayeroff (1971).

Leininger (1981a: 9) sees caring/care as: ... in a generic sense those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway. Leininger also defines the concepts professional caring and professional
nursing care. Professional caring is identified as ... those cognitive and culturally learned action behaviors, techniques, processes, or patterns that enable (or help) an individual, family, or community to improve or maintain a favorable healthy condition or lifeway. Professional nursing care is: ... those cognitively learned humanistic and scientific modes of helping or enabling an individual, family, or community to receive personalised services through specific culturally defined or ascribed modes of caring processes, techniques, and patterns to improve or maintain a favorably healthy condition for life or death.

Kitson (1987: 164) in order to clarify professional caring, conducted a comparative study on lay-caring and professional caring. Her conclusion is that where lay-caring and professional caring differs is in the extent to which professional care sets itself up as a specialist service meeting the care needs of those who are either unable to care for themselves or others in an acceptable manner; not professional caring's impersonal nature nor its complexity (Kitson 1987: 164).

To Tschudin (1987: 106) there is a close link between caring and counselling. According to her, the first function of caring is relating, being for each other in such a way that both parties in a relationship are enhanced. It is not giving out advice, but listening and talking in such a way that the other can find his or her own solutions. In this respect Riemen (1987: 93) quotes Gilfoyle who presents caring as the art of therapy that involves an internal receiving of the client, and not an external giving of the therapist.

Benner and Wrubel regarding caring state ...being connected, to have things matter...caring fuses thoughts, feelings, and action; it fuses knowing and being and so is primary to our existence...it creates possibility...connection and concern ...sharing of help, allowing one to give and allowing another to receive (Moccia 1990: 212).

Pribram (Gendron 1990: 280) describes caring as a
context-sensitive behaviour: Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated.

To Watson, Human care ... consists of transpersonal human to human attempts to protect, enhance, and preserve humanity by helping a person find meaning in illness, suffering, pain, and existence; to help another gain self-knowledge, control, and self-healing wherein a sense of inner harmony is restored regardless of the external circumstances (Watson 1985: 54).

Based on their definition of caring quoted above, Lindberg et al (1990: 8-10) analysed the work of several nursing theorists, abstracting their thoughts on caring from their nursing theories. To Nightingale the patient, rather than the disease process, should be the primary focus of health professionals. The central thought of the much acclaimed definition of nursing by Henderson, is that: Caring is assisting persons in performing activities they would accomplish independently given the necessary resources. For Levine, Caring recognizes the uniqueness of individuals. Nursing [caring] is an interpersonal process, and in the same spirit Caring for persons is the focus of nursing practice and is an interactive process, concludes King. To Roy, The focus of nursing [caring] is persons and increasing their adaptive responses. Orem emphasises that Nursing's concern is persons and their self-care actions, whereas for Rogers, Caring involves promoting optimum human-environment interactions. Nursing's focus is human beings and their worth (Lindberg et al 1990: 8-10).

In summary Norberg’s definition applies. To Nyberg (1989: 15) the preferred definition of caring is: an interactive commitment in which the one caring is able, through a strong self-concept, ordering of life activities, an openness to the needs of others, and the ability to motivate others, to enact caring behaviours that are directed toward the growth of the one cared for, be it an individual or group. Thus, caring is both a philosophy and a milieu created...for the purpose of encouraging caring
relationships... (Nyberg 1989: 15). The latter two concepts, a philosophy and a milieu are noteworthy as these are related to the main components found in the reconstruction of a caring encounter namely, an emotions and an activities component. The emotions component and the view of caring as a philosophy are both further directly related to the underlying assumption of caring as an ethic in nursing and thus as a collective diffuse moral and ethical conscience within the nursing profession.

THE STRUCTURE OF CARING

The subject of caring in nursing has been explored from several points of view; a psychosocial, a philosophical, and an anthropological perspective. According to Forrest (1989: 815) these approaches are in no way discreet, but rather overlap and complement one another.

CARING IN NURSING CONTEXT

Griffin (1983: 289) in relation to the findings of research she conducted, draws attention to the fact that the concept of caring as applied to nursing has both an activities and an attitudes aspect, the latter of which is a complex intertwinement of cognitive, moral, and emotional factors. Griffin (1983) is in no doubt that it is the emotional element of the caring activity which motivates and energises nursing action, thus enabling one to call it caring. Other nurse practitioners, however, have focused on the functional components of the nurse's caring role exclusively in an attempt to define or conceptualise nursing caring (Kitson 1987 156).

An emotional dimension in caring is also stressed by Bergman and by Hirshfeld (Kitson 1987: 156). The latter is of opinion that without emotional involvement...the [caring] relationship could neither be developed in a mutually beneficial way nor be maintained in a manner acceptable to both parties (Hirshfeld as quoted by Kitson 1987: 156).
Regarding the dual characteristic of caring Benner (1984:170) is of the opinion that: We do violence to caring when we separate in our practice the distinctions we are able to make conceptually between the 'instrumental role' [activities component] and the 'expressive role' [emotions component]. The emotions/action duality attributed caring is however not a modern or a recent point of view. In James Chapter 2 Verse 15 to 17 the apostle states:

15) Suppose there are brothers or sisters who need clothes and don’t have enough to eat. 16) What good is there in you saying to them, ‘God bless you! Keep warm and keep well!’ - if you don’t give them the necessities of life? 17) So it is with faith: if it is alone and includes no actions, then it is dead (Good news new testament and psalms: today’s English version. 1977. New York: American Bible Society).

So it seems to be with caring; alone, without actions it is dead. However, such actions need not necessarily be observable actions. Refraining from action is in itself an action taken.

Nyberg (1989: 15) connotes five defining attributes to caring namely commitment, sense of self-worth, ability to prioritise, openness, and the ability to bring out potential in others.

Mayeroff (1971) sees the processes involved in caring as knowledge, alternating rhythms, patience, honesty, trust, humility, hope, and courage (Mayeroff 1971).

To Roach as well, caring entails a process. In this process the capacity to care, the calling forth of this capacity in oneself and in others, responsivity, actualisation of the capacity for caring, and the manifestation of caring in specific concrete acts are all important aspects. These are manifested through the attributes of compassion, competence, confidence, conscience and commitment (Forrest 1989: 816). The same basic process is found in Gaut's (1979: 145) philosophical approach to the application of the Kerr-Soltis model to caring in nursing education. Caring
in this instance is structurally composed of four competencies, namely, setting of particular goals that are related to the overall goals intended to bring about change in the one cared for, choosing tactics for the purpose of accomplishing the goals, considering the situation factors prior to choosing and implementing tactics, and implementing the tactics with skill. In order to execute these competencies Gaut (1979: 108) states three necessary and sufficient conditions: knowledge about the client to identify the need for care and knowledge about what to do, implementing an action or series of actions based on knowledge, and evaluation of the actions in terms of the client’s welfare or benefit (Forrest 1989: 816).

Research conducted by Kahn & Steeves (1988: 206-207) through semi-structured dialectical interviews, revealed four essential components related to the structure of caring. These are: liking, ideological context, attributions for caring, and praxis.

The involvement of liking in caring was illustrated by the abstraction of subcategories from the original data indicating that caring is characterised by fitting with someone, is evaluated in terms of liking someone, includes friendships, and is reciprocated through personal recognition. The opposite hereof was found to be the absence of caring characterised by a mutual inability to get along characterised by animosity (Kahn et al 1988: 207).

Regarding the ideological context, caring underlies professional identity, and requires: seeing persons as unique individuals, compassion, empathy, and relationships that are therapeutic. Ideologically caring is limited by the need to maintain objectivity.

With reference to the praxis dimension of caring, Kahn and Steeves (1988: 209) found caring to include physical nursing actions, nonphysical nursing actions, insistence on patient independence, actions that improve conditions for patients, nursing actions related to communication, and being an advocate
and liaison. The performance of these in a routine or ritualistic way indicates an absence of caring in the praxis sphere.

Attributions for caring (Kahn et al 1988: 209) are elicited when patients are in dire circumstances, have multiple psycho-social problems, rely on the nurse, are alert and personable, and when the nurse can make a temporal investment. Prevention of the elicitation of the attributes for caring is caused by temporal circumstances, factors that are the nurses' responsibilities, patients' conditions that cause problems, patients' unwillingness to communicate and patients' poor self-images (Kahn and Steeves 1989: 211).

In a bibliometric study conducted by Johnson (1990: 132) regarding the holistic paradigm in nursing and the role of client and role of nurse within this paradigm, information regarding the concept caring was revealed. These roles indicated a caring interrelationship where balance, harmony, self-actualisation, and healing are facilitated by the relationships among whole persons within a partnership. The nurse supports this healing and growth (a pertinent concept in caring) through 'caring', 'touching', 'teaching', and 'guiding'.

Morse et al (1990:3), on examining 35 articles of renowned exponents on caring in nursing and related fields by using the content analysis technique, reconstructed caring as follows: caring as a human trait, caring as an affect, caring as a moral imperative, caring as interpersonal interaction, and caring as therapeutic intervention. These five categories stand either in direct or implied relationship to one another resulting in two outcomes of caring: patient's subjective experience and patient's physical response. Regarding the outcomes of caring, patient's physical response has direct interaction or bearing on patient's subjective experience whereas the reverse is but implied.

To Norberg (1990: 113) the very core of nursing is the interaction between the patient and the caregiver. In this relationship, interdependence is situated. This interdependence
according to Norberg can be interpreted in terms of Erikson's model of psychosocial development. Since all eight life crises explicated in this theory are always latent in man, using this theory as a foundation for caring has potential, not only for nursing per se, but nursing education as well.

Norberg (1990: 115) also cites Sandman's model of caring for the demented. This can however also be extended to caring in general. Sandman proposes three dimensions to care: methods (compensation versus taking over), means (natural versus artificial), and ends (quality of life versus survival).

From research conducted by Riemen (1987: 100), three clusters of themes (nurse's existential presence, client's uniqueness, and consequences) were abstracted. The nurse's existential presence includes that the nurse's physical and mental presence are available to the client's use, that this presence is not only available when called for, but also when the nurse's presence is needed but not requested. The client's uniqueness is reflected by nurses really listening and responding to the client as a valued individual, and by the client perceiving themselves being treated by the nurse as a valued individual. The consequences of caring are seen in the nurse's individualised concern for the client resulting in the client feeling comfortable, secure, at peace and relaxed.

To Sarvimäki (1988: 462), nursing care (the reflection of caring) consists of a moral, a practical, a communicative, and a creative activity component.

Nursing as a moral activity, involves nursing's commitment to other people as an expression of a value according to which it is morally good to help people...the caring way of life is a morally good life (Sarvimäki 1988: 463). This is reflected in overt action.

Nursing as a practical activity indicates that nursing is related to change which is usually associated with health, well-being, suffering, and so forth.
Nursing as communicative interaction is structured within the philosophical thought of Habermas and has the dimensions as shown in Figure 3.1.

Communicative action is one of the corner-stones of caring and care. According to Habermas (Sarvimäki 1988: 464) communicative action is not the same as talking or using words. Though it includes speech, it is not only speech. Neither can all speech acts be labelled communicative. What constitutes interaction directed toward understanding is a special kind of attitude: the communicative attitude. This attitude manifests itself in striving for mutual understanding, coordination and co-action, rather than in a striving for control (Sarvimäki 1988: 464).

Nursing as creative co-action is achieved by the combined effort of the nurse and the patient. Sarvimäki (1988: 466) specifies the creative aspect in caring as the interaction between the nurse and patient from which something new emerges, such as an insight. The creative aspect of nursing also points to the unpredictability of the outcome of caring interaction in absolute terms.

In a study conducted by Forrest (1989: 815-823) with the aim of investigating the phenomenon of caring from the perspective of practising nurses, using a phenomenological approach, two main

<table>
<thead>
<tr>
<th>TABLE 3.1: CARING AS COMMUNICATIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION</td>
</tr>
<tr>
<td>SITUATION</td>
</tr>
<tr>
<td>Non-social</td>
</tr>
<tr>
<td>Social</td>
</tr>
</tbody>
</table>

---
themes were uncovered, namely involvement and interaction.

In this instance involvement includes reaching out, using communication skills effectively, going beyond obvious nursing needs and trying to know the patient as a person and to include him in planning his nursing care. Involvement is possible only if the nurse's attitude is for and with the patient, the purpose of the relationship is clear to both participants, the nurse is conscious of her role, the nurse utilises the available knowledge and skills of nurse/patient communication, and the nurse is constantly in the process of evaluation and self-realisation (Goldsborough 1969: 68).

Interacting contains subcategories such as touching and holding, picking up cues, being firm, teaching, and knowing the other well (Forrest 1989: 819). Aspects affecting caring are indicated as oneself, the patient, frustrations, coping, comfort and support (Forrest 1989: 820-821).

In the case of oneself, own experiences, beliefs, self-appraisal, disagreeing with patient, feeling good about work, and learning caring from [nursing] school affects caring whereas factors relating to the patient included factors such as hard to care for patients and what the patient tells you.

Frustrations in caring for patients are caused by lack of time, nurse administrators, physical environment, fellow nurses, personal stress, and dilemmas, while coping is secured through focusing on immediate tasks, talking with and to co-workers, family, and friends, unwinding, and protecting oneself. Sources of comfort and support for nurses come from fellow nurses and teamwork unit supervisors (Forrest 1989: 820-821).

In visually reconstructing the structure of caring, Valentine (1989: 29) too contends caring to be of dual nature. The core of caring according to Valentine consists of psychological elements (which are affective or cognitive in nature), put into action by an interaction which is either social or physical in nature. Valentine further states that the nature of the caring
interaction is affected by other forces such as social, environmental, or professional turbulence, which determine the degree to which the basic elements of caring achieve their full potential. It also affects the quality of the caring relationship.

The dichotomous nature of these reconstructions of caring creates the risk of either of these components being emphasised over the other. Sarvimäki’s (1988) implementation of Habermas’ theory and concept of communicative action may assist in preserving the wholeness of caring as communicative action reflects both an emotions aspect and an activities (action) aspect. Though this approach also clarifies the presence of non-social (concrete) action in nursing care, this however is not done in a coherent way and leaves the aim of holism and unity regarding the structure of caring thus partially unattended to.

In pursuit of preserving the wholeness of any phenomenon, including caring, the holographic paradigm seems promising.

The holographic approach has been applied to caring in some detail by Koldjeski (1990: 45-57) proposing a holographic paradigm of reality (caring) which in its very nature tends to focus on wholes instead of focusing on parts of the whole.

Like the work of Griffin (1983) and Valentine (1989), the definition of caring by Koldjeski also contains two primary defining attributes closely related to the emotions and actions component of the authors previously mentioned. These are essence and entities.

In the reorganisation of the caring concepts, as reflected by literature, Koldjeski identified two categories. The first, humanistic concepts (essence of unique nursing qualities) includes interpersonal valuing and involvement, experiencing with or being there, instillment of faith, concern and love for another, and actualisation.
The second category, labelled *scientific concepts* (entities or unique nursing actions), includes the professional caring relationship, health promotion and maintenance, nursing therapeutics, environmental, contextual, and situational monitoring and restructuring, and, maintaining human integrity (soma and psyche).

Koldjeski (1990: 50), in applying the holographic paradigm, categorised the essence of nursing caring under the *implicate realm* (the realm of unified wholes) of reality and the *entities* (scientific concepts) under the *explicate realm* (the realm presenting things and events as separate and unconnected).

To Koldjeski, the *interconnections* between the implicate and explicate realms in caring are: the holistic nursing perspective, person-environment interaction in relation to wellness and illness, and the caring ethic.

As the essence and entities interact, *fusion* occurs, resulting in the expression of the whole through the *holistic indicators of*:

- **Being** (presence, experiencing, actualising, expressing compassion, concern, and love for other);
- **Relating** (personally, interpersonally, and transpersonally); and
- **Doing**: (professional nursing decisions and actions or nursing therapeutics).

*These holistic indicators have embedded in their roles, structure, and functions the many meanings of caring in professional nursing* (Koldjeski 1990: 52).

Watson (1988c) also discusses the holographic paradigm and its possible implication and application to caring in nursing. Though not explicitly redefining her philosophy of caring in holographic terms, the so-doing is implied especially if the evolvement of
her philosophy of caring is studied chronologically; Watson (1979); Watson (1985) and Watson (1988d).

According to Watson (1985: 75), caring is demonstrated only interpersonally, and is both an art and a science which according to Forrest (1989: 816) is an indication of a psychosocial perspective on caring. Both the patient and the nurse have the potential to benefit and grow within the caring process (Watson 1985: 75).

Caring according to Watson is composed of ten carative factors which she designates:

- Humanistic-altruistic system of values;
- Faith-hope;
- Sensitivity to self and others;
- Helping-trusting human care relationship;
- Expressing positive and negative feelings;
- Creative problem-solving caring process;
- Transpersonal teaching and learning;
- Supportive, protective, and/or corrective mental, physical, societal, and spiritual environment;
- Human needs assistance; and
- Existential-phenomenological-spiritual forces.

(Watson 1985: 75)

According to Watson these ten carative factors should not be viewed in any specific relationship to one another. All ten are at any given point in time in operation in the caring interaction between nurse and patient (Watson 1985: 86). This could imply flux in holographic terms. Watson’s view of caring does lend itself to a holographic redefinition.

Caring’s context and time boundedness is touched on by Pribram (Gendron 1990: 280) and Samarel (1989: 314).
To Pribram (Gendron 1990: 280) caring is contextual sensitive behaviour. *Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated.* This is further illustrated by the research results obtained by Samarel (1989: 314) regarding caring in an acute care and a hospice setting. The results are displayed in Figure 3.2 below.

<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>HOSPICE VIEW</th>
<th>ACUTE CARE VIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>Natural</td>
<td>Failure</td>
</tr>
<tr>
<td></td>
<td>Accepted</td>
<td>Denied</td>
</tr>
<tr>
<td>Goals of care</td>
<td>Comfort</td>
<td>Prolong life</td>
</tr>
<tr>
<td></td>
<td>Palliation</td>
<td>Curative</td>
</tr>
<tr>
<td></td>
<td>Assist with dying process</td>
<td>Prevent death</td>
</tr>
<tr>
<td></td>
<td>Maintain quality of life</td>
<td>Survival</td>
</tr>
<tr>
<td>Priorities of care</td>
<td>Comfort</td>
<td>Survival</td>
</tr>
<tr>
<td></td>
<td>Equal emphasis on physical, psychological and spiritual care</td>
<td>Primary emphasis on physical care</td>
</tr>
<tr>
<td></td>
<td>Family centred</td>
<td>Family involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>usually peripheral</td>
</tr>
<tr>
<td>Term of care</td>
<td>Extends past the patient’s death to include bereavement</td>
<td>Ends with patient’s death or discharge</td>
</tr>
</tbody>
</table>

(Adapted from Burger, and Young and Jacobs by Samarel 1989: 314)

**CARING IN EDUCATIONAL CONTEXT**

According to Watson (Noddings 1988: 222) the possibility of a caring occasion arises in every human encounter. Each such occasion involves negotiation of some sort. Education is filled with such potential caring occasions. Very often, however, there are attempts to avoid such caring occasions. These are reflected in examples such as, the overuse of the lecture method without
discussion, of impersonal grading in written quantitative format, modes of discipline that respond only to the behaviour but refuse to encounter the person, and numerous other incidents. But, what does the caring encounter in the educational setting entail?

According to Noddings the tutor has two major tasks: to expand the student's world by presenting an effective selection of that world with which the nursing student is in contact, and to work co-operatively with the student in her struggle towards competence in that world. The caring task of the tutor, however, has higher priorities than either of these. Caring in the educational setting entails: nurturing the student's ethical ideal through modelling, dialogue, practice and confirmation. With reference hereto, caring in the educational setting is initiated in the one-caring, and completed in the cared-for.

Modelling includes not only admirable intellectual activity but also desirable ways of interacting with people. Tutors treat students with respect and consideration and encourage them to treat each other in a similar fashion. They use teaching moments as caring occasions (Noddings 1988: 222).

Dialogue spells relatedness (Noddings 1984: 197) and is open, which implies that none of the parties involved has reached a conclusion at the onset of a caring relationship. This is arrived at mutually. Time, knowing one another, and trust are of the utmost importance in this instance (Noddings 1984: 223). Dialogue should also be extended to students mutually so as to connect students in caring. The purpose of dialogue is to come into contact with ideas and to understand, to meet the other, and to care (Noddings 1984: 186).

Regarding practice, the caring tutor wants the student to have experience in caring. Apart from nursing care, caring in a classroom dedicated thereto is taught by encouraging students to support each other and by providing opportunities for peer interaction. The quality of these interactions is as important as academic outcomes (Noddings 1988: 223).
Confirmation according to Noddings is: When we attribute the best possibles consonant with reality to the cared-for, we confirm him; that is, we reveal to him an attainable image of himself that is lovelier than that manifested in his present acts. In an important sense, we embrace him as one with us in devotion to caring. In education what we reveal to the student about himself as an ethical and intellectual being has the power to nurture the ethical ideal or to destroy it (Noddings 1984: 193; 1988: 224).

According to Appleton (1990: 82) the very basis of caring as a transformative force originates and develops within social context and cognition to form a caring ontology (Appleton 1990: 82). Research conducted by Appleton (1990:85) suggests a compassion ontology besides a caring ontology.

Appleton's research indicates a structure of caring in the educational setting comprising three themes, namely: caring as being expressive, a process, and as having an environmental dimension.

Expressions of caring include: treating and being treated with respect, understanding the student's interdependence, helping him or her grow, and letting him or her become.

Appleton's process of caring comprises: commitment, which further comprises allowing each student to develop his and her own potential, reciprocity in the caring situation, and genuineness; involvement, which includes personal, spiritual, and holistic involvement as well as freedom to express one's most sincere and personal opinions instead of just having to sit back and listen, and belonging, in which instance being reassured, being comforted, being connected (feeling related), and knowing that you are on the same wave length encompass the defining attributes (Appleton 1990: 87).

The context of caring as constructed by Appleton is elaborated as follows (Appleton 1990: 88): caring is discussed as a personal, relational, situational, and environmental phenomenon.
Relationships occur among students and among students and faculty. These include person to person, person to group and person to organisation relationships.

The situations identified by the respondents include such learning-teaching situations and encounters as classroom experiences, advisory committees, academic advisement, and scholarly forums, organised social events and spontaneous socialisation. The environmental phenomenon includes aspects such as time, place, and space, and horizontal bureaucracy. A strong sense of ability to communicate and an identifiable purpose are essential ingredients in creating instructional arrangements conducive for caring to occur. Adequate and pleasing surroundings are also important in the caring environment and designated areas to socialise are extremely critical for feeling valued and recognised.

Appleton (1990: 89) contends that belonging gives meaning to the process of education and coming to know. Knowing one is cared for is experienced as important for self-growth by the students (respondents) and stems from a feeling of belonging.

The structure of a caring and an uncaring encounter in the educational setting as perceived by students was also researched by Halldórsdóttir (1990: 95-108) with doctoral students of nursing as co-researchers (respondents).

The essential structure of a caring student-teacher encounter is made up out of two constructs: a professional caring teacher approach and a positive student response to professional caring.

Within the professional caring teacher approach the following important attributes are found: professional competence, genuine concern for the student as studying person, exhibition of a positive personality, and devotion to professional commitment. Further, mutual trust in a caring encounter points to the teacher trusting students and by this evoking a sense of trust in the students. This, together with the teacher as professional is
combined in a *working relationship* which has the following sub-processes: *developing a professional working relationship* and *keeping a respectful distance*. The former is created by the processes of initiating attachment by the teacher, mutual knowledge of personhood, professional intimacy, negotiation for learning outcomes, student goal-directed work, and separation. *Keeping a respectful distance* is indicated as one of the main differences between personal and professional relationships (Halldórsdóttir 1990: 100-101).

A positive student response to professional caring comprises: a *sense of acceptance and self-worth* acquired as a result of the professional teacher getting to know the student as an unique individual. This is accompanied by *personal and professional growth and motivation* accomplished through the caring actions of the professional teacher. With the development of growth and motivation, the student also develops an increasing interest in the subject presented, anxiety is diminished, and concentration is improved.

*Appreciation and role-modelling* follow which indicate that the caring teacher instills in students the desire to model themselves on the caring teacher as they internalise the values and outlook of that teacher. The result of this is *long-term gratitude and respect* which is reflected in the fact that the caring teacher remains a very special person in the minds of students (Halldórsdóttir 1990: 102).

The *essential structure of an uncaring student-teacher encounter* reveals a *lack of professional caring* which includes lack of professional competence, lack of concern for the student, a demand for control and power by the teacher, and destructive behaviour on the part of the teacher. The perceived teacher indifference to the student leads to a *lack of trust* accompanied by *detachment with total distance* leading to mutual avoidance. This results in students' responses to lack of caring as shown in affective reactions (hoping for the best at first, later, puzzlement and disbelieve); coping strategies and resources
and negative feelings and memories (resulting in students probably forgetting rather than forgiving) (Halldórsdóttir 1990: 102-105).

In a literature review Sheston (1990: 109-123) drew on humanistic existential support, support from nursing theory, and support from nursing studies to refine a structural model of caring in the educational setting. Three developmental processes were isolated.

The development of a caring consciousness includes attention to, concern for, availability, consciousness, and presence. All of these are terms derived from existential thought, such as that of Buber and Marcel. Apart from this, a caring mutuality develops which includes concepts such as acceptance, attachment, concern, confirmation, empathy, genuineness, honesty, interest, participation, positive regard, prizing, realness, respect, responsibility, self-disclosure, and trust. The model is completed by the development of caring exchanges including abstractions such as adaptability, assistance, communication, decision making, facilitation, organisation, participation, and problem solving (Sheston 1990: 116).

Sheston (1990: 117) also developed theoretical definitions for the concepts, caring interaction, caring transaction, and transformation, as well as operational definitions for the terms caring interaction and transaction in order to further illuminate this construct on caring.

The result of a study conducted by Miller, Haber, and Byrne (1990: 125-135) indicated four major themes regarding both student's and teacher's perspectives on caring in the teaching-learning process. These are: a holistic concern or philosophy, teacher way of being, mutual simultaneous dimensions, and student way of being (Miller et al 1990: 128).

The overall description of a caring teaching-learning relationship given by students is that of a process characterised
by a pervasive climate of support (Miller 1990:128). Within this climate of support, the process of caring develops. The process emerges out of a perceived need of the student that is anticipated or recognised by the tutor or the student. Teachers describe the caring teaching-learning interaction as an interactive process integral with a philosophical position about caring (Miller 1990: 129).

The holistic concern or philosophy as a theme in this restructuring of caring indicates that to students an essential dimension of the caring interaction is faculty’s holistic concern for the student, both personally and academically. To students, caring teachers personified characteristics such as being non-judgmental, respectful, patient, available, dependable, flexible, supportive, open, warm and genuine (Miller et al 1990: 129). For teachers, on the other hand, a caring learning-teaching interaction is an interactive process integral with the philosophical position about caring as the foundation of a student-teacher relationship. Caring emerges from this philosophical perspective and reflects the teacher’s holistic view about students (Miller et al 1990: 130).

Teacher ways of being reflects students’ perception of tutors as reaching out to them in an empathetic way, and offering constant presence i.e. always being there for the student. Caring faculty members also provide feedback and help students explore thoughts, feelings, and options, thus guiding students to reach their personal and academic potentials autonomously (Miller et al 1990 131).

Faculty perceived themselves as acting as role models, mirroring caring behaviours. The caring teacher thus reaches out to the student with empathy, sensitivity, openness, warmth, and respect. All this in a non-judgmental climate of privacy and support. Teachers also act as facilitators, and resource persons and in this way student autonomy is acknowledged (Miller et al 1990: 130).
In Miller's *mutual simultaneous dimension*, students perceive caring interactions in the educational setting to involve intimacy, connectedness, trust, sharing, and respect. The caring teacher is one who *goes beyond the 'expected' teacher role and may even act as a friend* (Miller 1990: 129). To teachers, caring interactions involved the mutual simultaneous dimensions of trust, respect, openness, reciprocity, sharing, acceptance, sincerity, and genuineness (Miller 1990: 130). The interactive process according to teachers is initiated and sustained through the use of effective verbal and nonverbal communication skills.

In this instance, parallel sub-themes of trust, sharing, and respect are expressed by students and faculty. However, students emphasise the importance of intimacy, and connectedness in the relationship while teachers emphasise reciprocity and openness. The value of learning from each other is integral to the caring process in both cases (Miller 1990: 131).

Regarding student *way of being*, students declare that they experience movement towards self-actualisation, increased self-worth, self-esteem, and self-confidence. This provides them with faith in themselves and hope for the future. Caring interactions left them feeling happy, good, courageous, and proud (Miller 1990: 129). Faculty corroborates this (Miller et al 1990: 130).

In a multi facetted study to construct a profile of the caring teacher of nursing, Bush (1988: 169-187) abstracted key words, pertaining to the concept *caring*, from literature in nursing, nursing education, general education and experiential interviews held with doctoral students in nursing. After having categorised these individual words pertaining to caring and having compared them to the theoretical contents of Leininger, Watson and Gaut, six major categories were identified which reveal a profile of a caring nursing tutor. Even though Bush's study is not a reconstruction of a caring encounter per se, it is presented here since tutor characteristics can also contribute to the clarification and construction of a grounded theory construct of
caring in nursing education. These characteristics are: spirituality, presence, mutual respect, sensitivity, communication with other, and organisation.

The spirituality aspect of the caring teacher of nursing includes concepts such as dynamism, enhancement of welfare, enthusiasm, joyfulness, knowledge of self, positive self-concept, promotion of student’s self-esteem, being realistic, self-congruency, sincerity, strength, and thoughtfulness (Bush 1988: 181). The spirit of the person is manifested through knowledge of self. In Heidegger’s terms this will include the three general traits of human existence - mood or feeling, understanding, and speech (Bush 1988: 179).

Presence is symbolised through mutual giving and receiving. For this to take place, the tutor and student must care for self and then put that care to use in enhancing the welfare of the other. The student’s trust and confidence would in this matter support the teacher’s involvement with the student (Bush 1988: 180). This aspect is also addressed by Noddings (1984:19-20).

Concepts which are associated with the presence of the caring nursing tutor include amongst others: affection, availability, fairness, friendliness, niceness, the offering of protection and security, personal warmth, unconditional positive regard, and unqualified acceptance of the student (Bush 1988: 181).

Mutual respect, according to Bush (1988: 181), is shown by consideration, genuineness, kindness, mutual influence, recognition of individual strengths and weaknesses, regard, and respect for differences. Bush comments further that every act and all communication of the caring tutor must stem from respect for the student. This aspect is held in such high esteem that respect (and dignity) may be seen as antecedents to caring (Bush 1988: 182).

Sensitivity, as an attribute of a caring tutor, is also ascribed to nursing educators by Watson and Sandven (Bush 1988: 182).
Sensitivity results in the student feeling himself/herself free to express concerns, feelings, thoughts, and values. Like the patient centred relationship between the patient and the nurse in the clinical setting, the student-tutor relationship in the educational setting should be student centred. According to Watson (Bush 1988: 182) a balanced sensitivity to one's feelings gives one a foundation for empathy with others. Underdeveloped sensitivity to the self and others may not allow full communication.

Concepts associated with sensitivity include: building of confidence, compassion, constructive criticism, development of trust, empathy, encouragement, expression of concern, nurturance, quietly comforting, sensitiveness, strong support, student advocacy, and understanding (Bush 1988: 181).

Communion with the other, as a characteristic of a caring nursing tutor, is illustrated by careful listening, clear communication, counselling, appropriate facial expressions and body language, explaining of material, flexibility, helpfulness, honesty, interpersonal relationships, reinvitation, responsiveness, sharing, positive emotional expressions, and stimulation (Bush 1988: 181).

Organisation refers to the organisation of a teaching-learning encounter. Caring in the person of the nursing tutor is reflected by adhering to standards, assisting students as needed, attentiveness to the environment, challenging students, stating expectations clearly, a commitment to creativity, dependability, devotion of time to students, maintaining discipline, being an excellent role model, being an expert, minimising risk, motivating students, providing structure, recognising individual needs, relaxed management, and willingness to take risks (Bush 1988: 181).

ASPECTS RELATED TO RESEARCH APPROACHES IN STUDYING CARING

An array of research approaches which have been used in studying
caring are reflected in the literature. The literature review has been used by Gardner and Wheeler (1981a) and Goodman (1986). In addition to the literature review the following have been undertaken: a critical review of the literature (Ganong et al 1987), a needs assessment (Brink 1990), a bibliometric study (Johnson 1990), reorganisation of literature content into predetermined categories according to the two major perspectives given to caring by Leininger and Watson (Koldjeski 1990), and content analysis (Morse et al 1990; and Sheston 1990).

Further, a qualitative research design, using phenomenology accompanied by formal, informal unstructured, and semi structured dialectical interviews, as used by Appleton (1990), Forrest (1989), Halldórsdóttir (1990), Kahn and Steeves (1988), Miller et al (1990), Parse (1981), and Riemen (1987).


Historical research in general and in researching the origin and meaning of the word caring in nursing was conducted by Leininger (1988d) and Reverby (1987).

Structural-functional analysis was applied by Boyle (1981).

Cross cultural qualitative studies (Leininger 1981b), ethnonursing research methodology (Guthrie 1981; Ray 1988a), and ethnographic interviews (Aamodt et al 1988; Leininger 1981b; and Moore 1988) were also conducted.

In studying gender related perceptions of caring in the nurse-patient relationship, Weiss (1988a) used a 2x2x2x2-factorial experimental research design and Valentine (1988) and Weiss (1988b) used what Chenitz and Swanson (1986: 18-22) refer to as emergent fit grounded theory research.

In a compilation and discussion of qualitative research methods in nursing the following are suggested: a philosophical approach (Carter 1985; Gaut 1985; Ray 1988b), ethnonursing and ethnographic research (Leininger 1985a), the phenomenological approach (Lynch-Sauer 1985), the historical method (Kruman 1985), grounded theory method (Stern 1985), and combined qualitative and quantitative research approaches (Tripp-Reimer 1985).

IN CONCLUSION

From the literature review several broad and general components of a caring encounter can be identified. These include a person caring, a person being cared for, a covert emotional or psycho-social component, a covert/overt activities/action component, and numerous nouns for descriptive purposes such as commitment, concern, understanding, warmth and countless others all of which, without compromising the researcher’s unbiased position can be of assistance in the identification of themes in the data analysis phase of research.

Caring is also viewed from an anthropological, sociological, and psychological point of view (Forrest 1989). In addition to which, central themes such as caring as a human trait, an affect, a moral imperative, interpersonal interaction, and therapeutic intervention are utilised in explaining the phenomenon caring (Morse et al 1990).

Regarding the approaches, methods and techniques of research, philosophical, contextual, and conceptual analysis were all used - mostly within the literature review combined with techniques such as the bibliometric approach, content analysis, and
reorganisation of content into predetermined categories. Also used were phenomenologically based research, including qualitative research and grounded theory research, and ethnomethodology with specialisation in ethnonursing. Associated data collection instruments and techniques such as questionnaires and participant observation with or without accompanying qualitative interviews were also utilised.

A major shortcoming which was noticed in the literature is that often, authors do not indicate what the significance of research into caring is. This is especially true of the research reports contained in Leininger and Watson (1990). The impression is left that in these instances basic or pure research (Treece and Treece 1986: 6) were the ultimate objectives. In this research, however, the eventual goal with theory development is to describe, predict and to some extent control the phenomenon caring.
INTRODUCTION

In this chapter the methodology underlying this study is discussed. The discussion is structured around the five questions which a methodology should elucidate and which in turn cover all aspects regarding the research design.

Since understanding is of paramount importance in this study, any theoretical framework related to phenomenology should to some extent be applicable. As discussed in Chapter 2, symbolic interactionism and related theoretical frameworks, as an extension of the dialectical phenomenological argument, were applied as the methodological framework for this research.

DEFINITION OF THE TERM METHODOLOGY

In this study the word methodology is used in the sense of a broad theoretical framework which gives logic to the way of doing (the research method). According to Mouton (1988: 16) the etymological meaning of the word methodology could be interpreted as the logic of implementing scientific methods in the study of reality [I underlined]. Methodology is thus the theory of correct scientific decisions (Kaufman as cited by Mouton 1988: 16).

Mouton (1988: 16) further states that such a definition of the term methodology implies that the methodology should assist and give direction (logic) in deciding:

Which theory or model is likely to be most appropriate for investigating a given subject?
Which research hypotheses concerning the object of study may be formulated on the basis of the selected theory or model?

Which measuring instruments and data collection methods can be used?

How should the collected data be analysed?

What do the findings mean and how do they relate to the original problem?

Reasons for the use of the dialectical phenomenological anthropology and emanating symbolic interactionism as the methodological framework for this study are substantiated below by providing answers to each of the above questions.

QUESTIONS A METHODOLOGY SHOULD ANSWER

QUESTION ONE: WHICH THEORY OR MODEL IS LIKELY TO BE MOST APPROPRIATE FOR INVESTIGATING THE GIVEN SUBJECT?

At first, the given subject must be reflected upon. Aspects related to the subject, which are of importance in answering the above stated question, include the fact that the research question, which in essence is What is caring (in the educational setting)?, is an ontological question. This places the subject of study within the realm of social reality, and ultimately in the realm of the social sciences. This is totally acceptable in nursing research since nursing (and nursing education) are both social phenomena (Melia 1982: 327). In this respect, Parse et al (1985: 2) quote Donaldson and Crowly and Gorenberg in saying that: Nursing has no unique research traditions. The subject of research thus calls for a theoretical and/or methodological framework suitable for the scientific endeavour of studying
social phenomena. However, such a theoretical or methodological framework should not impose preconceived ideas on the research subject and thus on the research topic. The ontological question does not allow for the testing of theory; only for a theoretical (methodological) framework anticipating the existence of some social reality, or more fundamentally, the existence of knowledge regarding such a social reality. As described in Chapter 2, symbolic interactionism as methodological framework offers such a theoretical framework. As a theoretical foundation for grounded theory research and qualitative research in general, symbolic interactionism further applies to this study.

**SYMBOLIC INTERACTIONISM AS RESEARCH METHODOLOGY**

According to Denzin (1989: 12) the very fact of getting involved in the research act must be seen as a process of symbolic interaction, that being a scientist reflects a continual attempt to lift one's own idiosyncratic experiences to the level of the consensual and the shared meaning. It is in this context that the research method becomes the major means of acting on the symbolic environment and making those actions consensual in the broader community of sociologists. To this Charon (1989: 178-179) adds that: The purpose of symbolic interactionism as a scientific perspective is to understand the cause of human action, but cause [I underlined] is transformed to mean human definition, self-direction, and choice in situations. We must better understand how humans think, solve problems, role take, apply their past, and look to the future in situations. Science for understanding human action must recognise that part of human action is choice, is creative, is free, and thus, paradoxically, the role of science becomes one of understanding how, and to what extent, freedom plays a role in what we do.

Clearly, both these quotations indicate the pertinence symbolic interactionism has regarding knowledge, knowing and the research act per se and not on the research phenomenon in the sense of testing presuppositions in the field. The requirements of the
ontological question are thus not being violated.

Also, two concepts fundamental to symbolic interactionism figure in these quotations; role taking and self. As discussed in Chapter 2, these, together with mind and symbols, form the essence of interaction. Regarding self, the I, the spontaneous part of the self which is unpredictable and gives a uniquely individual response to the situation and to the Me, is especially emphasised.

THE QUALITATIVE RESEARCH PARADIGM

In symbolic interactionism the individual is seen as a conscious actor in his world. The individual perceives situations and events in terms of his own meanings and definitions of the situation which themselves arise from social interaction with others. Human beings thus do not react in a stimulus response manner to one another's actions, but, interpret these. This calls for the abandonment of positivistic (and quantitative) research methods in favour of qualitative research methods (Chenitz and Swanson 1986: 4; Ferreira as cited by Mouton 1989: 203).

Support for this also comes from the philosophical thought of Gabriel Marcel. According to Marcel (Bollnow 1984: 161-162) reflections of the first kind which pertain to human feelings, meanings and the way in which the individual perceives things (aspects such as love, caring and the like) necessitate research approaches other than those utilised in the case of first order reflection (problem-solving and other positivistic approaches).

Qualitative research is most appropriate for exploratory and descriptive studies and stresses the importance of context, settings, and subject's frame of reference (Marshall and Rossman 1989: 46). In this study the qualitative research paradigm is adhered to because this research:

* cannot be done experimentally for practical and ethical
reasons;

* delves in depth into complexities and processes; and

* relevant variables have yet to be identified (Marshall and Rossman 1989:46)

GROUNDED THEORY RESEARCH

In grounded theory as well, the I is of utmost importance. It suggests that although there are generally accepted beliefs, feelings, emotions and perceptions concerning any phenomena, uniquely individual perceptions also exist. This necessitates involving more than one respondent, and integrating all information provided into a coherent unified whole which will render the emerging theory transferable to other comparable situations.

According to Field and Morse (1985: 23): Grounded theory, unlike phenomenology, assumes the existence of a process. It involves both an inductive and a deductive approach to theory construction in that constructs and concepts are grounded in the data and hypotheses are tested as they arise from the research. Two modes of grounded theory are identified by Chenitz and Swanson (1986: 16): the discovery mode and the emergent fit mode. In this study, the discovery mode is utilised for the following reasons:

Grounded theory's greatest contribution lies in areas in which little research has been done. In this regard Brink (1990) points out the earnest need for research into caring in this country;

Under the present circumstances, theory testing cannot be done in the area of caring in nursing education simply because such specific theory does not exist. Grounded theory as a preliminary exploratory and descriptive study is thus pertinent;
The discovery mode asks the question What patterns can I identify in the problem and how are these patterns related? This represents the overall aim of this study as stated in the introduction; and

The purpose of the research is thus to identify the core variables or the process that describes the characteristics of a particular social world, which in this instance is caring in the educational setting in nursing education. This is allowed for by framing the research within symbolic interactionism allowing for both exploration and inspection (Chenitz and Swanson 1986: 17).

**QUESTION TWO: WHICH RESEARCH HYPOTHESES CONCERNING THE OBJECT OF STUDY MAY BE FORMULATED ON THE BASIS OF THE SELECTED THEORY OR MODEL?**

In symbolic interactionism the individual is seen as a conscious actor in his world. The individual perceives situations and events in terms of his own meanings and definitions of the situation which themselves arise from social interaction with others (Chenitz and Swanson 1986: 4; Ferreira as cited by Mouton 1989: 203). On this is based the ontological and research question regarding the object of study (caring) namely:

"What does caring in nursing education entail from the point of view of both the tutor and the student?"

To further illuminate the question, the symbolic interactionistic concept of role taking needs to be revisited. To be able to perceive what constitutes a caring and an uncaring encounter in the educational setting, tutors and students must first consider one another’s roles so as to establish their own. Further, it is important that the researcher too should do this in order to better understand the point of view of the actors (tutors and
students). At this point symbolic interactionism as a scientific perspective, as discussed above (Charon (1989: 178-179), becomes important.

Symbolic interactionism reflects definite phenomenological features. Like the dialectical phenomenological anthropology underlying this research, symbolic interactionism sets the stage for an ontology. Put differently, it provides the most fundamental argument for the existence of social reality and knowledge. It is a theoretical reconstruction of the individual's constitution of reality as discussed in chapter two. However, this reality (and knowledge) is not specified in any terms. It thus meets the requirements of an atheoretical approach appropriate to answering an ontological question.

**QUESTION THREE: WHICH MEASURING INSTRUMENTS AND DATA COLLECTION METHODS CAN BE USED?**

Since the research question is an ontological question, this research is aimed at exploring and describing the assumed ontology of caring by applying the qualitative research paradigm in the form of grounded theory research. Measuring in strict positivistic terms is thus not considered. Data were collected through formal unstructured interviews and selective sampling of literature. An aspect closely related to data collection which has bearing on the quality of the data and which are also discussed in detail in this section is selective sampling of informants.

**SAMPLING**

As is the case in quantitative research, in qualitative research sampling also has a profound effect on the quality of the research. In qualitative research the quality of the research is contingent upon the appropriateness and the adequacy of the sample, that is, from whom and how much data was obtained and the
quality of the data obtained (Morse 1989: 117). The sampling techniques which ensure the quality of quantitative research should not be used in qualitative research. The reason is that by using quantitative sampling techniques in qualitative research, both the quantitative principle of an adequacy of sample size to achieve representativeness and the qualitative principles of purposeful sampling and of selecting good informants are put into jeopardy (Morse 1989: 117).

The sampling site

According to Marshall and Rossman (1989: 54) the research design should include the rationale for the selection of a certain setting in an organisation or the selection of a certain group of people as subjects in research. This not only points to the actual sample, but also to the whole population.

The ideal site is where entry is possible and where there is a high probability that a rich mix of many processes, people, programmes, interactions and/or structures that may be part of the research question will be present. Due to the research question for this research the sample is what may be called site-specific. It can only be the educational setting in nursing education.

The ideal site further requires that the researcher be able to maintain continuity of presence for as long as necessary. In this study, the sample site was within easy driving distance of the researcher’s residence and at least one hour was planned for for each interview. The ideal sampling site further requires that data quality and credibility are reasonably assured by avoiding poor sampling decisions (Marshall and Rossman 1989: 54). This was also provided for by selecting informant according to their performance on the Self Perception Scale on the Personal Orientation Inventory (POI) (Shostrom, Knapp and Knapp 1976: 34-35). This will be discussed in detail in the section on sampling to follow.
Phases in sampling

In this research, like all grounded theory research, sampling was conducted to obtain informants for the research and also to elaborate, densify, and saturate categories which emerged from the data after constant comparative analysis had been done - the so called theoretical sampling. Sampling was thus conducted in two phases.

Phase 1: Purposeful and selective sampling - Sampling for respondents

Although Morse (1989: 118-121) proposes four types of samples for respondents in qualitative research namely: the purposeful sample, the nominated sample, the volunteer sample, and the sample that consists of the whole population, only purposeful sampling in combination with selective sampling (Schatzman as quoted by Strauss 1990: 39) was used in this phase in this research.

In purposeful sampling, the researcher selects a participant according to the needs of the study (Morse 1989: 119). Field and Morse (1985: 117) and Morse (1989: 118) contend that rather than selecting a criteria based sample founded on typical or representative population and demographic attributes such as age, gender, socio-economic status, etcetera, the sample should be selected according to the informant’s knowledge of the research topic. Knowledge in this instance, however, does not only refer to in-depth theoretical expertise, but also includes experiencing or having experienced the research topic.

Closely resembling purposeful sampling is selective sampling (Schatzman as quoted by Strauss 1990: 39). Selective sampling according to Schatzman refers to the calculated decision to sample a specific locale or type of interviewee according to a preconceived but reasonable initial set of dimensions (such as
time, space, identity) which are worked out in advance of the study. The criteria according to which informants can be selected are almost infinite.

Adhering to the principles of the cited two sampling techniques, informants were selected, not for their theoretical expertise regarding the research topic, (caring in the educational setting) but because of their experience thereof in the educational setting. Thus, this study draws on the experiential and existential knowledge of the informants through language as symbols by way of which the perceived reality is reconstructed and communicated. Informants were, however, also selected within the framework of symbolic interaction theory itself. Based on the importance of the self and self-concept in constructing a social reality as proposed by symbolic interaction theory (Charon 1989: 74-80) the Personal Orientation Inventory (POI), a questionnaire, constructed by Shostrom et al (1976), was administered to a conveniency sample from the population in order to select informants for this study.

The Personal Orientation Inventory (POI)

Purpose of administering the POI

The Personal Orientation Inventory was selected and administered in order to select informants for this study in a purposeful (selective) manner. The POI contains a scale for measuring self-perception. This was utilised because, the individual has a number of ideas about self, and these ideas affect what he or she does in a particular situation (Charon 1989: 74). Since self-concept may have a profound influence on the individual’s experience and perception of reality (caring) and since theory generation requires variety ( atheoretical approach), selecting initial respondents according to their performance on the self-perception scale, contained in this instrument, is appropriate.
The development and rationale of the POI

The scales contained in the POI are based on the most important characteristics of self-actualisation as proposed by the humanistic existential personality theories of Maslow, Rogers, Perls, Ellis, Glaser, and others (Cilliers 1984: 232). The POI is compiled for measurement of values and conduct which may be of profound importance in the development of an self-actualised person.

Description of the instrument

In South Africa, the POI is classified as a Level C psychometric instrument. Legally, only registered psychologists may interpret the results hereof. These tests may also not be published or reproduced in any form. For this reason the test per se is not contained in the annexures. However, the test was administered under the auspices of a registered psychologist. A statement to this effect is contained in the annexures (Annexure A).

The POI consists of 150 two-choice comparative-value-statement items reflecting values and behaviour of self-actualisation (Knapp 1976: 2).

Since scale scores are normative rather than ipsative with scores on one scale in general not being dependent upon responses to another scale, Shostrom (Knapp 1976:3) reiterates that the POI is not a forced choice instrument - an aspect appealing to anyone undertaking qualitative research.

Interpretation of the POI

According to Cilliers (1984: 237) the twelve sub-scales of the POI give a combined image of the individual's self-actualisation. However, these scales must be interpreted individually. This is facilitated by the fact that scale scores are normative rather than ipsative with scores on one scale in general not being dependent upon responses to another scale (Shostrom as quoted by Knapp 1976: 3). High scores on the individual scales indicate that the specific aspect of self-actualisation is strongly present in those individuals, and vice versa (Cilliers 1984: 237).

Reliability and validity of the POI

Although a reliability and validity index for the South African milieu could not be obtained (the same is reported by Cilliers 1984: 237), the creators of the POI supply strong evidence to this effect obtained from research conducted in America and elsewhere. Some of these results follow.

In order to establish the instrument's predictive validity, an attempt was made to see if the POI actually measured self-actualisation as observed by therapists (Shostrom, Knapp & Knapp 1976: 36). The Self-Regard scale and the Self-Acceptance scale were among those which discriminated significantly in this test for validity (Shostrom et al 1976: 36).

In addition, Fox, Knapp and Michael (Shostrom et al 1976: 37) pursued the hypothesis that hospitalised psychiatric patients would represent a non-actualising population. This sample scored significantly lower on all the POI scales than the normal adult samples reported in earlier studies by Shostrom. Further, in relating changes in POI scores to changes of Actualising Therapy, Shostrom and Knapp found that all POI scales significantly differentiated a sample of out-patients who were beginning...
therapy from those in advanced stages of psychotherapy (Shostrom et al 1976: 36).

In a study by Knapp, the Eysenck Personality Inventory (EPI), which measures neuroticism, correlated negatively with self-actualisation as measured by the POI (Shostrom et al 1976: 38). The POI was also tested against several other measurement scales to establish its predictive validity namely: the Comrey Personality Scales, the Guilford-Zimmerman Temperament Survey, and the Sixteen Personality Factor Questionnaire. To some extent, all supported the previous findings (Shostrom et al 1976: 40).

Tests for construct validity, the degree to which an instrument measures what it is suppose to measure, were also conducted, with varying degrees of significance between scales in the POI (Shostrom et al 1976: 40-42).

The reliability of the instrument as found in this study was calculated and is exhibited in Table 4.1.

**Appropriateness of the POI in this research**

Self-concept as a concept in symbolic interactionism (discussed in Chapter 2), is measured in the POI Self-Perception with subscales Self-Regard and Self-Acceptance. *Self-perceivement* is defined as the confirmation of self on grounds of personal value and strength, while *self-acceptance* points to the confirmation or acceptance of self in spite of weaknesses and shortcomings (Cilliers 1984: 235).

Because of the fact that scale scores are *normative* rather than *ipsative* as indicated previously, with scores on one scale in general not being dependent upon responses to another scale, (Knapp 1976:3) it was possible to use only the Self-Perception scales without violation the under lying psycho-metric dynamics (Also see Annexure A).
According to Charon (1989: 74) ... what we think we are and what we want to be influences what we do and are thus important parts of our 'self-concept'. For this reason, using the two sub-scales (Self-Regard and Self-Acceptance) seems appropriate in this research.

Since the same formula was used for the calculation of all raw scores, the dispersion of respondent performances on the two scattergrams (Diagrams 4.1 and 4.2) can only be accounted for in terms of individual perception of the different statements presented to the respondents and their unique individual combinations thereof. Thus, the very attribute which is measured by this questionnaire (self-perception) accounts for the diversity, since respondents were instructed to choose alternatives in relation to self. This, too, is in line with the principle of meaning attributed to phenomena by the individual as proposed by symbolic interactionistic oriented theories. Had this not been the case, there would have been no dispersion on the two scattergrams.

Qualification for using a quantitative research instrument in qualitative research

At this point it may well be asked if the internal consistency regarding the overall research approach (qualitative research) is not violated. Thus, how can the questionnaire, which is usually associated with quantitative research be justified in a qualitative and non positivistic study? The answer to this is that using a questionnaire, does not indicate a duality regarding positivistic and non positivistic or qualitative versus quantitative research paradigms within this study. Within symbolic interactionistic terms, the questionnaire is but a social object, as is the content of the questionnaire.

Further, the results obtained through administering the questionnaire were not used to a quantitative end; to establish
cause effect relationships pertaining to the research phenomenon or to test and validate hypotheses with a given statistical probability (Parse, Coyne and Smith 1985: 4). The questionnaire was merely applied to provide for variety of data (perspectives) based on the importance of the self and self-concepts as proclaimed by symbolic interactionism (discussed in Chapter 2).

Bias in terms of a one-sided view of the research topic, was prevented by selecting within the two groups of informants (tutors and students) a further two mutually excluding groups of informants. This will be discussed in detail later.

**Administering the questionnaire**

When completing the Personal Orientation Inventory respondents are requested to indicate on an answer sheet which statement, from each pair, is TRUE or MOSTLY TRUE about themselves. As indicated previously the test was administered to those tutors and student available at the college. The questionnaire was administered in the classroom in which the students were present and a conference room in which the tutors were present. Each respondent was supplied with a booklet in which the dual paired statements are contained. The instructions for the completion of the test were read to the respondents. The whole procedure was conducted under supervision. Respondents were not allowed to confer on any responses with one another. Clarification was given whenever a respondent required such clarification.

The Questionnaire was administered to eighteen (18) tutors and ninety two (92) students from one nursing college.

**Calculating the results**

The individual performances of respondent were calculated by means of masks developed specifically for this purpose and which were supplied with the POI questionnaires and answer sheets.
The descriptive statistics, as portrayed in Tables 4.2 and Table 4.3 and in Figure 4.1 and Figure 4.2, and on which the criteria for selection of informants were based, were calculated by computer as is the case with the calculation of the reliability estimates (Cronbach's alpha as exhibited in Table 4.1).

<table>
<thead>
<tr>
<th>TABLE 4.1: RELIABILITY COEFFICIENT (CRONBACH'S ALPHA) FOR THE PERSONAL ORIENTATION INVENTORY (POI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informants</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Tutors</td>
</tr>
</tbody>
</table>

Criteria for the selection of informants

The criteria for the selection of informants (both students and tutors) were performances (raw scores) on both the self-regard scale and the self-acceptance scale which were equal to, or higher than, the average score of the respondents (tutors or students) plus the standard deviation (high self perception) or, equal to, or lower than, the average score of the group minus the standard deviation (low self-perception). The results hereof are shown in the tables to follow (Table 4.2; Table 4.3; Figure 4.1 and Figure 4.2). It should be noted that some respondents did obtain the same score, however, not by the same combination of responses. All scores were checked and no double placing was found within the criteria set for the selection of informants.

Even though bibliographical detail were not considered in the selection of informants, Table 4.4 displays such information. The reason why this information is presented is that rather homogenous characteristics of informants may imply a limited scope of generalisability of the emergent theory. It thus serves to draw the reader's attention to this very important point.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Self-regard</th>
<th>Self-acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>18.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Average</td>
<td>12.9</td>
<td>17.8</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Upper cut-off point</td>
<td>14.6</td>
<td>20.9</td>
</tr>
<tr>
<td>Lower cut-off point rounded up</td>
<td>11.2</td>
<td>14.7</td>
</tr>
<tr>
<td>Upper cut-off point rounded down</td>
<td>15.0</td>
<td>21.0</td>
</tr>
<tr>
<td>Lower cut-off point rounded down</td>
<td>11.0</td>
<td>14.0</td>
</tr>
</tbody>
</table>

Figure 4.1: Scattergram depicting the distribution and scores of tutors on the Self-Regard and Self-Acceptance Scales.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Self-regard</th>
<th>Self-acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>92.0</td>
<td>92.0</td>
</tr>
<tr>
<td>Average</td>
<td>12.3</td>
<td>14.6</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Upper cut-off point</td>
<td>14.2</td>
<td>17.5</td>
</tr>
<tr>
<td>Lower cut-off point</td>
<td>10.4</td>
<td>11.7</td>
</tr>
<tr>
<td>Upper cut-off point rounded up</td>
<td>15.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Lower cut-off point rounded down</td>
<td>10.0</td>
<td>11.0</td>
</tr>
</tbody>
</table>

**Figure 4.2:** Scattergram depicting the distribution and scores of students on the Self-Regard and Self-Acceptance Scales.
### Number of informants

As indicated in Figure 4.1 and Figure 4.2 above, only six informants were selected. The number of interviews conducted is 13. Though this number is less than the minimum stated by the researchers quoted above, justification for this number is, that the researcher decided to keep to the criteria for the selection of respondents as described above rather than create a precedent.

From this point onwards, data collection was guided by theoretical sampling. As Morse (1989: 122) indicates: *As the study progresses, the criteria for the selection of informants change.*

### Phase 2: Ascertaining themes and categories: Theoretical sampling

According to Glaser and Strauss (Melia 1982: 329) theoretical sampling is:

> the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges.

Strauss and Corbin (1990: 176) define theoretical sampling as sampling on the basis of concepts that have proven theoretical relevance to the evolving theory. According to Chenitz and
Swanson (1986: 9) theoretical sampling is based on the need to collect more data to examine categories and their relationships and to assure that representativeness exists in the categories.

Theoretical sampling, however, also has different dimensions e.g. open sampling in association with open coding (Strauss and Corbin 1990: 176), sampling in axial coding (Strauss and Corbin 1990: 185) and sampling in selective coding (Strauss and Corbin 1990: 187). Theoretical sampling is thus always selective, and further, selective regarding sampling of literature and sampling of data (Stern 1987: 84).

Selective sampling of data

Selective sampling of data serves (Stern 1987: 84) as the starting point for applying theoretical sampling. This was guided by both open sampling and axial sampling. As the main concept or variables became apparent, they were compared with the data to determine under what conditions they were likely to occur and if they were indeed central to the emergent theory. In this instance the six factors for clarifying any social phenomenon proposed by Glaser (Chenitz and Swanson 1986: 46) and Strauss and Corbin (1991: 96) were implemented. Emerging and recurring themes were thus further investigated by means of follow up interviews. In this instance both open sampling and axial sampling were implemented.

To Strauss and Corbin (1990: 176) open sampling is associated with open coding. Openness rather than specificity guides the sampling choices. Open sampling can be done purposefully or systematically, or occur fortuitously. It includes on-site sampling. This means that after data collection, data should be analysed and questions must be asked based on this (Strauss and Corbin 1990: 182-183). This routine was followed throughout this study (See Chapter 5 for result hereof). This aspect will be further illuminated in the discussion of constant comparative data analysis to be discussed in due time.
Selective sampling of literature

By selective sampling of the literature (Stern 1987: 84) the existing literature was used as data which was carefully scrutinised and compared to the concepts abstracted from the data collected through interviews. In this instance literature on the structure of caring in both the clinical nursing situation and the educational setting was used and was compared to emergent data, categories and conceptualisations.

According to Stern (1987: 84) selective sampling also has an inductive aspect. Data are collected not only to prove or disprove the importance of the variables but also to identify and elaborate the properties of these variables. Through selective sampling (theoretical sampling) categories already discovered were expanded, given dimension and limited. According to Stern (1987:85) saturation of categories is an important aspect in this instance. Morse (1991: 141) however, is of the opinion that saturation is a myth and that such a point of completeness will never be reached. Stern suggests the collection of data be stopped when theoretical sampling ceases to elicit any new information. This, however, does not mean that no new information exists beyond that point. However, theoretical sampling cannot continue infinitely and one has to stop at some point. In this research categories were not saturated. Data collection was halted after 13 interviews based on the logic applied to the principle of saturation given by Morse (1989: 127) in stating that: *In reality, there are a myriad of experiences which may or may not be pertinent or significant, and only the researcher is in the position to decide whether or not the new information is significant.* In this research it was experienced that a follow up interview did not elicit any really new (different) information (data), however, these interviews served the purpose of checking the results of the researcher's open coding with the informants.

The fact that theoretical sampling focuses on the recurrent and recurring themes (shared themes) points to the pursuit of *objective knowledge* in terms of Luckmann and Berger's sociology.
as discussed in Chapter 2. However, subjective knowledge is also useful to this study. During theoretical sampling, the research may pursue a number of emanating categories, some of which may appear to be less general. The full range and variation in a category is sought to guide the emerging theory. Sampling to test, elaborate, and refine categories is done for verification or to test for validity of a category (Chenitz and Swanson 1986: 9).

Though theoretical sampling may lead the researcher to data collection sites quite different to the original, data collection during this study was done only within the relationship between tutor and student in the educational setting.

Evaluating samples

Evaluating samples in qualitative research includes the evaluation of both the respondents selected and the data sampled. Both validity and reliability are involved in evaluating samples in qualitative research, however, these are termed differently by different authors in qualitative research. Table 4.4 gives a summary of some of these different terms and are presented here to orientate the reader towards the discussion to follow.

| TABLE 4.5 : SYNONYMS FOR VALIDITY AND RELIABILITY IN QUALITATIVE RESEARCH |
|---------------------------------|---------------------------------|
| Validity                       | Reliability                     |
| Adequacy                       | Appropriateness                 |
| Evidence                       | Credibility                     |
| Internal validity              | External validity               |
| Sufficiency                    | Generalisability                |
| Quality                        | Transferability                 |
|                                | Fit, grab and work              |

Evidence and establishing adequacy (validity)

Adequacy according to Morse (1989: 122) refers to the sufficiency
and quality of the data. This means assessing the relevance, completeness, and the amount of information obtained. If the data are adequate, there are no areas not accounted for or serendipitous regarding the emergent theory. The test for adequacy is ultimately whether the theory makes sense (Morse 1989: 123).

According to Cook and Campbell (Chenitz and Swanson 1986: 10) validity refers to the best available approximation of the truth of propositions.

Chenitz and Swanson (1986: 10-11) prefer the terms evidence and establishing adequacy when referring to validity in quantitative research. The term internal validity is used by Cook and Campbell (Chenitz and Swanson 1986: 10) in this regard.

Internal validity in qualitative research is threatened by a number of factors (Denzin 1989: 20-21) such as:

The history or events that occurred before the data collection or those that intervene during the data collection. In this research, informants were asked during the social talk preceding the interviews whether anything "important" had happened to them in the recent past. However the impact of such happenings on this study is not clear;

Subject maturation as a result of the relationship with the investigator and the research;

Subject mortality, or those leaving the study for whatever reasons. Field notes are kept and analysed for the possible effect these mortalities could have on the validity of the study. In this study one informant left the study, however, data were cross-checked with data already obtained and as discussed below;

Reactive effects of the researcher is the factor with which qualitative researchers are most concerned. This pertains to
the ways in which the researcher's presence and actions in the situation affect the respondents. This could probably have a an effect on the study, however, data were cross-checked as described below. Informants were also asked throughout interviews to tell how they saw caring in the educational setting; and

Changes in the observer or the extent to which the observer is affected by the participants and the scene. These changes need careful analysis through field notes on introspection (Denzin 1989: 172-175). In this instance, the researcher, some time prior to this research, even prior to the initial literature research conducted for this research, jotted down his personal views on caring in general. Throughout this research, the researcher kept this construct in mind, ever mindful not to allow this to influence the analysis of data. However, it must be admitted that some of the features of the mental construct of caring the researcher had prior to this research, also features in the emergent theory, but, so do aspects from the literature.

In this research the following measures have been implemented in order to ascertain adequacy (validity):

1) Coding was checked by colleagues. This was done in two ways. First, all codes were submitted to two independent persons for scrutiny. As a second control measure, random selected codes were further submitted to another three colleagues also with an interest in the topic caring.

2) After open coding had been conducted, these were explained to informants during follow up interviews in order to control whether the conclusions the researcher arrived at were what the informants actually had in mind.

3) Informants were selected on the basis of their involvement in teaching at the specific moment in time.
These included both tutors and students. All informants during interviews commented on the research topic caring as such and were guided by the researcher in transferring this topic to the educational setting. All informants had either entered into the nursing profession because they wanted to care for and about people or, they had learned about caring and how to care during their involvement in nursing. Caring as such had thus been conceptualised by these people and they were prepared to talk about this. In order to provide for scope regarding the research topic caring, selective or purposeful sampling was conducted with the individual's self-image as criteria. This is substantiated in detail above. Informants thus met the requirements for purposeful sampling.

4) To further maintain evidence and adequacy, all data obtained, that is categories and themes, were substantiated with data from literature. This included a comparison and discussion of the data obtained from interviews and comparative data analysis with philosophical, theoretical, and conceptual models and constructs identified in the literature. Literature was also applied to augment data.

5) In order to define the topic under discussion more clearly, that is the emergent theory, contravening examples of the phenomenon caring in the educational setting (which in essence is professional caring) were also constructed. These are caring for, caring about, generic and lay caring, and being crippled, all discussed in Chapter 6.

6) Whether the emergent theory makes sense, the ultimate test for adequacy, (Morse 1989: 122) was to some extent determined through a post hoc group interview. During this interview, the emergent theory was explained to both tutors and students from the institution at which the
research was conducted. Some 70 students and 15 tutors attended this session. All agreed that that theory "made sense" within its own parameters.

Credibility and appropriateness (reliability)

According to Morse (1989: 122) methods of sampling in qualitative research must be appropriate, which refers to the degree to which the choice of informants and methods of selection 'fits' the purpose of the study as determined by the research question and the stage of the research.

Chenitz and Swanson (1986: 10-11), in this instance, prefer the term credibility to that of reliability, while Cook and Campbell (Chenitz and Swanson 1986: 10) use the term external validity to refer to reliability in qualitative research.

In qualitative research, an appropriate (reliable) sample is guided by informant characteristics and the type of information needed by the researchers (Morse 1989: 123). The ultimate test in this instance is whether or not the method for the selection of the sample contributed to or facilitated understanding. Reliability in qualitative research and grounded theory research thus does not pertain to reliability in terms of exact replication of the study and results. Rather, it points to the affirmation of the question: If I apply this theory to a similar situation will it work, that is, allow me to interpret, understand, and predict phenomena? (Chenitz and Swanson 1986: 13).

External validity refers to the generalisability or, rather, in qualitative research terms, the transferability of a proposition about a causal relationship across populations. This is echoed by Denzin (1989: 21-22) in stating that external validity rests on generalisability or transferability. In this case the researcher needs to demonstrate that the cases he studied are representative of the class of units to which the generalisation is made (Denzin
1989: 171). The greater the range and the variation sought through theoretical sampling, the more certain it is that the data are generalisable or transferable to other members of the same class or units as the phenomenon under study.

The credibility of the theory is also important in establishing adequacy. The theory must thus fit, have grab, and work (Chenitz and Swanson 1986: 13). Respectively this means that:

- the categories that are generated must be indicated by the data and applied readily to the data;
- the theory speaks to or is relevant to the social or practice world and to the persons in that world; and
- the theory has relevance or usefulness in explaining, interpreting, and predicting phenomena under study (Chenitz and Swanson 1986: 13).

In this research credibility was maintained through the following measures.

1) All aspects implemented to maintain evidence and adequacy (validity) are also applicable to the maintenance of credibility.

2) As Morse (1989: 122) suggests, informants were selected according to criteria specifically set for this research. Detail on this appears earlier in this chapter.

3) Credibility also rests on the way in which data are collected and analysed. This is reported on in detail above and in the discussion to follow.

4) Both Afrikaans speaking and English speaking informants were interviewed in this research. In order to maintain the exact meaning of Afrikaans informants, analysis was conducted first, and only afterwards were the interviews translated into English.
Special problems regarding sampling in qualitative research

Objectivity, the representation of data as presented by informants, thus, in phenomenological terms allowing the phenomenon to speak for itself was maintained by several means.

The researcher maintained objectivity by including both purposeful and theoretical sampling as described above. By keeping an open mind and applying *bracketing* the researcher tried to further enhance objectivity. By not only having looked for objective knowledge in terms of the sociology of knowledge (as the researcher in some instances surely would be sharing general ideas with informants necessitating *bracketing*) but by also having allowed for subjective knowledge to be assimilated in theory construction, provision was made for both objectivity and scope on the part of the researcher. Further, the results of open coding were submitted to colleagues for their critique and were also discussed with informants in follow up interviews. The *post hoc conference* for confirmation of the theory by informers was the final attempt in establishing, maintaining and testing objectivity.

Whatever the degree of objectivity, this does not automatically provide for an unbiased stance. According to Morse (1989: 125) *The major criticisms of volunteer, purposeful, and nominated samples is that these samples are biased by virtue of the selection process. These sampling methods facilitate the selection of a certain type of informant with a certain type of knowledge. According to Morse (1989: 125) this is exactly the intention with using these sampling methods. She concludes that an unbiased sample, perhaps chosen randomly, violates the qualitative principle of obtaining information from experts and that of the sample size adequacy. However, special strategies are used in qualitative research to ensure that different perspectives regarding the research topic are investigated. These include the deliberate selection of negative cases or selecting informants who had atypical or are involved in atypical experiences. Variation is further maintained by managing*
variation descriptively, by explaining variation diagrammatically, by using secondary samples and by confirmation (Morse 1989: 125-127).

DATA COLLECTION: THE FORMAL UNSTRUCTURED INTERVIEW

Motivation for the use of interviews as data collection method

Regarding the appropriate data collection methods advanced by symbolic interactionism, Denzin (1978: 59) states that human behaviour is observable on two levels; the symbolic and the interactional (or behavioural) and that symbols and interaction must be brought together before an investigation is complete (Denzin 1989:7). This corresponds with Blumer's contention (Chenitz and Swanson 1986: 17) that the two parts of the methodology used by symbolic interactionists ... are exploration and inspection. Chenitz and Swanson (1986: 6) corroborate this, stating that symbolic interactionism studies behaviour on two levels: the behavioural or interaction level and the symbolic level. The data collection methods implied hereby are respectively, observation and the interview.

However, observation in the natural setting is omitted from this study in favour of the unstructured formal qualitative interview. This approach is also justified by Denzin.

Denzin (Charon 1989: 179), in an attempt to spell out principles that should govern the methodology of symbolic interactionism, says:

'It is a commitment to study the behavior of actors in their own worlds through entering those worlds and understanding them from the actor's perspective. It is imperative to understand overt action and definitions actors give their actions, even if this means simply asking them for retrospective accounts of past experiences' [I underlined].
Further support for the specific use of the unstructured formal interview in favour of participant observation comes from Becker and Geer (1987: 77) who state that:

The difference we consider between the two methods [observation and interviewing] involve two interacting factors: the kinds of words and acts of the people under study that the researcher has access to, and the kind of sensitivity to problems and data produced in him [the researcher].

To this Castles (1987: 89) adds:

Observation methods are useful when the study intent is the description and understanding of behavior as it occurs. It is not effective when the investigator wants to describe cognitive or affective activities or values, perceptions, beliefs, or feelings.

Of importance here are the acts of people under study. The clandestine nature of caring in the educational setting, obscured by formal educational and social interaction, makes it difficult, if not impossible, to know precisely what to observe. Thus, asking respondents about this, at this stage, seems appropriate. As Becker and Geer (1978: 77) put it, interviewing is the more widely used data collection method and is likely to continue to be.

The question can then duly be asked why not resort to a total phenomenological approach? Especially in view of the three premises of phenomenology (Manis and Meltzer 1978:12) reflected by symbolic interactionism as well, namely:

human behaviour differs qualitatively from that of non-human behaviour

human behaviour is best conceived in holistic terms
Voluntarism; human conduct is guided by interpretation and intention.

The answer to this is that phenomenological research focuses more on the subjective experience of people and does not acknowledge interpersonal interaction as explicitly as does symbolic interactionism. Such interaction implies a process. Grounded theory assumes a process whereas phenomenology as such does not (Field and Morse 1985: 26). Further, by using symbolic interactionistic theory, the foundation is laid for future continuation of this research applying other data collection methods consistent with the symbolic interactionistic dictum but not provided for by phenomenology, such as observation. This is an important consideration in light of Manis and Meltzer's warning (1978: 6) that:

many sociologists and social psychologists shift their assumption radically when they shift from studying human conduct on the individual or interpersonal level to studying it at the group, institutional, or societal level.

Further justification for the application of symbolic interactionism is based on symbolic interactionism as a scientific perspective as discussed in the answer to question one. The research act itself implies getting involved in symbolic interactionism.

Before the data collection method, the formal unstructured interview, can be discussed, a step in the research process preceding data collection should first receive attention.

Chenitz and Swanson (1986: 66) state that Formal interviews are conducted when a nurse researcher desires in depth information that can best be obtained in a private setting and from respondents recruited from predetermined sites [I underlined]. This refers to sampling which in qualitative research and in grounded theory research takes on a totally different form from its counterpart in quantitative research as indicated above.
Regarding the interview Charon (1989: 43) points out that symbols in symbolic interactionism can be physical, human acts, or words. Without words other symbols would not exist. Symbols have meaning to us only because they can be described through using words. To reiterate, Charon (1989: 43) quotes Hertzler in saying:

*The key to basic symbolism of man is language* [I underlined]. All other symbol systems can be interpreted only by means of language. It is the instrument by means of which every designation, every interpretation, every conceptualization, and almost every communication of experience is ultimately accomplished. What is not expressed in language is not experienced and has no meaning...

For this reason too, unstructured qualitative interviews seemed appropriate in this research.

**The formal interview and grounded theory**

According to Lofland (Chenitz and Swanson 1986: 60) the purpose of the unstructured interview is to obtain information in the respondent's own words, to gain a description of the situations, and to elicit detail. During unstructured interviewing the researcher may use an interview guide containing a set of brief, general questions, a topical outline or a major theme (Chenitz and Swanson 1986: 67).

**The interview guide**

In this study the interview guides which were used are contained in the appendices (Annexure F and Annexure G). Provision had been made on these to probe information, themes, and topics addressed by respondents. Space had been allowed to indicate whether the respondent explained these in detail taking Glaser's six concepts for clarifying social phenomena, Gurvitch's five dialectical processes as criteria, Spradley's semantic relationships and Strauss and Corbin's paradigm model. These aspects, when
reformulated into questions, are still general inasmuch as they represent questions which can be asked about any phenomenon. Thus, though provision was made for a whole array of questions which could be asked, none of them placed the interview in danger of becoming a structured interview. In Chenitz and Swanson's words (1986: 67):

"The interviewer introduces a pertinent theme and questions are framed to pursue the development of the theme. The interviewer is ever mindful to follow the respondent's major concern or viewpoint."

Characteristics of the interviewer

Regarding the characteristic and general conduct of the interviewer, Schatzman (Chenitz and Swanson 1986: 68) is of the opinion that

"There is no more important tactic ... than to communicate the idea that the informant's views are acceptable and important."

The researcher, during the course of this study, also made every effort to be flexible, thus allowing himself to assume either an active or a passive role depending on the situational determinants during interviews. The interviewer also pursued the principle of being intelligent, always keeping the objectives of the study in mind, always remembering what had already been said and was thus always ready to direct the interview sensibly by asking appropriate questions, pursuing relevant concepts, themes and topics (Chenitz and Swanson 1986: 68).

Accompanied by the researcher's quest for intelligence is the researcher's quest for emotional security. Being free from anxiety, being able to empathise with the respondents, communicating warmth, and putting respondents at ease, only came to the researcher after a while. However, it is assumed that the
use made of follow up interviews cancelled the damage which might have been caused by the researcher's initial insecurity (Chenitz and Swanson 1986: 68).

The formal grounded theory interview

According to Chenitz and Swanson (1986: 69) formal interviews for grounded theory research may differ from other formal interviews in a number of ways. The following are of importance to this research.

It is recommended that the nurse-researcher be fresh to the clinical area. If the researcher is too familiar with the setting and phenomenon the researcher may become biased, overlook some important aspects, become directive, etcetera. The researcher in this study, though a nurse tutor himself, has never been allocated to either clinical or classroom teaching for any extended period of time. The last time the researcher enjoyed the privilege of being a student in such settings was some eight years ago, following a part time course which consisted of classroom teaching on one day per week over a period of two years. According to Chenitz and Swanson (1986: 69): A researcher fresh to an area may be more open to new phenomena and expressions of perceptions of that phenomena.

Formal interviewing is usually done in conjunction with participant observation and informal interviewing (Chenitz and Swanson 1986: 69). In this study, observations were not done. The motivation for this was given previously.

In early interviews, topic control may be exerted by the inexperienced interviewer (Chenitz and Swanson 1986: 69). This was adhered to by the interviewer. Initial interviews were analysed and scrutinised by the researcher and from these questions were formulated which were addressed to the specific interviewees during follow up interviews.
Formal interviews may later become narrowed (Chenitz and Swanson 1986: 70). This was also the case in this research. In the end theoretical sampling was only conducted on a few concepts and categories.

Analysis of data commences with the first interviews (Chenitz and Swanson 1986: 70). This was also adhered to in this study as indicated by point three (3) above and by having used specific theoretical constructs to guide the researcher during data analysis and follow up interviews.

According to Chenitz and Swanson (1986: 70), demographic information can best be obtained at the end of the interviews when a relationship is well established. For the purpose of this study, although demographic data are not considered that important in purposive sampling, the major aspects hereof are contained in Table 4.4.

Only 20 to 50 interviews are necessary to elicit major, repetitive themes of the topic under study (Chenitz and Swanson 1986: 70). In this study, 13 interviews were conducted. Deciding on this number of interviews was partially determined by category saturation and partially by the freedom granted the qualitative researcher to report his finding at whatever stage he deems appropriate (Morse 1989: 127)).

The unit for interviewing

Depending on the nature of the research topic, a good case can be made for interviewing conjoins and groups rather than focusing on individuals only, especially where these conjoins and groups as such represent a characteristic of the phenomenon under study e.g. families, expectant couples, etcetera. In caring this too seems promising since caring can only be established interpersonally in the presence of one cared for and one caring (care receiver and a care giver). However, an attempt was not made to interview tutors and students as fixed conjoins. The
reason for this is that too many potentially ethical issues are involved. Further, it is highly unlikely that any student, in the presence of her tutor, will elaborate on a tutor being uncaring to some extent. This is even unlikely to take place in the presence of the researcher recording the information. Even viewed from the positive side, e.g. a caring encounter, it is highly unlikely that an interview of students and tutors in a group will present anything more than mutual appraisals from these actors. The possibility of group interviews in research directed at caring in the educational setting, however, remains a possibility and a challenge for future studies.

In this study, in addition to individual interviews, provision was made for conducting a homogenous group interview session. After the theoretical construct of caring in the educational setting had been compiled, students and tutors were separately permitted to participate in a group discussion which served as a post hoc interview regarding the construct. This post hoc interview was conducted with a mind open to alterations suggested by these groups.

Structuring the interview

In formal interviews, time and place are explicitly prearranged.

In this study too, the most important consideration was to economise on the time of the researcher, interviewer, informant, and institution. Whenever the interviewer was ready to conduct a follow up interview with a respondent, or any interview for that matter, interviewees were contacted by using the information given on the sampling questionnaires. As suggested by Chenitz and Swanson (1986: 72), at least one hour was planned for each session. However, the researcher observed the respondents closely for signs of respondent fatigue and respondent saturation such as listlessness, disinterest, irritability, repetition of information, tone of voice, etcetera. In such cases the interviews were discontinued leaving the respondent feeling that
the researcher had obtained what he was aiming for and thus leaving the opportunity intact for future interviews. No more than two interviews were conducted on one single day. All interviews were conducted in the respondent's private time except in instances where the institution allowed interviews to be carried out during official working or teaching time.

The formal interviews were conducted in a venue provided by the institution which guaranteed privacy, safety, and no interruptions. A venue was also provided for the final post hoc group interview.

Introducing the interview

In introducing the interview the researcher first explained the aim of the research to the respondent and informed her of the part to be played by the interviewee. During this phase informed consent was obtained from the interviewees individually (See Annexure C). Establishing a relationship and introducing the topic were greatly facilitated by the information about the respondents which the researcher had previously obtained by means of the questionnaires used for purposive sampling.

The introductory question: Why did you become a nurse? not only served to break the ice, but also directly introduced the topic caring since it was assumed that the answer to this question would be: Because I like to care for people or something to this effect.

Type of information looked for

According to Chenitz and Swanson (1986: 73) it is of utmost importance to let respondents realise that there are no right or wrong answers to the questions the researcher may ask. This aspect was explicitly stated to respondents.
Data included in the construction of the theory included knowledge which in terms of Berger and Luckmann's sociology of knowledge would represent subjective knowledge, which is more unique to the individual than objective knowledge which represents a more collective and diffuse conscience. This does not, however, mean that such subjective knowledge e.g. feelings, attitudes, values, etcetera, pertaining to a specific phenomenon (in this instance caring) is out of bounds for this study. On the contrary, such knowledge, as it appeared in the data, was utilised.

All interviews commenced with social talk. The researcher made it a priority to take note of personal aspects about individual respondents which served as a point of departure in follow up interviews. For example, Last time you were complaining of a headache. Have you consulted a doctor in the meantime? or I trust it wasn't a prelude to something more serious? This usually served as a warm-up period (Gorden as cited by Chenitz and Swanson 1986: 73). To some extent this also meant re-establishing rapport with every encounter.

Answers or opinions were never suggested to respondents. Probing was not always done in definite precise verbal terms. Neutral probing, such as ... hmmmmm ..., was also used (Chenitz and Swanson 1986: 74).

Attention was not paid to verbal cues only, but nonverbal and body language cues were also noted. In this regard the interviewer was mainly on the lookout for respondent fatigue and saturation.

Chenitz and Swanson (1986: 74) cite Gorden who suggests the funnel/inverted funnel approach in eliciting specific information from respondents. In the funnel approach the researcher starts with a general question, and follows with more specific questions. According to Chenitz and Swanson (1986: 75) this approach is especially of value should the interviewer wish to discover unanticipated responses. The respondents are motivated
to give detailed descriptions of an event, and the interviewer wants to avoid imposing his frame of reference on respondents.

In this research the funnel approach was utilised throughout, even though, with theoretical sampling, questions regarding a specific theme or category became more specific themselves.

Private information

According to Chenitz and Swanson (1986: 74) almost all interviews elicit private information. In this respect, informed consent (Annexure C) served to protect respondents from exploitation and disclosure of identity which may be damaging. In this study, private information mostly contained examples of uncaring actions experienced by the respondents at some stage. The researcher, however, adhered to the conditions necessary to elicit private information as proposed by Chenitz and Swanson (1986: 75) including having:

- been comfortable with the topic area;
- given permission to respondents to speak of their concerns about private areas; and
- assured a private place and sufficient time for an unhurried interview.

Recording of interviews

It was decided to tape-record all interviews for the following reasons: Note taking during an interview is difficult. The interviewee sometimes gains the impression that the interviewer is not listening because he is so busy concentrating on the note taking. Important information can slip the attention of the interviewer. Notes are often in an overall incomplete state. The interviews were later transcribed in the exact words of the interviewees after which data analysis commenced.
Permission to tape record the interviews had been obtained from the authorities of the institution at which the research was conducted prior to commencing the research.

Closure of interviews

All closures to interviews were tentative. In this way the researcher provided for follow up interviews should the necessity arise.

**QUESTION FOUR: HOW SHOULD THE COLLECTED DATA BE ANALYSED?**

In answering this question the implications of the epistemology underlying this research (Chapter 2) should be revisited.

The epistemological question as discussed in Chapter 2 fundamentally implies that in analysing (qualitative) data the researcher should *bracket* all definitive, exact definitions and preconceptions he may have regarding the research topic. Further, due to the fact that theoretical sampling focuses on the recurrent and recurring themes (shared themes), the pursuit of *objective knowledge*. However, subjective knowledge of informants is also useful. Whatever the case, the primary implication hereof in analysing (qualitative) data is that the researcher should *bracket* all definitive, exact definitions and preconceptions he may have regarding the research topic. Thus, within the epistemological framework provided by Berger and Luckmann (Timasheff and Theodorson 1976: 298-300) and Blumer (Timasheff and Theodorson (1976: 240), during theoretical sampling, the research may pursue a number of emanating categories, some of which may appear to be less *general*.

This implies that there is no specific (predetermined/given) format for the data or the reconstruction of the ontology under investigation. Had this been the case, this research probably
would have been redundant since the ontology would have been a given external or a once only research would have sufficed. The emergent theory as such, thus, may not, even should not resemble any other similar attempt, and if it does, it should be by sheer circumstantial evidence.

To this Marshall and Rossman (1989: 114) attest, stating: Raw data have no inherent meaning; the interpretative act brings meaning to the data and displays that meaning to the reader through the written report.

To aid the researcher in this and to maintain ultimate objectivity, the theoretical constructs referred to above were implemented. Gurvitch's five dialectical processes and Spradley's semantic relationships assisted in establishing propositions while Glaser's six concepts for clarifying phenomena and Strauss and Corbin's paradigm model helped in identifying structural and process concepts (themes and categories).

**DATA ANALYSIS PROCESS**

Qualitative data analysis is a search for general statements about relationships among categories of data; it builds grounded theory (Marshall and Rossman 1989: 112).

**Conditions influencing data analysis**

Chenitz and Swanson (1986: 92-94) discuss the following conditions which have an influence on data analysis.

Conditions regarding the researcher are aspects such as: the training and general educational status of the researcher, the experience the researcher has gained both regarding qualitative data analysis and the field of study concerned and thus his/her self-confidence, and the researcher's tolerance for ambiguity and the feeling of being overwhelmed by the data.
Conditions vested in the research process which may have a bearing on data analysis are: the perspectives used by different researchers grounded in experience, theory, and personal philosophy, the type and amount of data collected including the sources from which the data were collected, the modes of thinking which in grounded theory research should be from the inductive to the deductive, returning to the inductive, the level of abstraction the researcher wishes to attain, and, the type of analysis carried out which is discussed under the following sub-heading (Chenitz and Swanson (1986: 92-94).

Steps in data analysis

Constant comparative data analysis (Melia 1982: 328) was used in this study. Different authors ascribe different steps and phases to this process. Maxwell and Maxwell (Stern 1987: 82) suggest coding and categorisation of data, concept formation, concept development, and concept modification and integration. According to Marshall and Rossman (1989: 114) Analytic procedures fall into five modes: organizing the data, generating categories themes and patterns; testing the emergent hypotheses against the data; searching for alternative explanations of the data; and writing the research report. To Chenitz and Swanson (1986: 94) the major task of the analyst is to code the data into categories after which these are defined, developed, and integrated. Strategies for achieving this change as the analysis process proceeds. The major areas in data analysis suggested by Chenitz and Swanson (1986: 95) are: coding, writing memos and diagramming, analysing data for categories and description, and, analysing data for basic social processes. These authors also suggest two phases in data analysis namely coding and discovering initial categories and, building, densifying and saturating these categories.

The discussion to follow is based on a combination of these three approaches and resembles the procedure outline proposed by Colaizzi (Forrest 1989: 817). Data analysis per se was finally
conducted in that way. Each phase, however, entailed *data reduction* and *interpretation of data* (Marshall and Rossman 1989: 114). In Chapter 5 the initial codes and categories are represented according to this process. In Chapter 6 these are integrated through the basic social process (Chenitz and Swanson 1986: 122-145). The latter was also achieved through axial coding (Strauss and Corbin 1990: 96).

1 **Organising data**

The organisation of data in this study was planned right from the beginning, starting with data collection. These aspects greatly facilitated the organisation of data, viz the use of constant comparative data analysis and general applicable aspects such as Gurvitch’s dialectical sociology and the clarification of phenomena according to Glaser’s six concepts.

According to Marshall and Rossman (1989: 114) reading and rereading the data and making notes to familiarise oneself with the content is the only sure way to start organising the data. In this study this was also done, and let it be known, it is a very time consuming process.

2 **Concept formation**

2.1 **Coding, writing memos, and diagramming**

*At the beginning of the study, the analyst codes data in the margins of the field notes or interviews, rather than coding on a separate sheet of paper* (Chenitz and Swanson 1986: 102). In this study, the initial coding is contained in an additional data supplement of about 350 pages and are presented in summarised form in Chapter 5.
The following process was applied during initial (open) coding of data:

- writing the actual fact as presented by the respondent in the first column on an analysis sheet;

- stating the code or conceptual label applied to the fact in the second column; and

- writing a theoretical note which explains some of the thoughts and questions going through the analyst's mind as coding proceeds (Chenitz and Swanson 1986: 108). This also includes initial memos.

As indicated previously, grounded theory assumes a process. This means analysing data line by line, identifying the process in the data and ascribing codes to these. These codes are called substantive codes, because they codify the substance of the data and often use the very words used by the actors themselves (Stern 1987: 82). Strauss and Corbin (1990: 96) refer to this as open coding.

Through memoing emerging hypotheses, analytical schemes, hunches, and abstractions are preserved. Moments of serendipity were logged so as not to lose the thought. These were later linked to other memos by sorting these memos in order to analyse the data and to contribute to cluster formation. According to Chenitz and Swanson (1986: 101) writing memos and constructing diagrams crosscut all phases and steps of the data analysis process.

3 Concept development

In this stage a tentative conceptual framework was generated using the data as a reference. By having carefully compared the data as they were received, choices were made as to the relative salience of the information presented. This phase
of analysis is highlighted by two main processes; coding (which had already being done) and categorisation (Stern 1987: 83), the discovering of categories, the building of categories, linking categories, identifying the core category, and diagramming the results hereof (Chenitz and Swanson 1986: 111-117).

A further three processes are involved in this phase of data analysis in order to expand and consolidate the emergent theory; reduction, selective sampling of the literature, and selective sampling of data (Stern 1987: 83). However, steps obtained from other sources were added to this phase of data collection.

3.1 Reduction

During reduction, categories were compared to see whether they formed clusters or whether they were in some way connected or linked. Thus, the researcher is actually looking for a higher order or umbrella-like overall category. According to Stern (1987: 83), Reduction is a vital step in discovering the major processes (called 'core variables' by Glaser and Strauss) which explains the action in the social scene.

3.2 Categorisation

According to Marshall and Rossman (1989: 115) This phase of data analysis is the most difficult, complex, ambiguous, creative, and fun. As categories emerge, the researcher searches for those that have internal convergence and external divergence. That is, the categories should be internally consistent but distinct from one another (Marshall and Rossman 1989: 116).

During this phase, strategies which can be used include: indigenous typologies, analyst-constructed typologies, and

Strategies proposed by Chenitz and Swanson (1986: 94-96) include asking questions appropriate to the research question. These questions can be based on experience, literature, theory, and philosophical stance. Other strategies advanced by these authors are breaking the data down into bits and pieces and comparing initial codes and categories. Again one may draw on past experiences, literature on the subject or any other conceptually related situations.

This to some extent resembles the computer method of factor analysis. Data are coded and compared to other data and assigned to clusters of categories according to obvious fit. The strategies discussed under coding equally apply to categorisation. However, according to Chenitz and Swanson (1986: 96) theoretical sampling is of special importance in building and densifying categories. This sampling technique is discussed above.

Linking categories is a means of putting conceptual order to the mass of data. Chenitz and Swanson (1986: 96) warns: Making linkages should not begin too soon because it tends to foreclose on category emergence and development. This making of linkages resembles what Strauss and Corbin calls axial coding (Strauss and Corbin 1990: 96).

Strategies in making linkages include moving a category from a lower to a higher level of abstraction, and to pose questions about relationships or make hypotheses and test them. At this point, the application of the five dialectical processes, as proposed by Gurvitch, becomes relevant.

3.3 Selective sampling of the literature

As discussed under theoretical sampling.
3.4 Selective sampling of data

As discussed under theoretical sampling.

3.5 Testing emergent hypotheses

As categories and patterns become apparent, the researcher begins to evaluate the plausibility thereof by testing it against the data looking for negative and opposite examples which can also be incorporated into larger constructs. Data are also evaluated for informational adequacy, credibility, usefulness, and centrality (Marshall and Rossman 1989: 118). In this research too, hypotheses were formulated and returned to informants. These were predominantly the result of axial coding and are displayed in Chapter 6.

3.6 Searching for alternative explanations

According to Marshall and Rossman (1989: 119) alternative explanations for categories and patterns between them always exist. The researcher is to search for them, identify and describe them, and then demonstrate how the explanation offered is the most plausible of all (See Chapter 6).

4 Concept modification

At this point the emergent theory still suffers a loose construction. According to Stern (1987: 85) it is up to the researcher to integrate the categories and variables into an organised whole.

The emergence of core variables is facilitated by reduction and comparison of data, concepts and categories (Stern 1987: 85). The central or core category, usually a process, emerges late in the analysis and forms the pivot or main theme around which all the other categories revolve (Chenitz and Swanson 1986: 94).
Through theoretical coding and memoing the emergent theory is finally integrated and delimited. This process takes place throughout the period of data analysis.

Through *theoretical coding* data are presented in a theoretical format rather than in a descriptive format. This simply means applying a number of analytical schemes to the data to enhance their abstraction (Stern 1987: 85). In this instance data are represented in a diagrammatical format and in the form of a drawn model arrived at after axial coding, based on basic social process, had been conducted.

4.1 Refining the theory

At this point the theory still has rough edges. In refining the theory the researcher can resort to a number of techniques.

If a category does not fit with the others, two options are available. Either it can be determined if the category can be subsumed under another existing category or, the impertinent categories can be omitted altogether (Chenitz and Swanson 1986: 100) as hard as this may be to the researcher.

Another technique to refine the theory is to *collapse categories into a category of a higher level of abstraction* (Chenitz and Swanson 1986: 100). These authors, however, are of the opinion that the most effective strategy is: *Laying out the theory in the form of a diagram*. Both these techniques were used in this research. The original 42 categories which were compiled were collapsed into 34 categories and in Chapter 6 the emergent theory is also diagrammed.

4.2 Identifying the core category

Identifying the core category (the category around which the
other categories seem to fit) is a further important step in data analysis. As is the case in initial categorisation, this should not take place too early in the data analysis process. It is very important at this point that the analyst not jump to conclusions and arrive at the central category too early, a common mistake in the novice unused to dealing with ambiguity (Chenitz and Swanson 1986: 99). The core category or basic social process which emerged from this research is that of prosocial behaviours.

Questioning as a technique also applies here. Another technique for discovering the core category is to look in the data for the basis of social or structural process (Chenitz and Swanson 1986: 99).

4.3 Search for social processes

In this research, two major processes emerged namely, Balancing and the relationship between the 'feelings' and the 'actions' components of caring. Further processes identified are interpersonal skills and communication.

4.4 Repeat steps 3.3 through 3.6.

This process of data analysis, apart from its lack of social process, closely resembles the phenomenological data analysis method as proposed by Spiegelberg, Van Kaam, and Giorgi as quoted by Parse et al (1985: 18-25) and summarised by Van Kaam as:

elicitng descriptive expressions;

identifying common elements;

eliminating those expressions not related to the phenomenon;

formulating a hypothetical definition of the phenomenon;
applying the hypothetical definition to the original description; and

identifying the structural definition (Parse et al 1985: 23).

**QUESTION FIVE: WHAT DO THE FINDINGS MEAN AND HOW DO THEY RELATE TO THE ORIGINAL PROBLEM?**

In grounded theory answering this question at the start of the study has grave ethical implications. Due to the application of theoretical sampling it is not absolutely certain at the time when the research proposal is submitted or at the onset of the study what information the research will present and thus what the actual benefit of the research will be.

This question is however answered fully in Chapters 5, Chapter 6 (analysis and interpretation of data), and Chapter 7 (Conclusions and recommendations).

**ETHICAL CONSIDERATIONS**

Ethical considerations should be given to all aspects of the qualitative research undertaking. With this in mind, ethical considerations are discussed as pertaining to problem identification, researcher/institution relationship, researcher/respondents relationship, data collection and reporting, and findings.

**PROBLEM IDENTIFICATION**

Ethical issues regarding problem identification pertain primarily to two major areas, namely, value free research, and predicting the significance of qualitative research.
The question regarding value free research is of paramount importance in social research in general and in grounded theory research particularly. According to Becker (Chenitz and Swanson 1986: 156) Convincing arguments suggest ... that all research is ... contaminated by the personal and political sympathies of the researcher. Weber maintained that all science involves values in the selection of problems to be studied. Once the problem is selected for study, however, the scientific investigation and analysis, whether of physical or social phenomena, must be value free, for only then can objective knowledge be obtained (Timasheff and Theodorson 1976: 144-145).

As stated earlier, the application of symbolic interactionism does not compromise the researcher's approach to the research phenomenon as being without any presuppositions. However, by applying symbolic interactionism, the researcher must anticipate some process regarding the research topic (Denzin 1989: 11). This incidentally is the same reason Chenitz and Swanson (1986) propose for the selection of grounded theory research paradigm and perhaps is the clearest indication that in this research too the researcher's approach and mind are not tabula rasa.

In this regard, besides having bracketed existing knowledge regarding the phenomenon caring during data analysis, the researcher also called post hoc review sessions in which respondents were informed about the progress made regarding the reconstruction of the caring and uncaring situations thus keeping as close as possible to the actual experiences and perceptions of respondents.

**ANONYMITY**

Respondent anonymity is yet another important ethical issue which has to be taken into consideration - especially in this study where tutor’s and student’s perceptions could easily result in ill-feelings toward one another if the content of interviews became known to the other party. All interviews were taped, coded
and categorised in privacy. Tapes never left the hands of the researcher. No names were used on tapes nor on the transcripts. All were coded. These precautions do not, however, eliminate all problems and in fact also create problems. For instance, with only four student respondents and all known to the tutors it is possible that during the final post hoc review tutors might easily recognise which student said what. Even if they couldn't, do this, all students would be under suspicion if they had said something negative regarding caring in the educational setting. For this reason, all transcripts of interviews are presented in the same language (See Annexure H).

Anonymity had also to be maintained regarding the institution which had granted permission for the interviews. It will be noticed that the address of the institution has been omitted; in the annexures.

POWER DIFFERENTIAL

Ethical issues related to the researcher/respondent relationship include the presentation of the research to the respondent, the power differential in this relationship, and strategies to equalise researcher/respondent power.

According to Chenitz and Swanson (1986: 158) human subjects have the right to know what will happen to them if they decided to participate in an investigation - what procedures will be used, how much time will be involved, the potential risks and benefits. Regarding these and various other aspects a formal agreement was entered into by the researcher and respondents. An example of such an agreement is contained in the appendices. This also served as informed consent.

Subjects in qualitative research have more power in the researcher/subject relationship than is the case in quantitative research (Chenitz and Swanson 1986: 159). However, this is still a crucial ethical aspect to be dealt with in qualitative
research. In this study the power differential has been equalised by obtaining informed consent from the respondents as discussed above. This had been obtained only after rapport had been established in the initial phase of data collection.

The above mentioned post hoc reviews were also aimed at equalising the power differential in this study. Chenitz and Swanson (1986: 160) warn that it is always the safest never to conduct research on the researcher’s own clients since this relationship already implies a power differential in favour of the researcher. Respondents in this research were not clients of the researcher (not students of the University of South Africa).

NEW INSIGHTS DEVELOPED BY INFORMANTS

In qualitative research the use of the interview as data collection instrument also poses ethical questions. The involvement of the researcher with the respondent and the research topic may over time lead the respondent to insights he or she might not have had at the onset of the research project. If these are negative insights an ethical question is especially created. For instance, the researcher’s probing may lead students to the conclusion that they are not being cared for. In this research the effect hereof is unknown.

PUBLICATION

Publication of research results, especially in qualitative research, is problematic. Confidentiality and anonymity are the major important aspects to adhere to in this instance. The fact that interviews have to be published in exact transcribed form poses a major problem. In this regard Chenitz and Swanson (1986: 162) suggest that pseudonyms be used and that case material not relevant be distorted. In this study these suggestions were not applied and complete transcripts are contained in the appendices with the permission of the respondents.
IN CONCLUSION

In this chapter the research design of this study was discussed. This was done by answering the five questions a methodology should answer to, namely:

Which theory or model is likely to be most appropriate for investigating a given subject?

Which research hypotheses concerning the object of study may be formulated on the basis of the selected theory or model?

Which measuring instruments and data collection methods can be used?

How should the collected data be analysed?

What do the findings mean and how do they relate to the original problem?

The implications the theoretical framework which was applied to the methodology have for practical research in this study were explicated throughout the discussion.
CHAPTER 5
PRESENTATION OF DATA:
THEMES AND CATEGORIES

INTRODUCTION

In this chapter themes and categories which emerged from the data (interviews) are presented. These themes and categories were compiled after open coding and constant comparative analysis had been conducted, as described in the previous chapter. This culminated into 8 main themes, 35 categories, and 142 sub-categories. In this chapter the themes and categories epitomising the structural elements of caring are presented. In the next chapter categories representing process are utilised to establish propositions between the structural elements thus constructing a theory.

In addition to the data presented in this chapter, a data supplement of 350 pages, containing the verbatim results of the interviews, columns for initial and secondary coding and theoretical notes, has been compiled.

In presenting the themes and categories in this chapter, where deemed necessary, a description of the topic is first given in general terms which serves as an introduction and as a framework substantiating why statements by informants have been categorised in a specific manner. This is followed by the specific category in the form of a table in which the actual data is presented. Literature support follows to sustain the coding.

The literature support is given for two reasons. Firstly, as discussed in Chapter 3, literature can serve to augment data. In this regard Chenitz and Swanson 1986: 44) are quoted:

    In the grounded theory study, literature is always approached as data in the form of written documents. The
purpose of the review will change over the course of the study. Initially, the literature is reviewed to identify the scope, range, intent, and type of research that have been done ... Finally, the literature is used to establish the study’s purpose, background, and significance.

The second reason for the use of literature in grounded theory is also as Chenitz and Swanson (1986: 44) indicate, to establish the significance of the study. Thus, also to establish appropriateness and adequacy (Morse 1989: 122-123), and credibility and evidence (Chenitz and Swanson’s 1986: 10-11) - terms respectively counterpart to reliability and validity in quantitative research. (Also see Chapter 4).

Before turning to the themes and categories which emerged from the data, one final point should be kept in mind. Naturally, every word spoken during the interviews was not related to the research topic. These were omitted from the categories. However, complete, verbatim transcripts are contained in Annexure H. Afrikaans transcripts were first analysed and then the text and analysis were translated. In this way the text was first scrutinised and then the translation was done, keeping in mind the result of the analysis. Loss of information and change of meaning as a result of the translation were combated in this way.

THEME ONE: THE PHILOSOPHICAL FOUNDATION OF CARING IN NURSING EDUCATION

From the data gathered through interviews, a strong philosophical foundation for caring emerged. Moments of existentialism, humanism, holism, and theism were identified from the data.

EXISTENTIALISM

Overview

According to Gulino (1982: 352), Although there are many
different approaches to existentialism, this philosophy is concerned with human longing and the search for meaning within the self (I underlined). To this, Troisfontaines (1971:25) adds that existentialism is a passionate return of the individual to his own freedom, in order in the unfolding of its processes to extract the significance of his being.

The basic tenet of existentialism according to Sartre (1973: 26) is that existence comes before essence. As Kneller (1971: 72) puts it, first of all, man exists, turns up, appears on the scene and, only afterwards defines himself. What man becomes is his own responsibility. Either he make himself or, in a sense allows himself to be made by others. This is attained through making choices in life.

Essence also indicates that man first appears and then he defines himself. In other words, asking himself the questions who? and what? he is.

Man's freedom is a freedom of choice. According to Kneller (1971: 73-74) this freedom is neither a goal nor an ideal. It is the potential for action. I am free therefore I become. Choose I must and choose in time. With man's freedom of choice he must also take responsibility for his actions (choices) because, to act is to produce consequences. The implication hereof is that man should also be attributed autonomy. It is pointless to blame failure on the environment. Whatever the conditions (environment), these are for choice to challenge (Kneller 1971: 75).

Freedom of choice and autonomy are, however, not the key to disregarding others. On the contrary, it does not spell egoism but communion - especially communion in terms of Marcel's concepts of availability, presence, and hope; Buber's coinage, inclusion; and Heidegger's reference to the authentic care giver. As Kneller (1971: 76) puts it, all of this points to being unreserved towards all. The result of which is trust and true personal self-fulfilment.
Marcel (Troisfontaines 1971: 16) rediscovered, in contrast to absolute knowledge, the meaning of love, participation, and subjectivity. The term disposibility was coined by Marcel meaning: putting oneself at the disposal of [others], and also to be available. Pertaining to people this also includes the idea of free surrender of oneself and of detachment from one's own corners (Troisfontaines 1971: vi). This speaks of a sensitivity towards others (Troisfontaines 1971: 18).

Because of the existential assumption of the individual's freedom of choice, the question for existentialists is whether man can live an authentic life. In education and ultimately in caring in the educational setting, this applies when the tutor has made the subject she teaches part of her inner experience, presenting this to students as something issuing from herself (Kneller 1971: 81). The same applies to clinical experiences shared with students to realise theoretical knowledge. Further, an existentially based education assumes the responsibility of awakening each individual to the full intensity of his or her selfhood (Morris cited by Learn 1990: 238). Recent application of the existential approach to education can be seen in the development of adult education theory (Learn 1990: 240).

According to Gulino (1982: 352) exposure to existential ideas will furnish the nurse with a holistic view of man. However, all

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**TABLE 5.1.1**
**CATEGORY I: STATEMENTS ON EXISTENTIALISM IN CARING IN NURSING EDUCATION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1) <strong>Authenticity</strong></td>
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</tr>
<tr>
<td>In a way I can extend my experiences (to students)</td>
<td></td>
</tr>
<tr>
<td>To show that I am human too - I also make mistakes</td>
<td></td>
</tr>
<tr>
<td>It is important that they learn something about me</td>
<td></td>
</tr>
<tr>
<td>Caring means to convey something about yourself to your students. This is the ideal</td>
<td></td>
</tr>
<tr>
<td>It is important to me (student) that the tutor should be authentic</td>
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<td>Continued on next page.</td>
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</table>
TABLE 5.1.1 continued.

2) Autonomy (Student)
One cannot force a student into a caring relationship. The student does however make a deliberate choice in this case (to involve in caring). It (weaning) starts at that point where you (student) have to do things for yourself and have to start learning by yourself.
One should not be spoonfed but should also learn on your own.

3) Becoming
To allow them (students) to realise this (their idealistic ideas) as far as possible. Also to allow students to realise for themselves where the ideal stops and reality starts. To me, performance is not as important as that which the student invests in learning.

4) Essence
Every day should be a day of caring (Way of life). Whenever I do not have a caring role to act out, all is not well with me.
If one only care about things ... I feel they are poor; ... they miss out on something very valuable in life. I don't think a person can be without caring. Caring usually proves to be worth one's while even if the one cared for does not get better (an end in itself).

5) Responsibility
It is not the tutor's responsibility to solve the student's problems but to guide her in solving them herself.
You have a responsibility toward the student but at the same time the student should also take responsibility and act independently.

6) Self-actualisation
I tend to give higher priority to self-actualisation of students than to mere conformity. For students to do what they want to do and not what others want them to do has priority.

7) Self-directedness
Wanting to learn (in order to serve) is important.

8) Trust
One should be able to trust the tutor, not only in theoretical or practical work, but in life itself.

9) Unconditional regard for others
Everybody has a right to equality (to be treated alike). One should be able to care for another whether you like that person or not. Because she [student] is present you care.
trends in humanism and existentialism do not lend themselves in an equally favourable manner to a foundation for nursing and caring.

Literature support

Existential moments as a component of the structure of caring were also identified by several other authors. Riemen (1987: 100) created a category named nurses existential presence in her reconstruction of the phenomenon caring. Watson, apart from other references to existentialism, pertinently calls one of the ten carative factors she identified Existential-phenomenological-spiritual forces (Watson 1985: 75).

Samarel (1989: 314) quotes Burger, Young and Jacobs regarding the ideologies of caring, indicating an existential presence in hospice care in contrast to the objective presence which prevails in acute caring centres. In turn, Sheston (1990: 109-123) drew on humanistic existential support, in line with the existential thought of Buber and Marcel, when refining a structural model of caring in the educational setting. For Sarvimäki (1988: 464) the application of Habermas' action orientation states leads to the conclusion that in caring a person is involved in his existential entirety, and also that the individual plays an active part in the process of caring.

An anthropological perspective on caring also provides us with an illumination of caring as the existential essence of man asking the question: What does it mean to be a caring person? In this instance the meaning of being caring is reflected in the ongoing struggle of human existence and experience (Boykin and Schoenhofer 1990: 150).

Another important aspect in existential philosophy is the concept
essence as defined above. This concept underscores the philosophical origin of caring as an innate human attribute. This aspect is dealt with in greater detail in the next theme on the origin of caring.

HUMANISM

Overview

According to Quinn (1989: 41) humanism generally pertains to the study of man as a human being, with thoughts, feelings, and experiences. The affective side of man, including attitudes and values, is thus of prime importance. Quinn (1989: 42) quotes Hamachek in saying that it is not so much on the individual's biological drives, but on the individual's goals, that humanists focus. Also, focus is not so much on the stimuli impinging on the individual as on the desire of the individual to be or to do something; not so much past experiences but on current circumstances; not so much on life conditions as such but on the subjective qualities of human experience, the personal meaning of an experience for the individual.

From this Quinn (1989: 42) derives that humanism is concerned with human growth, individual fulfilment and self-actualisation. It is also interesting to note that, according to Quinn (199:42), there are two main principles that apply to a humanistic approach to teaching and learning, namely, the tutor-student relationship and the classroom climate. Both these aspects are also the concern of the researcher in this study on caring in the educational setting.

Carter (1978: 554) contends that whenever beliefs about man are expressed, which postulate a holistic, active, unique, and meaning giving being, they are reflecting a humanistic perspective. To this author the very nature of the term caring, and other associated and concomitant terms such as commitment, are not expressible in any other than humanistic terms (Carter 1978: 556).
Literature support

Evidence of humanism as a concept and a construct of importance in the reconstruction of the phenomenon caring was found in the work of the following authors:

Watson (1985: 75) explicitly names one of her ten carative factors a Humanistic-altruistic system of values. The whole of Watson’s theory is however based on existentialism.

According to Leininger, professional caring by definition includes ... those cognitively learned humanistic and scientific modes of helping ... This is echoed by Koldjeski (1990: 46) who found caring to be humanistically, scientifically and experientially based. The two main categories compiled by this author are humanistic concepts and scientific concepts.

These are but a few of quite a large number of authors who include humanistic moments in their illumination of the concept caring. There are also authors, like Carter (1978: 556), who are convinced that the term caring, and other associated and concomitant terms such as commitment, are not expressible in any other than humanistic terms.

<table>
<thead>
<tr>
<th>TABLE 5.1.2: CATEGORY 2: STATEMENTS ON HUMANISM IN CARING IN NURSING EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Uniqueness</strong></td>
</tr>
<tr>
<td><strong>2) Freedom</strong></td>
</tr>
<tr>
<td><strong>3) Existential contradictions</strong></td>
</tr>
</tbody>
</table>

Continued on next page.
Table 5.1.2 continued.

4) **Humaneness**
One should realise that you are a student and that the tutor has more experience than you ... not that you are inferior at this stage
Even though you are a student she should treat you as an equal. Treat you as a human being

5) **Human feelings**
When enjoyment is removed from learning it becomes a burden
If learning becomes an obligation it becomes a burden
I mean, ... I like to think of someone taking a special interest in me even on a specific level (e.g. in education)

6) **Active involvement**
Facilitating the opportunity for them [students] to pass through these (developmental) stages on their own
Keeping a distance in the sense that you must allow them [students] to develop by themselves
The role of both the tutor and the student will be active (participation)
Her teaching (the caring tutor's) is not a one directional monologue
Students are allowed to have their say
Students are allowed to forward suggestions
Students are allowed to ask questions
Students are allowed to air their views
Students are allowed to argue should they differ
Students are allowed to do things themselves
Students are allowed to participate and to contribute
Power does not indicate control over other though sometimes it might be necessary to enforce some power

**HOLISM**

Overview

According to Johnson (1990: 129), a new paradigm has come forward in recent years, namely, a holistic viewpoint that has captured the attention of many researchers and practitioners in nursing. The increase in the number of articles on holism supports the argument that a holistic perspective is being diffused in nursing literature. This is also contributed to by the fact that holism is an attribute of humanism (Carter 1978: 554). Holism as an independent systematic philosophy focuses on wholes as part of
bigger wholes. This in health care leads to comprehensive health care and nursing the patient in totality. In education holism refers more precisely to education which considers both left and right hemisphericity and alternating accompanying teaching strategies (Rinke 1982; Sonnier 1982a, 1982b; Stacks and Sellers 1986; Holbert and Thomas 1988) and thus also the cognitive, affective and psychomotor domains; confluent education (Feezel 1985); and also multi modal education (Gerler 1980:).

Nursing education journals seemed to take an interest in holism in 1982 but then dropped this interest in 1986-87. The present state of affairs is unknown (Johnson 1990: 134).

Four ideas may be interpreted as the central convergence of holism:

Holism seems to have taken the form of a philosophy or an approach to the care of others that facilitates the integration, harmony, and balance of body, mind, and spirit.

The focus in the mind of the nurse (tutor) is on wholeness. Attention is paid to the spirituality, consciousness, self-concept, life-style, and well-being of the one cared for.

The experience of a need for care is viewed as an opportunity for growth and expansion of consciousness.

The relationship between the care-giver and the receiver of such care is reciprocal. Each benefits from the interaction with the other and each grows in self-awareness (Johnson 1990: 137).

Based on the statements abstracted from the interviews, it appears as though the same attributes are ascribed to caring in the educational setting.
Literature support

An aspect of holism in caring in the educational setting which did not clearly emerge in this study is the physical domain. In education this would pertain to aspects such as arrangement of seating in the classroom, temperature, light, etcetera.

### TABLE 5.1.3:
**CATEGORY 3: STATEMENTS ON HOLISM IN CARING IN NURSING EDUCATION**

<table>
<thead>
<tr>
<th>1) <strong>General indicators</strong></th>
</tr>
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<tbody>
<tr>
<td>I also feel that one should be involved with students at a different level (not only on the academic level) They (students) need not only come to the tutors with their problems, but also with their joy One should discuss whatever problems one has with the tutor</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2) <strong>Extra mural domain</strong></th>
</tr>
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<tbody>
<tr>
<td>They should have the facilities to entertain their friends They should have sport and recreational facilities They should have a place to rid some of their feelings, excessive energy, frustration, etcetera</td>
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</table>

<table>
<thead>
<tr>
<th>3) <strong>Academic domain</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutor should not only care about lessons She should listen to your problems on an academic level and even on a personal level One should be able to trust the tutor, not only in theoretical or practical work, but in life itself</td>
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<tr>
<th>4) <strong>Personal (emotional and social) domain</strong></th>
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<tbody>
<tr>
<td>She should care about how one feels She should care about what one's sorrows are She is like a mother to share things with One's private life should not (however) dominate Emotions should be shared with the tutor She should listen to your problems on an academic level and even on a personal level One should be able to trust the tutor, not only in theoretical or practical work, but in life itself One should be free to tell her: <em>I am so happy today...</em> Caring does not only include physical care but also something deeper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5) <strong>Physical aspects:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring does not only include physical care One should discuss whatever problems one has with the tutor</td>
</tr>
</tbody>
</table>
In her research on caring as a concept in nursing, Johnson (1990: 132-133) noticed a diffuse paradigmatic change to a holistic paradigm for nursing (and caring). Koldjeski (1990: 50) found that among other concepts, the holistic nursing perspective served as an interconnection between the implicate realm and the explicate realm of her holomic reconstruction of the phenomenon caring. The holistic nursing perspective in this instance is made up by a set of holistic indicators namely: Being, relating and doing.

Miller et al (1990: 125-135) found a holistic concern or philosophy to be one of four major themes in both tutors' and students' perspectives on caring in the educational setting. This, understandably, is of some significance in this section of this study.

THEISM

Overview

Theism, according to The Concise Oxford Dictionary, refers to a belief in existence of gods or a god, especially a God supernaturally revealed to man and sustaining a personal relation to his creatures. As a Christian the researcher is ill at ease in classifying Christianity as merely a philosophical line of thought since, unlike the other philosophical approaches listed, Christianity (and other Theistic life and world views) as indicated by this definition are not man-made lines of reasoning.

| TABLE 5.1.4: CATEGORY 4: STATEMENTS ON THEISM IN CARING IN NURSING EDUCATION |
| A caring tutor is a Christian |
| Real caring, or any deep, relatively permanent, significant caring is more likely if you are a Christian |
| I do not suggest that if a person is not a Christian that such a person cannot be caring |
The statements contained in the table above refer only to God in Judeo-Christian terms. However, as indicated by the last statement in the list, other religions may also further the concept of human caring. It is the researcher’s contention that all major world religions in fact do so.

**Literature support**

Neither Christianity per se nor Theism per se were encountered in the literature as a component of caring. Spirituality and/or religion however featured in the work of Watson (1985), Brittain and Boozer (1987), Labun (1987) Dugan (1988), and Samarel (1989). The only mention that is made of Christianity as such was found in Bevis’ amalgamation of Christianity and humanism (Bevis 1987: 3).

The inclusion of theism in this section of this study is not done because of an evangelistic necessity experienced by the researcher or solely for research ethical considerations. Rather, theism like philosophy is especially important to the epistemological issues in research. A clarification of theistic issues (together with other philosophical frameworks) in the individual’s understanding and knowing of reality could contribute significantly to a better understanding of the nature of caring.

**RELATIONSHIP BETWEEN THE DIFFERENT PHILOSOPHICAL APPROACHES**

In South African literature on nursing, it is often stated that the philosophical foundation of nursing in this country is a theistic humanistic existential one which would appear to corroborate the findings of this study. However, such a claim cannot be made without some clarification, for most certainly someone may raise an eyebrow in irritation with the seemingly contradicting nature of such a chaining of philosophical approaches. So, let us briefly reflect on the relationship among these philosophical trends and also try to clarify seemingly contradicting approaches.
Christianity versus Existentialism

According to Troisfontaines (1971: 30) the focal point of dispute when comparing existentialism and Christianity is a dual one, namely a dispute regarding the method of existentialism versus Christianity, and, secondly, a dispute regarding the doctrine position of these two systems of thought. The latter pertains to existentialism's priority of existence over essence. This issue is, as far as this research is concerned, the more important of the two. After a very interesting discussion, Troisfontaines concludes that neither the necessity of truth being lived nor the concrete method sets the Gospel and existential philosophy in opposition to one another (1971: 36) and, Christianity and existentialism are no more opposed to each other in their fundamental doctrine than in their method: the doctrine that each man must freely determine his being (Troisfontaines 1971: 43). Thus, divergent as they are, Christian and atheist can both claim to be existentialists, and they have the right to do so. After all, God created man an eccentric being - free to choose, even to obey or to ignore the will of God. Only by choosing (believing) to be a Christian does the individual become a Christian!

Christianity versus Humanism

Alant (1990: ix) distinguishes between naturalist humanism and non-naturalist humanism. The former argues that man is not only the measure of all things, but human being is actually idolised as the supreme value that transcends everything else, even going so far as to oppose the idea of God or supernatural creation.

Non-naturalist humanism lingers on the predicament of living with limitations. Being human to this movement means living creatively despite limitations, while being aware that a human being unfolds itself in constant dialogue (See Chapter 2). This branch of humanism can also be called existential humanism (Alant 1990: ix) which is not necessarily atheistic.
According to Bevis (1987: 3), classical humanism, as opposed to Secular Humanism as a philosophical foundation for caring puts forward those basic tenets compatible with those reflected in almost all religions including the Judeo-Christian faith. Also, this philosophical stance is handed down through history as a heritage in nursing introduced to the profession by Florence Nightingale. All areas of her work were dominated by her belief in the value of human life and health.

Classical humanism, as a philosophy springing from the Renaissance, arose to soften the harsh asceticism of the Middle Ages. In a number of ways classical humanism augments rather than competes with the Judeo-Christian position. Some of the basic tenets held by both classical humanism and the Judeo-Christian faith are:

- the value of life;
- the worth of the individual;
- esthetics surrounding creation;
- reason bestowed upon man;
- man's freedom of choice;
- accountability surrounding man's choices, etc.

Should the reader insist on being a pure (atheistic) humanist, this is acceptable since the author is prepared to assent to all those humane qualities attributed humanism - those aspects dogmatic to all major religions.

In doing so Blackham's contention that Humanism is not Christianity minus faith is sustained. It is also true that if humanism is atheistic by definition, Christianity cannot be humanism with faith. What is appealing to both Christianity and humanism seems to be humaneness. So, perhaps a better chaining of words would be a (theistic) humane-istic existential philosophy.

**Humanism, existentialism and holism**

According to Gulino (1982) exposure to existential ideas will furnish the nurse with a holistic view of man.
Carter (1978: 554), contends that, whenever beliefs about man are expressed which postulate a holistic, active, unique, and meaning giving being, they are reflecting a humanistic perspective.

**SUMMARY**

In this theme the philosophical foundation of caring in the educational setting was discussed as it emerged from this study.

This philosophical foundation underscores at least three important aspects in caring which will be dealt with in greater detail in future themes. The first two aspects have bearing on the origin of caring. As indicated above, the concept essence in existential philosophy underscores the origin of caring as an innate human attribute. The philosophical foundation as a whole also underscores the ethical reasons for caring. The most fundamental issue in this regard seems to be the worth of human life. In this regard, Carper (Boykin and Schoenhofer 1990: 152-154) contends that ethical knowing involves the examination of philosophical systems, judgment, and normative action in general and in particular situations.

The third aspect which is underscored by the philosophical foundation is the essential attributes of caring. This theme will be taken further in Theme Seven.

**THEME TWO: THE ORIGIN OF CARING IN NURSING EDUCATION**

The origin of caring is closely related to the philosophical foundation of caring - especially the ethical basis of caring and the essence of man in existential philosophical terms. These are discussed later in this section under the heading Innate human attributes. However, caring does not only stem from a philosophical premise. As Carper (1979: 14) says, caring cannot occur by sheer habit, nor can it occur in the abstract. Part of
the origin of caring is context bound and resides in existential need. In the section on the contextual origin of caring, statements pertaining to the needs of students who should be cared for and statements demarcating the premise (apart from the philosophical and ethical-moral foundations) on which tutors are allowed to care for students are substantiated. Learning to be caring is also addressed.

When reading the following categories and sub-categories on the origin of caring, the philosophical foundation of caring (the essence of being a human being), as explicated in Theme One, should be kept in mind.

The sub-categories in this theme are:

**The moral and ethical origin of caring:**
- Human worth in caring
- Liking
- Caring as an innate human attribute

**Caring is context based including:**
- Learning caring
- Situational elements in caring
- The premise for caring
- Needs of students

**THE MORAL AND ETHICAL ORIGIN**

**Human worth**

**Overview**

Moral and ethical issues are closely related to philosophical orientation. It is from this orientation that man develops either
an appreciation, or an aversion, for man himself, creation, the
universe, god, or God. As Boykin and Schoenhofer (1990: 153) put
it, the focus in ethical considerations is on what ought to be.
It involves the examination of philosophical systems, judgment,
and normative action in general and in particular situations.
This is true to such an extent that Fry (1989: 16) interprets
Nodding's view as: Rather than an attitude that begins with moral
reasoning, caring represents the attitude of being moral or the
'longing for goodness.' Caring is thus not an outcome of ethical
behaviour, but constitutes ethics itself, as the following
statements indicate.

TABLE 5.2.1
CATEGORY 5: STATEMENTS ON HUMAN WORTH
IN CARING IN NURSING EDUCATION

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>One cares for a student for the mere fact that she is a human being</td>
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<tr>
<td>One cares for a student because she is present</td>
</tr>
<tr>
<td>One should be able to care for another whether you like that person or not</td>
</tr>
</tbody>
</table>

Literature support

These statements are supported by those quoted in the discussion
of caring as part of man's existential essence. Other authors
also support this category.

According to Roach (Boykin and Schoenhofer 1990: 151), Nurses do
not deliberate whether to care, for care is the end of nursing.
Based on the ethical principles underlying caring as discussed
above, this applies to all caring, including the caring
relationship between tutor and student.

Noddings transfers the caring ethic into the educational setting
when she says that the aim of every educational institution and
of every educational effort must be to maintain and enhance
caring (1984: 172). The statements listed above are further supported by Noddings (Boykin and Schoenhofer (1990: 153) when she indicates that commitment to act on behalf of the cared-for and the continual interest in the reality of the cared-for are the essential ethical elements in a caring situation.

Diller (1988: 327), in her interpretation of the work of Noddings, states that, our being in relation is not only natural, it is also deemed morally desirable. Just as inter-personal relationships are basic to propounding an ontology, the caring relationship is viewed as ethically basic as well as a moral achievement. Thus, both these viewpoints by Noddings illustrate that everything caring stands for is what ought to be. It thus transcends all personal matters.

The caring ethic in nursing and in education does however not always present itself as a moral conscience in the individual or collectively in a group. A great number of factors can jeopardise caring. Such factors will be discussed under Theme Three: Factors influencing caring in nursing education. However, a factor which specifically erodes the caring ethic, as portrayed by the statements listed in the above category, and which in spite of this is included as a component part of caring by some authors, is liking.

Liking

Overview

To Carper (1979: 14), the definition of caring includes a sense of close or careful attention, a sense of watchful responsibility, custody or management, and a feeling of love or liking.

Research conducted by Kahn & Steeves (1988: 206-207) through semi-structured dialectical interviews, revealed four essential components related to the structure of caring. These are: liking,
ideological context, attributions for caring, and praxis. *Liking* in caring is illustrated by the abstraction of subcategories from the original data which indicate that caring is characterised by 'fitting with' someone, is evaluated in terms of liking someone, includes friendships, and is reciprocated through personal recognition. The opposite hereof was found to be the absence of caring which is characterised by a mutual inability to 'get along' and can be characterised by animosity (Kahn et al 1988: 207).

In a less dogmatic fashion, Griffin (1983: 292) states: *Liking is not necessarily part of the emotional element of caring. Liking may or may not in fact be present in the emotional component of caring; but, it is not necessarily there as experience confirms. The duty side of caring is paramount in nursing, but, it cannot be a duty to have emotions. Indeed, duty often goes against the grain whereas liking goes with inclination. But, having a duty does not rule out personal and emotional elements (Griffin 1983: 292).*

**Literature support**

From the *general indicator* it is apparent the one should care for others indiscriminately. However, the sub sections *liking* and *not liking* indicates some discrimination in caring.

In contrast to Carper (1979) and Kahn and Steeves (1988), Mayeroff (1971: 9) and Watson (1988b) are less tolerant of liking as a component of caring.

Mayeroff emphatically states that caring should not be confused with such meanings as wishing well, liking, comforting and the like. Caring is the antithesis of simply using the other person to satisfy one's own needs (Mayeroff 1971: 1). In response to the work of Kahn and Steeves (1988), Watson (1988b: 217) states: *This finding (liking as a component of caring) is especially troublesome in light of the related finding associated with the*
TABLE 5.2.2
CATEGORY 6: STATEMENTS ON LIKING AS A FACTOR IN CARING IN NURSING EDUCATION

1) General indicator
One should be able to care for another whether you like that person or not

2) Liking
If she likes you she will be more open and will be more perceptive
I (tutor) don't take sides in any quarrels (Unbiased position)

3) Not liking
Even if she only doesn't approve of your hair style, she will do her best to avoid you
If someone (a tutor) does not like you, they will show some irritability toward you and one will not feel like doing their (tutor's) work
If someone is totally negative towards you, he cannot expect you to feel positively towards him
If I do not like a person, I am not going to be overly friendly with that person

The nurse's ideological and intellectual context which they described in viewing their actions. These aspects are to guide the care giver, not whether she likes or dislikes the receiver of care. The question is How is it that nurses are dependent upon a caring orientation and commitment while also dependent upon patients' inciting or eliciting caring? (Watson 1988b: 218). This sets a dangerous ethical and praxis precedent for nursing's caring mission. As Noddings (1984: 7) puts it: An ethic of caring prefers acts done out of love and natural inclination; however, acting out of caring also calls upon a sense of duty or special obligation, if love or inclination to like fails.

The philosophical stance which emerged from this study and which underlies caring, especially as portrayed by caring as the essence of being a human being, is that caring is underpinned by a moral stance that goes beyond liking and disliking receivers of care. Support is also given to this by the statements pertaining to human worth (Category Five). Thus, grounded in this and on the
evidence of the literature quoted, liking will not be considered in this study as a component of caring but rather as a factor which influences caring. In this regard the reader is also referred to Theme Three: Factors influencing caring in the educational setting.

Liking can manifest itself in the classroom in many different ways. Sources of liking or tutor expectations identified by Braun (Woolfolk 1990: 342-343) include amongst other, the intelligence quotient of students, if known, the gender of the student, names (oddly enough), previous progress reports of students, ethnicity, physical characteristics, previous achievements, socio-economic class, and actual behaviours of students. Whether the tutor holds any bias or whether the tutor likes a student and has high expectations for that student are reflected in the way the tutor groups students, the type of questions tutors ask individual students, the general quality of interaction, the type of reinforcement and feedback which is given to students, and the activities in which the tutor involves students (Woolfolk 1990: 342). Some of these aspects have also emerged from the interviews and are categorised in Theme Five in the category containing statements on the uncaring tutor.

Caring as an innate human attribute

Overview

This category should be read in conjunction with Theme One, Category 1 on essence and existential philosophy.

Literature support

The essence in existential philosophical terms has direct bearing on the ontology of caring. Man defines himself as being caring. Roach expresses care as 'the human mode of being'. Central to Roach's work is the idea that the desire to care is human
(Forrest 1989: 816). The affirmation of caring as a human mode of being is a presupposition for all the activities designed to develop the capacity to care professionally (Boykin and Schoenhofer 1990: 149).

### TABLE 5.2.3:
**CATEGORY 7: STATEMENTS ON CARING AS AN INNATE HUMAN ATTRIBUTE**

It is part of your life to care for others. One should always care for, and about, students.

Caring must be something inherent to mankind. It is there ... in one's heart ... but where is one's heart, soul, spirit ...?

One just feels like caring; it is impulsive - one does not have to know someone well to be caring towards that person.

Caring is in some way built-in into a human being.

It would be strange if there should be anyone who does not care for, or about, "something." Some people care about people others about things. To me it is unthinkable that one can exist without caring about something.

I don't think that a person can be without caring.

I think it is the Lord that provides one with the necessary skills to be caring.

I really think it is a gift from God.

To Griffin (1983: 289) caring denotes a primary mode of being in the world, which is natural to us and of significance in our relationships to others. It might be argued that to care is a part of one's concept of a person: that an uncaring person is, to some extent, crippled. This implies that not only does caring contribute to health, but, being caring itself reflects human health. This attributes a salutogenic dimension to caring. According to Strümpfer (1990: 265) the word salutogenesis is derived from the Greek words *salus* (meaning health) and *genesis*.
(meaning origin). The prime implication hereof is that caring, especially in nursing and in nursing education, can be separated from the pathogenic paradigm acclaimed by medicine. Embarking on the salutogenic paradigm may contribute significantly to the emancipation of nursing and the establishment of nursing as an autonomous field of endeavour within the health sciences.

Closely related to Roach's and Griffin's views above is Gaylin's opinion that caring is biologically programmed in human nature (Carper 1979: 14). Noddings (1984:145) feels so strongly about the human nature of caring that she emphatically states: Whatever I do in life, whomever I meet, I am first and always one-caring...I do not 'assume roles' unless I become an actor. 'Mother' is not a role; 'teacher' is not a role. Noddings (Dunlop 1986: 666) further suggests two roots for the existence of caring. The one root is traced to man's 'longing to maintain, recapture or enhance our most caring and tender moments' and the other 'the natural sympathy human beings feel for each other'. She thus seems to suggest both a nurture and a nature source for caring. The 'nature' source is especially important to this category.

To Forsyth et al (1989: 165) caring is founded on reverence for life, love of self and others, and concern for improving world conditions. It is based on a dedication that motivates and energises self and others towards mutual actualisation. This view is also reflected by all major religious axioma and most contemporary philosophical thought. (Also see Theme One.)

Moving from the description of human caring in general to the more specific sphere of caring in the educational setting does not pose any problems. In her analysis of lay caring and professional caring, Kitson (1987: 158) contends that lay (innate human) caring and professional caring share the same main attributes which are commitment, knowledge and skills, and respect for persons. Where lay caring and professional care differ is in the extent to which professional carers set themselves up as a specialist service meeting the care needs of
those who are either unable to care for themselves or others in an acceptable manner. It can be argued that professional caring is built on lay caring. As Kitson (1987: 164) sees it, what differentiates lay caring from professional care ought neither to be its impersonal nature nor its complexity but rather the fact that it is providing those aspects of care which the lay carer (or person himself) cannot provide because of lack of commitment, resources, knowledge and skill. It might be that the nurse tutor herself had been a lay carer at some or other time in her life, and continues to be just that in some other spheres of life.

CARING IS CONTEXT BASED

The context of caring as constructed by Appleton (1990: 88) is a personal, relational, situational, and environmental phenomenon. Relationships occur among students and among students and faculty. These include person to person, person to group and person to organisation relationships.

Learning caring

Overview

The central point in learning caring is experiencing caring. Even the most transient moment of contextual caring is important. Through esthetical knowing, those involved in a caring relationship can become aware of caring through the appreciation of a singular, particular subjective expression of imagined possibilities or equivalent realities which resists projection into the discursive form of language (Boykin and Schoenhofer 1990: 154).

Literature support

Other authors also hold the view on the origin and the
TABLE 5.2.4
CATEGORY 8: STATEMENTS ON LEARNING CARING IN NURSING EDUCATION

1) General indicators
I believe that one should practise and exercise caring
By being caring in certain situations one becomes conditioned to be caring

2) Learning caring at home
If one learned to care at home, one will know what caring is (prosocial interest)
If one had not been cared for at home, how will one know what caring is?

3) Learning caring through nursing practice
Caring also comes from the clinical field; from caring itself
I'd rather refrain from saying that I became a nurse because I cared. When I left school, I did not have an idea how comprehensive the term caring is. I did not have the experiences I now have. We grew up somewhat protected
Nursing gave me a new perspective, but not nursing only, the whole multi-disciplinary team contributed
The caring relationship between the tutor and the student develops to some extent from that with which we keep ourselves busy each day (caring)
Caring has become more important to me since I started nursing

4) Learning caring in the classroom/caring milieu
Students growing up in a caring milieu can only benefit from this
If you see that a person (tutor) cares about you, that is going to be a good role model, and you are going to want to be like that

maintenance of human caring as being dependent on learning and experience.
Nyberg (1989: 10) is of the opinion that: Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person to exist and grow. As one experiences the satisfaction of an individual caring relationship, caring becomes part of one's life (Nyberg 1989: 10).

Gaylin (Carper 1979: 14) states that the caring impulse may be impaired or reinforced by environmental circumstances. This statement by Gaylin is partially substantiated by Noddings' (Dunlop 1986: 666) suggestion that caring is partially rooted in man's longing to maintain, recapture or enhance our most caring and tender moments. Thus, the experience of care and caring in the individual's earlier life will influence his or her willingness and probable ability to care and be caring in later life and throughout life. Central to the work of Watson, too, is the idea of caring as an inter-subjective human process. To this effect she states: ...persons learn from one another how to be human by identifying ourselves with others or finding their dilemmas in ourselves (Watson 1985: 59). This aspect also has bearing on the theoretical framework underlying the research methodology for this study namely the concept of role-taking in symbolic interactionism.

From the above it seems that a caring conscience is developed inter-subjectively while people are involved or in interaction with one another. The fact that, as one informant put it, The caring relationship between the tutor and the student develops to some extent from that with which we keep ourselves busy each day (caring) and If one learned to care at home, one will know what caring is attributes a transferable and generic nature to caring. This is also substantiated by human caring as man's essence of being. Further, the sociological concepts of socialisation and internalisation seem fitting.

A very useful theoretical and empirically tested concept, namely prosocial interest has been noted in literature in educational
psychology and may serve to illuminate the whole issue of learning and transferring human caring. Prosocial interest is a component of social intelligence (Walker and Foley 1973; Marlowe 1985; Marlowe 1986), and refers to one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others (Marlowe 1985: 4). The generic aspect of this concept is apparent and will be further explained in Chapter 6 when the emergent theory is diagrammed and discussed.

An associated sociological concept which must also be discussed here is prosocial behaviour or prosociality.

Behaviours may be considered prosocial behaviours only if they are based on concern for the well-being of others, and not on a concern for self-gain, thus, behaviors which evidence altruism, generosity, compassion, and caring (Oliner 1979: 36).

In order to learn prosocial behaviours or prosociality, Oliner (1979: 36) suggests three elements which should exist namely: opportunities for students to conceptualise prosocial behaviours, to develop social cognition skills, and, the provision of prosocial models.

Conceptualisation, pertains to the analysis of altruistic, generous and caring behaviours in various periods and places in history (Oliner 1979: 40).

Social cognition, skills related to understanding the feelings, intentions, and thoughts of others (Oliner 1979: 40), has also been called role taking (See Chapter 2), person perception, and empathy.

Prosocial models are simply persons who exhibit caring and compassionate behaviours (Oliner 1979: 48), and include real figures of all ages and groups who have shown care and concern for others in ordinary and extraordinary ways (Oliner 1979: 36). If no prosocial models are available, or if the examples set do not advance the noble attributes of prosociality and caring, this
situation leaves little to aspire to in the realm of such noble behaviours (caring). If students (aspiring care givers) find no repertoire of prosocial and caring activities to believe in, there is little reason for them to aspire toward such behaviours (Oliner 1979: 40).

Research in prosocial behaviours, and thus in caring, has substantiated the conclusion that prosocial models do influence observer behaviours. *Prosocial models have positive impacts on children as young as five years of age and up to and including adults* (Oliner 1979: 47).

According to Oliner (1979: 48), *live models - teachers, parents, ... - probably exert greatest influence* (Oliner 1979: 48). Carefully selected models may make it possible for those that follow the model to understand that prosocial behaviour is not only a fairly common human activity but also can be achieved by people like themselves in the course of their daily living (Oliner 1979: 49). This substantiates the reason why tutors of nursing should be caring towards students - involve themselves in caring relationships with students.

*Hard science without prosocial behaviours or, prosocial behaviour taught wrongly, promote what is often referred to as the best and worst of science - analytical detachment without commitment* (Oliner 1979:36). This has to be combated in both the experience of the tutor and the student.

**Situational elements in caring**

**Overview**

The mindful reader may have notice that the word *learning* rather than the word *teaching* has been used in the above discussion. This is not incidental. Learning places emphasis on the potential care giver and is also in line with the concepts, responsibility, involvement, choice, self-actualisation and the like, put forward
by the underlying philosophical foundation. Barker (1989: 136) is of the opinion that caring cannot be taught, but, people may learn how to care, by learning how to fuse themselves (albeit temporarily) to those in need of care. This means working together, cooperation, and mutual involvement. There is thus a definite involvement in a situation element which emerged in this research as a situational or contextual basis for the development (origin) of human caring in the educational setting. Table 5.2.5 contains statements on this aspect.

Literature support

According to Carper (1979: 17) caring is not readily, if at all, learned in a classroom or in the course of study. This is to some extent reflected by statements made by a student and a tutor informant. Respectively these are: We get along better with the sisters in the wards since the atmosphere here (at the college) is so formal - there it is much more informal and Practice is different to the classroom setting in which you stand in front of the class expecting students to regurgitate what they have learnt.

Carper continues to say: Some acquaintance with the humanities may contribute to our understanding of the real and imaginative dimensions of human existence, but, it will not necessarily result in a caring attitude. This surely is true if the teaching of caring becomes an end in itself. We are however interested in caring as a means to an end - the caring relationship between tutor and student which represents a caring milieu in which caring can both be taught and learned. For this reason, the statements on the usefulness of the content of a course in psychiatric nursing is included. However, as Carper puts it, all the humanities might contribute to this effect. Reciprocality between means and end in human caring is at this point very dense and the one is easily absorbed by the other. However, the key issue in the contextual origin of caring in the educational setting is The wholeness which is part of our awareness of
TABLE 5.2.5
CATEGORY 9: STATEMENTS ON SITUATIONAL ELEMENTS IN CARING IN NURSING EDUCATION

1) From the tutor's point of view
It would be much better for us if we could work with the students in the clinical setting to show involvement and availability.

Theory is there, it is given in the curriculum - it is a dead thing. You find it written in books and that is it. But, practice is somewhat different. In practice one can transfer some of one's personal experiences to students. Things which are not to be found in books.

Giving of oneself expands one's knowledge and it brings people closer to one another because we work together and while working together one tends to give more of oneself. There is contact.

Practice is different to the classroom setting in which you stand in front of the class expecting students to regurgitate what they have learnt.

It is easier to establish a caring relationship with a student in the clinical field than in the classroom.

What is good (caring) for one person does not work with another and not even for that same person in a different situation.

2) From the student's point of view
We get along better with the sisters in the wards since the atmosphere here (at the college) is so formal - there it is much more informal.

We would be able to establish the same relationship with the college tutor (as with the ward sister) had they been in the ward situation with us.

I feel more cared for in the clinical situation than in the classroom setting.

Each day should be a day of caring - everywhere.

3) Subject matter and specific techniques:
The subject matter in psychiatric nursing for instance makes it easier to establish a caring relationship with students.

The subject content in psychiatric nursing helps open up the student. This (opening up) can also be achieved by role play and by counselling sessions. These help you to get closer to the student.
ourselves is shared best with others when no act diminishes another person, and no moment of indifference leaves him with less of himself (Levine 1977: 849)

The premise for caring

Overview

Up to this point we have discussed the origin of human caring as an innate human attribute, which supports an ethic of caring based on human worth; learning caring in the education setting from which the transferability of caring seems to dawn; and specifically the contextual origin of caring in the nursing educational setting. However, even though the tutor may have internalised caring, and be willing to care for students, the

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<th>TABLE 5.2.6</th>
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<tr>
<td>CATEGORY 10: STATEMENTS ON THE PREMISE FOR CARING IN NURSING EDUCATION</td>
</tr>
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</table>

1) **Experience of the tutor**

In a way I can extend this (caring) because I have certain experience
I feel that I can, due to my experience, impress on them
Impress on them the difficulties of these different stages (which people pass through)
What one does for a student is often a reflection of one’s own experience
She is older and more matured ... wiser

2) **The ascribed role of the tutor**

Because they (tutors) are interested in what you are doing
I once shared a course with a colleague ... couldn’t get a grip on things ... had no place and didn’t belong ... couldn’t make contact ... and lost contact with myself ... until I became the only tutor to the group again
The tutor should have some institutional authority to act on account of her leadership position
A tutor cares because she has all that knowledge from her studies
question remains as to the right which, apart from her natural or acquired inclination to care, she has to care for and about students. Putting it differently, For what reasons would a student allow a tutor to care for her in the educational setting? This question is answered by the statements contained in the following category.

**Literature support**

From the statements contained in this category, it is apparent that the tutor cares for students because of her personal experience and her ascribed role as leader in the educational setting. These two aspects are viewed as important by both student and tutor informants.

Mayeroff (1971: 24) states: *If I am to care for the other, I must be able to cope with it; I must be 'up to' caring for it. It is not enough merely to want to care for the other and desire its growth; I must be able to help it grow.* Both the tutor's personal experience and ascribed role can assist to this end, however, it should always be done within the parameters set by the philosophical foundation of caring, especially considering the uniqueness and freedom of the individual.

Roach (Boykin and Schoenhofer 1990: 150) indicates that the care giver should have the capacity and power to care. It seems as though some structural elements are suggested here in order to assist the care giver in caring for those in need of care. Capacity and power, like Mayeroff's being 'up to' caring, have a very wide range, and the items that can be included under this are almost infinite. A more specific and detailed account of these possibilities will be given when discussing: The attributes of caring (Theme Seven), specifically, knowledge and skills. Power will be further illuminated in Theme Four when discussing The attributes of a caring tutor.
Needs of the student

Overview

Noddings (Boykin and Schoenhofer (1990: 153) is of the opinion that commitment to act on behalf of the cared-for and the continual interest in the reality of the cared-for are the essential ethical elements in a caring situation. The existential reality of the student which is closely related to the premise of caring is partially illuminated by the following statements.

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<th>TABLE 5.2.7</th>
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<tr>
<td>CATEGORY II: STATEMENTS ON THE NEEDS OF STUDENTS AS A BASIS FOR CARING IN NURSING EDUCATION</td>
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</table>

1) **Personal needs**
   - To develop herself
   - To learn more about herself
   - To grow personally
   Because we are far away from our families we need love, rapprochement, protection and guidance ... all the things one would get from one’s mother
   Everybody has that basic need to be part of those around then
   I think the student is still searching for something
   Nursing forces one to grow up before one is ready for it. In this instance one needs a lot of guidance

2) **Professional needs**
   - To obtain knowledge
   - To extend her base of knowledge
   - To learn to act appropriately in a situation in which she perceives a need to exist
   - To grow professionally
   They are young and idealistic and inexperienced
   School does not prepare one for what is to follow (in nursing)

Literature support

The existential reality of the student is also that she is a human being and that she should be treated as such. Flowing from
the underlying existential philosophy, the student is always becoming. Man is homo viator - the self forever in transit (Kneller 1971:73). This surely underscores Noddings' (Boykin and Schoenhofer (1990: 153) call for continual interest in the reality of the cared for. Continual professional development and continuing education also highlight this. Even reaching the top of Maslow's hierarchy of needs; self-actualisation, creates a new need namely the desire for self-improvement (I underlined) (Hjelle and Ziegler 1987: 373).

In a study conducted by Miller et al (1990: 128-9), students' description of a caring teaching-learning interaction indicated that the process emerges out of a perceived need of the student that is anticipated or recognised by the tutor or a students' concern/problem that is brought to the attention of the teacher by the student. This closely resembles some of the statements made by informants in this research and clearly qualifies the placing of student needs under the theme: The origin of caring in nursing education.

SUMMARY

In this theme the origin of caring, as it emerged from the present study, was discussed. We have moved from the more global to the more specific; from the ethical and innate (philosophical) human origin of human caring to the more specific (nursing) educational origins such as learning caring, the premise for caring, and the needs of students to be cared for. To summarise the need for a caring relationship between tutor and student, Shiber (1991: 61) is quoted: There is theoretic and empirical evidence to indicate that care givers themselves cannot impart caring unless they themselves are cared for and/or are a part of a caring milieu.

In the next theme the factors which influence caring are addressed.
THEME THREE: FACTORS INFLUENCING CARING IN THE EDUCATIONAL SETTING

In this theme we will be looking at the factors which influence caring in the educational setting as they emerged from this study. Some statements are directional, indicating either a specific positive or negative influence on caring: others, like the rubric itself, are non-directional or neutral. These factors do not always jeopardise caring, or foster it for that matter. This dualistic aspect is closely linked to the contextuality of caring (Theme Two) and the issue of balance in caring (Chapter 6).

FACTORS INFLUENCING CARING

Overview

Factors influencing caring are mentioned by quite an array of authors. This corroborates the contextuality of caring.

To the question, What affects caring? the following categories and subcategories were abstracted by Forrest (1989: 820-821):

**Oneself**, with subcategories: own experiences, beliefs, self-praisal, disagreeing with patient, feeling good about work, and learning caring from [nursing] school.

**The patient**, with subcategories: hard to care for patient, and what the patient tells you.

**Frustrations**, with subcategories: lack of time, nurse administrators, physical environment, fellow nurses, personal stress, and dilemmas.

**Coping**, with subcategories: focusing on immediate tasks, talking (with and to co-workers, family, friends etc.), unwinding, and protecting oneself.
Comfort and support, with subcategories: fellow nurses, and teamwork unit supervisors (Forrest 1989: 820-821).

These corroborate the findings of the present study.

<table>
<thead>
<tr>
<th>TABLE 5.3.1</th>
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<tbody>
<tr>
<td>CATEGORY 12: STATEMENTS ON FACTORS INFLUENCING CARING IN NURSING EDUCATION</td>
</tr>
</tbody>
</table>

1) **Organisational factors**

**General indicator**
One can be prevented from caring for students by one’s seniors

**Discipline:**
If discipline takes over, the whole relationship becomes forced. I lose myself in the process and also my sense of responsibility and making choices. I feel there is nothing in such a relationship because it is something apart from myself... it is merely rules and regulations.
I feel there is room for discipline but only as a guideline for conduct.
Discipline provides structure and some degree of security; a basis from which one can proceed.
Correction should be blended with love.
Rules which are too strict make one feel that you are talking to a "set of bars".
Discipline makes one feel safe and secure.

**Location of authority:**
If one shares a subject with a colleague, one does not know where one’s place is. You don’t belong... don’t make contact... you start feeling totally insecure and unsure and can’t make contact with the students.

2) **Personality and personal factors**

**General indicators**
I think personality (both that of the tutor and the student) has much to do with the relationship between tutor and student.
One’s personal emotional state can influence caring.
Being annoyed with students influences caring.
The student’s physical appearance (Liking) can influence the caring relationship.
If someone is totally negative towards you, he cannot expect you to feel positive towards him (Liking).

Continued on next page.
TABLE 5.3.1 continued.

Factors residing in the tutor
You sometimes feel threatened that students might ask you something you do not know or do not understand and this is why you sometimes place yourself on a pedestal. When the tutor gets too highfaluting it affects the caring relationship adversely.
(Also see Theme Four on people involved in caring)

Factors residing in the student
Tepidness and unconcern among students
If they just sit like a lot of mutants there is no interaction and no possibility for caring.
When you don't like a tutor
Inferiority, because you feel yourself in a subservient position and you cannot approach the tutor with any of your problems.

3) Group dynamics

Size
It is easier to care or to show caring if the groups are smaller.

Group cohesion
Lack of group cohesion complicates caring for a group. There can be groups and cliques, but they should at least have a united goal.
As soon as people do things together this brings them closer together.
When splinter groups get together and they don't agree on anything ... that makes it very difficult to make contact with them.

4) Time
If I do not make time for the students I am not available.
Time is very important in caring.
The longer period of time you spend with them (tutors) the more you come to trust them.
In the clinical field one does not have the time to build a deep going relationship.

5) Communication and interpersonal relationship
The failure to notice non-verbal cues can hamper the caring relationship.
Ignoring negative feelings which were aired.
Lack of confidentiality.
The fact that one does not like people (students) equally.
If the tutor acts as if you do not count.

Continued on next page.
6) Teaching

General indicators

Evaluation, if not handled correctly, jeopardises caring
If you [tutor] rattle off something, just to get it done, there is no interaction and no possibility for caring
I think that it is more likely that evaluation will influence the relationship between the tutor and the student adversely
Evaluation: There is too much emphasis placed on getting high marks - makes one feel uneasy (Unrealistic expectations)
Evaluation can erode the relationship, but, mostly it is the tutor’s conduct and attitude during evaluation
It doesn’t do much good if the tutor enters the classroom and only does her work - only what is expected of her. It makes one feel: Oh no! Not her again!

Subject matter and specific techniques

The subject matter in psychiatric nursing, for instance makes it easier to establish a caring relationship with students
The subject content in psychiatric nursing helps open up the student
This (opening up) can also be achieved by role play and by counselling sessions
These help you to get closer to the student

The curriculum
We are too task orientated and the nursing curriculum is so congested that we do not reach the student as a human being
Time is limited and the curriculum demands of such nature that should an extra incident occur in which caring is needed, there just isn’t time to give quality attention to the student

Lack of educational resources
English books being prescribed (and we are Afrikaans speaking)
Only two books available to fifty students

Continued on next page.
TABLE 5.3.1 continued.

**Educational context**
It is easier in the clinical situation for a caring relationship to develop.
We get along better with the sisters in the wards since the atmosphere here (at the college) is so formal - there (in the clinical field) it is much more informal.
We would have been able to establish the same relationship with the college tutor (as with the ward sister) if they had been in the ward situation with us.
The classroom setting is rather impersonal.

7) **Societal**
Our society has become a cold society. Sometimes when you show interest in a person (student) they seem to feel threatened by this.

8) **Other**
All the attributes of caring as discussed in Theme Seven

Literature support

**Environment**

Gaylin (Carper 1979: 14) notes that the caring impulse may be impaired or reinforced by environmental circumstances, while Forrest (1989: 821) relates frustrations in caring, to among other things, the physical environment. According to Valentine (1989: 29) caring is context specific and is affected by forces, such as social, environmental, or professional turbulence, which determine the degree to which the basic elements of caring achieve their full potential. They also affect the quality of the caring relationship.

Appleton (1990: 88) found a strong sense of ability to communicate and an identifiable purpose essential ingredients in creating instructional arrangements conducive for caring to occur. Adequate and pleasing surroundings are also important in the caring environment and designated areas to socialise are extremely critical for feeling valued and recognised.
Organisation

According to Shiber et al (1991: 59) one of the most important structural variables in caring is that of the organisation. These authors also found the group's attitude to be a complex function of its perceived relationship to the rest of the organisation.

According to Miller (1987: 12), subversion of the humanistic perspective in nursing administration practice, without which caring is impossible, may be delineated as a series of professional and organisational pressures. One of these is pressure from health administrators on nurses to adopt a total business ethic and orientation towards the delivery of care, placing the major focus of care on technological aspects, limiting the role of nurses, etcetera.

Discipline

Discipline, due to its importance and the traditional and ritualistic character which this phenomenon takes on in the organisation at which the research was conducted, surfaced quite often during interviews.

According to Watson (Noddings 1988: 222), there are very often attempts to avoid caring occasions in the classroom through modes of discipline that respond only to the behaviour but refuse to encounter the person.

Caring in the person of the nursing tutor is reflected by maintaining discipline amongst a host of attributes (Bush 1988: 181).

Control

According to Sarvimäki 1988: 464), what constitutes interaction directed toward understanding is a special kind of attitude: the communicative attitude. This attitude manifests itself in striving for mutual understanding, coordination and co-action, rather than in a striving for control.
For Halldórsdóttir (1990: 102), the essential structure of an uncaring student-teacher encounter reveals a lack of professional caring which, amongst other aspects, include a demand for control and power by the teacher, and destructive behaviour on the part of the teacher.

Control is also a factor in the erosion of trust. Trust can be lost if the person in the role proves untrustworthy. To Ruditis, time is an important factor in the development of trust, as well as not trying to control the patient (Meize-Grochowska 1984: 566).

**Personality**

Halldórsdóttir (1990: 98) found that the exhibition of a positive personality to be an attribute within the professional caring teacher approach, among others. In this regard, the reader is also referred to Theme Four on the attributes of the caring tutor, the inviting tutor, and the uncaring tutor.

**Group dynamics**

Although caring is perceived as being consummated between two individuals namely the care giver and the receiver of care, a number of authors have given a group dimension to caring. Thus, caring for a group (e.g. students) is not contradictory. In this instance, Nyberg (1989: 15) sees caring as an interactive commitment in which the one caring is able ... to enact caring behaviours that are directed toward the growth of the one cared for, be it an individual or group. Leininger (1981a: 9) also sees caring as being directed towards a group and says that caring/care is: ... in a generic sense those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or way of living (lifeway).

Group size is emphasised by Noddings (1984: 199) when she suggests that in order for schools and teaching to be redesigned
to give caring a chance, smaller schools, and thus smaller groups and more individualised attention is needed. Dugan (1988: 116) emphasises group process in the understanding of the development of group interaction skills, team development and the practice of compassion.

Shiber et al (1991: 59) found that in caring, the group's attitude was a complex function of its perceived relationship to the rest of the organisation, while Valentine (1989: 29), in viewing caring as context-specific, emphasises the importance of understanding the meaning of caring for the group being studied.

**Time**

Time becomes an important factor in caring only when it is in short supply. Usually, a caring relationship is a time-consuming relationship; both to establish the relationship, and to maintain it (Bevis 1981: 55; Chapman 1983: 270).

Pribram (Gendron 1990: 280) emphasises the importance of time and timing by stating: Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated. Time as a factor in caring in education together with place and space was also identified by Appleton (1990: 88).

For Carper (1979: 14) time in caring is a dimension of patience and states: This is a perception of the other's own time and style.

To Ruditis (1979) time is an important factor in the development of trust (Meize-Grochowski 1984: 566).

**Communication**

Communication in caring is associated with involvement and reaching out (Goldsborough 1969: 66), establishing trust through open communication, understanding and acceptance (Stuart &
Sundeen as cited by Meize-Grochowski 1984: 566), and to Miller (1990: 130), the interactive process between teacher and student is initiated and sustained through the use of effective verbal and nonverbal communication skills.

Bush (1988: 169-187) identified the key concepts which reveal a profile of a caring nursing tutor as: spirituality, presence, mutual respect, sensitivity, communication with others, and organisation.

Interacting as communicating, with subcategories; touching and holding, picking up cues, being firm, teaching, and knowing the other well, was identified by Forrest (1989: 819). Touching, though an important aspect in caring, was never mentioned by informants.

Teaching

Bush (1990: 181), in constructing a category named Organisation, which refers to the organisation of a teaching-learning encounter, identified that caring in the person of the nursing tutor is reflected in the following: by adhering to standards, assisting students as needed, attentiveness to the environment, challenging students, stating expectations clearly, a commitment to creativity, dependability, devotion of time to students, maintaining discipline, being an excellent role model, being an expert, minimising risk, motivating students, providing structure, recognising individual needs, relaxed management, and willingness to take risks.

All these aspects have far reaching implications for the nurse tutor regarding her general conduct in the educational setting and also her conduct in the clinical setting. Her life in both these settings should be congruent. As Noddings (1984: 179) says, through dialogue, modelling, the provision of practice, and the attribution of best motive, the one-caring as teacher nurtures the ethical ideal (Noddings 1984: 179).
Curriculum

The curriculum content influences caring as it can promote or erode caring, depending on the way in which it is presented. In this regard Frankl (1969: 85) states that instead of education equipping students with the means to find meaning, education often adds to the existential vacuum students fall into. The student's sense of emptiness and meaninglessness is reinforced by the way scientific findings are presented to them, by the reductionist way that is (Frankl 1969: 85). A congested curriculum also leaves little time, if not no time at all, for caring in addition to the curriculum demands to be met.

In learning caring, Noddings (Diller 1988: 336) suggests caring apprenticeships for all students. Luckily, this is prescribed curriculum content for student nurses in the form of practical work. However, as Noddings indicates, A teacher cannot 'talk' this ethic. She must live it.

According to Wald & Leonard (Hodges 1991: 1298) principles from the social sciences are often simply incorporated into the nursing curriculum without there being any evidence that they were relevant. It is argued that a process-based course, that is a course which emphasises the methods and approaches used in gathering psychological information, is more appropriate than content-based courses in which nurses are only required to learn a body of knowledge and to apply it to nursing and caring. However, as one respondent indicated, curriculum content can foster and facilitate caring in the educational setting.

Societal

In this respect, Reverby (1987: 5) remarks that the central dilemma of caring is: The order to care in a society that refuses to value caring. The burning question in South Africa today is whether nurses still want to care. Is caring regarded as an ethic in nursing? Can it be, if even the regulating authority (SANC)
does not explicitly stipulate the instruction in CARING, in terms other than fragmented components of care, ethics, nursing practice, skills, and the like.

**SUMMARY**

In this theme we have attempted to list the factors which may influence caring. These broadly represent intra-personal (Personality), inter-personal (communication, teaching, etcetera), and extra-personal factors (organisational factors, time, and the like).

In the next theme we will be looking at the people involved in caring. The attributes of these people also serve as factors influencing caring and this must be kept in mind when reading the next theme.

**THEME FOUR: PEOPLE INVOLVED IN CARING IN THE EDUCATIONAL SETTING**

In this theme, attention is paid to the people involved in caring in the educational setting. From the data it appears that although people from all ranks are involved in caring in the educational setting, the focal point is the relationship between the tutor and the student. Surprisingly, although much information was given on the caring tutor, very little was elicited on the type of student susceptible to caring. This is understandable in view of the ethical origin of caring and the issue of liking as explained in Theme Two - the fact that students are cared for because they are present. For this reason, only the caring tutor is further discussed.

From the data gathered, a pre-condition to caring emerged in addition to the premise and origin of caring as discussed in Theme Two. Whereas in some contexts such as nursing and education
the presence of caring is assumed or taken for granted, whether in fact it exists or not, factors pertaining to The inviting tutor (the pre-condition to caring) are always factual and existing and perceived as such by the student (receiver of care) in advance to a caring encounter.

The following categories were compiled in this theme:

People involved in caring in nursing education;
Nature of the problem/need and the type of care giver sought;
The inviting tutor;
The attributes of a caring tutor; and
Attributes of an uncaring tutor.

PEOPLE INVOLVED IN CARING IN NURSING EDUCATION

Overview

In the literature that was consulted, the caring relationship was discussed mostly as a diad relationship. This is also in line with the basic assumptions underlying this research as explained in Chapter 1. However, other people do contribute to creating a milieu in which caring can be consummated.

| Category 13: Statements on All People Involved in Caring in Nursing Education |
| Everybody involved in the education of the student |
| The hospital staff |
| All the college staff, not only the teaching staff |
| The principal and the vice principal |
| Student counsellor |
| House Committee |
| The ward staff and other hospital personnel |
| The tutors and students are mostly involved |
| The students among themselves |
| The doctors |
Discussion

From the table above, it appears that not only are the student and the tutor involved in caring in the educational setting, but *everybody* with whom the student comes directly or indirectly into contact. It is, however, not always the student and an individual from some other category or rank that forms the diad in caring. From the statements listed in this table, it is also evident that peer group caring is considered - for both students and tutors.

For the purpose of this research, only the student and the tutor will be included in the final construction of a theory on caring in the educational setting in nursing education. This was previously decided when the research question was formulated, viz:

What does caring entail in nursing education from the point of view of both the tutor and the student?

However, the information on the other people involved in caring in the educational setting will not be ignored. These individuals and groups undoubtedly do contribute to establishing an environment in which a caring relationship can be established. This aspect is included in Theme Three on Factors influencing caring in the educational setting.

NEEDS OF STUDENTS AND TYPE OF CARE GIVER SOUGHT

Overview

The involvement of a care giver in the caring relationship is not always predetermined by any of the aspects discussed in Theme Two on the origin of caring. From the interviews in this research it emerged that students, to some extent, exercise deliberate choices as to whom they would like to get involved with in a caring relationship. The major parameters seem to be whether the
need of the student is experienced in the academic or the social domain, the seriousness of the perceived need, and whether to involve a fellow student or a tutor.

Statements on these factors are listed in Table 5.4.2.

| TABLE 5.4.2 |
| CATEGORY 14: STATEMENTS ON THE NATURE OF THE PROBLEM AND THE TYPE OF CARE GIVER SOUGHT |

1) Student/tutor
One would rather discuss serious personal problems with tutors.
There is only one tutor per subject. You will only go to that tutor.
With academic problems, one should go to the tutor lecturing that subject.
Regarding academic issues, one would rather turn to the tutors.

2) Student/student
In our personal lives, we (students) care a lot for one another.
I would rather tell a friend about my boyfriend than coming here (to the tutors).

3) Student/other
One should not be compelled to go to one's guardian.
All tutors should care.
Whether personal or to do with your work ... Ideally a counsellor since they are trained to do that (help students).

4) General
Occasionally the opposite also applies, asking peers for academic advice and tutors about personal matters.

Discussion

The question arises as to why students prefer to turn to one person rather than to someone else. From the data contained in Table 5.4.2, it appears that students involve in one another's lives (show caring) on a more personal and social level of less magnitude. The tutor-student relationship on the other hand appears to involve more serious social issues and academic issues. However, it is also apparent that the students exercise
their freedom of choice in this regard.

According to Roach (Boykin and Schoenhofer 1990: 149), The affirmation of caring as a human mode of being is a presupposition for all the activities designed to develop the capacity to care professionally. This sets the table for the ontology of caring - the social reality of caring, be it nursing as caring, teaching as caring, or whatever. The question remains as to how a student or any person in need will actually know that the other is caring prior to experiencing it? The only answer is, that caring must be advertised by the care giver (tutor). The inviting tutor, the tutor compromising herself with being willing to be caring, apart from actually being caring, is viewed by students as follows.

THE INVITING TUTOR

Overview

No mention is made of this issue in the literature on caring per se or on caring in the educational setting. However, the inviting teacher is a well documented subject in general education under the inviting tutor, and teacher immediacy (Russell, Purkey, and Siedel 1982; Kearney, Plax, and Wendt-Wasco 1985; Gorham 1988)

Literature support

According to Russell, Purkey, and Siedel (1982: 35-38) inviting strategies can be classified as personally inviting and professionally inviting. These authors further contest that personally inviting behaviours, among others, include maintaining eye contact, listening carefully, and remembering a student’s special interests. Similar aspects have been derived from the interviews and were categorised in Theme Seven as Availability, an attribute of caring. These behaviours, according to the authors quoted, meet the lower needs for security, belonging and love on Maslow’s hierarchy of needs (Russell et al 1982: 35-36).
TABLE 5.4.3
CATEGORY 15: STATEMENTS ON AN INVITING TUTOR
IN NURSING EDUCATION

1) Communication and feedback

She should not be too highfaluting
She talks to me (student) on my level
Her everyday conduct and attitude is caring (e.g. the way she handles patients)

2) Body language

She smiles in a friendly manner
The tone of her voice matters (pleasant tone)
She makes eye contact

3) Openness

The tutor shows interest
The tutor is available
She is approachable
She makes the students feel welcome
She is open
She is willing to approach you (student)
She creates an opportunity for you (student) to go and see her

4) Personal conduct

She is like a mother
She is mature
She is sure of herself
She is authentic

Professionally inviting behaviours are those attempts by the tutor directed at increasing the student's efficacy, competence and self-esteem. These thus reflect some of the attributes of caring itself, like Mayeroff's (1971) notion that caring is helping another grow. Understandably, these meet Maslow's higher levels of needs such as self-esteem, knowledge, and self-actualisation. The artfully inviting teacher is one who utilises both personal and professional invitations, integrating these behaviors in such a skilful manner that it is often difficult to perceive discrete acts (Russell et al 1982 : 36).
In attributing personally inviting behaviours low intensity and professionally inviting behaviours high intensity, Russell et al (1982 : 37) suggest the following hierarchy of behaviours which also forms a process in inviting students or setting a climate (with care) for interaction and the establishment of a caring relationship.

<table>
<thead>
<tr>
<th>Personally Inviting</th>
<th>Professionally Inviting</th>
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<tbody>
<tr>
<td>Higher Intensity</td>
<td>10 Reinviting</td>
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<tr>
<td>9 Minimising Risk</td>
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<tr>
<td>8 Positive Expectations</td>
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<tr>
<td>7 Inferring Behaviour</td>
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<tr>
<td>6 Developing trust</td>
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<tr>
<td>5 Respecting Differences</td>
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<td>4 Verbal Communication</td>
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<td>3 Physical Communication</td>
<td></td>
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<tr>
<td>2 Body Language</td>
<td></td>
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<tr>
<td>1 Environmental Signs</td>
<td></td>
</tr>
<tr>
<td>Lower Intensity</td>
<td></td>
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</tbody>
</table>

Figure 5.1 An Invitational Hierarchy
(Russell et al 1982: 37)

Some of these aspects have been categorised in the preceding table. Those not listed appear in other categories. In this instance, the reader is also referred to Theme Seven on the attributes of caring.

*Environmental signs* refers to creating a comfortable and safe environment in which one feels welcome. Although one of the respondents did mention the fact that a caring tutor makes one...
feel welcome, the issue of physical comfort and environmental aspects such as furniture and other aspects regarding the interior of the teaching environment were not put forward.

Both body language as communication and verbal communication are also listed. However, what Russell et al (1982: 36) define as physical communication (touching, hugging, shaking hands and the like) did not surface in this research. Respect as a component or an attribute of caring is listed in Theme Seven, as is trust. However, as trust develops, it leaves the message I can be trusted in the invitational stage, which might serve as a stepping stone to the development of an even deeper trust in the caring relationship. Positive Expectations are also reflected in statements such as: She never makes you feel stupid, and She allows you to do things on your own (under supervision). The latter also indicates Minimising Risks. The aspects which are totally absent from this research are: Inferring Behaviour and Reinviting. However, the latter is to some extent present in mutuality in caring as discussed in Theme Seven.

Inferring behaviour refers to looking beyond the obvious regarding student behaviours. This is a sincere effort to understand why students behave as they do. Looking for a reason behind the apparent (Russell et al 1982: 37). Reinviting indicates a reintroduction of inviting behaviours in order to maximise the individual's success (Russell et al 1982: 38).

It is very difficult, as explained above, to differentiate in a clear-cut manner between caring per se and an invitation to caring. In the hierarchy compiled by Russell et al (1982: 37) levels seven through ten are especially problematic because these, to a lesser or a greater extent, imply involvement of the care giver and the receiver of care and is no longer a detached observation made by the receiver of care to be. In the same manner level ten would reflect caring generating caring as discussed in Theme Two, The origin of caring.

Another concept from literature in general education which
resembles that of the inviting tutor is what Kearney, Plax, and Wendt-Wasco (1985: 61-74) call teacher immediacy. To these authors, teacher immediacy is an affectively based construct which increase or produce inter-personal closeness, sensory stimulation, and signals warmth and friendliness. Anderson and Anderson (Kearney et al 1985: 64) identified the following non-verbal behaviours as indicative of teacher immediacy: positive head nods, smiles, eye contact, vocal expressiveness, overall body movements, purposeful gestures, and direct, relaxed and open body position, and close physical distance. These concepts have also been listed, either in the table above or in Theme Seven where the attributes of caring are discussed. With this, some of the characteristics of a caring tutor have also been discussed, however, who is the caring tutor?

CHARACTERISTICS OF A CARING TUTOR

Overview

Since caring is an innate human attribute and an inter-personal phenomenon, it is to be expected that the attributes of a caring tutor will resemble and represent some of the characteristics attributed caring per se. Thus, all these attributes will also be listed in the table containing the attributes of caring. There are however unique educational professional attributes which are reflected by the caring tutor, and which can only be reflected by the tutor. These are listed under the heading Professionally acquired attributes in Table 5.4.4.

Literature support

Indepth studies regarding the caring tutor of nursing were conducted by Bush (1988), and Halldórsdóttir (1990: 97 and 102-103), while Heidegger (Scudder 1990:60), gave a philosophical illumination of the caring human being.

Bush (1988: 173) identified six categories which describe the
caring teacher of nursing namely: spirituality, presence, mutual respect, sensitivity communion with other, and organisation of teaching-learning.

The *spirituality* aspect of the caring teacher of nursing includes concepts such as dynamism, enhancement of welfare, enthusiasm, joyfulness, knowledge of self, positive self-concept, promotion of student's self-esteem, being realistic, self-congruency, sincerity, strength, and thoughtfulness (Bush 1988: 181). The spirit of the person is manifested through knowledge of self. In Heidegger's terms this will include the three general traits of human existence - mood or feeling, understanding, and speech (Bush 1988: 179).

According to Bush (1988: 180), *presence* is symbolised through mutual giving and receiving. For this to take place, the tutor and student must care for self and then put that care to use in enhancing the welfare of the other. The student's trust and confidence would in this matter support the teacher's involvement with the student (Bush 1988: 180). This aspect is also addressed by Noddings (1984:19-20).

Concepts which are associated with the *presence* of the caring nursing tutor include amongst others: affection, availability, fairness, friendliness, niceness, the offering of protection and security, personal warmth, unconditional positive regard, and unqualified acceptance of the student (Bush 1988: 181). Presence together with some of the associated concepts as identified by Bush are also discussed in Theme Seven as *Attributes of caring*.

*Mutual respect*, according to Bush (1988: 181), is shown by consideration, genuineness, kindness, mutual influence, recognition of individual strengths and weaknesses, regard, and respect for differences. Bush comments further that every act and all communication of the caring tutor must stem from respect for the student. This aspect is held in such high esteem that respect (and dignity) may be seen as antecedents to caring (Bush 1988: 182). In this regard the reader is also referred to what was said about the inviting teacher.
## Table 5.4.4
### Category 16: Statements on the Attributes of a Caring Tutor

1) **Innate Human Attributes**

- Accepts the individual unconditionally: Committed
- Not aggressive: Compromising
- Appreciates the students' privacy: Credible
- Available: Inviting
- Authentic: Knowledgeable
- Cares holistically: Listens
- Concerned: Prepared to give of self
- Maintains confidentiality: Receptive
- Conscientious: Respectful
- Considerate: Warm

2) **Personal Conduct**

- She does not pick on students
- She is like a mother
- She is mature
- She is sure of herself
- She is authentic

3) **Philosophical Stance**

(See Theme One)

4) **Professionally Acquired Attributes**

**Classroom Organisation**

Those (tutors) that care do not go straight ahead with the class (They greet the class, allow some social talk and breaks during lectures)

- She chats casually with student
- She shows interest in students
- She is firm and punctual
- She maintains discipline
- She isn't always formal but also informal with students
- She is on time (marking tests, etcetera) (punctual)

Continued on next page.
TABLE 5.4.4 continued.

Teaching
She explains things to students
She integrates theory and practice
She makes the work interesting
She tells you which work you have to do by yourself
She makes sure that everybody understands the work
She is goal-directed (uses objectives)
She makes the work easier and more comprehensible
She uses audio-visual media (transparencies, pictures and models)
She pays attention to the standard of the media she uses
She has adequate knowledge which instills faith and trust in students
She conveys theoretical knowledge correctly
She tries to integrate theory and practice (Authenticity)
She puts effort into teaching (that little bit extra)
She helps the student to bridge the gap between being a student and being a professional nurse
She involves the student in teaching

Communication
She listens to student’s problems
She talks on the student’s level
She converses with students and asks questions
She meets the general requirement of responding acceptably toward students

Power and Authority
The tutor should have some power, but not power as an attribute of the tutor but rather power at her disposal to put certain things into motion (authority)
The tutor should have some authority (institutional) to act
Power in caring is never an end in itself but a means to an end
Power does not indicate control over others though sometimes it may be necessary to enforce some power
Authority comes from one’s frame of reference or experience

5) Other
It is the small things that count - that extra something
The lecturer should be concerned about you, whether you pass or fail
She is devoted to her work and students
She does not treat students as numbers
She knows who you are
She allows you to do things on your own (under supervision)
Sensitivity, as an attribute of a caring tutor, is also ascribed to nursing educators by Watson and Sandven (Bush 1988: 182). Sensitivity results in the student feeling himself/herself free to express concerns, feelings, thoughts, and values. Like the patient centred relationship between the patient and the nurse in the clinical setting, the student-tutor relationship in the educational setting should be student centred. According to Watson (Bush 1988: 182) a balanced sensitivity to one's feelings gives one a foundation for empathy with others. Underdeveloped sensitivity to the self and others may not allow full communication.

Concepts associated with sensitivity include: building of confidence, compassion, constructive criticism, development of trust, empathy, encouragement, expression of concern, nurturance, quietly comforting, sensitiveness, strong support, student advocacy, and understanding (Bush 1988: 181).

Communion with the other, as a characteristic of a caring nursing tutor, is illustrated by careful listening, clear communication, counselling, appropriate facial expressions and body language, explaining of material, flexibility, helpfulness, honesty, interpersonal relationships, reinvitation, responsiveness, sharing, positive emotional expressions, and stimulation (Bush 1988: 181).

Organisation refers to the organisation of a teaching-learning encounter. Caring in the person of the nursing tutor is reflected by adhering to standards, assisting students as needed, attentiveness to the environment, challenging students, stating expectations clearly, a commitment to creativity, dependability, devotion of time to students, maintaining discipline, being an excellent role model, being an expert, minimising risk, motivating students, providing structure, recognising individual needs, relaxed management, and willingness to take risks (Bush 1988: 181).
Halldórsdóttir (1990: 95-108) identified the following attributes pertaining to the professional caring teacher: professional competence, genuine concern for the student as studying person, exhibition of a positive personality, and devotion to professional commitment. Further, mutual trust in a caring encounter points to the teacher trusting students and by this evoking a sense of trust in the students. Further, developing a professional working relationship is facilitated by the processes of initiating attachment by the teacher, mutual knowledge of personhood, professional intimacy, negotiation for learning outcomes, student goal-directed work, and separation.

According to Forsyth et al (1989: 165) the personal characteristics essential for caring are: potential for self-expression, altruistic love, ability to distinguish caring for self from caring for others, trust, ability to break away from perceptual norms as appropriate (creativity), honesty, integrity and genuineness, ability to attribute worth to oneself and others and to communicate that worth regardless of discrepant values, empathy, and courage.

Heidegger (Scudder 1990: 60), in more philosophical terms, sketches the essence of both the authentic (caring) and the inauthentic (uncaring) person. For Heidegger, care is what unifies actuality and possibility. Human beings according to Heidegger, can recognise possibilities in their actual situation, and have the ability to realise them within limits. This means that humans have the freedom to act in order to fulfil these possibilities. Freedom and possibility are the essence of Heidegger's structure of care in contrast to most Western thinkers who think of care in terms of actuality rather that possibility and of beneficent control rater than freedom (Scudder 1990: 60). Emphasis on actuality and control are thus essentially attributes of uncaring human beings. Heidegger's point of view also links with that of Marcel on hope, Buber's I-Thou relationship, Zderad and Paterson's more being, and generally breaths a humanistic air.
THE UNCARING NURSE TUTOR

Overview

Aspects regarding the uncaring tutor have also surfaced in this research. The following table reflects the characteristics and actions of an uncaring tutor.

Literature support

From the statements contained in Table 5.4.5 speaks a general air of uninvolvement, indifference, aloofness and inauthenticity as major attributes of the uncaring tutor.

<table>
<thead>
<tr>
<th>TABLE 5.4.5</th>
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</thead>
<tbody>
<tr>
<td>CATEGORY 17: STATEMENTS ON AN UNCARING TUTOR</td>
</tr>
</tbody>
</table>

1) General indicators
We feel that such a tutor (uncaring) does not have a case with students

2) The uncaring tutor
The tutor just stands in front of the class and reads from notes to you
She does not care if you are in the class or not
She tells you that you should make things work in practice - that it is not her problem
She just gives handouts to you but does not explain anything
When you talk to them (tutors) they are very short with you
She has unrealistic expectations regarding students
She does her work only (what is expected of her)
The (tutors) stand there with expressionless faces (during evaluation) - make one feel uneasy
They (tutors) make one feel that one has to know work which they didn't even discuss with you
They place too much emphasis on performance in tests
The tutor who doesn't maintain professional secrecy
Tutors who see students as their subordinates

3) Outcome:
One just feels that one has to sit and sukkel (suffer) by oneself
Halldórsdóttir (1990: 102-105) in reconstructing the essential structure of an uncaring student-teacher encounter and thus the characteristics of an uncaring tutor, identified the following essential elements: a lack of professional caring which includes lack of professional competence, lack of concern for the student, a demand for control and power by the teacher, and destructive behaviour on the part of the teacher. According to Halldórsdóttir, a perceived teacher indifference to the student leads to a lack of trust accompanied by detachment with total distance leading to mutual avoidance. This results in students' responses to lack of caring as shown in affective reactions (hoping for the best at first, later, puzzlement and disbelief); coping strategies and resources (personal strength, peers, classmates, other caring teachers); and negative feelings and memories (resulting in students probably forgetting rather than forgiving). The desperation of students in an uncaring situation is also reflected in this remark by a student respondent: One just feels that one has to sit and sukkel (suffer) by oneself.

Research conducted by Harrison (1990: 125) shows that uncaring in nurses was reflected in nurses not having names, nurses being interested only in getting the work done, being task orientated, not empathetic, and not listening. According to Harrison (1990: 125) the difference between the caring and the uncaring nurse, because they are from the same environment, may lie in the way the individual nurse 'creates meaning' and copes with stresses in the situation. Meaning is created in three ways: emotionally, technically, and rationally (Hutchinson 1984).

SUMMARY

In this, the fourth theme on the people involved in caring in the educational setting, we have identified the people involved in caring in the educational setting in nursing education. Based, on
the research question these were narrowed down to two people only, namely the tutor and the student. The other people involved are categorised as structural elements. We have also identified and discussed students' preference for certain care givers in certain situations, the inviting tutor, the attributes of a caring nurse tutor and the attributes of a uncaring nurse tutor.

In the following theme we will discuss the different types of caring in the educational setting in nursing education.

**THEME FIVE: TYPES OF CARING IN THE EDUCATIONAL SETTING**

In this theme we look at different types of caring in the educational setting as they emerged from the data. The categories presented here are based on statements made by informants in this respect, while, in Theme Seven, the researcher arrived at almost the same categories and types of caring based on logical deduction applied to the essential structure of caring as it emerged from this research. This aspect then contributes to the credibility and the groundedness of these categories.

The different types of caring presented in this theme are:

- Student self-care;
- Tutor-centred caring; and
- Peer group caring.

If, as indicated in Theme Seven, caring has a generic nature and if professional nursing and educational caring are distinguished from lay caring and other spheres of professional caring by knowledge, skills and actions pertinent to these spheres, the types of caring in education and student's personal preference for any of these types of caring certainly call for the application of learning style theory to caring in education. This is especially relevant in instances where learning styles of
students basically pertain to the presence/relative absence of
tutors in correspondence to the student’s dependence/independence
in learning.

Further, as Scudder (1990: 59) indicates, Heidegger’s treatment
of care makes two important contributions to understanding care.
Important to this theme is the way in which care is given, which
can either make the receiver of care dependent or self-directing.

STUDENT SELF-CARE

Overview

The self-care concept is not new to nursing or caring in general.
As far as nursing is concerned, Orem’s model of self-care is
perhaps the most well known. Other theorists, however, also
included self-care in their theoretical constructs although not
as major components. The elements of growth, and not possessing
the other (Mayeroff 1971: 3), are also present in self-care.

The self-care categories, as presented here, contain two
sub-categories, namely, student-centred self-care and forced
self-care. Literature support for the former is given in terms of
Heidegger’s authentic care construct. However, the latter, forced
self-care, cannot be discussed in terms of Heidegger’s dependent
care construct. The reason for this is the absence of the tutor
in this instance and consequently an absence of someone to grow
dependent upon.

The reader’s attention is drawn to the fact that in many
instances, the absence of certain commodities implies the need
for these commodities in practice. For this reason statements
indicating the absence of certain commodities are included in
Table 5.5.1.
Literature support

According to Heidegger (Scudder 1990: 59), authentic care occurs when the caregiver 'leaps ahead' in his existential potentiality-for-being, not in order to take away ... 'care' but rather to give it back (Scudder 1990: 59). Thus, in authentic care the other is helped to care for his own being (self-care). Like the patient centred relationship between the patient and the nurse in the clinical setting, the student-tutor relationship in the educational setting should be student centred (Bush 1988: 182). All these aspect are congruent with student-centred self-care as substantiated by statements made by informants in this regard.

Regarding forced self-care, the essential structure of an uncaring student-teacher encounter (Halldórsdóttir 1990: 102) becomes pertinent. In this instance, as indicated by informants too, the perceived teacher indifference to the student leads to a lack of trust accompanied by detachment with total distance leading to mutual avoidance (Halldórsdóttir 1990: 101-105). These aspects can be viewed as both a cause for, and a cause of, forced self-care. In contrast to this, looking at the experiences (outcomes) of student-centred self-care as listed in the table above, Halldórsdóttir's (1990: 101-105) construct of a positive student response to professional caring becomes applicable. This includes, among other things, personal and professional growth and motivation, an increasing interest in the subject presented, diminishing of anxiety, and improvement of concentration.

According to (Halldórsdóttir 1990: 102-105) students' responses to lack of caring, and thus forced self-care, are shown in affective reactions (hoping for the best at first, later, puzzlement and disbelief); coping strategies and resources (personal strength, peers, class mates, other caring teachers); and negative feelings and memories (resulting in students probably forgetting rather than forgiving).
<table>
<thead>
<tr>
<th>Category 18: Statements on Self-Care Performed by Students in Nursing Education</th>
</tr>
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</table>
| **1) General Indicators**  
(One should) facilitate the opportunity for them (students) to pass through these stages on their own  
They (students) do not have the facilities to entertain their friends  
They don't have sport and recreational facilities  
They do not have a place to get rid of some of their feelings, excessive energy, frustration, ...they don't have a place where they can unload and unwind |
| **2) Student Centred Self-Care**  
It is not the tutor's responsibility to solve the student's problems for her, but to guide her in solving them herself  
There must (also) be an element of self-care in caring  
Students must also care for themselves  
I don't believe in tutors doing everything (for students)  
It (allowing students to do things by themselves) shows that they think you are capable of doing something  
If you (student) do not take responsibility it means that you do not care about yourself  
I don't care about doing things by myself, it is part of growing up, but, it is the way in which it is done. It is basically about (the tutor's) attitude and conduct |
| **Outcome:**  
One is better off when one does something by oneself than when everything is done for you  
It cultivates responsibility  
One becomes more independent and develops a sense of duty |
| **3) Forced Self-Care**  
This (uncaring encounter) leaves one feeling: Oh, I'll suffer through this by myself  
You feel depressed (if no one cares) ... like if you don't look after yourself you will just go down  
Clinical ... that is rather bad. There one has to do things oneself |
An important question to consider is whether student-centred self-care is always seen as authentic care on the part of the student. Thus, whether the students always perceive this as an indication of the tutor's concern for student's possibility and freedom and not merely as a case of tutor aloofness and disinterest.

Based on the principles of learning style theory and cognitive theory, it can be argued that not all students will be equally satisfied by doing things for themselves. Put differently, this is a problem of the amount of tutor involvement and input desired by students. By determining whether students are field dependent or field independent, the differences in needs of students in this respect can be illustrated. According to Ismeurt et al (1992: 39), field-dependent students are followers, thus more in need of tutor involvement and direction and less inclined to self-care than their field-independent fellow students who are leaders. The same is implied by Kolb's learning cycle and learning styles (Laschinger and Boss 1984: 375-380). In this instance, Diversers and Accomodators are people-oriented which may imply an affinity for closer cooperation with others such as the tutor and peer. The Converger and the Assimilator are less people-oriented and thus probably more inclined to do things on their own, taking care of things themselves.

Finally, the whole issue of self-care versus tutor input in the educational setting and thus in caring in nursing education is the need to establish individual student positions on a continuum reaching from a total pedagogical pole to a total andragogical pole (Marshak 1983: 80-81).

According to Scudder (1990: 65), an authentic caregiver (tutor) should choose a unique way of caring for each particular person in need of caring. By doing so in nursing education authentic nurses are educated. After all, how can students learn to care if they themselves have never been cared for or allowed to take care of themselves? (Gaylin as quoted by Marz 1986: 29; Miller et al 1990: 130).
TUTOR-CENTRED CARING

Overview

Tutor-centred caring is substantiated in Table 5.5.2. At least two relevant dimensions surfaced from the statements. In the first instance, the tutor may be considered excellent in her work, but she is inauthentic in that she allows dependent care to be consummated. In the second instance, she does her job and only that. In Theme Seven this is discussed as ritualism because this is done without any emotional investment. In fact, it may well be that aspects, such as teaching strategies per se or the specific content of a lecture, are the focal points and not the student.

What is stated above on learning and cognitive styles and the pedagogic/andragogic continuum also applies to tutor-centred caring.

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**TABLE 5.5.2**

**CATEGORY 19: STATEMENTS ON TUTOR CENTRED CARING IN NURSING EDUCATION**

1) General indicators
   Yes, she does everything on the academic level
   Sometimes the tutor does too much for students ... they overwhelm you
   Just doing her (tutor's) job

2) Outcome
   It gets to the point where the students sit back and do nothing
   You get an under trained person (student)

---

Literature support

In Heidegger's terms, taking over for another fosters domination and dependency. This was indicated by informants as well. It also implies taking care away from the one cared for. Thus, there is
no option for self-care (Scudder 1990: 59). This is, however, allowed in instances where the one cared for, for whatever reason, cannot care for himself. For instance, active prescriptive dictations given to new comer students in nursing or when a topic totally new to students is addressed. This corroborates Orem's *wholly compensatory system where acting and doing for 'those cared for' is central* (Johnston 1983: 141).

However, if this becomes indiscriminately the standard of care, those cared for are diminished to objects with no involvement and no say in their own existence. Scudder (1990: 59) refers to this type of care as *dependent care* because it causes dependency on others.

Scudder's (1990: 65) words apply to *ritualistic caring*, where the tutor does but her job - and only that. To him, inauthentic human beings (tutors) give priority to actuality over possibility in that they let their past self or others dictate their actions and therefore their way of being in the world. An inauthentic tutor would let others take care giving from her by following past teachers of nursing, supervisors, procedure manuals, peer pressure, and even his or her own past.

**PEER GROUP CARING**

**Overview**

From the data it became apparent that group dynamics and thus peer group interaction and caring are important issues in the lives of student nurses. However, tutors also seem to appreciate the support of their peers.

**Literature support**

According to Boykin and Schoenhofer (1990: 154) sound educational practice requires that methodology be appropriate to the subject.
matter. Therefore, teaching-learning activities must be congruent with the values of caring. The pedagogy of caring in nursing begins with knowing self as caring and cared-for, and progresses to knowing others as caring and worthy of care. These authors thus suggest that students be challenged to create a caring environment in the educational setting such as peer group caring.

The same notion is put forward by Noddings (1988: 223). She indicates that the caring tutor would want students to have experience in caring. Apart from nursing care, caring in a classroom dedicated thereto is taught by encouraging students to support each other and by providing opportunities for peer interaction. To Noddings (1988: 223) the quality of these interactions is as important as any other academic outcomes.

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**TABLE 5.5.3**

**CATEGORY 20: STATEMENTS ON PEER GROUP CARING IN NURSING EDUCATION**

1) **Formally arranged**
   We allow those (students) who are compatible to work together in groups to alleviate stress

2) **Spontaneous**
   We (students) care for one another
   We (students) are all in the same boat
   We all know about one another's problems
   We feel more for one another
   We will go out of our way to help a fellow student
   The girls who are with you in the class understand you best
   We are all in the same situation and can thus help one another
   You know how to handle other (girls/students) because probably you have also been there
   One shares everything (with other students) - this is very important to me
   Everybody (students) knows everything about everyone
   Most of the time you are with the girls
   Sometimes we study in groups
   Even if you study alone, at least there is always another (student) available should you encounter a problem
The value of peer group caring is also pointed out by Carper (1978) in reference to exercising compassion in caring. Compassion, as accepting emotional and spiritual pain in oneself and others without trying to negate it, contributes to the growth of one's spiritual life and soul. Over time, it increases one's sense of connectedness to others, one's sense of nothing human is foreign. By using colleagues as a network of support and as sounding boards to release one's emotional pain, nurses develop their abilities to provide such support to patients and families.

SUMMARY

In this theme, the types of caring as they emerged from this research were discussed. Student self-care (student-centred self-care and forced self-care), tutor-centred caring, and peer group caring were illuminated in terms of Heidegger's authentic and dependent care constructs. In the following theme we will be looking at the outcome of caring.

THEME SIX: THE OUTCOME OF CARING IN THE EDUCATIONAL SETTING

In this theme the outcome of caring is discussed. The emergence of this theme did not come as a surprise. However, it is a somewhat controversial theme. This is due to a number of factors, not the least of which are our mode of thinking and our perception of things (caring) in a linear or systems mode.

THE OUTCOME OF CARING

Overview

As can be recalled, Bevis (1981: 49) states that All other human feelings have potentially negative effects as well as positive ones, but caring by it's nature and definition is only and always
positive. However, in the table below, which contains statements on the outcome of caring, both positive and negative outcomes as well as relatively positive or negative outcomes, are presented.

Keeping Bevis' statement in mind, the question arises as to whether what is viewed as an (absolute) negative outcome of caring, e.g. the cultivation of dependence in the receiver of care (student), actually results from caring? Considering Mayeroff's point of view, namely that caring is allowing someone to grow, and not possessing that person, it is highly likely that, what is perceived as caring, in the case where dependence results, actually is not caring.

Another aspect is that linear thinking (cause/effect thinking) frames one's thought processes into a system with an absolute end result. Even though a feedback loop may exist which may reinforce the system, the outcome or end result was anticipated in advance. This may account for the respondents perceiving caring as having an absolute outcome and thus perceiving caring as a means to an end, and not an end in itself.

Now the controversial point. According to Boykin and Schoenhofer (1990: 150), Mayeroff (1971) discussed the primacy of caring as a process in contrast to caring as a product, viewing caring as an end in itself and not merely a means to some future end. Now, if this is taken as a point of departure, evidently there can be no outcome of caring but caring itself. This in some way seems apparent if one looks at the types of outcome of caring listed in the table below. Some of the positive outcomes are the same as the attributes of caring. Thus, caring is nurturing itself. Apparently, none of the informants viewed it in this light. They actually seemed unaware of the fact that in such instances, what is perceived as an outcome of caring actually represents having learned caring, or at least some of its attributes.

**Literature support**

Literature support is given below on both the sub-categories
compiled in the Table 5.6.1 and some of the specific words informants used to describe the outcome of caring in the educational setting.

**Humility**

Humility involves continuous learning and an awareness of the uniqueness of each new situation regardless of how extensive one's previous experiences have been. It includes an acceptance of dependence and an awareness of personal limitations (Carper 1979: 15). In this respect Boykin and Schoenhofer (1990: 152) connote that conscience grows out of the experience of valuing, that would be the outcome of caring, and this is closely related to Mayeroff's caring ingredient humility. To quote Mayeroff (1971: 16-18) himself on this, *Humility is present in caring in several ways. ... The man who cares is genuinely humble in being ready and willing to learn more about the other and himself. In humility as an outcome of caring, learning about oneself seems preeminent. I am not humiliated to learn from any source, including my own mistakes* (Mayeroff 1971: 17). This supports the notion underlying the sub-category Relative negative/positive outcome of caring in the above table. The individual always has a choice as to how he wishes to react to specific circumstances. Further, whether an attribute of a caring person or whether enhanced by caring (thus an outcome of caring), humility binds me to the extent of my dependence, in anything I accomplish, in cooperation of various conditions over which I have little or no control. ... Humility also means overcoming pretentiousness ... Through caring I come to a true appreciation of my limitations as well as my powers ... (Mayeroff 1971: 18). Only if this is the care giver's motto can a seemingly negative outcome in caring be changed into a positive experience.

**Self-actualisation**

In this instance, Bevis (1981: 49-50) gives an appropriate definition to caring. Caring, to Bevis, is a process and an art
TABLE 5.6.1
CATEGORY 21: STATEMENTS ON THE OUTCOME
OF CARING IN NURSING EDUCATION

1) The tutor (Care giver)

Positive outcome

**Humility**
Caring also helps keeping one’s feet on the ground

**Self-actualisation**
It makes one feel good if students accept what one does for them
It feels as though you are achieving something

**Belonging**
You are not only a number
If you mean something to someone then you have a place where you belong

**Motivation**
It inspires you to give more

Negative outcome
Too much caring can lead to burnout.

Relative negative/positive outcome
One does not always experience fulfilment in caring but also suffering
Because one cares it hurts
Caring also brings along vulnerability
Vulnerability in the caring relationship might even lead to a tighter bonding between the care giver and the receiver of care

2) For the student (Receiver of care)

Positive outcome

**Self-esteem**
It gives one (student) more self-confidence
I wish there was more caring so that one at least feels that you have some worth and value
One feels happier
Students feel appreciated

**Motivation**
Caring serves as external motivation to students
You don’t mind going to a caring tutor’s class
You feel that you want to do well
Teaching with caring makes the work interesting and keeps students interested

Continued on next page.
TABLE 5.6.1 continued.

**Belonging**
You feel as though you are part of society
One does not feel left out or lonely

**Negative outcome**

**Dependence**
Too much thereof could lead to dependence on the part of the student.
Students surrender to too much caring and become dependent

**Divorcing student from tutor**
When the tutor cares too much, the student withdraws
Too much caring is seen as interference

3) **General**
Caring gives a person (receiver of care) a better chance in life
I (care giver) find some satisfaction in it even though sometimes one does not receive any thanks for it

that requires commitment, knowledge, and continual practice, and encompasses a feeling of dedication to other to the extent that it motivates and energises action to influence life constructively and positively by increasing intimacy and self-actualisation.

In a bibliometric study conducted by Johnson (1990: 132) regarding the holistic paradigm in nursing, two categories: role of client and role of nurse, yield rather interesting information regarding the concept caring as reflected in nursing literature. These categories indicated a caring interrelationship where balance, harmony, self-actualisation, and healing are facilitated by the relationships among whole persons within a partnership. The outcome of caring in this instance pertains to both the giver of care and the receiver of care.

In caring for the other, ... I actualize myself. ... The teacher grows in caring for his students (Mayeroff 1971: 21). From this it may look as if Mayeroff provides only for the self
actualisation of the care giver in caring. This is however not true. In defence hereof, Mayeroff (1971: 7) states: To help another grow (to actualise himself) is at least to help him to care for something or someone apart from himself ... Thus, that which the care giver does is transferred to the receiver of care. The care giver cultivates by caring another care giver - creating the possibility for further self-actualisation in the one cared for. However, what is important is, not to try to help the other grow in order to actualise myself, but by helping the other grow I do actualize myself (Mayeroff 1971: 22).

Self-esteem

Miller states that regarding the construct student way of being, students declare that they experienced movement towards self-actualisation, increased self-worth, self-esteem, and self-confidence as providing them with faith in themselves and hope for the future. Caring interactions left them feeling happy, good, courageous, and proud (Miller 1990: 129). Faculty corroborated this (Miller et al 1990: 130).

Motivation

Closely related to motivation as an outcome of caring, is self actualisation. As Hjelle and Ziegler (1987: 373) put it: The person who has achieved (his) highest level (self-actualisation) presses toward the full use and exploitation of his or her talents, capacities and potentialities. Self-actualisation is a person's desire for self-improvement, his or her drive to make actual what he or she is potentially. This specifically supports what students had to say about the motivational potential of experiencing caring in the educational setting.

Confidence

According to Roach (Boykin and Schoenhofer (1990: 151) confidence
fosters a trust relationship without dependence, communicating truth without violence, and respect without paternalism, fear, or powerlessness. Confidence and self-confidence, together with other aspects which emerged from the data as possible outcomes of caring are also listed by Miller (1990: 129). In compiling the category student way of being, (Miller 1990: 129), students declared that having experienced a movement towards self-actualisation, increased self-worth, self-esteem, and self-confidence, this provided them with faith in themselves and hope for the future. Caring interactions left them feeling happy, good, courageous, and proud.

Belonging

According to Mayeroff (1971: 49) The man who is not needed by someone or something does not belong and lives like a leaf blown in the wind. Mayeroff continues, stating that belonging in this sense goes with self-actualisation, and is very different from morbid dependency in which one loses one's integrity (Mayeroff 1971: 49-50).

In Mayeroff's work further indicators pertaining to belonging are: trust (1971: 4), experiencing the other as an extension of self and at the same time something separate from me that I respect in its own right (1971: 3), living the meaning of my life (1971: 45), basic certainty (1971: 48), reciprocation (1971: 26), being at home in the world (1971: 39), and experiencing confidence in and having gratitude for life (1971: 60-61).

Appleton's process of caring comprises commitment, involvement, and belonging. Being reassured, being comforted, being connected (feeling related), and knowing that you are on the same wavelength encompass the defining attributes for the latter (Appleton 1990: 87). Regarding caring in education specifically, Appleton (1990: 89) contends that belonging gives meaning to the process of education. It is important for self-growth in students (respondents) and stems from a feeling of belonging.
A term frequently encountered in American literature which implies belonging is connectedness. In this regard, an interesting argument worth investigating in nursing education (although in this country the population is rather limited) is Gilligan's (Davis 1986: 21) argument that women tend to see human relationships from a different perspective than men; they emphasise relationality, caring, and connectedness, while men emphasise rights, hierarchies, and the boundaries between persons.

According to Dugan (1987: 116), compassion over time, increases one's sense of connectedness to others, one's sense of nothing human is foreign - the ultimate in belonging.

Hurt

The concepts humility, risk, and courage, all imply a noticeable presence of hurt in caring in the same way as belonging which was discussed above.

To Mayeroff (1971: 25) guilt due to neglect on the part of the care giver in the caring relationship causes pain. It is also apparent that empathising with others, the intellectual identification with or vicarious experiencing of the feelings, or attributes of another (Olsen 1991: 63), as an attribute of caring, can lead to experiencing some emotional pain and hurt.

In regarding caring as an affect, Morse et al (1990: 5) emphasised that the nature of caring results from emotional involvement with or an empathetic feeling for the receiver of care. According to McFarlane (1976: 189) caring signifies a feeling of concern, of interest, of oversight with the view to protection. To Bevis (1981: 32) caring in this regard is a feeling of dedication that motivates nursing actions. From this perspective, the nurse is moved to act selflessly without immediate gratification. The personal vulnerability of the nurse who becomes involved with the receiver of care as a result of an
empathetic identification with the receiver of care can be potentially damaging to the care giver's self-image (Morse et al 1990: 5).

Noddings (Dunlop 1986: 668) feels that whatever the outcome of caring, if the cost of caring is counted, the care giver is placed in an unethical position of not caring. However, Morrison (1989: 424), in a study she conducted, expected that the 'ideal self' element in being caring would be rated on the extremes of all the construct dimensions. However, Morrison's findings did not support this theory which indicates some reservation regarding the personal cost caring may have for the care giver.

**Dependence**

Although dependence may contain certain elements of reliability and confidence, these are given much less emphasis in defining dependence than they are in defining trust (Meize-Grochowski 1984: 566-567). Dependence in caring is mostly discredited, however, realisation of interdependence between the care giver and the receiver of care which is brought about by the development of trust in the caring relationship is a goal worth pursuing. As Mayeroff (1971: 23) puts it: *The teacher needs the student just as the student needs the teacher*. Dependence in this instance should be bound up with respecting and furthering the other's integrity, which is very different from a parasitic relationship in which one wants to possess the other and is unable to experience the existence of the other in his own right. The essential concept here is the importance of viewing others as an extension of self and yet as independent and needing to grow in special and unique ways (Boykin and Schoenhofer 1990: 150).

**Burnout**

Burnout associated with caring and the caring professions has been documented, amongst others, by Maslach (1982), Williams
(1989), and Goldstein, Regnery and Wellin (1981). In this respect Maslach (Quoted by Harrison 1990: 125), defines burnout as the loss of human caring. If the risk, pain, and disillusionment involved in aspects such as personal investment and involvement, the affective nature of caring, and the like, are taken into consideration, the possibility of developing burnout in caring, seems very real.

In the study conducted by Morrison referred to above (Morrison 1989), respondents refrained from marking the extremes on a scale pertaining to the Ideal self in caring because these extremes may result in burnout (Morrison 1989: 425).

**Burden**

Often intervention is seen as caring. This is mainly from the point of view of the patient. However, this can also indicate doing one's job, and only that - a burden. In this regard Nyberg's (1989: 9) point of view is reiterated namely that the word caring has three different uses, one of which indicates that caring can be a burden (One has many cares in life). In this case the caring relationship itself seems to become a source of concern.

According to Rawnsley (1990: 46) relationships incorporate human bonding. However, Almond (Rawnsley 1990: 44) is of the opinion that although human bonds 'are potentially the locus of the greatest human happiness,' they can also impose burdens in unsought obligations.

**SUMMARY**

In this theme the outcome of caring was discussed. From the statements on the outcome of caring contained in Table 5.6.1 it is deduced that caring produces both positive and relatively positive/negative outcomes. A number of the attributes of caring
were also listed as outcomes of caring. This may indicate that caring is learned through being cared for. This point also surfaced in Theme 2 on the origin of caring.

In the next theme the attributes of caring in the educational setting in nursing education will be explicated and the essential structure of caring per se will be defined.

THEME 7: ATTRIBUTES OF CARING

To some extent, this theme serves as a summary of all that has been said about caring in the previous six themes. This theme, however, is not a conclusion or an end, but rather, the groundwork on which the explication of the essential structure of caring is founded.

In addition to Table 5.7.1, which summarises the attributes of caring in single words and phrases as they emerged in this study, the nine most recurring categories are also discussed. A discussion of all the attributes would be too voluminous. However, from the discussion of the nine most frequently occurring categories it is apparent that the attributes of caring are all in some ways, though not in explicit and specific ways, related to one another. The literature support provided after each table confirms this.

The individual attributes which will be discussed are: availability, distance, empathy, involvement, knowledge, reciprocality (reciprocity), skills, and trust.

Finally, a restructuring of the content of Table 5.7.1 is given, uncovering the essential structure of caring as it emerged from this study.
SUMMARY OF THE ATTRIBUTES OF CARING

Overview

Table 5.7.1 contains the attributes of caring as they emerged from this research. Though some of the attributes overlap, and some appear to contradict others, all attributes are listed whether arrived at by open coding and categorisation, or whether explicitly named by respondent. These attributes form the groundwork for the reconstruction of the essence of caring.

<table>
<thead>
<tr>
<th>Category 22: Single Words and Phrases Indicating the Nature of Caring in Nursing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
</tr>
<tr>
<td>Action</td>
</tr>
<tr>
<td>An attitude</td>
</tr>
<tr>
<td>Balance</td>
</tr>
<tr>
<td>Confidentiality</td>
</tr>
<tr>
<td>Contact</td>
</tr>
<tr>
<td>Competency</td>
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<tr>
<td>Democracy</td>
</tr>
<tr>
<td>Doing</td>
</tr>
<tr>
<td>Emotion</td>
</tr>
<tr>
<td>Faith</td>
</tr>
<tr>
<td>Giving meaning</td>
</tr>
<tr>
<td>Helping</td>
</tr>
<tr>
<td>Hope</td>
</tr>
<tr>
<td>Interest</td>
</tr>
<tr>
<td>Interaction</td>
</tr>
<tr>
<td>&quot;A life-force&quot;</td>
</tr>
<tr>
<td>Maturity</td>
</tr>
<tr>
<td>Non-threatening</td>
</tr>
<tr>
<td>Offering help</td>
</tr>
<tr>
<td>Power</td>
</tr>
<tr>
<td>Reciprocal*</td>
</tr>
<tr>
<td>Secrecy</td>
</tr>
<tr>
<td>Self-care</td>
</tr>
<tr>
<td>Self-maintaining</td>
</tr>
<tr>
<td>Skills*</td>
</tr>
<tr>
<td>Support</td>
</tr>
<tr>
<td>Trust*</td>
</tr>
<tr>
<td>Universal</td>
</tr>
<tr>
<td>Willingness (Will)</td>
</tr>
</tbody>
</table>

* Only these nine attributes will be discussed.
AVAILABILITY

Overview

Availability emerged from the data as both an attribute of caring and a prerequisite to caring. In this instance the reader is referred to the inviting tutor and tutor immediacy. Availability is also associated with a wide range of the other attributes of caring.

Literature support

From the above it is clear that availability is also described by words such as: to be there, being there, attention, listening, being reachable, being open, and putting everything into one's work (teaching). These terms have also been associated with availability by other authors. All of this is also closely related to the concept presence.

<table>
<thead>
<tr>
<th>1) General indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the clinical field, caring is the tutor being available should I need her</td>
</tr>
<tr>
<td>To be there for them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) Physical aspects (Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It means that time should be set aside for students to come and see you</td>
</tr>
<tr>
<td>Students can drop by to see whether I am available</td>
</tr>
<tr>
<td>Time is very important, but it is the quality that counts</td>
</tr>
<tr>
<td>Even if she [tutor] really does not have the time immediately, one should at least still feel that one can make an appointment</td>
</tr>
<tr>
<td>If she [tutor] has the time available and still arranges for some future appointment I'll know that she is not available</td>
</tr>
</tbody>
</table>

Continued on next page.
TABLE 5.7.2 continued.

3) Inter personal aspects

Tutor's conduct
You should not be unreachable ... being a wiseacre on a pedestal
The tutor must be there
She should not let one feel that she does not have time
When a tutor is available she is open to your problems
She does not give the impression that she does not want anything to do with you
Her personality and her outward appearance will indicate to you that she is open (inviting) to you
She won't be unfriendly
She does not give the impression that she is high and mighty

Communication
One should be able to meet them on their level
Paying attention
If you are available you listen to what that person has to say
Also the availability of attention

4) Other
Students should feel themselves free to approach the tutor
If you know that the tutor puts everything into her work, it is as if she is acknowledging that she will be there (for you)
It is only the idea that there is someone who keeps an eye on me
One should feel that one can go to her [tutor]

In line with the philosophical foundation underlying caring as it emerged from this research the view of the French existential philosopher Gabriel Marcel is pertinent. Marcel, in his objection to Sartre's anxiety based existentialism, protested that anxiety renders us egoistic, and casts man into solitude, failing to indicate how man procures meaningful relationships. This keeps us from being open - leaving us unavailable (Bollnow 1984: 182).

The importance of availability and unavailability to the existential thought of Marcel is expressed by Bollnow (1984: 182) in the statement that availability and unavailability represent two fundamental life styles comparable to Heidegger's contrast of
human authenticity and inauthenticity. The same idea is found in the work of Mayeroff (1971) to whom the individual is either a caring individual or an uncaring individual. The essence of being does not provide for any duality in this regard.

The concept of availability appears at first to be simple, having bearing on physical presence and practice only. Usually, availability and unavailability are thought of in terms of an envisioned use. However, what is involved here, as opposed to a quantitative and calculable availability or an utilitarian view of availability is an absolute or total availability, that is an unconditioned readiness to make the appropriate response (Bollnow 1984: 185). Traces of both physical and unconditional availability are found in the statements listed in the above category.

Marcel's sum and substance (theme); presence and availability, have particular significance for caring and caring relationships. As Marcel himself indicates (Riemen 1987: 89)(Marcel 1971: 24-26):

> When I say that a being is granted to me as a presence ...this means that I am unable to treat him as if he were merely placed in front of me; between him and me there arises a relationship which surpasses my awareness of him; he is not only before me, he is also with me.

> The person who is at my disposal is the one who is capable of being with me with the whole of himself when I am in need; while the one who is not at my disposal seems merely to offer me a temporary loan raised on his resources. For the one I am a presence; for the other an object.

Marcel also related availability to concepts such as commitment, and hope which together with the concept presence, form the foundation of his existential thought.

Other authors also identified availability as a concept involved
in caring. Availability was also used with various other concepts in reconstructing components of caring.

Valentine (1989: 32) categorised availability both as a social and structural element of caring. This displays the dual features of availability as physical and/or inter-personal and inter-subjective.

Sheston (1990: 109-123) in her construction of a structural model of caring in the educational setting, grounded the development of a caring consciousness in attention to, concern for, availability, consciousness, and presence. In regard to presence, Bush (1988: 181) also established availability to be an associated concept.

It thus seems as though presence and availability are closely related. Terms such as being there, being with, and being for are used to describe both availability and presence, and corroborate the present study.

Parse defines caring as risking being with [I underline] someone toward a moment of joy. In this we find the idea of choice, authentic presence, and realisation of meaning (Boykin and Schoenhofer 1990:150).

To Liehr (1989: 7) the unique gift the nurse has to offer is to share self by being truly present with another. True presence is an experience of genuinely engaging with another - perhaps for only a fleeting moment, perhaps intermittently for an extended period of time.

From research conducted by Riemen (1987: 100), three clusters of themes (nurse's existential presence, client's uniqueness, and consequences) were abstracted. The nurse's existential presence includes that the nurse's physical and mental presence are available for the client's use, that this presence is not only available when it is called for, but also when the nurses presence is required but not requested.
Koldjeski (1990: 50), in a holographic representation of the concept caring, established that as the essence and entities interact, fusion occurs, resulting in the expression of the whole through holistic indicators in which the concept Being is represented by words such as presence, experiencing, actualising, expressing compassion, concern, and love for other. Humanistic concepts in the work of Koldjeski (1990: 51) represent concepts such as interpersonal valuing and involvement, experiencing with or being there, instilling faith, showing concern and love for another, and actualisation.

Teacher ways of being, as described by Miller et al (1990: 130), reflect students' perception of tutors as reaching out to them in an empathetic way, and offering constant presence i.e. always being there for the student.

In a multi-faceted study to construct a profile of the caring teacher of nursing, Bush (1988: 169-187) identified six major categories which reveal a profile of a caring nursing tutor. These are: spirituality, presence, mutual respect, sensitivity, communication with others, and organisation. Concepts which are associated with the presence of the caring nursing tutor include, amongst others: affection, availability, fairness, friendliness, niceness, the offering of protection and security, personal warmth, unconditional positive regard, and unqualified acceptance of the student (Bush 1988: 181). Many of these concepts have also been abstracted from data in the present study. It thus seems as though most of these concepts are in some way associated with all the others.

DISTANCE

Overview

Closely related to availability and presence and apparently the opposite of these two attributes is the concept distance. Like availability, distance also has both a physical and an inter-personal dimension.
Literature support

Halldórsdóttir identified within the essential structure of a caring student-teacher encounter, what he labelled, a working relationship with sub-processes: developing a professional working relationship and keeping a respectful distance (Halldórsdóttir 1990: 103). Keeping a respectful distance was indicated as one of the main differences between personal and professional relationships, a distinction also made the respondents in this study.

The essential structure of an uncaring student-teacher encounter revealed a lack of trust accompanied by detachment with total

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TABLE 5.7.3
CATEGORY 24: STATEMENTS ON DISTANCE IN CARING IN NURSING EDUCATION

1) General indicator
There should however also be distance
There are two dimensions to distance; a physical and an inter-personal dimension

2) Physical
It means more to speak to a person face-to-face

3) The opposite of familiarity
If one becomes too free-and-easy one loses respect
One will not approach her like she is a friend of yours. One will be more professional and will know one’s place
I do not intend tutors and students to be free-and-easy

4) Contextual aspects
There is more distance between the tutor and student in the classroom than in the clinical field which makes it more difficult to establish a relationship with the tutor in the classroom

5) As a teaching technique
Keeping a distance in the sense that you allow them to develop by themselves

---
distance leading to mutual avoidance (Halldórsdóttir 1990: 102-105). These findings point to another important aspect which will be discussed in Chapter 6 namely, *balance*.

Distance between the care giver and the receiver of care also affects an aspect other than those listed by Halldórsdóttir. In an attempt to create meaning in the caring situation, the care giver sometimes has to distance himself from the receiver of care. In phenomenological terms this resembles *objectivation* in a new attempt to constitute reality - give meaning to what is happening or what has happened. According to Hutchinson (1984: 88) a care giver (nurse) creates meaning emotionally, technically and rationally.

From both these quotations it seems that the reason for maintaining some distance is to maintain objectivity and also professionality. As one respondent said: *If one becomes too free-and-easy one loses respect*. This, however, does not mean that availability, presence, and involvement are counter acted by the necessity to keep a functional distance. As one of the attributes in Table 5.7.1 indicates, *rationality* is also a component of caring. This is further substantiated by the vast scope of knowledge and skills the care giver (tutor) should have and on which mutual decisions are based. This calls for careful *balancing* of situational factors. As Noddings (1984: 33) puts it there is a characteristic and proper mode of consciousness in caring. All is not emotion. When we are in a problem-solving situation, the appropriate mode of consciousness is usually one of rational objectivity.

**EMPATHY**

**Overview**

Empathy too is associated with a large number of the attributes of caring listed in Table 5.7.1. Acting out empathy strongly involves *availability* and *presence*.
Literature support

The most common definition for the word empathy in nursing literature is found to be the ability to perceive the meanings and the feelings of another person and to communicate the understanding to the other (Gagan as cited by Olsen 1991: 63). It must be understood that empathy differs from simple understanding.

The Oxford English Dictionary (according to Olsen 1991: 63) defines empathy as the power of projecting one's personality into the object of contemplation.

The word empathy has two roots, namely:

em- which means to put into, to bring about a certain condition or state, to furnish with something;

-pathy from the Greek pathos meaning suffering, passion (Olsen 1991: 63)

Carper (1979: 17) defines empathy as the capacity for participating in or vicariously experiencing another's feelings. It requires one toimaginatively take the role of another in order to understand and accurately predict that person's...
thoughts, feelings and actions. Empathy is not what is commonly understood as pity or sympathy, nor should it be confused with condescension or paternalism. The empathetic person is able to perceive multiple possibilities of meanings simultaneously and has the capacity to listen to feelings and moods, to non-verbal behaviour, as well as to words. Empathetic acquaintance plays an important role in caring. However, a complete awareness of the meaning of another's life experience is never possible. But, empathetic understanding can extend our range of imagined possibilities.

In their research, Kahn and Steeves (1988: 208) found empathy to be part of the ideological context of caring. Other associated concepts are: seeing persons as unique individuals, compassion, and relationships that are therapeutic.

Sheston (1990: 116) identified that empathy together with concepts such as acceptance, attachment, concern, confirmation, and others, played a part in establishing a caring mutuality - a concept closely related to availability and presence.

Miller et al (1990: 130) compiled a category teacher ways of being in which the caring teacher figures as reaching out to the student with empathy, sensitivity, openness, warmth, and respect. Bush (1988: 181) identified the building blocks of sensitivity as: confidence, compassion, constructive criticism, trust, empathy, encouragement, concern, nurturance, quietly comforting, and the like. Bush (1988: 182) also quotes Watson as saying a balanced sensitivity to one’s feelings gives one a foundation for empathy with others.

Valentine (1989: 31) categorised empathy as the psychological elements of caring and further sub-categorised it as an affect together with components such as compassion, kindness, warmth, confidence, interest, openness, friendliness, and humour.

According to Forsyth et al (1989: 164-166) the personal characteristics essential for caring are, among others, empathy.
Griffin (1983: 293) characterises the empathiser as being full of the desirable qualities such as warmth, expressiveness, social tact, and the like.

The relationship between empathy and other aspects of caring which emerged from this research is further illustrated by the characteristics of empathy. These include: involvement, self-awareness, feelings and cognition, and an experience of mutuality (which is a sine qua non for empathy) (Olsen 1991: 66).

Factors influencing empathy (Olsen 1991: 63) also resemble those factors which influence caring as they emerged from this study.

Griffin (1983: 293) warns about the problem of entering 'other minds' (e.g. their privacy and uniqueness), and the related ethical problems about invading this private area. To Griffin, entering a meaningful dialogue with a person ought to mean a shift away from empathy. The authors further state that surely, an appraising sympathetic perspective on a patient's feelings is necessary, rather than wholesale immersion in them.

**IN VolVEMENT**

Involvement, like trust, is found as a component in a variety constructs involved in the caring relationship. Involvement, as such, is of paramount importance in caring.

**Literature support**

In a study conducted by Forrest (1989: 815-823) aimed at investigating the phenomenon of caring from the perspective of practising nurses, using a phenomenological approach, two main themes were uncovered, namely involvement and interaction. In this instance involvement included reaching out, using communication skills effectively, going beyond obvious nursing needs, trying to know the patient as a person and including him in the planning of his nursing care.
TABLE 5.7.5
CATEGORY 26: STATEMENTS ON INVOLVEMENT IN CARING IN NURSING EDUCATION

1) **General indicators**
   - I want to work with the person as such
   - I enjoy getting involved with a person
   - One should be willing to listen (to show involvement)
   - Dialogue is established (when one is involved)

2) **Specific indicators in nursing education**
   - You (tutor) must be involved with students
   - It is important to me (tutor) that there should be some degree of involvement
   - I (tutor) must be willing to get involved
   - One should become part of the daily routine of students
   - It means becoming part of a person's life in both the social and academic spheres

Koldjeski (1990: 49), in a reorganisation of caring concepts as reflected in the literature, identified two categories. The first, *humanistic concepts* (essence of unique nursing qualities) includes interpersonal valuing and involvement, experiencing with or being there, instilling faith, concern and love for another, and actualisation.

Appleton established that the *process of caring* (Appleton 1990: 87) comprises: commitment, involvement, and belonging. *Involvement* in this process includes personal, spiritual, and holistic involvement as well as freedom to express one's most sincere and personal opinions instead of just having to sit back and listen.

The social component of Valentine's reconstruction of caring (Valentine 1989: 32) is also composed of involvement and associated concepts such as providing choices, not letting patients feel powerless, dealing with stress, instilling hope, communication, courtesy, reassurance, listening, feedback, and mutuality.
To Forrest (1989: 819) involvement signifies: being there, respect, feeling with and for, and closeness. Involvement is also associated with presence as an attribute of a caring tutor (Bush 1988: 181), with learning how to be caring through mutual involvement (Barker 1989: 136), and as a characteristic of empathy (Olsen 1991: 66).

According to Goldsborough (1969: 66-68), involvement, essentially, is caring deeply about what is happening and what might happen to a person. It entails: reaching out, touching and hearing the inner being of another, the effective use of communication skills, going beyond obvious nursing needs (more than just doing one's job), trying to know the other, involving the other in planning, sharing feelings by creating an atmosphere conducive therefor, accepting the other unconditionally, actively seeking to understand how the other feels, and being honest. Goldsborough (1969: 68) is further of the opinion that in order to practise involvement, it is necessary to develop a commitment to becoming open, first to one's inner self and then to others.

What is noticeable in almost all the above quotations is the fact that involvement does not intend to take over but to allow for participation on the part of the other. This actually differentiates between caring and taking care of.

Thus, it seems appropriate to base involvement, on Buber's I-Thou rather than his I-It relationship. As Riemen (1987: 88) puts it, To take care of somebody could very easily be done in an 'I-It' relationship...To be involved in an existential caring relationship means the establishment of an 'I-Thou' relationship. It can also be added that to be caring requires availability and presence in order to procure inter-subjectivity as defined by Marcel. The reader is in this instance referred to these concepts as discussed earlier. This also points to aspects derived from the interviews listed in Table 5.7.1. These aspects, among others, include non-directiveness, non-possessiveness, democracy, and freedom, to name but a few.
KNOWLEDGE

Overview

From the interviews and data it became apparent that caring is caring and what really differentiates caring in one setting from another are the knowledge and skills needed in those settings. It thus also differentiates between generic, lay and professional caring. As Kitson (1987: 160) puts it: In contrast to the lay-caring relationship, which is more likely to be based on such motives as duty, altruism, necessity or love, the professional carer does not have any higher motive for committing himself to the future welfare of the [other] save professional conscience.

Literature support

After citing Noddings, Mayeroff, Leininger, Watson, Gaut, and Ray, Nyberg (1989: 10) connotes that Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person to exist and grow. What this knowledge exactly entails is not clear. However, it cannot be knowledge other than that demanded by the situation which includes the types of knowledge abstracted from the interviews.

Zderad and Paterson (Boykin and Schoenhofer 1990: 152) state that for nursing practice to be truly humanistic, and therefore caring, awareness of self and others is essential. The importance of knowing self is integral to knowing others and to the therapeutic use of self. To these authors personal knowledge requires that the one caring demonstrates humility, trust, and courage, and shows authenticity and genuineness, as this is a prerequisite to knowing self and others.

The importance of knowledge in professional caring is accentuated by Kitson (1987: 158) in her contention that lay (innate human) caring and professional caring share the same main attributes which are commitment, knowledge and skills, and respect for persons.
Mayeroff (1971: 9) considers one of the processes involved in caring as knowing, and indicates that: To care for someone, I must know many things. I must know, for example, who the other is, what his powers and limitations are, what his needs are, and what is conducive to his growth; I must know how

| TABLE 5.7.6 |
| CATEGORY 27: STATEMENTS ON KNOWLEDGE IN CARING IN NURSING EDUCATION |

1) General indicator

One should also get to know one another
The tutor should know what she is talking about
Adequate knowledge on the part of the tutor instills faith and trust in students

2) Self-knowledge

If one does not know oneself or allow others to give feedback one will stagnate
I should be more sensitive in my actions towards them (students)
One should however always reflect if the fault doesn't perhaps lie with oneself

3) Knowledge of others (students):

If I know my students I can be more open to them
I should also have knowledge about the people I teach
The tutor should have some understanding of the individual
The tutor should really know the students

5) Professional knowledge:

The tutor should have practical and theoretical knowledge and skills in both education and nursing in order to care

6) Generic caring knowledge and experience

See Table 7.1.1

to respond to his needs, and what my own powers and limitations are (Mayeroff 1971: 9).
Knowledge about the client, to identify the need for care, and knowledge about what to do are emphasised by Gaut (1979: 108). Gaut thus indicates the necessity for the caregiver, be it a tutor or other, to possess professional knowledge on which to base decisions. In the same fashion, Watson contends that the ten carative factors which she identified are actualised through different kinds of knowledge pertaining to the phenomenal field of both the nurse/person and the patient/person and through the intentions, will, values and commitment of the nurse and the patient (Watson 1985: 75).

Halldórsdóttir (1990: 95-108), in composing the category developing a professional working relationship, identified, among others the sub-process mutual knowledge of personhood, in reference to both tutor and student.

In Bush’s profiling of the caring tutor of nursing the spirituality aspect of the caring teacher of nursing includes concepts such as knowledge of self, positive self-concept, promotion of student’s self-esteem, self-congruency, sincerity, and thoughtfulness. Aspects such as sincerity and thoughtfulness are not possible without knowledge of self, knowledge of the student and professional knowledge (Bush 1988: 179-180).

An important aspect regarding knowledge of self and knowledge of the student in educational terms is knowing the cognitive style of self and the student. As Even (1982: 17) puts it: Instructors conduct themselves and their classes from the perception they have about their roles, their students, and the nature of the learning situation. Since it has been concluded in the literature that cognitive styles affect teacher behaviour, a question could be raised as to the impact of cognitive styles on the perceptions teacher have of students. According to Dixon (1985: 26), knowledge of the learning styles (cognitive styles) of the tutor and students, and applying this in practice, creates a climate in which collaboration exists among students and between students and tutors. This is appealing to the tutor concerned about caring since collaboration, cooperation and the like are all attributes of caring.
According to Mayeroff (1971: 9-11), real knowledge of another person, one of the fundamental attributes of caring, cannot come about by simply knowing someone as an object - in an *I-It* relationship. To really know another, openness, participation, and empathy are required which can only be achieved in the *I-Thou* relationship. Mayeroff (Carper 1979: 14) is also of the opinion that knowledge, which is both general and specific, is required, since caring is not simply a matter of good intentions or warm regards. Caring includes explicit and implicit knowledge, knowing *that* and knowing how, and direct and indirect knowledge. It would thus seem as though skills are also defined as knowledge - as *know how*. Kitson (1987: 158) also lists both knowledge and skills as essential to caring. A category containing statements on skills in caring in the educational setting follows.

**SKILLS**

**Overview**

Although knowledge and skills are presented as two separate attributes of caring, it should be viewed as one. Knowledge not applied is as worthless as skills not supported by specific knowledge are dangerous.

**Literature support**

According to Morse et al (1990: 6) caring actions (skills) may be specific, such as attentive listening, patient teaching, patient advocacy, touch, *being there* and technical competence, or, caring may include all nursing actions (procedures and interventions) that enable or assist patients. Emphasis is placed on the necessity for adequate knowledge and skills as a basis for these caring actions as well as on the congruence between nursing actions and the patient's perception of need. The same goes for the tutor. However, for this discussion, what Morse et al call *specific caring actions*, will be referred to as general caring.
skills as listed in Table 5.7.1 above, since these portray the
generic attributes of caring, whereas nursing and teaching
require specific professionally acquired skills and actions in
order to demonstrate caring in a specific (professional) sphere.

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### TABLE 5.7.7

**CATEGORY 28: STATEMENTS ON SKILLS IN CARING IN NURSING EDUCATION**

1) **Teaching strategies**
- Precept and example
- Role modelling
- Group discussions
- Group work
- Supervision (Being available, guiding students, giving help)

2) **Teaching techniques**
- The tutor should be able to integrate theory and practice so as not to leave the student in any uncertainty
- Setting objectives (Work should be stipulated in the modules so that students know what to study)
- Telling students what the lesson is going to be about and what she would like to achieve with the lesson
- She conveys theoretical knowledge correctly
- She tries to integrate theory and practice
- The tutor should not be abrupt in her teaching
- Tutor should not just recite a lecture
- She will use transparencies, pictures and models
- By requiring feedback from students (Question and answer techniques)

3) **Classroom organisation**
- Divide a large group into smaller groups and involve yourself in each group ... not you against 20 or 30. They (students) get more personal attention this way

4) **Communication**
- Establishing dialogue
- Eye contact

5) **Generic caring skills**
- (See Table 5.7.1)

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In regard to both knowledge and skills, Roach (Boykin and Schoenhofer 1990: 151) observes that competence is expressed as having the knowledge, skill, energy, motivation, judgement, and
experience necessary to respond appropriately to one's professional responsibility. These competencies are humanised by compassion which in turn may include several of the attributes of caring listed above.

Regarding the teaching strategies listed, it should be kept in mind that these are the same as those attributed to the caring tutor. According to Noddings (1988: 222), attempts to avoid caring occasions are evident in the overuse of the lecture without discussions, of impersonal grading in written, quantitative form, and modes of discipline that respond only to the behaviour of the student and refuse to encounter the person. These statements by Noddings corroborate the finding of the present study. The reader is referred to the factors that influence caring (negatively) in the educational setting, specifically, evaluation and discipline. The following two quotations from the data also serve to demonstrate Nodding's point. One tutor informant noticed: Practice is different to the classroom setting in which you stand in front of the class expecting students to regurgitate what they have learned. A student in response to this said: I feel more cared for in the clinical setting than in the classroom.

With reference to precept and example and role modelling one of the student informants noticed that: If you see that a person (tutor) cares about you, that is going to be a good role model for you and you are going to want to be like that. According to Noddings (1988: 223), the tutor does not only model admirable patterns of intellectual activity, but also desirable ways of interacting with people. Caring tutors use teaching moments as caring occasions. This again is closely related to advertising a caring concern and also to inviting students to caring and tutor immediacy.

Establishing dialogue, as listed above, is also emphasised by Noddings (1988: 223). For Noddings, true dialogue is open dialogue. As previously indicated, Goldsborough (1969: 68) identified communication (dialogue) as a component of involvement which corroborates Nodding's openness in dialogue.
Regarding communication in the educational setting, Miller (1990: 130) found that the interactive process, according to teachers, is initiated and sustained through the use of effective verbal and nonverbal communication skills.

Skills (and knowledge) also serve as the basis for a contractual model of caring. According to Carper (1979: 17), the cared for acknowledges that the care giver has the requisite skills to make technical decisions. The care giver in return acknowledges that technical decisions are governed by a prior shared decision-making process that respects each party's moral integrity (Carper 1979: 17).

Setting objectives as a caring skill is not unique to teaching and education. According to Gaut (1979: 145) in her philosophical approach to the application of the Kerr-Soltis model for improving practical activities to caring in nursing education, caring is structurally composed of four competencies, namely, setting of particular goals that are related to the overall goals intended to bring about change in the one cared for, choosing tactics for the purpose of accomplishing the goals, considering the situation factors prior to choosing and implementing tactics, and implementing the tactics with skill. In order to execute these competencies Gaut (1979: 108) states three necessary and sufficient conditions: knowledge about the client to identify the need for care, and knowledge about what to do and implementing an action or series of actions based on knowledge. Knowledge about what to do directly points to the necessary skills in question.

RECIPROCITY

Overview

Reciprocity (reciprocity, mutuality) is also a fundamental attribute of caring. This is illustrated by concepts such as involvement, communication, acknowledgement, etcetera, and forms the basis for independence and growth in the caring relationship in education.
Literature support

The Concise Oxford Dictionary defines the word reciprocal as in return, and mutual, while reciprocity is defined as a principle or practice of give-and-take.

**TABLE 5.7.8**

**CATEGORY 29: STATEMENTS ON RECIPROCITY IN CARING IN NURSING EDUCATION**

As long as they (tutors) care about us, we will care about them
If I care, that person should at least be friendly in return
The tutor will feel good if I at least thank her for the effort she makes
I shall give some indication that I appreciate what she does
The tutor should also have respect for the student
If one does not allow others to give feedback to you, one will stagnate
The role of both the tutor and the student will be active (participation)
If you can see that they really do give a damn about you, then you are going to care about them (tutors) in return
Your caring (student’s) for a tutor is influenced by whether she cares for you
There is a reciprocity regarding trust between me and the student

Words associated with reciprocity in the above table are: feedback, in return, participation, and appreciation. In the summary table (Table 5.7.1) for this theme the following words are indicative of reciprocity: acknowledgement, communication, democracy, participation, care versus self-care, supervision, non-directiveness, and unity. Reciprocity also refers to the appeal for care or to care for emanating from both parties in caring and their individual answers to these appeals.

Mutuality as a component of caring is also found in the work of Hirshfeld (Kitson 1987: 156), Sarvimäki (1988: 466) and Noddings (1984: 223). Instead of seeing reciprocity or mutuality in an
undifferentiated form, different authors urge us to pay attention to specific issues pertaining to mutuality. To teachers, caring interactions involved the mutual simultaneous dimensions of trust, respect, openness, reciprocity, sharing, acceptance, sincerity, and genuineness (Miller 1990: 130). Further examples are: mutual respect (Bush 1988: 181), mutual trust and mutual knowledge of personhood (Halldórsdóttir 1990: 101-102), a caring mutuality (Sheston 1990: 116), mutual influence (Bush 1988: 181), mutual involvement (Barker 1987: 136), mutual accommodation of personal space and caring as a mutual therapeutic process (Marck 1991: 50), and the experience of mutuality as a *sine qua non* in the empathetic component of caring (Olsen 1991: 66). Further, the notion of a mutual human process in caring is found in the work of Roach, Watson, Parse, Zderad and Paterson, and Mayeroff (Boykin and Schoenhofer 1990: 150).

To Johnson (1990: 137) the relationship between the care-giver and the receiver of authentic care is reciprocal. Each benefits from the interaction of the other and each grows in self-awareness.

Reciprocal is also found in the work of Appleton (1990: 80), who feels that the *process of caring* includes commitment, which further includes: allowing each student to develop his and her own potential, *reciprocal in the caring situation*, and genuineness.

Presence, according to Bush, is symbolised through *mutual* giving and receiving. For this to take place, the tutor and student must care for self and then put that care to use in enhancing the welfare of the other. The student's trust and confidence would in this matter support the teacher's involvement with the student (Bush 1988: 180).
TRUST

Overview

Basic to almost all reconstructions of caring is the notion of a relationship of trust.

Literature support

As indicated above, reciprocity and mutuality also play a part in trust as a component of caring in the educational setting.

| TABLE 5.7.9 |
| CATEGORY 30: STATEMENTS ON TRUST IN CARING IN NURSING EDUCATION |

It (caring) is the encouragement of trust.
Trust does not only pertain to the relationship but to various other aspects such as competence, ability, integrity, etc.
There is a reciprocity regarding trust between me and the student.
There should be a relationship of mutual trust.
One should be able to trust the tutor.

To Roach (Boykin and Schoenhofer 1990: 151) confidence fosters a trust relationship.


Time, knowing one another, and trust are of the utmost importance in establishing dialogue in the educational setting (Noddings 1984: 223), and also forms a component part of sensitivity in a relationship (Bush 1988: 181). To Sheston (1990: 116), trust is associated with a caring mutuality.
In Miller's *mutual simultaneous dimension*, students perceive caring interactions in the educational setting to involve intimacy, connectedness, *trust*, sharing, and respect (Miller 1990: 129).

To Stuart & Sundeen (Meize-Grochowski 1984: 566) trust is engendered by being consistent and reliable and by maintaining confidentiality. However, trust can be lost if the person in the role proves untrustworthy (Mitchell & Loustau cited by Meize-Grochowski 1984: 566).

According to Meize-Grochowski (1984: 567) *the defining attributes of trust* are: trust is an attitude, reliability, confidence, time and space, and fragility. *Concepts related to trust* include: faith, belief, hope, and dependence. (Meize-Grochowski (1984: 569)

From the above Meize-Grochowski (1984: 571) concludes that the *antecedents and consequences* to the manifestation of 'trust' are as follows.

The *antecedents* are, amongst others, past associations of a person with someone or something, consistent behaviour or action of that someone or something, an element of risk involved in past association of a person with someone or something, and positive experience in the past in relation to someone or something.

The *Consequences of trust* include: a sharing of feelings between two persons, development of a therapeutic relationship, an openness of honesty between two persons, and the reinforcement of trust in someone or something.

**THE GENERIC NATURE OF CARING**

**Overview**

From the research data it became apparent that certain attributes
of caring are generic in nature. This means that in any situation in which caring is present, these attributes are also present or involved.

**Literature support**

The generic nature of caring can be deduced from the consistency with which certain attributes appear in literature from different authors from different parts of the world. This is also apparent from the discussions and literature support in the above

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**TABLE 5.7.10**

**CATEGORY 31: STATEMENTS ON THE GENERIC CHARACTER OF CARING**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a sort of reciprocality between the clinical field and the classroom. It does not matter from which source the student obtains an example of caring ... it is a cyclic thing.</td>
<td></td>
</tr>
<tr>
<td>And this (caring by the tutor) is eventually carried over into caring for patients.</td>
<td></td>
</tr>
<tr>
<td>The degree of presence or absence of a caring concern when entering the profession will naturally influence the process (of learning to be caring).</td>
<td></td>
</tr>
<tr>
<td>Caring generates caring.</td>
<td></td>
</tr>
<tr>
<td>You are automatically going to project that caring (caring demonstrated by a role model) onto other people.</td>
<td></td>
</tr>
<tr>
<td>If a tutor does not care for you, you will not be able to care for your patient because you don’t know what it means to care.</td>
<td></td>
</tr>
<tr>
<td>Caring is caring: You only show it in different ways - actions differ but feelings stay the same.</td>
<td></td>
</tr>
</tbody>
</table>

---

categories. However, a number of authors have mentioned the generic nature of caring more explicitly. As Kitson (1987: 164) indicates, *lay caring and professional caring share the same main attributes which are commitment, knowledge, and skills and respect for persons.*

According to Leininger (1981a: 4), *Caring appears to be an extremely important and generic construct in human services.* She
continues by defining care/caring as: ... in a generic sense those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition lifeway (Leininger 1981a: 9).

To Boykin and Schoenhofer (1990: 150) Mayeroff (1971) gives a substantial link between generic caring and caring as it is uniquely expressed in nursing. His concept growth in caring compliments Watson’s inter-subjective ideal, and Zderad and Paterson’s more being. Authentic presence, connectedness and caring as a mutual human process take on a generic appearance in light of the concordance regarding these among exponents such as Roach, Watson, Parse, Zderad and Paterson, and Mayeroff (Boykin and Schoenhofer 1990: 150).

THE ESSENTIAL STRUCTURE OF CARING

Overview

The discerning reader may have noticed that knowledge and skill as cognitive attributes of caring, differ from those which are better labelled affective attributes, such as availability, concern, trust, and the like. Whereas some authors, as indicated above in the discussion of knowledge and skills, attribute only an emotional and an activities component to caring, or a knowing and doing component, the essential structure of caring as it emerged from this research reflects a Phronema or attitudinal component and an activities component.

The Greek word *phronema* is a comprehensive collective noun which includes the terms *knowledge, feeling,* and *will* (Arndt and Gingrich 1952: 874; Liddell and Scott 1958: 1955-1956; Torrey 1973: 14). *Phronema* as a component of caring is unique to this research as is the explicit distinction and incorporation of the terms *will, knowledge, feeling,* and *actions,* and the relationship between the phronema and actions by means of *prosocial attitude* as discussed in the following chapter (Chapter 6).
### TABLE 5.7.11
**CATEGORY 32: THE ESSENTIAL STRUCTURE OF CARING**

#### 1) PHRONEMA

<table>
<thead>
<tr>
<th>Will</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calling</strong></td>
</tr>
<tr>
<td><strong>Devotion</strong></td>
</tr>
<tr>
<td><strong>&quot;A life-force&quot;</strong></td>
</tr>
<tr>
<td><strong>Willingness (Will)</strong></td>
</tr>
<tr>
<td><strong>Commitment</strong></td>
</tr>
<tr>
<td><strong>Effort</strong></td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
</tr>
<tr>
<td><strong>Conviction</strong></td>
</tr>
<tr>
<td><strong>Human mode of being</strong></td>
</tr>
<tr>
<td><strong>Way of life</strong></td>
</tr>
</tbody>
</table>

#### Feeling

<table>
<thead>
<tr>
<th>Affection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability</strong></td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
</tr>
<tr>
<td><strong>Distance</strong></td>
</tr>
<tr>
<td><strong>Faith</strong></td>
</tr>
<tr>
<td><strong>Giving meaning</strong></td>
</tr>
<tr>
<td><strong>Hope</strong></td>
</tr>
<tr>
<td><strong>Involvement</strong></td>
</tr>
<tr>
<td><strong>Oneness</strong></td>
</tr>
<tr>
<td><strong>Respect</strong></td>
</tr>
<tr>
<td><strong>Self-actualisation</strong></td>
</tr>
<tr>
<td><strong>Sympathy</strong></td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
</tr>
<tr>
<td><strong>Being there</strong></td>
</tr>
<tr>
<td><strong>Consideration</strong></td>
</tr>
<tr>
<td><strong>Emotion</strong></td>
</tr>
<tr>
<td><strong>Feeling</strong></td>
</tr>
<tr>
<td><strong>Growth</strong></td>
</tr>
<tr>
<td><strong>Humanism</strong></td>
</tr>
<tr>
<td><strong>Maturity</strong></td>
</tr>
<tr>
<td><strong>Openness</strong></td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
</tr>
<tr>
<td><strong>Spontaneity</strong></td>
</tr>
<tr>
<td><strong>Trust</strong></td>
</tr>
<tr>
<td><strong>Authenticity</strong></td>
</tr>
<tr>
<td><strong>Concern</strong></td>
</tr>
<tr>
<td><strong>Contact</strong></td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
</tr>
<tr>
<td><strong>Freedom</strong></td>
</tr>
<tr>
<td><strong>Honesty</strong></td>
</tr>
<tr>
<td><strong>Interest</strong></td>
</tr>
<tr>
<td><strong>Nurturing</strong></td>
</tr>
<tr>
<td><strong>Presence</strong></td>
</tr>
<tr>
<td><strong>Security</strong></td>
</tr>
<tr>
<td><strong>Support</strong></td>
</tr>
<tr>
<td><strong>Warmth</strong></td>
</tr>
</tbody>
</table>

#### Knowledge

<table>
<thead>
<tr>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Innovative</strong></td>
</tr>
<tr>
<td><strong>Power</strong></td>
</tr>
<tr>
<td><strong>Rational</strong></td>
</tr>
<tr>
<td><strong>Situation specific</strong></td>
</tr>
<tr>
<td><strong>Skills</strong></td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
</tr>
</tbody>
</table>

#### 2) ACTION

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accompaniment</strong></td>
</tr>
<tr>
<td><strong>Being there</strong></td>
</tr>
<tr>
<td><strong>Doing</strong></td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
</tr>
<tr>
<td><strong>Listening</strong></td>
</tr>
<tr>
<td><strong>Participation</strong></td>
</tr>
<tr>
<td><strong>Self-care</strong></td>
</tr>
<tr>
<td><strong>Skills</strong></td>
</tr>
<tr>
<td><strong>Acknowledgement</strong></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td><strong>Guidance</strong></td>
</tr>
<tr>
<td><strong>Innovative</strong></td>
</tr>
<tr>
<td><strong>Offering help</strong></td>
</tr>
<tr>
<td><strong>Rational</strong></td>
</tr>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
</tr>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td><strong>Competency</strong></td>
</tr>
<tr>
<td><strong>Inviting</strong></td>
</tr>
<tr>
<td><strong>Involving</strong></td>
</tr>
<tr>
<td><strong>Nurturing</strong></td>
</tr>
<tr>
<td><strong>Self-actualisation</strong></td>
</tr>
<tr>
<td><strong>Situation</strong></td>
</tr>
<tr>
<td><strong>specific</strong></td>
</tr>
<tr>
<td><strong>Support</strong></td>
</tr>
</tbody>
</table>
Discussion

The criteria for the selection of words included/listed in a specific category are as follows.

**Actions:**

These are words which are either a verb, a noun describing a verb or a noun pertaining to skills or action.

**Knowledge:**

This category includes words (nouns) which describe knowledge and skills. The actual knowledge and skills which compile the knowledge base of caring are contained in Table 5.7.6. and Table 5.7.7 above.

**Will:**

This category includes words which indicate some strong motivation or willingness.

**Feeling:**

In this instance the author had a choice between the words *emotion* and *feeling*. The word *feeling* was chosen for the following reasons. In the first place, Griffin (1983), distinguishes two components in caring namely, actions and emotions. On closer scrutiny, the words compiled in this research which could be categorised under the rubric *emotions*, can also be further categorised under the terms *will* and *knowledge*, a much more detailed categorisation than that by Griffin. The researcher, not being particularly fond of *copying* other’s views, was also looking for some new/different attributes with which to illuminate the phenomenon *caring*. 
According to Gous, Louw, Meyer and Plug (1979: 73), emotion is defined as a complex condition in which an organism experiences and shows signs of activation of the central nervous system, intestinal reactions and feelings such as apprehensiveness, fury, joy, anxiety, empathy and the like. Emotion entails more than mere feeling because the whole organism is involved in an emotion. It can also be observed more easily and objectively than a feeling because of the physiological changes that take place. Such an intense experience is not what is meant by the words included in this category. Feeling (Gous et al 1979: 105) per se gives a much closer definition namely an awareness which forms part of an emotion and a vague impression synonymous to intuition. This definition is of importance since the care giver must communicate caring to the receiver of care and at least leave the impression, or the intuition on the part of the receiver of care, of all the aspects listed as feelings.

Literature support

Since the phronema and actions components form the core of the emerging theory a rather brief literature support will be given at this point. A further explanation of the relationship between the phronema and the actions component will be given in the next chapter (Chapter 6) in which the emergent theory is constructed. A full discussion of the essence of caring in the educational setting will also be conducted in Chapter 6.

From the above construction of the essence of caring, the five perspectives of caring as identified through literature analysis by Morse et al (1990: 3) can also be deduced. These perspectives were formally emphasised individually by different authors, however, as this theory emerged, it become apparent that all these perspectives are present in the phenomenon caring, and are thus treated, not as perspectives, but as dimensions of caring. The dimensions are:

Human trait, which is reflected in the will component;
Affect, reflected by the feelings component;

Moral imperative, also reflected by the will component;

Interpersonal interaction reflected by the knowledge (Skills) and actions component;

Therapeutic intervention implied by the combination of the feelings, knowledge, actions, and moral dimensions of caring.

Bottorff (1991: 31) describes these dimensions of caring identified by Morse et al (1991: 3) as conceptualisations of caring. These show a remarkable resemblance to the present research finding. A correlation between Morse’s findings and those of the present study is indicated in brackets. The five conceptualisations of care and caring are as follows:

1. caring as a human state (WILL)
2. caring as a moral imperative/ideal (WILL)
3. caring as an affect (FEELING)
4. caring as an interpersonal relationship (KNOWLEDGE)
5. caring as a nursing intervention (ACTION)

Both Morse’s five conceptualisations of care and caring and Bottorff’s (1991: 36) statement that caring is context-specific and characterised by a thinking-feeling mode of being which motivates activity, corroborate the present finding.

The relationship between the two main components are illustrated in the literature by Bottorff (1991: 37) when she states that the relationship between being with as caring (a feeling) and the action component of caring is that being with is action. It is a demonstration of caring in a purposeful way. To Griffin (1983:
290) caring appears to be located along a continuum which begins with interest (prosocial attitude) and attention and builds up gradually to consideration, concern, guidance, protection, and serving needs.

Whatever the case may be, this dual theory is very important. Modern theorists who only concentrate on the so-called cleaner caring (or what Dunlop [1986] calls the emergent sense of caring and Griffin [1983] emotions) and who ignore actions make it difficult to distinguish different professional types of caring from one another.

**SUMMARY**

In this theme we addressed the attributes of caring as they emerged from this study. It was established that a phronema and an actions component form part of the essential structure of caring in the educational setting.

**IN CONCLUSION**

In this chapter data were presented in the form of themes and categories on the phenomenon caring as it presents itself in the educational setting in nursing education. Seven themes which can be laddered structural components were identified. These are:

- The philosophical foundation of caring in the educational setting;
- The origin of caring in the educational setting;
- Factors influencing caring in the educational setting;
- People involved in caring in the educational setting;
- Types of caring in the educational setting;
The outcome of caring in the educational setting; and

The attributes of caring.

In addition to these seven structural themes, a theme on the processes underlying caring in the educational setting was also compiled. The categories contained in this theme will be applied in the next chapter (Chapter 6) in explicating the theory as it emerged from this study.
INTRODUCTION

In this chapter the theory is constructed as it emerged from the research. The ontology (social reality) of caring in the educational setting in nursing education is reconstructed. Themes and categories from Chapter 5 are related to one another through underlying processes to form a coherent whole. Processes underlying the theory are identified, discussed, and related to the components (themes and categories) of the theory.

An orientation to this chapter follows. This is followed by a brief preview of the theory which is provided to frame the reader's mind. After this, the theory is presented.

ORIENTATION

Before reading this chapter there are certain essentials which must be kept in mind.

Point 1

After open coding, a process by which data were analysed in order to establish core variables - essentially a process of dismantling the phenomenon under study - axial coding is conducted. Axial coding is a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories (Strauss & Corbin 1990: 96). Presenting the result of axial coding as a unit on its own may leave the impression that this procedure in data analysis is divorced from, and follows after, open coding. This is not so. Open coding and axial coding are simultaneous processes and guide
theoretical sampling (follow up interviews) simultaneously and constantly. The results of the two types of sampling are presented separately in this report for analytical reasons only—an attempt to simplify matters. In this way more clarity is ensured on the structural components of caring in nursing education, as they emerged from this study (the result of open coding), and on the process involved in caring. The theory, as presented in this chapter, is the best indication of why the separation can only be analytical. Individually the components (categories) have no real meaning. It is only in relation to one another that meaning can be attributed to these categories. Theory for that matter pertains to a collective noun which indicates: having put into sensible relationships, through underlying processes, the aspects identified as components of the phenomenon (caring) being studied (Researcher's own definition).

Point 2

This point also has bearing on the nature of categories or components of the theory. Although the categories were presented in Chapter 5 as rather stable, autonomous, and independent entities, this was done for analytical reasons only, as indicated above. In reality, due to the involvement of the human subject, the nature of these categories is much more fluid. This is well illustrated in the outcome of caring where the human element plays a decisive role in attributing meaning to the outcome of caring. This is also true of the relative nature of the factors influencing caring. For this reason also, it cannot be claimed that the reconstruction of the reality of caring in this chapter is the only correct one, or that it is an exact replication of reality. The most that can be said is that it represents the social reality as it emerged from this study, and, it must immediately be added that, this study, serves as a time frame. It is like a photograph taken from a specific angle at a specific moment in time of something ongoing and continuing. In terms of art appreciation, this is an impressionistic portrayal of the reality of caring in the educational setting. In more
scientific term this is an idea of what the reality of caring in the educational setting encompasses. It is to some extent an ideal type (read as idea type) construction. This aspect takes us back to the implications of the methodological principles (symbolic interactionism and associated thinking) underlying this research - specifically the line of thinking of Weber (Timasheff and Theodorson 1976: 153-156).

Point 3

The reader may remember that one of the ethical considerations in grounded theory research, as discussed in Chapter 1, is that in grounded theory, the researcher cannot make any promises as to what the result or the significance of the study might be. From the result of the open coding, as presented in Chapter 5, it will also be recalled that caring appears to have a generic nature. This is present in all caring. Professional caring, like nursing, appears to be distinguished from other types of caring purely by the professional knowledge, skills and actions involved. As Kitson (1987: 164) puts it: Where lay caring and professional care differ is the extent to which professional carers set themselves up as a specialist service meeting the care needs of those who are either unable to care for themselves or others in an acceptable manner. In the same manner, different professional care agencies distinguish themselves from one another. Care in these instances, like nursing or teaching, is consummated in a specialised needs domain of human existence. This issue compelled the researcher to address caring both as a specialist (professional) phenomenon in nursing education and in generic terms. The latter also forms a developmental process underlying professional caring in the educational setting.

Point 4

In the reconstruction of caring in the educational setting in nursing education, the researcher applied Gurvitch's dialectical processes (Timasheff and Theodorson 1976: 272) and Strauss and Corbin's paradigmatic model (Strauss and Corbin 1990: 99). These
were respectively applied to define certain situations in caring in nursing education and also to meet the basic criteria set for the features of a theory. (Also see Chapter Two in this regard.)

Point 5

Naturally, the themes and categories as clarified in Chapter 5 should be kept in mind when reading this chapter. The theory must be read in conjunction with the different themes and categories. A summary follows for the convenience of the reader.

Theme One: The philosophical foundation of caring (Existentialism; Humanism; Holism; Theism.)

Theme Two: The origin of caring in nursing education (Moral and ethical origin; Human worth; Liking; Caring as an innate human attribute; Caring is context based; Learning caring; Situational elements in caring; Premise for caring; The needs of students as a basis for caring.)

Theme Three: Factors influencing caring in nursing education (Organisational factors; Personality and personal factors; Group dynamics; Time; Interpersonal aspects; Teaching; and societal.)

Theme Four: People involved in caring in nursing education (People involved in caring; The nature of the problem and the type of care giver sought; The inviting tutor; The attributes of a caring tutor; The uncaring tutor.)

Theme Five: Types of caring in nursing education (Self-care performed by students; Tutor centred caring; Peer group caring.)

Theme Six: The outcome of caring in nursing education (Relative positive/negative outcomes for both the tutor and the student.)

Theme Seven: The nature of caring (Single phrases indicating the nature of caring; Availability; Distance; Empathy; Involvement; Knowledge; Skills; Reciprocality; Trust; The generic character of caring.)
Point 6

At the beginning of each major section of the unfolding theory, the level, according to the diagram given in the preview to follow, the processes, themes and categories, and the component in relation to Strauss and Corbin’s paradigmatic model (Strauss and Corbin 1990: 99) are provided to further orientate the reader.

Point 7

Finally, at the end of each major section of the theory, predictive principles or plausible hypotheses have been formulated. According to The Oxford Concise Dictionary the word plausible means: specious, seemingly reasonable or probable. These serve to draw the researcher’s attention to the main issues involved in the specific section, to direct the discussion and also, due to their plausibility, to generate thinking, discussion and formulation of further hypotheses and research questions for future research. Some of these plausible hypotheses may appear immature at the specific point at which they are stated, but, it must be kept in mind that these serve to direct the flow of the unfolding theory. Hypotheses are sometimes also repeated. This is not done for lack of something to say, but probably because at that point the hypothesis takes on a new meaning, e.g. changing from directing thought to directing future research. In this respect, some of these hypotheses also serve as second level (Factor-relating) and third level (Situation-relating) theories according to Dickhoff, James, and Wiedenbach (1986: 415-435).

PREVIEW

The preview (overview) is presented diagrammatically and is a highly simplified representation of the actual theory - much the same as Strauss and Corbin’s paradigmatic model. Basic processes, themes and categories are indicated in the diagram. This should be helpful in directing the reader’s thoughts.
Figure 6.1: Preview/summary of the emergent theory
THE THEORY: CARING IN NURSING EDUCATION

PROCESSES UNDERLYING THE THEORY

In addition to Gurvitch's dialectical processes, which have been applied to define certain relationship and situations, three further processes emerged from the data, namely, balance, prosocial interest and interpersonal process and communication.

Balance

Overview

As indicated in Theme Seven, The attributes of caring, apparently contradictory attributes are ascribed to the phenomenon caring. In some way these attributes must all be accommodated in the theory. The only way in which this can be achieved is by balancing these attributes - ascribing relative values to them in specific situations.

Not only contradictory attributes need to be balanced. Attributes need also to be balanced within themselves and in relation to the context. The latter aspect is sustained by Theme Two, Category 8: Learning caring in the educational setting; Category 9: Classroom versus practice; Category 10: The premise for caring in nursing education; Category 11: The needs of the student; and Theme Three Category 12: Factors influencing caring.

Literature support

Several authors refer to balance in relation to caring. According to Wicker (1988: 53), caring, many agree, is a way of helping the patient to bring his or her whole life into balance. Although balance in this statement is presented as an outcome or a goal of
caring, in this research, it is identified as a process within caring.

TABLE 6.1
CATEGORY 33: STATEMENTS ON BALANCE IN CARING IN NURSING EDUCATION

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power does not indicate control over others though it may sometimes be necessary to enforce some power.</td>
</tr>
<tr>
<td>Too much thereof (accompaniment) could lead to dependence on the part of the student.</td>
</tr>
<tr>
<td>Maintaining a balance between too much and too little caring can be very painful.</td>
</tr>
<tr>
<td>What is balance? What is good for one person does not apply to another or even the same person under differing circumstances.</td>
</tr>
<tr>
<td>Students should feel themselves free to approach the tutor but this should not develop into a situation in which they come running to you with each and every little problem.</td>
</tr>
<tr>
<td>You have a responsibility toward the student but the student should also take some responsibility.</td>
</tr>
<tr>
<td>She (tutor) shouldn’t always be formal but also informal (but should never allow familiarity.)</td>
</tr>
</tbody>
</table>

Morrison (1989: 425) in her research found a number of respondents reluctant to mark the extremes on a scale pertaining to the ideal self in caring. As one respondent explained, rating herself on these extremes may result in me being physically and emotionally drained. Other respondents stated that these extremes may result in burnout, stress, or that due to other priorities in caring and the fact that these might be unhealthy for both the receiver of care and for the care-giver these extremes are unrealistic. Concluding that balancing is present seems appropriate.

In the bibliometric study conducted by Johnson (1990: 132) the role of client and the role of nurse indicated a caring interrelationship where balance, harmony, self-actualisation, and healing are facilitated by the relationships among whole persons within a partnership.

Balance is implied by Pribram (Gendron 1990: 280) when he
describes caring as a context-sensitive behaviour. Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated (Pribram as quoted by Gendron 1990: 280). This also pertains to balancing the phronema of caring with caring actions.

Maintaining balance in a caring encounter can also be qualified in terms of existential conflict; that man lives a life of contradiction. Balance was noticed in the data to such an extent that a definition of caring in terms hereof seems appropriate. Thus, caring is balancing the existential contradictions of man's life to portray caring and maintain the caring relationship.

Balancing contradicting attributes and matching the intensity (amount) of an attribute to contextual requirements can be described in terms of Gurvitch's dialectical processes of ambiguity and ambivalence (which occur when there is both attraction and repulsion) and polarisation of opposites (in which instance thesis, antithesis and synthesis apply) (Timasheff and Theodorson 1976: 272). However, balancing also implies simultaneity in the occurrence of events and concepts and thus calls for a more all at once theoretical approach or way of thinking in reconstructing caring in the educational setting. In this case, a holographic approach might do justice to this attribute of caring. This is, however, too advanced for the purpose of this study.

Plausible hypotheses

1) Caring is balancing the existential contradictions of man's life whereby caring is both portrayed and the caring relationship maintained.

Prosocial interest

Prosocial interest is presented here as the central process underlying the emergent theory. The central process represents
that process or line of development which is involved with all the different themes and categories reported in Chapter 5. The central process is either influenced by these components (themes and categories) or, the process exercises an influence on them or facilitates the occurrence thereof. As indicated previously (Theme Two, Category 8), the process which emerged from this study as central to the phenomenon caring is best defined in terms of prosocial interest, a domain of social intelligence, (Walker and Foley 1973: 839-864; Keating 1978: 218-223; Ford and Tisak 1983: 196-206; Marlowe 1985: 4-5, 27; Marlowe 1986: 52-58) and prosocial behaviour or prosociality (Oliner 1979: 36-60; Oliner 1983: 273-276).

The importance of this construct and its paraphernalia in the emergent theory justifies a discussion thereof in some detail, especially in view of the problems which psychologists experience in establishing and testing for the dimensions of the concept social intelligence.

The involvement of social intelligence and its paraphernalia in caring were encountered nowhere in the literature which discussed caring or care as a major topic - neither in nursing care nor in caring in education. The term nearest thereto is generic caring attributes and perhaps lay caring. It was by sheer coincidence that the researcher obtained an article on social intelligence and prosociality, and noticed the striking resemblance and connection between this and caring in general. In this regard, the emergent theory is to some extent unique.

Using a statistical theoretical construct in grounded theory

It is obvious that at this point we find ourselves once more at a crossroad between quantitative and qualitative research approaches. The use of a statistically substantiated theoretical construct, which is essentially quantitative in nature and described in context free terms in a qualitative grounded theory representation of an ontology in which context plays an important part, may be questioned. In this regard, the reader is referred
to the qualification given in Chapter Four for the use of quantitative research methods in qualitative research. The motivation for the use of a statistically defined theoretical concept (social intelligence, prosocial interest and prosocial behaviour) in a grounded theory study is that, eventually, the theory which emerges from grounded theory research will have to be tested and validated through quantitative research methods if it is to gain any real scientific status. Since, in the present research, through qualitative methods of grounded theory research, open coding, categorisation, and axial coding, an already existing statistically defined theoretical concept has been identified as a component of the phenomenon under investigation, the inclusion and description of this concept is appropriate since its existence has been established both quantitatively and qualitatively. It thus carries more weight than would have been the case had it only been identified by one of the two research approaches. Establishing statistically the concept's appropriateness within the emergent theory is, however, a totally different issue. Doing so at this point would indicate quantitative measures per se as it would involve, among other statistical calculations, a correlation index for testing relationships. This is obviously not the issue at this point. The objective of theory generation put forward by qualitative research is thus not compromised by quantitative theory testing. On the contrary, the emergent theory's credibility is enhanced thereby. Also, the eventual quantitative validation of the emergent grounded theory will be enhanced by the inclusion of a concept which has already being statistically defined.

**Definitions of terms**

Social intelligence according to Thorndike's 1920 definition (Walker and Foley 1973: 842) included the idea of the ability to understand others and to act or behave wisely in relating to others. This, to some extent, resembles the phronema and the actions component identified in Chapter 5 (Theme Seven, Category 32).
A review of the literature (up to 1933) guided Vernon (Walker and Foley 1973: 842-843) in defining social intelligence as including the ability to get along with people in general, social techniques or ease in society, knowledge of social matters, susceptibility to stimuli from other members of the group, as well as insight into the temporary moods or the underlying personality traits of friends and of strangers.

Other concepts that have appeared to be related to social intelligence, and which have been studied through different tests and scales, include empathy and insight. Most notable is the work of Dymond, Hughes, and Raabe (1952) (Walker and Foley 1973: 843).

In 1966, Feffer and Suchotliff proposed that Piaget's concept of decentering (shifting focus from one part of the perceptual field to another) can be extended to interpersonal behaviour.

In 1969 Weinstein attempted to develop the concept of social intelligence further through the consideration of the interactive process (Walker and Foley 1973: 845).

Ford and Tisak (1983: 197) state that the concept social intelligence has a wide variety of possible meanings. These authors quote Foley (From Walker and Foley 1973) who described social intelligence as having three criteria defining its domain. These include: the decoding of social information (reading non-verbal cues, role taking, person perception, social insight, and interpersonal awareness); effectiveness or adaptiveness of one's social performance (where social intelligence is defined in terms of behavioural outcomes, while social cognitive skills such as those previously listed are viewed as a number of potentially important antecedents to these outcomes); and, lastly, defining social intelligence by including in the domain essentially any social measure with a skill component.

In 1983 a break through was made. The results of Ford and Tisak's (1983) research supported the position that social intelligence is a distinct domain of intelligence (Marlowe 1986: 52).
Marlowe (1985:4; 1986: 55) also established, by using different measuring scales and submitting the data obtained to factor analysis, an independent domain of social intelligence with five sub-domains, namely, prosocial interest (prosocial attitude in Marlowe 1986: 55)), social skills, empathy skills, emotionality, and social anxiety. Both prosocial interest and social skills are of importance in this study - prosocial interest at this point and social skills as a separate process which will be discussed later.

Prosocial interest, by definition, refers to one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others (Marlowe 1985: 4). It is on this concept, which is presented as a process in the emergent theory, that the whole theory is founded.

Prosocial behaviour and prosociality are relatively new concepts in psychology and are generally used in literature to include all types of positive social behaviours (Oliner 1979: 41). The range of behaviours defined as prosocial in nature are wide and diverse. In general, psychologists agree that prosocial behaviours involve positive social acts in which something is given to another without any apparent gain to the giver (Oliner 1979: 41). This links prosociality directly to the interest and concern for others found in the definition of social intelligence.

According to Oliner (1979: 41): Primarily, prosocial behaviors have been said to include altruism, aiding, helping, donating, sympathising and cooperating. Oliner (1983: 273) continues by saying that social scientists call such positive behaviours as love, care, and compassion prosocial behaviours. Similarly, words like compassion and love are called prosocial motivations. This in turn is termed prosociality (Oliner 1983: 273).

According to Rosenhan (Oliner 1979: 41), prosocial behaviours include: concern for others, acts of helpfulness, charitability,
self-sacrifice, and courage where the possibility of reward from the recipient is presumed to be minimal or non-existent and where, on the face of it, the prosocial behavior is engaged in for its own end and for no apparent other.

To Mussen and Eisenberg-Berg prosocial behaviour refers to actions that are intended to aid or benefit another person without the actor's anticipation of external rewards (Oliner 1979: 42).

Oliner warns that too often words such as cooperation and interdependence are referred to as being prosocial in nature while in fact they are not. Even empathy, a concept highly associated with caring, may, or may not be associated with prosocial behavior, depending on the situation (Oliner 1983: 273). Behaviours may be considered prosocial behaviours only if they are based on concern for the well-being of others, and not on a concern for self-gain, thus, behaviors which evidence altruism, generosity, compassion, and caring (Oliner 1979: 36).

Testing for social intelligence

The major problem with earlier testing, to define statistically, social intelligence was that: While the reliability of the test was seldom challenged, it was deemed invalid frequently for two primary reasons, namely, that it did not correlate significantly with other so-called measures of social intelligence and that it did relate quite consistently with and significantly with measures of abstract intelligence (Thorndike as quoted by Walker and Foley 1973: 848). The focal problem, according to Walker and Foley (1973: 858) in the early days of research on social intelligence, seems to have been the construct of valid social intelligence instruments. A closely related issue has involved the necessary distinction, often not made, between the understanding of other's behavior and acting in a socially wise way.
As late as 1978, Keating (1978: 221) reported: This research demonstrated that the putative domain of social intelligence lacks empirical coherency, at least as it is represented by the measures used here. Keating gave two reasons for this. Firstly, at this late stage he too questioned the instruments used, suggesting that probably the measures did not come from the domain intended by the term social intelligence (Keating 1978: 222). Further, Keating suggested: Accurate assessment of social competence may require a different approach to measurement, presumably one that capitalizes on systematic in situ observations. This is necessitated by the fact that paper-and-pencil format tests with delimited response options activate an academic framework so constraining that relevant social skills contributed little true variance to the resulting scores. Thus, abstract intelligence is measured.

Marlowe (1986: 52) also suggests that the major failing of past social intelligence researchers was their inability to establish the distinctiveness of social intelligence. According to this author, recent studies have improved on the methodological problems of earlier studies and offer stronger support for the independence of the construct. The results of Ford and Tisak's (1983) research support the position that social intelligence is a distinct domain. Marlowe's (1986) own research also supported this notion. By using a variety of scales Marlowe established a domain of social intelligence independent and distinctly different from verbal intelligence.

The dimension of social intelligence according to Marlowe (1986) are:

Social interest: determined by using the Social Interest Index by Greever, Tseng and Frieland, and the Social Interest Scale by Crandall;

Social efficacy: measured by the Self-Efficacy Scale by Sheerer et al, and the Texas Social Behavior Inventory by Helmreich and Stapp;
Empathy skills: defined by the Perceived Decoding Ability Scale by Zuckerman and Larrance and the Interpersonal Reactivity Index by Davis;

Social skills: estimated through the Perceive Encoding Ability Scale of Zuckerman and Larrance and the Social Skills Survey - Peer by Marlowe and Weinberg; and

Intelligence: measured by the Shipley-Hartford Institute of Living Scale.

Motivation for applying prosocial interest and prosociality

As indicated above, the definition of prosocial interest as a domain of social intelligence has direct bearing on care and caring as it refers to one’s level of interest in and concern for others (Marlowe 1985: 4).

Prosocial behaviour or prosociality in many ways resemble and augment caring and care. This is especially true since prosociality evidences altruism, generosity, compassion, and caring (Oliner 1979: 36).

Many of the individual’s daily behaviours are care and caring oriented. After all, as defined by Griffin, Roach, and others (Morse et al 1991: 120-121), caring is a mode of being in this world and a human mode of being. In correspondence to this, Oliner (1979: 37; 1983: 274) states: a significant percentage of human behavior is prosocial implying a naturalness about it. Oliner continues by indicating that without prosocial behaviours or transcendent concerns for others, there can be no caring, irrespective of the societal level or role occupation involved. In this respect, authors like Bevis, Fanslow, and Forrest define caring in affective terms as a feeling of dedication, an extension of self beyond one’s job description, and a mental and emotional presence (Morse et al 1991: 120). Also, the notion of transcendence as an attribute of caring is found in the work of Watson (Watson 1985).
Further, **prosociality** - helping others without expectation of external rewards - is a fundamental way of relating to others (Oliner 1983: 276), closely resembles the definitions attributed caring by Griffin (1983) namely that caring is a primary mode of being in the world, which is natural to us, and of significance in our relationships with others. It also resembles the definitions given by Roach, Leininger, Gendron, Brody, and others (Morse et al 1991: 120-121).

From the above, it appears that the concept *prosociality* is quite compatible with that of caring and thus appropriate for application in the emergent theory.

**Application to the emergent theory**

Prosociality and social intelligence were also selected on premises other than those stipulated above - their resemblance and applicability to the central process as it emerged in this study. But, what is this central process? As can be remembered from Chapter 5, Theme One (The philosophical foundation of caring) and Theme Two (The origin of caring in nursing education), caring is both an innate human attribute and caring can be learned (Category 8). From Theme Seven, Category 32, it appears that caring also has some generic or universal attributes. As one informant put it, *Caring is caring* - it is only the actions that differ from situation to situation.

From this is theorised and hypothesised that social intelligence, especially, prosocial interest, develops as a result of elements of the philosophical foundation of caring (where it exists in the individual's interpersonal surroundings) (Theme One, Category 1-4), the innate human potential to care and the innate human attribute of caring (Theme Two, Category 8), and the fact that some people have been cared for and that others at least had a role model emanating a caring concern (Theme Two, Category 4). Through this, prosociality is acquired (See theme 2, Category 8) and ultimately, generic care and caring behaviours (Theme Seven,
Category 22 and 32) are internalised. This corresponds to Noddings' (Dunlop 1986: 666) suggestion that one of the roots of caring can be traced back to man's longing to maintain, recapture or enhance our most caring and tender moments. This applies to all people, thus to both tutor and student.

It is with a varying degree of prosocial interest and prosociality (generic caring abilities) that both the tutor and student enter nursing. It is also on these varying degrees of prosocial interest and prosociality that both caring in nursing and the caring relationship between the tutor and the student in the educational setting are based. In the latter instance the prosocial interest and prosociality of the tutor have reached an advanced level of interest in and concern for others in the specific professional sphere of nursing education in which she attained a sense of self-confidence in dealing with others (Marlowe 1985: 4).

Presenting prosocial interest and prosociality as a process is strongly supported by statements in Theme Two, Category 8, especially statements like: Caring also comes from the clinical field, from caring itself and by being caring in certain situations one becomes conditioned to be caring. As a process underlying caring, prosociality and prosocial interest are presented as a developmental process. This will be discussed in more detail later.

The idea of a caring person entering a caring profession like nursing is further enhanced by the definition of prosocial interest, namely, one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others (Marlowe 1985: 4). An important aspect deduced from this definition is that self-concept, a term previously involved in this research, is suggested by one's sense of self-confidence in dealing with others. In existential terms the individual defines his or her own essence (Theme One, Category 1). This also implies the will as a component of the phronema (Theme Seven Category 33).
Figure 6.2: Prosocial interest, prosociality and generic caring as a developmental process

Plausible hypotheses

Based on the generic nature of caring which in nursing education is an extension of prosocial interest and prosociality the following plausible hypotheses are put forward:

1) During selection, students who score high on scales measuring social intelligence, prosocial interest, prosociality and caring attitudes in general will, in the initial period of their training (at least), perform better in caring activities than those who score low on these scales.

2) Students who score high on scales measuring social intelligence, prosocial interest, prosociality and caring attitudes in general will complain less about doing
unpleasant work in a caring profession like nursing than those scoring low on these scales.

3) Students who score high on scales measuring social intelligence, prosocial interest, prosociality and caring attitudes in general will experience more satisfaction in their work and relationship with others in a caring milieu than those scoring low on such scales.

4) Students who score high on scales measuring social intelligence, prosocial interest, prosociality and caring attitudes in general during selection are more likely to have chosen nursing for the sake of caring while those scoring low on such scales did so to a greater extent for ulterior motives.

5) Caring in nursing education is essentially based on prosocial interest and prosociality.

6) The basic appeal of the student in the educational setting in nursing education is an appeal for the enhancement of their prosociality.

7) Caring is self-generating and self-maintaining.

Communication and interpersonal processes

Both these processes pertain to social skills as a domain of social intelligence. The emergence of these processes as processes fundamental to caring is of special importance in view of the assumption on which this study is founded.

Social skills

Social skills are defined as behaviourally observable actions which promote social interaction (Marlowe 1985: 4). Marlowe (1985: 4) further indicates that, in operation, social skills may
take the form of assertiveness, self-disclosure statements or verbal paraphrases. In essence social skills as identified by Marlowe require:

skills in the identification and development of behavioural skills for specific social situations. In this instance, on the part of the tutor, skills communicating caring to the student; in the case of the student, enhancing her existing prosocial interest, prosociality and social intelligence in general as discussed above;

assertiveness in coping with negative situations and how to make positive statements;

interpersonal communication which implies understanding the communication process and the barriers in this process.

social problem-solving skills;

team development and understanding group dynamics;

negotiation skills in order to avoid conflict; and

coaching which focuses on providing feedback and engaging in mutual problem-solving (Marlowe 1985: 4).

Communication

All of the above mentioned requirements of social skills should be reflected in communication which can be initiated by either the tutor (care giver) or the student (receiver of care). However, the above mentioned social skills are intended to be reflected by the tutor (care giver) in a caring relationship rather than by the student (receiver of care). Communication involves essentially a sender (tutor or care giver, or, the student or receiver of care), a message (needing care or wanting to care), the means of communication (verbal and nonverbal and generic caring actions and professionally acquired skills), a
recipient (student or receiver of care or the tutor or care giver), and a response (the outcome of caring). This is based on Mellish and Brink's (1990:321-326) discussion of communication.

The above mentioned points are reflected in Theme Four, Category 15: The inviting nurse tutor in nursing education (Sub-categories 1) Communication and feedback, 2) Body language, 3) Openness, 4) Personal conduct), Category 16: The attributes of a caring tutor (Sub-categories: 1) Innate human attributes, 2) Personal conduct 3) Philosophical stance, 4) Professionally acquired attributes namely: teaching, communication, and power and authority), and in contrast to Category 17: The uncaring tutor.

The process of communication, including social skills, always forms the basis of caring. The interesting part of this is that, although communication is a basic process of caring, this also implies some of the ACTION/ INTERACTION STRATEGIES which, according to Strauss and Corbin (1990: 99), are a component of a the paradigm model in grounded theory.

**Plausible hypotheses**

From the above it can be hypothesised that:

1) There is a positive relationship between a care giver's (tutor's) scores on a scale measuring social skills and her ability to care.

2) The more effective the care giver's communication skills, the more likely students are to view her as inviting to caring.

3) The degree to which the tutor (care giver) is successful in blending her professionally acquired caring skills (e.g. teaching strategies such as remedial education) with generic caring attributes and prosociality is directly proportional to the student's (receiver of care) perception of the tutor as being caring.
Establishing propositions or relationships between components (themes and categories) of the theory.

Now that the processes (balance, prosocial interest and prosociality, and the interpersonal process and communication) on which caring in the educational setting are founded have been clarified, they, together with the dialectical processes of Gurvitch (Timasheff and Theodorson 1976: 272), will be applied in constructing the ontology: CARING IN NURSING EDUCATION.

The actors: Their roles and relationship

Preview level: Level 1 and 2

Processes: Prosocial interest and prosociality
   Interpersonal processes
   Complementarity
   Polarisation

Paradigmatic component: CAUSAL CONDITIONS
   ACTION/INTERACTION STRATEGIES

Themes and categories: Theme 1: The philosophical foundation of caring
   Theme 2: The origin of caring
   Theme 3: People involved in caring

Discussion

In the caring relationship in the educational setting we have (at least) two actors: the tutor (care giver) and the student (receiver of care). As indicated in Chapter 5 (Theme Four), only the tutor and the student will be considered as directly involved in the caring relationship.

The roles and positions of these actors are defined by several aspects. Firstly, it is defined in terms of Gurvitch's dialectical process of complementarity (Timasheff and Theodorson
It is only in the presence of one another that these antonymous concepts, tutor and student, and care giver and receiver of care, can be defined. The one implies the other.

Secondly, the role of the tutor as care giver is defined by the philosophical foundation on which caring is founded (Theme One) and also on the premise on which the tutor is allowed to care for the student. This is substantiated in Theme Two (The origin of caring), Category 5: Human worth in caring, Category 7: Caring an innate human attribute, and Category 10: The premise for caring (Sub-category: 1) Experience of the tutor, and 2) The ascribed role of the tutor).

The role of the student as being in need of care and caring is substantiated by Theme Four, Category 11: Needs of the student as a basis for caring in the educational setting. The needs of the student stem from the personal and professional domains as well as from a need for experience. This implies that caring in the educational setting should be applied holistically. As explained in the discussion following Category 11, the needs of the student in all the above mentioned domains must be resolved through caring if the tutor (care giver) is to maintain her authenticity. As Noddings (Boykin and Schoenhofer 1990 153) puts it, this calls for continual interest in the reality of the cared-for.

The third aspect which assists in defining the roles and relation of student and tutor in caring in the educational setting has direct bearing on social intelligence, prosocial interest and prosociality as a process. Both tutor and student find themselves in a position of relative development of these aspect. In the case of the tutor as care giver, in the specific sphere of existential needs of the student, namely, nursing education, her training as a nurse tutor enhances and augments her social intelligence, prosocial interest and prosociality. This enables her to care within the sphere of nursing education. The student on the other hand is in need of enhancement of her level of social intelligence, prosocial interest and prosociality. The crucial matter here is that in caring for the student in regard to her calling for the enhancement of her social intelligence,
prosocial interest and prosociality, the tutor furthers the student with professional skills and knowledge which she does in a caring way (applying the generic principles of caring in the form of her own social intelligence, prosocial interest and prosociality.) By doing this, the student learns about caring which enhances her caring abilities. However, she also applies them, which further contributes to the called for enhancement of prosociality. In this respect, Theme Two (The origin of caring), Category 8 (Learning caring) is applicable.

From the above, the pending relationship between the tutor and the student in the educational setting in nursing education can only be described in terms of an appeal directed by both. From the tutor the appeal to care for the student, and from the student the appeal to be cared for.

Implied in defining the roles and positions of the tutor (care giver) and student (receiver of care) in terms of Gurvitch's process of complementarity is the process of polarisation (Timasheff and Theodorson 1976: 272). This is also implied by the other factors defining these roles. In synthesising this polarisation, the educational and caring relationship is established.

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**Figure 6.3: Resolving the student's appeal for a prosocial and prosociality enhancement**
Attaining the above is, however, not a simple matter. Several factors influence this and the relationship can, due to this, present itself in a variety of forms.

Plausible hypotheses

1) The student is more likely to perceive caring in one domain as such if caring needs in the other domain have also been satisfied

2) Caring or lack thereof in one domain affects the student's performance in the other

3) The student's caring abilities (prosocial interest and prosociality) are enhanced by both being cared for and by involving self as a care giver

4) Caring as a means to an end cannot be separated from caring as an end in itself

Factors influencing the formation of a caring relationship.

Discussion

Preview level: Level 3

Processes: Balance

Ambiguity and ambivalence

Paradigmatic component: CONTEXT

INTERVENING CONDITIONS

Themes and categories: Theme 3: Factors influencing caring

Discussion

It is in relation to the factors influencing caring that balance
as a process is most notably present. Whether the caring relationship between tutor and student is going to be consummated, that is, whether the appeals directed at one another are going to be answered or rejected, depends on intervening conditions within the context or situation.

The dialectical process involved in this instance is that of ambiguity and ambivalence (Gurvitch, as discussed by Timasheff and Theodorson 1976: 272). This implies the presence of both attraction and repulsion. It is also for this reason that balance is pertinent at this stage.

The factor that best illustrates this process is liking. It is only natural to want to be caring towards those you find appealing, however, if this becomes the rule, grave ethical questions arise.

The factors identified in this research are contained in Theme Three, Category 12: Sub-categories: 1) Organisational factors (Discipline, and Location of authority), 2) Personal factors (Factors residing in the tutor, Factors residing in the student), 3) Group dynamics (Group size, and Cohesion), 4) Time, 5) Communication and interpersonal relationship, 6) Teaching (Subject matter and specific techniques, The curriculum, Educational resources, and Educational context), and 7) Societal.

None of these factors are, or should be, absolute givens in any caring encounter. The nature of caring itself as defined previously by the researcher when discussing balance in caring applies. In this instance caring is: balancing the existential contradictions of man's life thereby portraying caring and maintaining the caring relationship.

The question at this stage is: **What is the result of the factors impinging on the situation in which caring is to be consummated?** Is the result absolute? Is caring either present or absent, or are there degrees of caring? The result of the effect of the intervening factors, and thus the phenomenon caring, will thus be discussed next.
Plausible hypotheses

1) The extent to which potentially detrimental intervening factors impinging on caring are eliminated is in itself an indication of caring.

2) Balancing the existential contradictions of man's life portrays caring and maintains the caring relationship.

The phenomenon caring and its variants

Preview level: Level 4, 5, and 6

Processes: Balance
  Prosocial interest and prosociality

Paradigmatic component: PHENOMENON
  ACTION/INTERACTION STRATEGIES

Themes and categories: Theme 1: The philosophical foundation of caring
  Theme 2: The origin of caring
  Theme 5: Types of caring
  Theme 7: The attributes of caring

Discussion

The need for the process of balancing is not limited to external variables or intervening conditions impinging on the caring situation. Within limits, it is present within what can be called the essential structure of caring. For caring to respond favourably to certain situational factors, it must maintain some balance within itself between the phronema and the actions component of caring (Theme Seven, Category 32: The essential structure of caring). However, based on the findings contained in Theme One (The philosophical foundation of caring in nursing...
education) and in Theme 2 (The origin of caring in nursing education), it must be anticipated that the form "caring" will take on in educational practice may be determined by the care givers "mode of being" and/or impinging factors (Theme Three). The result hereof are variants of caring, as exhibited in Figure 6.5 and Figure 6.6.

Types of caring as a result of the resolution of appeals

In addition to these types (variants) of caring, different types of caring were also abstracted from the data. These result in correspondence to whether the appeals directed by both the tutor (care giver) and student (receiver of care) to one another have been answered or rejected. Figure 6.4 illustrates this.

Figure 6.4: Types of caring based on the resolution of appeals
In Figure 6.4, the (-) (negative) indicates that the appeal has been ignored or rejected. The (+) (positive) indicates that the appeal has been answered.

The centre block in the second line indicates that both the tutor and the student responded positively to the appeal directed at one another. In this instance, the two parties will enter into a caring relationship. In the case of the block on the left hand side, the student refused the appeal of the tutor, and in the block on the right hand side, the tutor refused the appeal of the student.

In the third line, on the left side, the result of the tutor's appeal being turned down is indicated. None of the informants indicated that they had been involved in such a situation. However, one of the tutors indicated that she would keep on trying in such a situation. She would sometimes leave the student to herself with the message that she (the tutor) is still available. At this point the onus is shifted to the student to initiate a caring relationship.

The middle block represents the ideal. In this instance both appeals are answered and the caring relationship is formed. In the bottom line the possible types of caring that can result are indicated (Tutor-centred care and student-centred self-care). In this instance the tutor-centred caring is seen as positive and appropriate, as is the student centred self-care or guided self-care.

The block on the right of line three represents forced self-care by the student necessitated by refusal of the tutor to respond appropriately to the appeal made by the student.

These different types of caring are contained and discussed in Chapter 5, Theme Five, Category 18: Self-care performed by students (Sub-categories: 1) General indicators, 2)

Types of caring resulting from the relation between the phronema and the actions component of caring

.Overview

For a discussion on the phronema and actions components of caring the reader is referred to Theme Seven in which the relationship between these two components was also briefly discussed. The purpose of the category below is to provide the reader with empirically obtained evidence that informants viewed the co-existence of these two components as essential in caring. However, as indicated, one of these may even be absent from the caring encounter. This implies a balance to be struck between the phronema and the activities or actions component.

.Feelings versus actions

From Table 5.7.11 above it becomes apparent that both the feelings component and certain actions are involved in a caring encounter. Against this background, the possibilities generated by the relationship between feelings and actions were further exploited. This was achieved by relying on formal logic - specifically the connective operator or conjunctive operator in which it is stated that caring is made up of both the phronema and actions. The nature of this logical operator is determined by the conjunction and. In constructing a truth table thereof, there appears to be only one case in which the statement or argument holds true, and that is where both variables contained in the statement are present. This is represented diagrammatically in Figure 6.5. In this diagram the presence (+) or absence (-) of feelings and/or the actions component are first indicated, followed by the result hereof, alternative terms for these results and finally, the essential meaning of each alternative.
Caring can become an obligation and a burden, but then it loses its value. It is no longer caring but a job. The difference between the two - caring and doing one's job - is that caring is enjoyable to the care giver and just doing one's job isn't always.

There are certain actions to be taken ... certain people towards whom one does not feel very positive. People with whom one does not get along. In such a case accompanying students is merely one's duty.

One can, for instance, just write a lot of things on the chalk board and leave it at that - very technical. This is not caring but doing one's job.

One makes this (one's job) more lively (caring) by adding all the other things I have mentioned (See attributes of the phronema of caring).

Sometimes it might look as if a person cares, but in reality it is not the case - it is just another job - it is not enriching to either the care giver (tutor) or the receiver of care (student).

It is the small things that count - that extra something. If you care about someone you like to do things for that person and you communicate with that person.

There are a lot of things one sometimes feels is mere duty. Both feeling and doing should be present to make teaching caring.

Tutors can also become procedure orientated in their teaching which does not indicate caring. If you have all these good qualities (attributes of caring) and you don't apply them, you don't care.

If you do things without feeling, you are just doing your job, you don't care.

It doesn't do much good if the tutor enters the classroom and only does her work - only what is expected of her.

Teaching, or the tutor's work, can be transformed into caring if she greets the class and pays attention to her facial expressions (being inviting).

One cannot care about someone and at the same time not do things for that person.

Continued on next page.
Table 6.2 continued.

Tutors can do their work without leaving the impression that they care.

Work can be changed into caring by changing her (tutor's) attitude.

Being interested in the people one works with changes work into caring.

One must have the will to help (care for) others - one must really want to do it.

If I do something just for the sake of doing it, I don't really care.

Her (the caring tutor's) work is not a job or labour but a calling.

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Actions</th>
<th>Result</th>
<th>Alternatives</th>
<th>Essence</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>+</td>
<td>CARING</td>
<td>CARING</td>
<td>CARING</td>
</tr>
<tr>
<td>-</td>
<td>+</td>
<td>Q U A S</td>
<td>Care for</td>
<td>Not caring</td>
</tr>
<tr>
<td>+</td>
<td>-</td>
<td>I Arm Chair caring</td>
<td>Care about</td>
<td>Not caring</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>No/Un caring</td>
<td>Withdrawal &quot;Crippled&quot;</td>
<td>Not caring</td>
</tr>
</tbody>
</table>

Figure 6.5: Logical two dimensional matrix of the relationship between the feelings component and the actions component of caring.

According to The Concise Oxford Dictionary, the word pseudo means insincere, and the prefix pseudo- refers to something that is false, supposed but not real or even artificial. The word quasi in turn refers to as if it were and the prefix quasi- denotes meanings such as seemingly, half-, and almost. Because of the suitability of these meanings these words are used to label the different types of caring.

As portrayed in the above diagram, there is only one instance in which both the emotions and the activities component are present.
and in which the care giver (tutor) indeed portrays caring. This means that all other types of caring are essentially not caring even though labelled as if they are caring. This was also noted by one of the informants. The following equation thus seems to apply:

\[
\text{CARING} = (\text{Caring about}) + (\text{Caring for})
\]

It must be remembered that the above presentation, based on informants' statements, involves only one of the structural components of the phronema, namely feelings. The will and knowledge components are not included.

The relationship between the phronema and the actions component was, however, also subjected to theoretical analysis and scrutiny. This was necessary to further clarify and define the different types of caring or definitions attributed to caring. Naturally, because the phronema is a theoretical construct which emerged from this study, no supporting statements pertaining to this construct, as such, could be obtained from informants.

Plausible hypotheses

1) Applying the generic attributes of caring (feelings) in the educational setting turns whatever educational measures are taken into a caring encounter.

2) Absence of feelings in an educational encounter renders the encounter uncaring.

Phronema versus actions

The alternative types of caring obtained from the relationship or balance between the phronema and the actions component of caring are illustrated in Figure 6.6.

In the presentation of the phronema in Figure 6.6, the knowledge component is differentiated on the basis of generic caring knowledge (Generic knowledge) and professional knowledge.
(Profess. knowledge). This is in accordance with the literature support of the category on knowledge as an attribute of caring (Theme Seven, Categories 23 and 32).

Looking at Figure 6.6, the following comments of Dalley apply: Exploring some of the many facets of caring is a difficult task; a minefield of confusion seems to surround attempts to untangle the concepts (Dalley 1988: 8). An attempt to shed some light on this follows:

![Table]

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>PROFESSIONAL CARING (C1)</th>
<th>CARING ABOUT (C2)</th>
<th>CARING FOR (C3)</th>
<th>LAY CARING (C4)</th>
<th>BEING CRIPPLED (C5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILL</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>FEELING</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>GENERIC KNOWLEDGE</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PROFESS. KNOWLEDGE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>ACTION</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Figure 6.6: Logical two dimensional matrix of the relationship between the phronema and the actions component of caring**

*Types of caring*

Before discussing the different types of caring as reflected in Figure 6.6, it is necessary to clarify a possible theoretical underlying denominator which in practice may influence the type of caring consummated. This denominator is human bonding. According to Almond (Rawnsley 1990: 43), the emotional state that draws people together can be seen as invisible bonds promoting human interdependence. The basic types of human bonds according to Almond are ready-made biological and natural bonds which
cannot be dissolved (e.g. blood related family), legal and artificial bonds (established through contractual procedures), and social and voluntary relationships (friendships, church groups, etcetera). The relationship of human bonding to caring and the applicability thereof to this research is verbalised by Almond (Rawnsley 1990: 44) as follows: Although human bonds 'are potentially the locus of the greatest human happiness,' they can also impose burdens in unsought obligations. This negative nature of human involvement was also established in the outcome of caring (Theme Six, Chapter 5). Thus, the framework of human bonding provides a common context for shifting interpersonal events in search of emergent meanings of caring (Rawnsley 1990: 44).

According to Rawnsley (1990: 46) relationships can incorporate more than one type of human bonding. According to this author (Rawnsley 1990: 46), determining the boundary between lay-caring and professional caring as described by Kitson (1987: 164) the distance inherent in a contractual service like nursing (and nursing education) can be counterbalanced.

.C1 Professional caring

In column C1 all aspects of the phronema (Will, Feeling, Knowledge) and the actions component are present in the caring encounter. Actions are guided by both professional (teaching) knowledge and by generic caring knowledge and skills. This represents caring in the educational setting and caring in nursing (caring in any professional environment for that matter) as it emerged in this study. This definition of professional or expert caring is also given by Kitson (1987: 160). If the universal process of balancing underlying caring is kept in mind, this type of caring also involves those in columns C2, C3 and C4. This however is only true if the types of caring presented in columns C2, C3 and C4 are not a fixed preference of conduct. In that case it becomes a specific type of caring, possibly inappropriate to the professional setting. The human bonding underlying professional caring is basically that of legal and...
artificial bonding, however, aspects of this caring may be coloured by social and voluntary bonding.

This type of caring, or combination of the phronema and the actions component of caring, is the only one that can reflect all five dimensions of caring as described in Chapter 5 (Theme Seven, Category 32), namely caring as being: a human trait, an affect, a moral imperative, an interpersonal interaction and a therapeutic intervention.

.C2 Caring about

In this situation the phronema is present and the actions component is absent. The most that can be said in this case is that the care giver has at least an interest in what is going on. In this instance there is virtually no human bonding.

This type of caring, however, represents the moral and ethical conscience of the individual care giver and the profession at large. As Nyberg (1989: 10) connotes: Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person to exist and grow. It is because of this interest that one cares about others, and because of caring about others that one eventually involves oneself in the lives of others. It is thus a question of being ready, willing and able. This may be an important motivational aspect in issues such as continuing upgrading one's existing knowledge, keeping pace with new advances and the like - a motivation for taking part in continuing education programmes.

In Searle's (Searle 1987: 101-102) words, the phronema could further point to the expressive role of the nurse. However, not exclusively, because this role also implies certain actions, although not always of highly technical nature.

Caring about may also point to prosocial interest. It may also be considered the central and unifying domain for the body of knowledge and practice in nursing, to use Leininger's words
(Leininger 1981a: 3). Thus, caring about may be an important expression in executing and applying knowledge and skills (in a caring way). It may, however, also serve to unify a profession, whether nursing or nursing education, or whatever other profession - the moral conscience of the profession and the ideology of the profession.

All the above aspects are admirable if, and only if, they form part of caring as defined in column C1. If not, this very positive aspect of caring can be detrimental. On its own, it cannot be practised. It is but conceptual, cognitive, mental. If not put into practice through generic caring attributes and professional knowledge and skills it is possible that the care giver will only stay interested but utterly uninvolved. Further, this may result in the intellectualisation of caring, turning the individual into an arm chair carer of prescriptive nature, becoming more and more remote in his or her thinking about caring. This aspect is of major importance to Schuster (1990: 29). Under the heading, Primacy of the intellect, she warns: Caring knowledge in human relationships may be at the expense of experiencing caring; this can limit caring to 'knowing about,' without living as a 'carer' or 'caree.' Intellectualization often means assigning recognition and reward to left-brain activities while ignoring or trivializing right-brain intuitive or synthesizing functions (Schuster 1990: 29).

C3 Caring for

In column C3 the will, feelings, and generic care knowledge aspects of the phronema are absent. Thus, professional knowledge and skills are implemented and executed without the guidance of the moral and ethical conscience. Even though this can be a component of profession caring, under no circumstances can this be accepted as an independent mode of caring in professional caring since the ethical ideal of caring is refuted by this. If human bonding does take place in this instance, it as a cold, aloof legal and artificial bonding. Although the action is supported by the necessary professional knowledge, the
inter-personal aspect is absent and the potential for personal growth of both parties involved is greatly reduced, if not prohibited. This type of caring can perhaps best be described as ritualistic in nature; perhaps even as psychopathic in nature.

There are multiple reasons for this type of conduct, including a quest for hard science. In Watson’s terms this is presented with insistence on being scientific in the traditional objective Received View sense of science (Watson 1981c: 415). There is, however, nothing wrong with achieving technical and technological expertise, provided, this is done in the best interests of the receiver of care and that it is applied with the necessary personal consideration and involvement. In Searle’s terms, this would refer to the instrumental role of the nurse (Searle 1987: 101-102).

.C4 Lay caring

In this type of caring we have the will, feelings and actions, however, the actions are not supported by highly technical or professional knowledge, only by generic caring aspects/knowledge. The definition best describing this is Kitson’s (1987: 160). Dalley (1988: 8) corroborates this. From this research it emerged that this type of caring, or the fact that the care giver herself has experienced this at some or other stage in her life, is reflected in the professional caring relationship. This type of caring may thus also imply a prosocial interest and is as such of utmost importance to, and an indispensable part of, professional caring. The type of human bonding in this instance is definitely social and voluntary in nature.

.C5 Being crippled

In column C5 both the phronema and actions are absent. This is not at all caring and the person reflecting such an attitude is, in terms of caring, best described by Griffin (1983: 289) as being, to some extent, crippled. No human bonding takes place.
Although *caring about* and lay caring overlap, these together with *caring for*, under conditions described above, compose professional caring. This relationship is presented in Figure 6.7.

![Venn diagram showing the interrelationship between caring for, caring about, and lay caring](image)

Figure 6.7: The interrelationship between caring for, caring about, and lay caring to form professional caring.

To further visualise the relationship between the phronema and the actions component of caring, consider Figure 6.8.

![Diagram showing the phronema as the scene against which the actions taken should be seen](image)

Figure 6.8: The phronema as the scene against which the actions taken should be seen
In this figure, the square represents the care giver's or the profession's *life world*. This is presented as a blank square. The actions component is filled with minute dots. Because the actions component cannot, or should not, be exercised on its own, the portion of the square which is filled with caring actions, instead of being left blank, is tinted grey, indicating the presence of both the phronema and actions in this part of the care giver's or the profession's *life world*.

At the bottom line, time is indicated. This implies that as time lapses, the care giver can move in and out of the actions component, indicating that the care giver can involve himself in specific caring actions, and at some point in time end it. The phronema (ethical and moral conscience), however, can never be escaped from. This brings us to another important logical deduction; the phronema can either be specifically directed at someone or something, or it can be present without being specifically directed at anyone or anything. This is illustrated in Figure 6.9

![Figure 6.9: The directed and the non-directed nature of the phronema](image)

In this illustration the researcher made use of a conditional matrix (Strauss and Corbin 1990: 163).
Consider the outer circle as the point in time where the care giver (tutor or nurse) becomes aware of a specific person in need of care (student or patient) or, as a point in time where the care giver, by repetition, specifically turns his (moral and ethical) conscience to someone with the intention of performing some or other caring action, whether lay or professional in nature. Now, point (a) indicates a point in time where the phronema of the care giver is not directed at any specific incidence. This represents the true (professional) moral and ethical conscience, a state which is always present. This implies living the life of one who cares. Always ready, willing, and able, and inviting people to caring. Point (b) indicates where the phronema is directed at a specific person (e.g. student, patient, self, etc.). To give an example, the tutor is always aware of herself as a tutor and is always aware of students as an existing phenomenon (a). However when a specific student needs remedial instruction, and it is given, the phronema enters the area indicated by point (b). From point (b), the, by now established professional caring relationship, enters point (c), the core of overt professional and generic caring actions which, in this example, is remedial instruction humanised by all the humane and generic attributes of caring. The label CARING ENCOUNTER in this figure indicates that the relationship moves in and out of the different layers (circles). This may happen several times to attain one goal, or it may happen once only.

The figure also indicates that finally the relationship moves out into the non-directed sphere of the care giver’s (tutor’s) phronema. This implies a stage where the receiver of care is again independent or able to perform total self-care as regards the reason for the initial encounter. However, the care giver is not untouched by the experience, as is the case with the receiver of care. After the student has qualified and left the specific nursing college, or, in the case of a patient who has either recuperated or died, the care giver’s (tutor or nurse) phronema is still, and will always be, affected by this experience, giving a new quality to the (non-directed) phronema in future.
An important point to remember, is that the directed and the non-directed phronema is not an either/or situation. The non-directed phronema always exists, and the directed phronema may be directed at several persons and/or things at any moment in time.

Plausible hypotheses

1) Practicing the phronema in the educational setting turns whatever educational measures are taken into a caring encounter.

2) Absence of the phronema in an educational encounter renders the encounter uncaring.

3) Lay caring is more appropriate when dealing with social problems of lesser severity than professional caring.

4) Lay caring represents the tutor's invitational potential.

5) If a tutor scores high on professional caring, she will also score high on lay caring.

6) If a tutor scores high on lay caring it is not necessarily an indication of an equally high score on professional caring.

8) There is a positive relationship between caring for and the carer's behaviouristic and deterministic orientation.

9) Caring as a concept is generally associated with caring about.

10) Caring for is the result of obstructed and frustrated attempts at professional caring.

11) Caring about represents the moral and ethical conscience of the carer and the caring profession.
12) *Caring for* and *Caring about* as absolute conduct in the educational setting sever the students' perception of the ethical ideal of caring.

13) *Caring about* is the motivation behind continuing nursing education.

14) Lay caring and *caring about* are forerunners of professional caring.

15) Professional caring without the presence of aspects of lay caring is not considered caring by either the care giver or the receiver of care.

16) There is a negative relationship between the premium on discipline and the presence of lay-caring in professional caring.

17) A feeling of pure legal and artificial bonding between care giver and the receiver of care on the part of the receiver of care directs her experience of the caring situation as a situation of *being cared for* rather than *being cared about*.

The outcome of caring

**Preview level:** Level 7

**Processes:** Balance
- Prosocial interest and prosociality
- Ambiguity and ambivalence

**Paradigmatic component:** CONSEQUENCES

**Themes and categories:** Theme 6: Outcome of caring
Theme 5: Types of caring.
Discussion

The outcomes of caring as discussed in Chapter 5, Theme Six, Category 21: The outcome of caring in the educational setting. The outcome of caring to some extent thus also involves the dialectical process of ambiguity and ambivalence (Timasheff and Theodorson 1976:272).

The fact that so many of the attributes of caring were indicated as an outcome of caring supports the hypothesis that caring is learned through caring. This implies that teaching in a caring profession such as nursing should in itself be caring.

In essence the outcome of professional caring is of a dual nature the receiver of care experiences an internal awareness of being cared for and an associated "problem" being solved.

In this instance, Morse et al (1990: 3) found that the outcome of caring in nursing has a dual nature. The receiver of care experiences caring subjectively (emotionally) and there is a physical response apparent. In the educational setting the same may result, however, even if the "physical response" which in the educational setting would indicate an improvement of learning in all or some of the domains of learning, the student and tutor may still experience the encounter as a caring encounter. This is illustrated in Figure 6.10.

![Figure 6.10: The dual nature of the outcome of caring in nursing education](image-url)
The skilful blending of actions with generic caring attributes during the encounter is thus of paramount importance. However, the appropriateness hereof will be decided upon by both the receiver and the giver of care. However, the two may not always see eye to eye on this matter.

In summary it is thus stated that based on the expectations of the student (receiver of care) and the care rendered by the tutor and on the data which emerged from the study, the outcome of caring for the receiver of care may be that of:

- Feeling cared for and having a problem solved (01);
- Feeling cared for or feeling that the tutor does care, an inner experience only (02);
- Having a problem solved only (03);
- No caring experience, feeling uncared for (04); and
- Feeling that the tutor is interfering (05).

It must be understood that "problem" in this instance also refers to the student's everyday educational quest and pursuit. Also the individual still has the freedom of choice as to how he or she is going to experience this outcome. The codes behind each type of outcome will be used in formulating plausible hypotheses.

**Plausible hypotheses**

1) The outcome of a caring encounter is the enhancement of caring (prosociality) in both the receiver of care and the giver of care. Thus, caring is learned through being cared for.

2) Negative inner outcomes of caring do not result from appropriate professional caring or lay caring in the educational setting, but from fixed patterns and thus inappropriate patterns of caring about and caring for.
3) Caring is self-generating and self-sustaining.

4) The outcome of caring is directly related to the type of caring experienced.

5) There is a relationship between the type of caring appealed for by the student, the type of caring rendered by the tutor and the outcome of caring in that situation. The relationships are as follows:

### TABLE 6.3: HYPOTHETICAL OUTCOMES OF CARING

<table>
<thead>
<tr>
<th>Student’s Appeal</th>
<th>Tutor’s Response</th>
<th>Outcome for student</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student appeals for professional caring or has an academic problem.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td>C1</td>
<td>01</td>
</tr>
<tr>
<td>C1</td>
<td>C2</td>
<td>04</td>
</tr>
<tr>
<td>C1</td>
<td>C3</td>
<td>03</td>
</tr>
<tr>
<td>C1</td>
<td>C4</td>
<td>04 or 02</td>
</tr>
<tr>
<td>C1</td>
<td>C5</td>
<td>04</td>
</tr>
<tr>
<td>The student appeals for objective attention of whatever problem is experienced.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3</td>
<td>C1</td>
<td>05</td>
</tr>
<tr>
<td>C3</td>
<td>C2</td>
<td>04</td>
</tr>
<tr>
<td>C3</td>
<td>C3</td>
<td>03</td>
</tr>
<tr>
<td>C3</td>
<td>C4</td>
<td>05 or 04</td>
</tr>
<tr>
<td>C3</td>
<td>C5</td>
<td>04</td>
</tr>
<tr>
<td>The student calls for lay caring for, say, a social problem.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>C1</td>
<td>01 or 04</td>
</tr>
<tr>
<td>C4</td>
<td>C2</td>
<td>04</td>
</tr>
<tr>
<td>C4</td>
<td>C3</td>
<td>04</td>
</tr>
<tr>
<td>C4</td>
<td>C4</td>
<td>02</td>
</tr>
<tr>
<td>C4</td>
<td>C5</td>
<td>04</td>
</tr>
<tr>
<td>The student wishes to be left alone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C5</td>
<td>C1</td>
<td>05</td>
</tr>
<tr>
<td>C5</td>
<td>C2</td>
<td>02</td>
</tr>
<tr>
<td>C5</td>
<td>C3</td>
<td>05</td>
</tr>
<tr>
<td>C5</td>
<td>C4</td>
<td>05</td>
</tr>
<tr>
<td>C5</td>
<td>C5</td>
<td>02</td>
</tr>
</tbody>
</table>
The reader's attention is drawn to the fact that a C2 appeal by the student was omitted because there is no way in which the student can experience the tutor's intellectualisation of caring - there are no actions. If the student wishes to be left alone she will appeal to a C5 type of caring, and if her intention is that the tutor must be available, she will appeal for a C1 or C4 type of caring.

**SUMMARY**

At this point the professional caring relationship in nursing education can be summarised as follows:

Both the phronema and the actions component are present in the care giver as an extension of his social intelligence, prosocial interest, and prosociality;

The phronema and actions are appropriate to the demands of the situation;

Apart from solving the situational problem, the interaction enhances the receiver of care's own social intelligence, prosocial interest and prosociality;

All of this enhances the receiver of care's caring abilities (phronema and actions) in all future caring interactions;

It also enhances the responsivity of the receiver of care in the present situation.

**IN CONCLUSION**

In this chapter, the emergent theory has been reconstructed. Different types of caring resulting from the relationship (balance) between the phronema and the actions component of caring have been identified. The different types of caring are
brought about by several factors impinging on the caregiver and the environment.

It was also hypothesised that caring in nursing education is a continuation of generic caring, social interest, prosocial interest, and prosociality. This aspect as such and the development hereof in nursing education, through caring, involve the aspects associated with the origin of caring.

The outcome of caring is related to the type of caring rendered and is also highly relative.

Three processes underlay caring in the educational setting. Caring in the educational setting can take on different forms, however, only professional caring as a preferred mode of caring can be accepted in the educational setting. This is summarised diagrammatically as follows:

Figure 6.11: Professional caring in nursing education
CHAPTER 7

SUMMARY OF FINDINGS: CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

INTRODUCTION

In this, the last chapter, a summary of the study and the findings are presented. Conclusions are also drawn on which recommendations are based.

Due to the generic nature of caring as it emerged from this study, and the fact that at the onset of this grounded theory research the researcher couldn't make any predictions as to the significance or outcome of the study, conclusions and recommendations are presented for both caring in the educational setting in nursing education and caring in more generic and lay terms.

SUMMARY OF FINDINGS

In this research, the researcher set out to reconstruct the phenomenon caring in the educational setting in nursing education. This the researcher attempted through grounded theory research within the qualitative research paradigm. The question the researcher set out to answer was: What does caring entail in the educational setting from the point of view of both the student and tutor? This question essentially is an ontological question which requires theory generation rather than theory verification. Thus an atheoretical approach was required as far as the research topic namely caring in the educational setting in nursing education was concerned.

A phenomenological dialectical anthropology formed the philosophical foundation of this study. This philosophical orientation advances man as an eccentric being, constituting a
subjective life world (reality) within an objective world. The continuing process of constituting such a life world was further explicated through the application of symbolic interactionism and related theories. Together, these set the stage for the existence of an ontology and thus knowledge as well - by implication thus setting the stage for epistemological endeavour. However, the ontology, caring, is not described in any specific terms by these theories. The requirements of answering an ontological question or the principle of theory generation as implied by grounded theory research were thus not violated.

The research was conducted in a single nursing college. Sampling was conducted in two phases. At first, sampling was conducted in order to select informants for the study. This was achieved by selecting a purposeful (or selective) sample of informants. The criterium for the selection of respondents was their self-image. This was based on the importance ascribed this phenomenon by the underlying symbolic interactionistic theory and its (self-image's) influence on the individual’s perception and ultimately on his constitution of a subjective life-world. The Personal Orientation Inventory (POI), a questionnaire which, amongst other attributes, also measures the individual’s self-perception was administered to tutors and students available at the institution at which the research was conducted. Two groups of informants were selected namely tutors who scored high or low on the self-perception scale and students who scored high or low on this scale. This sampling technique was conducted in order to provide for variety in perspectives (constitutions of a reality) and thus for variety and scope in data too. Six informants were selected according to the set criteria, namely, two tutors and four students.

The second phase of the sampling procedure entailed selective sampling of literature as data to augment the data which emerged from the interviews. This also served to enhance the credibility of the emergent theory. This whole process of selective sampling of data and literature is continuous with and involved in data analysis in grounded theory.
Data were obtained from informants through open unstructured formal qualitative interviews. Thirteen interviews were conducted.

Data analysis was conducted through constant comparative analysis which, as indicated above, included selective sampling of data. The analysis of data was greatly enhanced and exhausted in the sense that data were viewed from all angles through application of Gurvitch's five dialectical processes, Glaser's six C's, Strauss and Corbin's paradigmatic model and Spradley's semantic relationships.

From the data, eight themes emerged. Seven of these are structural components of caring in the educational setting and the other theme contains processes which connect the structural themes to form propositions.

The structural aspects of caring in nursing education consist of seven themes, 32 categories, and are further made up out of 123 sub-categories. These are discussed in Chapter 5 and summarised here as follows:

**Theme One: The philosophical foundation of caring.**

Category 1: Existentialism (Authenticity, Autonomy, Becoming, Essence, Responsibility, Self-actualisation, Self-directedness, Trust, Unconditional regard for others)

Category 2: Humanism (Uniqueness, Freedom, Existential contradictions, Humaneness, Active involvement, Human feelings)

Category 3: Holism (General indicators, Extramural domain, Academic domain, Physical aspects)

Category 4: Theism
Theme Two: The origin of caring in nursing education.

Category 5: Human worth in caring

Category 6: Liking as a factor in caring (General indicators, Liking, Not liking)

Category 7: Caring as an innate human attribute

Category 8: Learning caring (General indicators, At home, Nursing practice, Classroom)

Category 9: Situational elements (From the tutor's point of view, From the student's point of view, Subject matter and specific techniques)

Category 10: Premise for caring (Experience of the tutor, The ascribed role of the tutor)

Category 11: The needs of students as a basis for caring (Personal needs, Professional needs)

Theme Three: Factors influencing caring in nursing education

Category 12: Factors influencing caring (Organisational, Personality and personal, Group dynamics, Communication and interpersonal relationship, Teaching, Societal, Other)

Theme Four: People involved in caring in nursing education

Category 13: All the people involved

Category 14: The nature of the need and the type of care giver sought (Student-tutor, student-student, Student-other, General)
Category 15: An inviting tutor (Communication and feedback, Body language, Openness, Personal conduct)

Category 16: The attributes of a caring tutor (Innate human attributes, Personal conduct, Philosophical stance, Professionally acquired attributes, Other)

Category 17: An uncaring tutor (General indicators, The uncaring tutor)

Theme Five: Types of caring in nursing education

Category 18: Self-care performed by students (General indicators, Student-centred self-care, Forced self-care)

Category 19: Tutor centred caring

Category 20: Peer group caring (Formally arranged, Spontaneous)

Theme Six: The outcome of caring in nursing education

Category 21: The outcome of caring (For the tutor, For the student)

Theme Seven: The nature of caring in nursing education

Category 22: Single words indicating the nature of caring (88 words were abstracted and listed)

Category 23: Availability (General indicators, Physical aspects, Inter-personal aspects, Other)

Category 24: Distance (General indicator, Physical, The opposite of familiarity, Contextual aspects, As a teaching technique)
Category 25: Empathy

Category 26: Involvement (General indicators, Specific indicators in nursing education)

Category 27: Knowledge (General indicators, Self-knowledge, Knowledge of the students, Professional knowledge, Generic caring knowledge)

Category 28: Skills (Teaching strategies, Teaching techniques, Classroom organisation, Communication)

Category 29: Reciprocity

Category 30: Trust

Category 31: The generic character of caring

Category 32: The essential structure of caring (Phronema: Will, Feelings, Knowledge; and Actions component)

The following theme and categories represent the processes underlying caring in the educational setting and are discussed in Chapter 6.

**Theme Eight: Processes in caring in nursing education**

Category 33: Balance
Category 34: The relationship between feelings and actions

These two categories were abstracted from the data as processes involved in caring in the educational setting. These, together with interpersonal processes are presented in Chapter 6 as the processes underlying caring. The basic social process (BSP) which emerged from this study is the enhancement of social intelligence, prosocial interest, and prosociality.
The enhancement of the student's prosociality is achieved by being cared for by the tutor and by peers, thus demonstrating caring, placing the student in the role of caregiver (caring for patients, peers and other), and by teaching cognitive concepts pertaining to caring. The fact that affective, psychomotor and cognitive skills are included in teaching and in enhancing caring (prosociality) stems from the dual though integrated structure of caring as it emerged from this study.

From Category 23 and Category 32, the essential structure of caring emerged as a dual though integrated structure made up of a phronema and an actions component. The phronema consists of the will to care, knowledge, and feelings of the care giver. The actions component contains the actual caring behaviours executed by the care giver.

Caring in the educational setting in nursing education is a call for the enhancement of, and indeed appears to enhance, the students' prosociality and their inclination thereto. Caring in the educational setting in nursing education thus also calls for the application of an already professionally advanced prosociality of the tutor. Professional caring, (educational caring, nursing caring, and the like) embraces both generic or lay caring attributes, and also certain professionally specific aspects by which caring in the specific profession is distinguished from caring in other professions. A closer analysis of this aspect in this study resulted in the identification of five possible types of caring in the educational setting. These are: 1) professional caring, 2) "caring about", 3) "caring for", 4) lay-caring, and 5) "being crippled." These types of caring can either be the result of the tutor's way of being, or can be brought about (partially at least) by factors impinging on the educational setting.

Caring can also result in tutor centred caring or student centred caring, both of which can be either positive or negative in nature.
The result or outcome of caring, apart from resolving a specific need, is caring itself or at least aspects thereof. The latter internal outcome of caring results in both the tutor (care giver) and the student (receiver of care).

CONCLUSIONS

The word conclusion in this section is used in the sense of inferences which are based on the results of the study. These results do not only refer to the themes and categories compiled in Chapter 5, but also to the theory as it emerged from the data and explicated in Chapter 6.

Conclusion 1: Caring as a means to an end in nursing education cannot be separated from caring as an end in itself.

Based on the findings in Category 8, Learning caring in nursing education, it is concluded that caring as a means to an end in nursing education cannot be separated from caring as an end in itself. Caring is learned through being cared for. It is thus further concluded that learning caring primarily comes about in and overall caring educational milieu. Thus, caring fosters caring.

Conclusion 2: Caring in nursing education demands the balancing of situational factors.

The context based nature of caring in nursing education (Theme Two, Category 9, and Theme Three) demands that the tutor should adapt her caring to changing circumstances. This aspect can also take on many different faces, however, the message from the tutor should always be that she cares. This is thus often a question of the attitude reflected by the tutor. Through balancing (Category 33) situational factors, caring is portrayed and the caring relationship is also maintained. The extent to which potentially
detrimental factors impinging on caring in the educational setting are eliminated is in itself an indication of caring.

An important aspect of balancing in nursing education is distance (Category 24). How close or how distant in both physical and psychological terms should the tutor be from the student? Whatever the demands in practice, the tutor should always be available and should invite students to caring (Category 15).

Conclusion 3: Caring can be *overdone* in the educational setting

Too much unwanted involvement by the tutor in the lives of the students, even though meant well and intended to be caring, is regarded by students as interference (Category 21). Students tend to appreciate some privacy and authority which are in line with the philosophical underpinnings of the theory (Theme One).

Conclusion 4: Caring in nursing education is an extension of prosocial behaviours

In nursing education, the call for caring by those students who entered the profession *because they care about people*, is a call for the enhancement of their prosociality, prosocial interest to the professional level of caring for people in need of nursing care. This is in line with Conclusion 1 above and the incorporation of lay-caring and generic caring components into professional caring (Category 31). Based on the findings that caring is also an innate human attribute, however, not equally developed in all people, caring can also be learned, even by those who enter the nursing profession with ulterior motives.

Conclusion 5: Caring in nursing education contributes to the general aim of nursing education

Apart for learning caring through being cared for in the educational setting, which in itself is an important aim in
nursing education, students tend to be more positive about the subject taught by a tutor who they experience as being caring towards them. Being cared for in the educational setting thus motivates students towards learning (Category 21).

Conclusion 6: Teaching can be changed into caring

Based on the essential structure of professional caring (caring in nursing education) namely that both lay-caring, generic caring and professional knowledge and skills are involved, it is concluded that it is the generic and lay caring attributes that change teaching into a caring encounter (Category 16). Putting it differently, even if the intention in applying any teaching method, strategy and technique is because the tutor cares for the student, it does not really comprise caring if not accompanied by the general attributes of caring as listed in Category 23. Thus, teaching is not caring if it does not reflect lay-caring and generic caring attributes.

Conclusion 7: Integrating theory and practice in nursing education is a reflection of caring

As informants (students) indicated, the caring tutor in the college integrates theory and practice (Category 16). Theory thus serves to direct students in practice rather than practice being the origin of theory in the educational setting. As one informant put it, it would be possible to enter into the same type of relationship with the tutors at both the college and those in the clinical area should they (tutors in the classroom setting/college) engage in clinical work. It is thus concluded that the presence of the college tutor in the clinical field is of importance in order to project authenticity, credibility, and eventually trust, all aspects important to the development of, and maintenance of, a caring relationship in the educational setting. Being a caring nurse tutor does thus not only depend on modelling such a role but also on that of modelling the role of
an authentic nurse practitioner. The nurse tutor in the classroom setting appears to have greater difficulty in communicating authenticity and thus establishing a caring relationship than her counterpart in the clinical area. This is also supported by the fact that due to the closer working conditions in the clinical area and the more formal arrangement in the classroom setting, caring relationships are more easily established in the clinical area than in the classroom setting.

Conclusion 8: Caring as an ethic should be reflected diffusely in the nursing profession in order to accommodate the full scope of caring in the educational setting

Since caring is learned through experience - by being cared for, by precept and example, and by being allowed to enter into caring relationships as a care giver, it is implied that in order to expose students optimally to caring, all spheres of the profession should reflect caring. Caring as a diffuse ideal in the nursing profession in both nursing education and nursing services is thus indicated.

Conclusion 9: A philosophical approach which reflects moments of humanism, existentialism, holism and theism must form the groundwork of nursing education

In order to maintain internal consistency and congruency, it is concluded that to accommodate caring in the educational setting, the philosophical framework adhered to in nursing education should reflect moments of humanism, theism, existentialism and holism. This conclusion is supported by the attributes of caring as reflected in Category 22, and the philosophical foundation of caring in the educational setting as reflected by Theme One, Categories 1 to 4.
Conclusion 10: The caring intent in nursing education does not vary from student to student

The worth of the student as a human being in nursing education (Category 5) indicates that equality is the key word in caring in the educational setting. Being a human being forms the baseline motivation (origin) for caring in the educational setting. Thus, whatever needs the student may have, and whatever educational measures are taken, caring is demonstrated in all situations towards all students. Prejudice based on 'liking' and ultimately liking as a structural component of caring is not tolerated nor accommodated in caring in the educational setting in nursing education.

This conclusion is opposed by authors such as Griffin, Honer, and Ray and supported, in general, by authors such as Brody, Fry, Gendron, Leininger and Watson (Morse et al 1990: 125).

Conclusion 11: Caring in nursing education cannot be reduced to behavioural tasks

Caring in nursing education, as indicated in Category 32, contains both a phronema and an actions component. In caring in nursing education, or professional (educational) caring, students view a unity of these two aspects and a reflection of both simultaneously as caring (See Category 34). This is also presented graphically in Figure 6.6 and Figure 6.7. In this it is concluded that caring in the educational setting cannot be reduced to behavioural tasks. Should this, however, occur, the action is labelled care for which in essence represents ritualism.

This conclusion in caring in general is also supported by Forrest, Fry, Griffin, Roach, Watson and others, and opposed by authors such as Gaut, Larson, Leininger, Orem, Weiss and others (Morse et al 1990: 125).
Conclusion 12: Caring in nursing education is not totally unique

The previous conclusion also implies that although specific professional (teaching) measures are taken to care for a student in the educational setting, these are, however, also blended with generic and lay caring skills and attributes. The indication is therefore that caring in the educational setting is not totally unique in or to nursing education. (The same educational principles are used in general education too).

In nursing caring per se this conclusion is supported by Benner and Wrubel, Bevis, Fry, Griffin, Honer and Ray, and is opposed by Brody, Knowlden, Leininger, McFarlane, Roach and Watson (Morse et al 1990: 125).

Conclusion 13: The phronema of caring in nursing education serves to unify the profession

The phronema of caring as identified in Category 22 accommodates the will, feelings and knowledge (and skills) necessary in caring. This implies an attitudinal presence in caring. If this is nurtured in nursing education, it is concluded that a diffuse moral and ethical conscience reflecting caring as its cornerstone, can be cultivated throughout the nursing profession. Leininger (1981a: 3) corroborates this in viewing caring as the central and unifying domain for the body of knowledge and practice in nursing.

Conclusion 14: The phronema of caring as cultivated in the educational setting serves to initiate professional (teaching) caring actions

If the phronema of caring is nurtured and developed in nursing education through caring itself and the acquisition of both professional, generic and lay-caring knowledge, skills, and feelings, it is concluded that this will direct the care giver
towards initiating caring within the professional sphere of concern.

Conclusion 15: Caring in nursing education is an answer to an appeal directed by both the tutor and the student

Nursing education as an extension of the caring profession of nursing has as its prime objective cultivating caring professionals. Since caring is learned by precept and example, and since professional caring (both education and nursing) is to some extent an advanced development of prosocial behaviours as indicated above, it is concluded that caring in nursing education is an appeal going out from both tutor and student. From the student comes the appeal to be cared for and also an appeal for the enhancement of her caring (prosocial) abilities through being cared for and by being involved in caring. The tutor, directed by her moral and ethical caring conscience (phronema) appeals to the student to be allowed to care for the student, thus enhancing the student's own caring abilities and potential as well as her own.

Conclusion 16: The outcome of caring in the educational setting affects both tutor and student

Since an appeal is directed by both the tutor and the student, it is deduced that a need exists in both these persons and thus the potential for fulfilment or accomplishment (Category 21). Also, since caring is enhanced by receiving caring and by giving caring (experiencing caring), it is concluded that both tutor and student grow in caring through a caring encounter. It is thus not only the student that benefits. (Also see Conclusion 6.)

Conclusion 17: Variants of professional caring in the educational setting do not further the caring ideal in nursing education

The relationship between the phronema and the actions component of caring in the educational setting, although an integrated
unity, may be emphasised individually in the educational setting. Whether by personal choice (personal mode of being), or due to factors impinging on the educational and caring situation either of the two components comprising professional caring may be over emphasised. This may result in either caring for or caring about. Since neither of these types of "caring" meet the criteria of professional (educational) caring as identified in this research, it is concluded that variants of caring do not further the caring ideal in the educational setting. On the same premises it is also concluded that although certain actions in nursing education may appear to be caring, they are essentially not caring.

**IMPLICATIONS**

The major implications of this research centre around the following core issues:

Caring in nursing education has a dual structure namely, it possesses both a phronema and an actions component;

Caring in nursing education is an extension and a refinement of prosocial behaviours; and

Caring in nursing education as a means to an end cannot be separated from caring as an end in itself.

The first statement primarily implies that, should the theory/construct which emerged from this research be applied in the educational setting, both the knowledge component of the curriculum and the teaching methods included in the curriculum should address the conative, affective, cognitive, and psychomotor domains of human learning. Taking into consideration the humanistic and humane-istic air that surrounds human caring, a total humanistic (affective, holistic or confluent) approach to education in nursing education seems appropriate.

This statement also has implications for future research into
caring within the framework supplied by the emergent theory. The dual essence of caring implies that both qualitative and quantitative research methods be articulated through triangulation.

Although caring can be learned, caring in nursing education as an extension and refinement of prosocial behaviours implies that existing caring behaviours (prosocial behaviours) in students might promote the learning and advancement thereof in nursing education. The implication is clear; prosocial behaviours should serve as a criterium for student selection. However, this implication reaches further to address the education of students prior to their entry into nursing. Thus, it has implications for the fundamental preparation of caring human beings in secondary school, primary school, and ultimately at a societal/familial level.

Since, in nursing education, caring as a means to an end cannot be separated from caring as an end in itself, it is imperative that the caring ethic be adopted by both nursing education and nursing services as an extension of nursing education. Thus, the creation of a total caring milieu in which caring is rendered, experienced, lived and learned is implied.

RECOMMENDATIONS

Based on the conclusions drawn above and the implications deduced from the findings of this research, the following recommendations are made.

Recommendations for further research

According to Rawnsley (1990: 42), Irrespective of its innate appeal, the pragmatic value of any theoretic construct lies in its potential for identifying and solving problems in the discipline. If this is not done, the theory remains but an ideology. Pertaining to the emergent theory, instead of
recommending the immediate implementation of caring in the practice of nursing education to enhance learning, it is recommended that:

The emergent theory be verified in quantitative manner through further exploitation of the plausible hypotheses stated in Chapter 6;

The emergent theory be further developed through application of the emergent fit grounded theory approach;

In conducting research based on the emergent theory, in line with the essential nature of the caring, both qualitative and quantitative research methods be articulated through triangulation;

Data collection instruments from allied disciplines such as Industrial Psychology, Psychology, and Education be implemented to further clarify the phenomenon caring in the educational setting;

This type of research also be conducted in the fields of nursing administration and clinical nursing to illuminate the phenomenon caring as these spheres of nursing comprise an important part of the field of nursing education as defined in this research;

This research also be extended to trans-professional studies - also within the different spheres of the nursing profession; and

This type of research also be extended to transcultural studies.

Regarding research into caring based on the emergent theory, it is also recommended that data collection instruments be developed for:

Measuring and discriminating types of human bonding;
Measuring and discriminating caring for and caring about orientations of care givers; and

Measuring and discriminating the experiences of being cared for or being cared about in receivers of care.

A final recommendation to research pertains to ethics in nursing research. Based on the assumption that caring is an ethic in nursing and reflected in all spheres of nursing, it is recommended that:

A caring component (ethics) be included in all nursing research in which caring for respondents during research is stipulated.

Recommendations on the practical implications of the emergent theory

Taking into consideration the limited scope of this research the recommendations are not intended for generalisation but only for application in the specific institution in which the research has been conducted.

Selection of students

Based on Conclusion 5 above and the major implications of this study, it is recommended that students be selected, not only with academic achievement as criterium, but also with prosociality and prosocial behaviours as criteria. Further, based on the presence of the cognitive, affective, and psychomotor domains in the phronema and the actions component of caring, it is also recommended that students be selected with academic, prosocial, and manual dexterity as criteria.
Teaching and learning caring

Based on Conclusion 2, it is recommended that in order for students to learn to be caring:

Students be exposed to prosocial models or role models (persons who exhibit caring and compassionate behaviours) (Oliner 1979: 48). Tutors should thus be prepared to really act out the role of care giver in the educational setting;

The opportunity be created for students to conceptualise prosocial behaviours and caring behaviours through the analysis of altruistic, generous and caring behaviours in various periods and places in history (Oliner 1979: 40).

Social cognition skills, that is skills related to understanding the feelings, intentions, and thoughts of others (Oliner 1979: 40) be developed through creating within the student and tutor:

1) An awareness that others may apprehend the same object differently from oneself (existence);

2) The recognition that it would be useful to analyse the other's perspective (need);

3) The ability to discriminate relevant role attributes (perception);

4) The ability to maintain the other's perspective in spite of competing perspectives of one's own (maintenance); and,

5) The ability to behave appropriately in terms of the cognitive representations of the other's role attributes (application) (Flavell et al as quoted by Walker and Foley 1973: 845; Oliner 1979: 46).
Based on the essential structure of caring as it emerged from this research namely as consisting of both a phronema and an actions component, and Bottorff's (1991: 33) conceptualisation of a practical science of caring, it is further recommended that in curricula for the education and training of both nurses and nurse tutors that:

**Speculative knowledge** (things that are knowable) be included in the form of theoretical and philosophical constructs underlying caring practice. Examples of such knowledge are the discussions of and literature support given to each of the themes and categories listed in Chapter 5;

**Speculatively practical knowledge** be included in the form of descriptions of practical endeavours in caring. Such knowledge is reflected in the statements contained in each category listed in Chapter 5; and

**Practically practical knowledge** be included in the form of the actual caring behaviours to be reflected by tutors and students in caring. This implies acting out the speculatively practical knowledge.

**Selection of content**

In order to sustain the essential structure of caring as it emerged from this study namely the interrelatedness of the phronema and the actions component it is recommended that the development of analytic detachment without commitment be counteracted by:

Acknowledging caring as a moral ideal and acting upon this;

Incorporating philosophical theories of human caring, science and art, the humanities, and aspects of health and healing into curricula;
Embracing a contextual approach in teaching the subjective, philosophical, and ethical/caring responsibilities of the tutor and the student nurse;

Enhancing the creativity of both tutor and student through liberal arts education (Watson 1988b: 424-425).

The following has bearing specifically on tutor training. Tutors should be prepared or reoriented towards the above through:

- extensive liberal arts education that will enhance personal and interpersonal understanding and appreciation;
- critical thinking and advanced problem-solving skills augmented by social and behavioural sciences;
- extensive training in philosophy and ethical decision making skills based on the ethic of human caring; and

**Tutor's attitude and classroom organisation**

In general, all of the above imply a movement to a more humanistic (affective, holistic, or confluent) approach to teaching. It is thus appropriate to recommend that:

- Students should not be treated as objects;
- Mechanical or industrial terms such as "products" and "aggregates" should not be used;
- Tutors should not focus on cognitive-technical outcomes only, thereby creating competency without compassion or caring;
Teaching-learning should not be restricted to behavioural objectives, factual information, and techniques;

Tolerating power and dependence roles for tutors and students should be stopped;

Doing should not be separated from knowing and being;

Accrediting processes should not be in direct conflict with nursing's and thus caring's moral and scientific beliefs, and education's philosophical and theoretical principles;

Fixing on theoretical knowledge should be stopped and educating thinking professional people capable of fully participating in human caring in all its dimensions should be the paramount aim of nursing education in all its dimensions (Watson 1988b: 423).

Recommendation on nursing administration

In view of major role that nursing service plays in the education and training of student nurses, it is recommended that all recommendations suggested for nursing education also be adopted by nursing services

CLOSING COMMENTS

Caring in Nursing Education, although an intricate undertaking, was an illuminating and an enriching experience to the researcher. Although certain preconceived ideas existed at the onset of this study, these were bracketed during the study. As the study progressed, some of these ideas underwent certain fundamental changes.

If caring is to survive as an ethic in nursing, nursing education in the comprehensive sense of the word, has to allow for caring
experiences through which caring can be learned. A total caring milieu will benefit all those involved; students, tutors, the public, and the nursing profession itself.

In the broadest sense of the word, caring, as it emerged from this study, clothes man with dignity; a dignity which allows him and others vivifying expectations of life - a life of Human Excellence.
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DECLARATION

I, F. V. N. Cilliers, hereby declare that the administration of the Personal Orientation Inventory (POI) for the purpose as seen fit by the researcher of CARING IN NURSING EDUCATION was conducted under my supervision. Details on the inclusion of the POI in this research as contained in Chapter 4 of this report is confirmed by me.

F. V. N. Cilliers
Prof. F. V. N. Cilliers.
Reg. Psychologist (Industrial).

30-06-1992
Hiermee wens ek die ondergetekende D. M. van der Wal aansoek te doen om navorsing uit te voer te XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXX-XXXXXXXXXX. Die navorsing is met die oog op voldoening aan die Universiteit van Suid Afrika se vereistes vir die verwerwing van die graad M. A. (Cur) (Verpleegonderwys).

Die navorsingsonderwerp is "Caring in nursing education"

Hierdie sal 'n kwalitatiewe studie wees en sal bestaan uit beide die voltooiing van vraelyste vir die seleksie van respondente en die voer van onderhoud met gekose respondente.

Die hoof etiese probleme word voorsien probleme te wees wat sentreer om anoniemiteit, privaatheid en professionele geheimhouding. Ook ten opsigt van die identiteit van die instansie (XXXX XXXXXXXXXX) waar hierdie navorsing beoog uitgevoer te word, word onderneem om hierdie aspekte nie geweld aan te doen nie.
Vind asseblief aangeheg die volgende:

* Verkorte navorsingsvoorstel (In Engels) waarin die verloop van die beoogde navorsing in meer besonderhede uiteengesit word

* Voorbeelde van die onderhoudskedules vir beide dosente en studente

* Voorbeeld van die ooreenkoms (en oorwoë toestemming) wat met respondente aangegaan sal word.

Indien u verdere inligting verlang kan u my telefonies kontak te Pretoria 343-9259 (Tuis) of by die Departement Verpleegkunde (Unisa), telefoon 429-6097.

Ek vertrou dat hierdie aansoek u gunstige oorweging sal geniet.

Die uwe

.............................................  .............................................
(D M van der Wal.) (Prof. H I L Brink.)
(Student) (Studieleier.)
AGREEMENT

I, _________________________________ on this the ____ day of __________________ 19 hereby consent to:

1. being interviewed by D. van der Wal on the topic "Caring in nursing education"

2. follow-up interviews if necessary

3. the interviews being audiotaped

4. the use of data derived from these interviews by the interviewer in a research report as he deems appropriate

I also understand that:

1. I am free to end my involvement or to recall my consent to participate in this research at any time I feel like it

2. information given up to the point of my termination of participation could however still be used by the researcher

3. anonymity is granted by the researcher and that data will under no circumstances be reported in such a way as to reveal my identity
more than one interview might be necessary

no reimbursement will be made by the researcher for information given or my participation in this project

I may refrain from answering questions should I feel these are an invasion of my privacy

by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher

I will be given the original copy of this agreement. on signing it.

I hereby acknowledge that the researcher/interviewer has:

1 discussed the aims and objectives of this research project with me

2 informed me about the content of this agreement

3 pointed out the implications of signing this agreement

In co-signing this agreement the researcher undertakes to:

1 maintain confidentiality, anonymity, and privacy regarding the interviewee’s identity and information given by the interviewee
2 arrange in advance a suitable time and place for an interview to take place

3 safeguard the duplicate of this agreement.

(Interviewee) (Interviewer)

(Witness) (Date)
OOOREENKOMS

Ek, ________________________________ stem op hede die ___ dag van ____________ 19 ___ daartoe toe dat:

1 D. van der Wal met my 'n onderhoud mag voer oor die onderwerp "Omgee en versorging (caring) in verpleeg-onderwys"

2 opvolg onderhoude gevoer mag word indien nodig

3 onderhoude op band opgeneem mag word

4 die data wat deur die navorser deur hierdie onderhoude verkry word in sy navorsing gebruik mag word soos hy dit toepaslik ag

Ek begryp ook dat:

1 ek vry is om te enige tyd my deelname aan die navorsing oor te sê en my toestemming tot deelname aan hierdie navorsing terug te trek indien ek daarna sou voel

2 die inligting wat deur my verskaf is op die punt van beëindiging van deelname aan die navorsing wel deur die navorser gebruik mag word

3 anonimiteit deur die navorser onderneem word en dat data nie op so 'n wyse gerapporteer sal word dat dit my identiteit sal openbaar maak nie
4 meer as een onderhoud nodig mag wees

5 geen vergoeding deur die navorser betaal sal word vir inligting wat ek verskaf of vir my deelname aan die navorsingsprojek nie

6 ek nie vrae wat ek voel my privaatheid betrek hoef te beantwoord nie

7 deur hierdie ooreenkoms te onderteken onderneem ek om eerlike antwoorde op redelike vrae te verskaf en nie die navorser te mislei nie

8 die oorspronklike kopie van hierdie onderneming aan my oorhandig sal word nadat ek dit onderteken het

Ek konstateer hiermee dat die navorser/onderhoudvoerder:

1 die doelwitte en die doelstellings van hierdie navorsing met my bespreek het

2 my ingelig het aangaande die inhoud van hierdie ooreenkoms

3 die implikasies wat die ondertekening van hierdie ooreenkoms inhou aan my uitgestip het

By die mede-ondertekening van hierdie dokument onderneem die navorser/ onderhoudvoerder om:

1 vertroulikheid, anonimiteit en privaatheid betreffende die informant se identiteit en die inligting wat verkry is gestand te doen
2 vooruit sal reël vir die voer van 'n onderhoud met betrekking tot plek en tyd

_________________________________________  _______________________________________

(Informant)                                  (Onderhoudvoerder)

_________________________________________  _______________________________________

(Getuie)                                      (Datum)
Annexure E

SAMPLING QUESTIONNAIRE

By completing this questionnaire, you can help in selecting respondents to be interviewed on the topic of caring in nursing education.

In order to contact you at a later stage, should you be selected to participate in the research and should you be willing to do so, I need some personal information. Please supply the following information.

Name: ........................................

Tutor [ ] Student [ ]

If a student, in which year of study are you at present?

1st 2nd 3rd 4th

Declaration by Respondent

I hereby consent to completing the questionnaire on self-perception handed to me.

........................................

D. M. van der Wal

VERKLARING DEUR RESPONDENT

Ek stem hiermee toe tot die voltooiing van die vrae van selfpersepsie wat aan my oorhandig is.

........................................

(D. M. van der Wal)
INSTRUCTIONS

1. Complete page one please.
2. Read the the paired statements carefully.
3. Choose the statement that best describes you.
4. Remember, there are no right or wrong answers. The correct answer is the one that best applies to you. This is the first choice that comes to mind. Do not reflect on the statements.
5. After you have made your choice, circle the applicable code on the answer sheet. Please make sure that you circle the correct answer code to each pair of statements. Also, that only one letter per pair of statement numbers are circled.
6. Try to answer all the questions. If you really cannot make a choice, you may leave the answer blank. Please try not to do this frequently.

THANK YOU FOR YOUR COOPERATION!

INSTRUUKSIES

1. Voltooi die eerste bladsy asseblief.
2. Lees die pare stelling aandagtig deur.
3. Kies telkens die stelling wat die meeste op u van toepassing is.
4. Onthou, daar is geen regte of verkeerde antwoorde nie. Die korrekte antwoord is daardie een wat u die beste beskryf/pas. Hierdie is ook die eertste keuse wat in u gedagte opkom. Moenie oor die stellings nadink nie.
5. Nadat u u keuse gemaak het, omkring asseblief die kode wat u keuse verteenwoordig op die antwoordblad. Maak asseblief telkens seker dat u die korrekte kode omkring. Maak ook asseblief seker dat u net een letter per stellingpaar omkring.
6. Probeer om al die vrae te beantwoord. Indien u werklik nie 'n keuse kan maak tussen twee stellings nie, mag u die vraag onbeantwoord laat. Probeer egter om onbeantwoorde vrae tot die minimum te beperk.

DANKIE VIR U SAMEWERKING!
PERSONAL DETAIL/PERSOONLIKE INLIGTING

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**Age/Ouderdom**

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**Marital Status/Huwelikstaat:**

- [ ] Married
- [ ] Single
- [ ] Divorced
- [ ] Widowed

**Tutor/Dosent**

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**Religious Preference/Geloofsvoorkeur**

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**For official use only/Slegs vir amptelike gebruik**

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ANSWER SHEET - ANTWOORDBLAD

DRAW A CIRCLE AROUND THE ANSWER OF YOUR CHOICE

OMKRING DIE ANTWOORD VAN U KEUSE

1  11  21  31  41  51  61  71  81  91  101  111  121  131  141
A  A  A  A  A  A  A  A  A  A  A  A  A  A
B  B  B  B  B  B  B  B  B  B  B  B  B  B

2  12  22  32  42  52  62  72  82  92  102  112  122  132  142
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B  B  B  B  B  B  B  B  B  B  B  B  B  B

3  13  23  33  43  53  63  73  83  93  103  113  123  133  143
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5  15  25  35  45  55  65  75  85  95  105  115  125  135  145
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6  16  26  36  46  56  66  76  86  96  106  116  126  136  146
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B  B  B  B  B  B  B  B  B  B  B  B  B  B
# INTERVIEW SCHEDULE

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## THEMES

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## GLASER'S 6 C's

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<th>CONTEXT</th>
<th>CONTINGENCIES</th>
<th>COVARIANCE</th>
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## GURVITCH'S FIVE DIALECTICAL PROCESSES

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<td>POLARISATION</td>
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## SPRADLEY'S SEMANTIC RELATIONSHIPS

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QUESTIONS.

Glaser's 6 C's

C1 Why?
   Why does this occur?
   What is the source thereof?

C2 What is the result thereof?
   What happens after this?
   To what does this lead?

C3 To what is this related?
   When this happens (changes) does anything else change?
   What is the result thereof? Is this always the case?

C4 When this happens, does it get better/worse, become larger/smaller, how do you feel when it happens?

C5 When, where, at what time, following what, at what stage, in which surroundings does this happen?
   Who are involved in this?
   Does it differ from the clinical setting to the classroom setting?

C6 Under which conditions does this occur?
   Under which conditions does this not occur?

Gurvitch's five dialectical processes.

G1 What is the opposite thereof?
   Is this also involved in this situation?

G2 Can this occur/happen/appear on its own/alone?
   If not, why not? By what is it accompanied?

G3 Is this only good/bad/pleasing/repulsive etc.?
   If not, how do these opposite fit in this instance?

G4 What is the opposite thereof?
   Are these aspects reconcilable/irreconcilable?
   If reconcilable, how?

G5 None.

Spradley's Semantic Relationships.

S1 Is this the same as ...?
   Does this fit into the same category as ...?
   Is this a synonym for ...?

S2 No questions assumed possible.
S3 What causes this?
Of what is this the result?
(Also see C1)

S4 Why is this done?
Why do you do this?
What is the reason/motivation for this?
To what avail is this?
What is the benefit thereof?
What is attained by this?
Does this serve any purpose? What?

S5 (See C5)

S6 What is the function thereof?
To what does this contribute?

S7 Where to does this lead?
Is this a means to an end? Explain please?

S8 Is this an end or a stage/step in a process?

S9 What are the characteristics thereof?
Is this a characteristic of something else?
(Do not confuse with "a part of something else")
# INTERVIEW SCHEDULE

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QUESTIONS.

Glaser's 6 C's

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   What is the result thereof? Is this always the case?

C4 When this happens, does it get better/worse, become larger/smaller, how do you feel when it happens?

C5 When, where, at what time, following what, at what stage, in which surroundings does this happen?
   Who are involved in this?
   Does it differ from the clinical setting to the classroom setting?

C6 Under which conditions does this occur?
   Under which conditions does this not occur?

Gurvitch's five dialectical processes.

G1 What is the opposite thereof?
   Is this also involved in this situation?

G2 Can this occur/happen/appear on its own/alone?
   If not, why not? By what is it accompanied?

G3 Is this only good/bad/pleasing/repulsive etc.?
   If not, how do these opposite fit in this instance?

G4 What is the opposite thereof?
   Are these aspects reconcilable/irreconcilable?
   If reconcilable, how?

G5 None.

Spradley's Semantic Relationships.

S1 Is this the same as ...?
   Does this fit into the same category as ...?
   Is this a synonym for ...?

S2 No questions assumed possible.
S3 What causes this?  
Of what is this the result?  
(Also see C1)

S4 Why is this done?  
Why do you do this?  
What is the reason/motivation for this?  
To what avail is this?  
What is the benefit thereof?  
What is attained by this?  
Does this serve any purpose? What?

S5 (See C5)

S6 What is the function thereof?  
To what does this contribute?

S7 Where to does this lead?  
Is this a means to an end? Explain please?

S8 Is this an end or a stage/step in a process?

S9 What are the characteristics thereof?  
Is this a characteristic of something else?  
(Do not confuse with "a part of something else")
Interview: TSI-1M.DOC

Daar was 'n kragonderbreking en die eerste gedeelte van die onderhoud is nie op band opgeneem nie. Daar is egter aantekeninge tydens die onderhoud gemaak en die gedeelte van die onderhoud wat wel opgeneem is, is 'n samevatting van wat die informant tot op daardie tydstip gesê het.

N: So daar was dan die twee hoofkomponente in die omgee-verhouding naamlik die fisiese en die emosionele? Wil jy nie net weer vir my vertel alles wat jy tot op hede gesê het nie.

Sl: Mens gee nie net om vir die ou om in sy fisiese te voorsien nie. Mens sal nie net vir hom 'n glas water gee nie, mens stel ook belang om in sy psigiese te voorsien - jy gaan ook met hom sy hartseer en sy vreugde deel, of om met hom te gesels oor sy emosies. Daarom is die ook vir die dosent belangrik om nie net om te gee oor die aantekeninge wat sy vir jou gee nie, maar oor jou emosie en oor hoe jy voel, hoe jy die dag beleef en as jy hartseer is, hoekom jy hartseer is. Daar moet egter ook afstand wees. Jou privaatheid moet nie die akademie oorheers nie. Daar moet privaatheid wees maar daar moet ook emosies gedeel word.

N: Dus, soos jy voorheen gesê het, die dosent moet beskikbaar wees.

Sl: En daar moet 'n vertrouwensverhouding wees.

N: Al, dit is nou baie belangrik. Jy het dit nie net nou gesê nie. Dus, 'n vertrouwensverhouding, ... hulle moet altyd beskikbaar wees en daar moet dissipline wees, maar daar moet ook afstand wees?

Sl: Ja, as jy te familier raak met die dosent dan gaan jy respek verloor. En daar moet altyd die aspek van respek ook wees. Dan gaan jy opkyk na haar omdat sy meer volwasse is as jy en meer ervare is as jy. Dan moet jy ook die vrymoedigheid hê om na haar te gaan en te sé dat jy die of daardie probleem het.

N: Net om dit ook op band te kry. Soos jy net nou gesê het wat die emosionele aspek betref moet die dosent jou ook laat welkom voel, ... glimlag, ... ook die manier waarop vrae gevra word ...

Sl: Ja, jy moet die vrymoedigheid hê om vir haar in die klas te enige tyd vrae te vra. Soos: "Ek verstaan nou nie." Sy moenie vir jou snaaks aanky nie, of jou laat voel: "Ek het nie nou tyd daarvoor nie" of "Is jy nou simpel?" nie. Jy moet daardie vrymoedigheid hê om vir haar dit te kan vra.

N: Soos jy vroeër ook gesê het, die manier waarop sy vrae vrae, haar stemtoon, ...

Sl: Ja, jy moenie voel sy pik op jou nie. Jy moet voel sy gee om vir jou.
N: Jy moet voel sy wil hê. Jy weet waaroor dit gaan waaroor sy die vraag aan jou stel? En, deur jou naam te...

S1: Wel, ten minste weet jy sy weet wie jy is. Jy is nie net soos die res van die klas nie, of bloot 'n nommer nie, of sy ken net jou gesig nie.

N: Jy het ook netnou gesê dat die dosent amper vir jou is soos "n ma.

S1: Ja, nie een van ons het 'n ma hier nie, en mens wil graag iemand hê om heen te gaan, of om dinge aan te vertel, soos om vandag vir haar te sê: "Ek is vandag so bly, ek het my eerste babatjie gevang."

N: Dus, iemand om dinge mee te deel?

S1: Ja, en ... Kyk ons het ook voogde hier. Sy moet soos iemand wees vir wie jy kan gaan sê: man kyk, vandag is ek so gelukkig ... ek het dit en dit gedoen. Mens kan nie elke keer na jou eie ma toe gaan nie of haar bel nie.

N: Maar met betrekking tot afstand en respek; jy het ook nou-nou gesê die dosente moet ook uit hulle eie na julle toe kom.

S1: Ja, as sy sien daar is iets fout met jou dan moet sy kan se: "Ek sien daar is vandag fout met jou. Wat is dit?"

N: En dit geld nou vir beide privaat aangeleenthede en vir akademiese aangeleenthede? Maar jy verkies dat dit meer op die akademiese is ... dat jy kan terughou op die private ...

S1: Ja, jy gaan nie altyd alles privaat met haar wil deel nie. Daar sal tog tye wees wanneer jy sal dink: "Aag wat, ek sal haar maar vertel van hierdie probleem." Andersins kan jy mos maar net vir jouself sê dat jy dit vir jouself wil hou.

N: Met ander woorde, as ek jou nou reg verstaan, sal sy as sy werkelik vir jou omgee jou privaatheid in ag neem en weet hoe ver om vir jou vrae te vra ... Jou uit te vra?

S1: Ja ... en sy kan miskien vir jou vra: "Is jy ongelukkig?" en "Wil jy dalk met my daaroor praat?" En as jy nou nie wil nie moet sy nou nie aanstoot neem en dink sy het nou iets fout gedoen nie, en volgende keer dink laas wou die student nie dinge met my gedeel het nie en nou sal ek haar nie daarom vra nie. Dalk wil ek dit hierdie keer met haar deel maar ek wag net dat sy daarom moet vra.

N: So 'n vertrouwensverhouding ... so 'n omgeeeverhouding, in die onderrigopset, wat voel jy wat is die waarde daarvan. Wat kry jy daaruit? Of, wat sou verkeerd gegaan het as dit nie daar was nie?

S1: Ek dink dit gee vir ons meer selfvertroue om na haar toe te gaan en wat die akademie betref vir haar te sê: "Kyk ek verstaan nie hierdie bloedsomloopstelsel nie. Help my daarmee." Jy sal nie te bang wees om met haar daaroor te
praat nie. In die klas moet sy jou meer op 'n professionele vlak hanteer, maar as jy alleen na haar toe gaan, meer op jou vlak ... vir jou sê maar ... Jou eerder op jou naam noem en vir jou se: "XXX, het jy probleme." Dan meer ... persoonlik raak ... eerder as wat sy nou weer hier hoog uitval en jy dink: "Jinne die dosent is so slim en sy het soveel kwalifikasies," en dan voel jy heetemal dom.

N: Wat jy nou in effek vir my gese het is dat by die aanbieding van 'n les moet die dosente hulle werk ken en dies meer, maar as hulle te hoog gaan ...

S1: Voel jy jy mag nie daar in nie want sy is te hoog.

N: Voel jy dan dat dit 'n wig is wat tussen julle ingedryf word?


N: In so 'n geval, voel jy dat jy na iemand anders toe kan gaan, ook in die onderrigopset, om hierdie vrae vir jou te beantwoord?

S1: Nee ek glo nie ek sal iets in die een vak vir die dosente in 'n ander vak gaan vra nie. Daar is net een dosent per vak. Jy sal net na daardie dosent gaan.

N: So, in hierdie hele omgeesituasie, ... jy sal nie agteraf wees nie.

S1: Mmm... Nee.

N: Hoeom nie? Is dit 'n persoonlike aspek ... is dit vir jou persoon iets werd of is dit met betrekking tot die hele omgeeopset ...

S1: Nee ... as ek na die kraamdosent toe gaan met, sê nou maar 'n anatomievraag, sal die dosent na die anatomiedosent gaan en vir die sê: "Jou studente vra vir my vrae wat jy moet beantwoord. Wat is fout?" Dan kom daardie dosent na my toe en op die ou einde dink daardie dosent jy is agteraf. Dit werk altyd so, want die dosente praat altyd met mekaar oor die studente en hulle bespreek ons en sulke dinge.

N: Hoe voel jy oor hierdie ding dat die dosente die student bespreek?

S1: Oeg! ... Ek haat dit, ek haat dit!

N: Dink jy dit ondermyn die vertrouensverhouding en die omgee ...

S1: Ja. Sê nou maar ek het iets verkeerd gedoen, soos, ek het laat ingekom, en die een dosent het daarvan uitgevind, dan
vertel sy dit nou vir almal. Dan vertel sy dit vir die ander dosente en dan beïnvloed sy die ander dosente sleg ten opsigte van my, en die kom dan net nou in die klas in en dan sê sy: "Daar sit daardie een" en dan begin sy negatief oor my dink en almal negatief teenoor my te beïnvloed.

N: Maar is dit moontlik dat dit altyd net negatief sal wees as hulle oor studente sal praat ...

Sl: Ja, maar dan moet hulle nie die negatiewe met mekaar bespreek nie. As jy iets van iemand wil sê moet jy altyd iets positiefs sê. Mens moenie negatiewe dinge versprei van mense nie.

N: So, wat jy sê is dat as hulle van julle wil praat ...

Sl: Dan moet hulle goed praat (Lag).

N: ... En dan moet dit by die akademiese bly ...

Sl: Ja ...

N: So, dit is soos jy net nou ook gesê het, jy gee nie om nie as ... altwee die aspekte (die private en die akademiese) moet hanteer word, maar ten opsigte van die private aspek reserveer jy sekere aspekte.

Sl: Ja, en as sy nou toevallig iets privaat uitgevind het, dat sy dit vir haarself sal hou. Hoekom moet sy dit vir almal gaan vertel? Maar as jy met die akademie ... Daar is hulle in elk geval 'n groep of 'n liggaam en daar is sekere dinge wat hulle moet weet.

N: Toe moet ek net sê dat ons nou is waar ons nou was toe ek agtergekom het die gesprek word nie opgeneem nie. Hier is heelwat dinge waarna ek sal gaan kyk en later weer sal terugkom om vroe daaroor te stel.


Sl: Ja.

N: Watter persone sien jy almal as betrokke by die omgee-opset in die onderrigsituasie?

Sl: Ek dink elke dosent moet in die omgee-opset betrokke wees sodat ... sê nou maar jy hou meer van die dosent as van daardie een, en, sy is nie noodwendig jou voog nie, moet jy voel dat jy na haar toe kan gaan al is sy nie jou voog nie. Dit moenie net wees dat jy na die voog toe moet gaan nie. Jy kan na enige een gaan. Elkeen moet omgee.

N: So, by die omgeesituasie, sal jy sê dat dit net dosente en studente is wat betrokke is, of is daar ander mense ook betrokke?

Sl: Ek dink die studente onder mekaar en die dosente onder mekaar ook, maar dit is mos eintlik tussen jou en die dosent.
N: Maar wat jy nou vir my gesê het is ook baie belangrik, naamlik dat daar ook omgee is onder en tussen studente en dosente. So, op watter manier gee studente vir mekaar om?

S1: Ek dink die studente gee baie meer vir mekaar om as wat die dosente vir die studente omgee want ons studente is almal in dieselfde gat gegooi en ek weet hoe my vriendin sukkel en sy weet hoe ek sukkel. Ons weet almal van mekaar se probleme. Ons is almal studente. En so voel ons meer vir mekaar soos "Ag shame, sy sukkel so met dit" en ek weet dit en ek sal uit my pad uit gaan om vir haar te help. Dit is te verstande, want nou-nou gaan sy my weer help. Maar, ek weet nie of hulle (dosente) so baie vir mekaar omgee nie. Hulle is almal professionele mense en hulle is almal waar hulle wil wees. So, hulle is elkeen op hulle eie pos en elkeen koning op sy eie mishoop. Maar ons almal sukkel nog hier onder en ons gee om vir mekaar en ons help mekaar.

N: Goed, op watter manier gee die studente nog vir mekaar om? Om mekaar te help met die akademie. Enige ander maniere?

S1: In ons privaat lewe gee ons ook baie vir mekaar om. Ek sal eerder vir my vriendin iets vertel as om hierheen te kom en vir hulle iets te vertel. Ek sal eerder vir haar vertel van my ou wat my gister omgekrap het as om hierheen te kom en vir hulle te vertel. Sy het ook 'n ou en sy sal verstaan as ek die dinge vir haar vertel. Ons is op dieselfde vlak, selfde ouderdom en behoeftes. Hulle is lankal verby die stadium dat hulle byvoorbeeld ouensprobleme gehad het.

N: So, wat jou privaatlewe betref gaan jy baie eerder by jou ewegroep hulp vra as by die dosente, en die akademie gaan meer by die dosent hoort. Maar, daar is ook 'n groot mate van omkering waar jy sekere akademiese dinge vir jou mede studente sal vra en sekere privaat aangeleenthede met die dosent sal bespreek?

S1: Ja. Groot probleme met jou privaat lewe sal jy eerder met 'n ervare persoon bespreek. As iets nou rërig groot fout is in jou privaat lewe en jy wil graag volwasse hulp daarby hê.

N: Met ander woorde, dit gaan weer oor leiding.

S1: Ja.

N: So, jy sosialiseer baie eerder met jou studente-maats in die vorm van kleiner probleme en meer alledaagse probleme maar, as dit groter probleme is gaan jy eerder na "hoër" persone toe.

S1: Meer ervare persone.

N: Wanneer jy werkliek hulp nodig het.

S1: Ja.

N: So vir lewenssake gaan jy eerder na die dosente toe, maar verder "social" julle meer onder mekaar en dit is 'n teken van omgee. Dat jou medestudente vir jou omgee.
N: So, is dit net die dosent en die studente wat in hierdie omgesituasie in onderrig betrokke is?

S1: Ja, wel, hoofsaaklik die student en die dosent. Ek dink nie hulle hoef werklik vir mekaar om te gee nie. Solank hulle net vir ons omgee sal ons ook vir hulle omgee. Dit werk ook terug.

N: O, dit is baie belangrik.

S1: As ek vir iemand gaan omgee wil ek darem hê hy moet ten minste met my vriendelik terug wees. Maar dit is nou nie so dat as ek vir hom 'n guns gedaan het hy vir my die guns moet terug doen nie. Dit is net dat as ek met hom vriendelik is verwag ek vriendelikheid terug.

N: So, jy het nou gesê dat as hulle vir jou omgee sal jy vir hulle omgee.

S1: ... sal ek vir hulle omgee. Ja.

N: Dink jy hulle (die dosente) het nodig dat julle ook vir hulle omgee?

S1: Ek dink so. Enige ... ek meen jou menslike behoeftes het dit nodig. Enige dosent sal goed voel as ek vir hom sê maar dankie vir die moeite wat jy gedaan het. Dan sal sy voel maar sy waardeer dit ten minste.

N: Dus, omgee kom nie net van die een kant nie. As student moet julle terug omgee vir die dosent?

S1: Ja. Ek sal self nou nie sê dankie nie of so nie maar ek sal wys dat ek die lesing waardeer het. Ek sal vriendelik wees, maar ek sal nie ... mm ... hoe sal ek nou sê ... gaan kruip nie.

N: Ons sal dit maar in aanhalingstekens sit. (Lag.)

S1: Mens moet altyd vriendelik wees.

N: So, jy sien nie dat daar enige ander persone in die omgee-situasie in onderrig betrokke gaan wees nie? Net die student en die dosent?

S1: Hmm ... Nee. Dit sal net ek en die dosent wees.

N: Sjoe, ons is al veertig minute besig. Is daar enigiets wat jy nog hieroor wou gesê het?

S1: Nee wat ek glo nie. Behalwe as u nog enige vrae het.

N: Goed. Ek dink ons het nou mooi 'n rondte gemaak. Ek gaan nou hierna luister en dan gaan ek dit ontleed en sal ek graag weer later met jou 'n onderhou wil voer. Hierdie was nou regtig, sonder grappies, baie insiggewend.
Sl: Ja, ek is hierdie "weird" persoon wat al hierdie snaakse goed uitdink en abstrak lewe.

N: Moenie bekommerd wees oor ding wat jy gesê het nie. Soos netnou het jy jou naam genoem. In die transkripsies sal ek dit uitvee.

So volgende keer sal ons kyk na vrae wat op hierdie aspekte gebou is.

Is dit dan nog reg met jou om met die navorsing voort te gaan?

Sl: Ja, nee wat, ek geniet dit. Ek is bly ek kan my dinge deel met mense.

N: Goed dan. Baie dankie.

Sl: Goed.
Interview: TTI-IM.DOC

N: Goed, as jy gereed is kan ons maar begin. Hoeveel tyd het ons vir hierdie onderhoud?

Tl: Hoe laat is dit nou?

N: So half een.

Tl: Een uur. So een uur. Miskien so 'n bietjie oor.

N: Goed, as die tyd verby is dan stop jy my. ... Jy weet nou waaroor hierdie navorsing gaan. "Caring", en dit in die verpleegonderwysopset. Nou moet ek jou vra, waarom het jy gaan verpleeg?

Tl: Ek wou nog altyd. Van kleintyd af al. Die keuse was tussen kleuterskool en verpleging en uiteindelik het dit op verpleging geval.

N: Is daar 'n verband tussen die feit dat jou twee groot keuses verpleging en kleuteronderwys was?

Tl: Ek dink die omgee vir mense ... op 'n bepaalde vlak ... noodbehoewendese mense. Dit was vir my belangrik.

N: Noodbehoewendheid?

Tl: Noodbehoewendheid. Dit was altyd vir my belangrik.

N: Goed, maar nou is jy vandag nie meer 'n verpleegkundige in die eerste linie van verpleegsorg nie. Jy is nou 'n dosent. Sien jy rol as dosent as 'n verlengstuk van hierdie noodbehoewendheid ... of liever van hierdie omgee vir jou pasiënte? Sien jy dieselfde tipe verhouding tussen jou en jou studente?

Tl: Op 'n ander vlak ... in die sin dit hierdie mense is jonk en hulle is idealisties. Ek onthou toe ek so jonk en idealisties was, was die rolmodel wat aan my voorgehou was ... het op my 'n groot indruk gemaak. Die tipe mens wat vir my iets gepredik het of voorgehou het ...hmm... het vir my baie betekenis vol. In 'n sin kan ek dit verlang ... in die mate dat ek het ervaring, ... weet watter moontlike slaggate daar is waarin mens kan trap en watter foute ek gemaak het. En om dit vir hulle voor te hou is vir my belangrik.

N: So, jy het gesê idealisme en slaggate ... so jy voel dat een van jou primêre funksies is beskerming?

Tl: Dit kan so wees, maar nie noodwendig nie. Ek voel dat ek uit my ervaring vir hulle kan voorhou ... Maar, wat vir my baie belangrik is, is dat mens gaan deur verskillende ontwikkelingsfases, en om voor te hou wat die probleme van die fases is, maar ook aan hulle die geleentheid te bied om self deur hierdie ontwikkelingsfases te gaan.

N: Dus, jy moet betrokke wees en afstand hou.
Tl: Jy moet betrokke wees ... Afstand hou in die sin dat jy moet hulle toelaat om self te ontwikkel.

N: Hierdie "toelaat om self te ontwikkel", wat is die belang daarvan?

Tl: Sodat hulle tot die selfbesef kom dat dit is hoe hulle wil optree en nie so optree omdat iemand anders wil hé dat hulle so moet optree nie. As ek weet om 'n pasiënt met 'n rugoperasie op so 'n manier uit die bed te help om verdere beserings te voorkom, moet ek die rede weet van hoekom dit so gedoen moet word. Ek gaan dit nie net doen as die dosent vir my kyk nie, maar ek gaan dit doen omdat ek die implikasies daarvan ken. Maar, as ek dit doen, en ek het geen begrip daarvoor nie, en ek doen dit net as die dosent of die suster vir my kyk, voel ek dat hierdie mense nog nie tot die nodige begrip gekom het nie.

N: Ek wil net terug kom na iets wat u netnou gese het. Die mededeling van jou ervaring aan studente. Wat beteken hierdie mededeling vir jou en vir jou studente?

Tl: Vir myself is dit belangrik dat hulle iets van myself leer ken. ...mmh... Hulle leer my ken. Ek kan meer spontaan met hulle wees. Dit is vir my 'n deel van warmte oordra. En, vir hulle om as 'n voorbeeld te gebruik.

N: Wat dink u sal dit verder vir die studente beteken? Die feit dat jy deel van jou gee, of dring ek nou dalk op iets aan wat nie belangrik is nie?

Tl: Net om te wys dat ek ook mens is en dat ek ook foute gemaak het.

N: In hierdie onderrigopset, hoe sien u "caring" ... in die onderrigopset?

Tl: Dit is vir my belangrik dat daar 'n mate van betrokkenheid moet wees. Ek moet bereid wees om betrokke te raak.

N: Goed ...

Tl: Ek dink spontaniët is belangrik ... om warmte te toon binne die situasie ... Ek sien dit ook as aanmoediging van kommunikasie en die daarstelling van 'n vertrouensverhouding en, ek kan hulle aanmoedig om hulle negatiewe en hulle positiewe gevoelens te verbaliseer ... want daar is mos nou 'n vertrouensverhouding in hierdie situasie.

N: Hierdie betrokkenheid, spontaniët, warmte, die vertrouensverhouding alles, watter aspekte in die hele onderrigopset bevorder hierdie aspekte? Of, hoe kan jy dit bevorder?

Tl: Ek dink persoonlikheid het baie daarmee te doen.

N: Wie se persoonlikheid?

Tl: My persoonlikheid.
N: Joune alleen?
Tl: Nee, myne gekombineer met die van die student. Die tipe opset waarbinne ons is, die situasie waarbinne ons is.
N: Soos byvoorbeeld?
Tl: Die klaskamer of byvoorbeeld ook ... of met pasiënte, ... die tipe vak wat betrokke is.
N: Kan jy 'n bietjie uitbrei daarop.
Tl: Op die tipe vak?
N: Ja.
Tl: Wel, ons het te doene in psigiatrie met mense. Meestal word die kliem in ander vakke gelê op die fisiese versorging van mense en die psigiese en die emotionele versorging word hier (in psigiatrie) baie meer beklemtoon as die fisiese versorging. Om die twee by mekaar te bring, is die ideaal, maar die student word ongelukkig eers in haar derde jaar hieraan blootgestel. Baie min dosente het psigiatrie. (Gevolglik) is hulle baie meer taak georiënteerd as mensgeoriënteerd. Byvoorbeeld, die taak is baie maklik ... om 'n prosedure uit te oefen is eenhonderd persent van belang. Maak nie saak of die pasiënt ongemaklik le met sy kussing nie, of om met die pasiënt te praat nie. Om byvoorbeeld te sê "Meneer dit en dit gaan gebeur en dit mag dalk seer wees."

N: Goed, dit is reg so met die pasiënt, maar as ek nou terugkom na die onderrigopset, is ek nou reg as ek sê dat die onderwerpstoef in die psigiatrie kan dit vir jou maklik ... makliker maak om 'n vertrouensverhouding met die student te ontwikkela of om in gesprek te tree met jou student? Om dit byvoorbeeld te vergelyk met anatomie wat meer objektief feitelik is, kan jy deur psigiatrie te onderrig, 'n makliker weg tot jou studente hê?
Tl: Ja.
N: So, jou vakinhoud het hier die voordeel dat dit kan lei tot ... die oopmaak van die student.
Tl: Ja, die vakinhoud.
N: Is daar nog iets aan hierdie vak wat dit vir jou moontlik maak om 'n vertrouensverhouding of 'n omgee-verhouding met jou studente aan te gaan?
Tl: Ek dink die feit dat die mens as 'n holistiese wese beklemtoon word hier. Die studente is baie volwasse in hulle derde en in hulle vierde jaar. Die studente is baie meer toeganklik of ontvanklik vir alternatiewe. Daar is nie meer met hoofsaaklik 'n reg of 'n verkeerd nie in menslike optrede.
N: Hierdie aspek, dat daar nie meer net reg of verkeerd is nie... vir die derde en die vierde jaar studente, vind jy dat daar byvoorbeeld as gevolg van hierdie verskil, 'n verskil is tussen die tipe verhouding wat daar tussen jou en die eerste jaar studente en jou en die vierde jaar studente sal wees? Dat die aard van die verhouding tussen jou en jou studente vanaf die eerste tot die derde of die vierde jaar verskil.

Tl: Dit is vir my moeilik, want ek bied dit nie aan vir eerste jaars nie.

N: Wat dan van tussen die derde en die vierde jaar studente. Psigiatrie word mos in die derde en die vierde jaar aangebied.

Tl: Aan die begin ... is die student nog baie styf en is dit (die kennisinhoud) nog baie feitlik gerig, maar soos ons verder gaan, en hoe meer die studente besef daar is nie altyd 'n reg of 'n verkeerd nie, en dat daar iets soos, 'n minder effektiwere en 'n meer effektiwere optrede teenoor mense is, ... dit lei tot 'n oopheid in ons verhouding.

N: Goed ... so die vak beinvloed ook jou "caring-verhouding"? Dit maak die verhouding al meer oop?

Tl: Ja.

N: Onderwys as sulks ... hmmm ... is daar ... moontlikhede om hierdie "caring" mee te ontwikkel?

Tl: Onderwys as geheel, of ons vakgebied?

N: Wel, beide.

Tl: In ons vakgebied kan ons dit doen byvoorbeeld deur middel van rolspel ... dit word nie juis in ander vakke gebruik nie. Ook in die voorligtingssessie ... Maar dit is baie op die feitlike gekonsentreer, nie op die menslike of die "caring" aspek nie.

N: So, die rolspel kan ook jou help om nader aan jou studente te kom.

Tl: Dis reg.

N: Wat sien jy as jou rol, of watter verpligtinge het jy in die omgeesituasie in onderrig as dosent?

Hoe gee jy om vir jou studente? Hoe kan jy wys dat jy omgee? ...

In die klaskamer of in die kliniese opset.

Tl: Goed, my voorbereiding is goed voordat ek in die onderrigsituasie instap. Ek gee student ... dit is nie net 'n eengesprek nie, studente kry geleentheid om hulle sê te sê, vrae te vra of voorstelle te maak ... te argumenteer as hulle verskil ...

N: Ja-a ...
TL: Hulle kry ook geleentheid om self dinge te doen. Self onderhoude te voer of self groepbesprekings te lei ... self hulle klasmaats te evalueer, en in daardie evaluasie, as dit na die negatiewe en die afbrekende neig, word hulle gestop, en word hulle weer daarop gewys dat die doel van die evaluation nie is om ander af te breek nie maar om mens op te bou en hulle meer effektief te laat funksioneer. As jy jou in daardie persoon se posisie stel, hoe sou jy gevoel het? Die mens is hier baie belangrik, en die mens se gevoelens is hier baie belangrik.

N: Goed. Nou, wat sou jy sê is daar in die onderrigopset wat die vertrouensverhouding kan afbreek? As daar sulke inherente aspekte aan onderrig is.

TL: Ja. Ek dink konfidensialiteit is 'n groot probleem.

N: Hoe?

TL: 'n Student kom vertel vir my iets of vra vir my iets en dit word bespreek met ander lede ... of dosente. Dit word op 'n afbrekende manier hanteer tussen my en die ander dosente ... sarkasme, asof dit nie iets is wat belangrik is nie terwyl dit vir die student baie belangrik is.

N: Goed. Enige ander aspekte? (Stilte.)

TL: Ek dink ook as ek nie tyd maak vir studente nie, nie beskikbaar is vir studente nie ... hmm ... of as ek nie nie-verbale leidrade erken of opvolg nie, as ek nie verbale gedagtes of negatiewe gevoelens wat uitgespreek word aan aandag gee nie. (Stilte)

N: Wat behels die "beskikbaarheid" waarna u so flussies verwys het?

TL: Dit behels dat daar sekere tye gestel word wat ek vir die student sê dat as hulle enige probleme of vrae het, of die behoefte het om 'n gesprek te voer of net 'n koppie tee wil kom drink, ... ek is beskikbaar daardie en daardie tyd. Jy kan my deur middel van die telefoon 'n afspraak maak of kom kyk of ek beskikbaar is.

N: Sou jy sê dat daar enige ander dimensie verbonde is aan beskikbaarheid?

TL: Tyd is belangrik ... En behoefte ... wanneer daar 'n behoefte is, selfs in die klaskamer. Dit help nie vir my om aan te gaan met 'n klassitusasie as ek aan die atmosfeer kan voel, of hulle sê vir my dat dit nie lekker gaan nie. Dan maak ek tyd. Ek stop waarmee ek besig is, en sorteer dit eers uit.

N: Ja-nee, dit is goed, maar ... jy het netnou gesê dat hulle mekaar in ewegroepie evalueer ... en dat daar dan dikwels negatiewe kritiek is wat die groep onderling kan skaad ... wat nou, as jy self evalueer.

TL: Dit is moeilik ... Bedoel jy enige evaluasie?
N: Ja.

Tl: Wat ek doen, is, die toets word nie uitgedeel in die klas nie. Die studente word een een ingeroep. Hulle word gevra of hulle ... hoe hulle die toets gevind het, was daar enigiets wat hulle nie lekker oor was nie of nie verstaan het nie. Indien daar was kyk ons na die toets en die memorandum en ek sê vir hulle, kyk, wat het jy hier geskryf ... dit was die vraag gewees. As jy die vraag nou moes beantwoord het, sou jy dit anders gedoen het? Dit is hoe ek dit hanteer.

N: Dus, as ek jou reg verstaan, as evaluering nie reg hanteer word nie, kan dit 'n ondermynende aspek word in die vertrouens- (caring) verhouding?

Tl: Ja.

N: Enigiets anders? (Stilte.)

Wat maak dit verder vir jou enigsins moeilik om vir die student te wys dat jy vir die student oomgee?

Tl: Ja, die struktuur waarbinne ons funksioneer.

N: Ja ...

Tl: Ek dink dit Demp spontaniteit. As ek ons kolleke vergelyk met ander kollekes ... is dit hierdie jaar die eerste jaar dat dit vierde jaars byvoorbeeld saam vir 'n naweek kon weggaan. Daar is altyd 'n belemmerende faktor of faktore binne die struktuur.

N: Verwys u nou na byvoorbeeld die organogram en die struktuur van of lyne van gesag en dissipline en dies meer? In hierdie instelling is dit so dat dissipline hoog aangeskryf word.

Tl: Ja.

N: So, by julle is julle tipe dissipline gekombineer met algemene hospitaaldissipline en die dissipline onderliggend aan die verpleegberoep? Sou jy dus sê dat daar te veel dissipline is, of dat te veel dissipline 'n stremmende invloed het op 'n vertrouensverhouding of dan op 'n "caring" verhouding?

Tl: Ek sê nie dit is so nie, maar dit kan. Dit kan ...

N: Dit onteem spontaniteit ...

Tl: ... want ek kan nie sommer byvoorbeeld net sê goed, ek is nie lus vir klas vandag nie, kom ons gaan buitekant toe ... want dit word nie gedoen nie.

N: Dit is dus baie rigied.

Tl: Absoluut.

N: En dink jy dat dit, om 'n "caring" milieu - laat ek nou maar die woord gebruik - te skep ... dat rigiditeit daarteen kan
werk. Sê nou maar om so nou en dan op die ingewee van die moment meer vryheid te hê ... dat jy beter sou kon doen?

Tl: Binne perke.

N: Hoekom binne perke?

Tl: Dit hang af van die mense wat betrokke is. Ek voel sodra ander mense te nagekom word ... of hulle nie voel dat hulle te nagekom word nie, is spontane optrede vir my pragtig.

N: Maar hoe bedoel jy "te nagekom". Kan jy 'n voorbeeld gee?

Tl: Ons het 'n gebrek aan werkers hier. Waar daar 'n spontane aksie volg en die klaskamer her-skoongemaak moet word, en ander mense, die werkers moet nou weer daar gaan skoonmaak.

N: O...

Tl: ... Sulke tipe van dinge. Spontaneiteit is baie belangrik. Ek dink as mens die lekker uit die leer uithaal raak dit 'n moet. Leer ... Vir my is punte nie belangrik nie, maar die betekenis wat hulle (die studente) agter die leer sit. Om te moet leer is 'n las maar om te wil leer omdat ek meer wil weet omdat ek die pasiënt wil kan help in situasies ... daar is betekenis daaraan.

N: Ous, wat jy eintlik sê is dat deur dit vir die studente lekker te maak om te leer ... dit is een van die aspekte waardeur jy toon dat jy omgee.

Tl: Ja.

N: Goed.

Jy het nog 'n ander belangrike ding gesê. Jy het gesê dat jy byvoorbeeld nie studente kan uitneem na 'n ander plek toe nie. Wie sou jy sê is almal betrokke by die caring-situasie in onderrig?

Tl: Ek dink almal wat betrokke is by die onderrig van die studente. Dit sluit hospitaal personeel in. Dit sluit alle kollege personeel in, nie net die dosent nie.

N: Soos byvoorbeeld ... ?

Tl: Ons prinsipale en vise-prinsipale.

Ek moet ook vir jou sê dat by so 'n tipe van omgee is ons afhanklik van hulle. Want ek meen, hulle moet sê ja of nee.

N: So, jou inspirasie vir omgee kom soos jy net nou gesê het deels uit die student uit maar ook van "bo" af.

Tl: Dit het vir my ... Ja dit is vir my ... Almal wat deel het aan die student se opvoeding het volgens my 'n invloed op die student. Op die omgee of die gevoel dat daar word vir my omgee. Dit is nie om altyd ja te sê op alles wat daar
gevra word nie maar, om ook te weet dat daar nie altyd vir my nee gesê sal word nie.

N: Ek dink ons halfuur is byna verby. Jy wil graag eenuur klaar wees.

Tl: Man ek sal vir jou sê ... Is daar nog wat moet kom?


So stel jy nog belang om verder aan hierdie navorsing deel te neem?

Tl: Gaan jy nou net ... Is dit nou hoe jy jou onderhoude gaan voer?

N: Ja, heeltemal oop ...

Tl: Jy kan my maar skakel as ek terug is.

N: Goed, dankie. Hier is heelwat dinge in waarna ek moet gaan kyk. Ek sal vrae hieroor formuleer en dan later met meer direkte vrae na jou toe terug kom.

Is daar nog iets wat u wou gesê het?

Tl: Nee, miskien is dit net vir my belangrik dat eksterne faktore en ook interne faktore of interne motivering tot gedrag en die betekenis wat elkeen daaraan gee, is vir my bepalend tot "caring." Byvoorbeeld, vir die intensiewe sorg verpleegkundiges is dit nie belangrik on te luister na die pasiënt nie. Waar luister vir my baie belangrik is. Sy is meer gerig op fisiese versorging. (Stilte.)

N: Tegniese versorging.

Tl: Tegniese versorging. Dit is belangrik. maar vir my is dit meer ... (Stilte.)

N: Nou goed, nou kan jy solank gaan dink aan tegniese, affektiewe en interne en eksterne aspekte van omgee in die onderrigopset. Dit, tussen jou en die student. So, die verpleegkundige in die situasie word nou dosent en die pasiënt word student.

Dankie.
Interview: TT2-1M.DOC

N: So, as jy gereed is, ek is gereed.

T2: Goed, val weg.

N: Ek het nou verduidelik waaroor die navorsing gaan; oor omgee, die Engelse woord "caring".

T2: Afrikaans het nie 'n lekker woord daarvoor nie. Ek sien u het in die kontrak "versorging" gebruik.

N: Versorging, omgee ...

T2: Omgee en versorging. Daar is baie woorde wat jy nie lekker kan vertaal nie.

N: Dit is baie moeilik.

Nou goed, hoekom het jy kom verpleeg.

T2: Ek wonder soms self. (Lag.)

Nee, ek weet nie. Dit is maar die ding wat ek wou gehad het. Ek het gedink aan die verpleegberoep of die mediese beroep. Maar, ek het besef dat die medici werk nie - hulle sal mens seker aanvat as mens dit hardop sê - hulle werk nie met die mens soos ons met die mens werk nie. Hulle sien die mens... hmm... ek wil amper sê op 'n halfuur-basis. Diagnoseer hom en hy is net weg. En, ek het gevoel ek wil graag met die mens self werk.

N: Hierdie met die mens self werk, wat behels dit vir jou?

T2: Weet jy, vir my self is dit lekker om betrokke te raak by die persoon. Om ... ek het nog altyd in my lwe 'n sekere versorgingsrol gehad. Ek sien ook dat as ek nie 'n versorgingsrol het nie, dan gaan dit nie baie goed met my nie. As ek nie iemand het om oor te "worry" nie, dan voel ek net ... dit ... dit werk net nie.

N: So ...

T2: Hmm ... Ek het gevoel dit is vir my lekker om die ouens te versorg. Deur hulle laagtepunte te gaan, sien dat daar iets gebeur en saam met hulle deur hulle hoogtepunte te gaan.

N: So, as ek jou nou reg verstaan gaan dit vir jou om sorg en versorging en "caring"?

T2: Ek glo so. Maar die woord omgee en die woord "caring" is so omvattend dat ek nie wil sê ek het gaan verpleeg omdat ek "ge-care" het nie. Want, ek dink nie mens het 'n idee van wat "caring" is die dag as mens uit matriek gaan nie.

N: En nou op hierdie oomblik?

T2: Ek is baie hartseer ... ons beroep ... self. Ek .. ek voel ons het so weg beweeg ... Weet jy, ... daar is nie meer
regtig daardie omgee nie. Daar is net nie. Dit gaan oor rekords wat volledig moet wees, dit gaan oor kennis wat jy moet hê, ... dit gaan oor die werk moet gedoen wees. Dit gaan nie meer vir my regtig oor ... sien die mens wat daar in die bed lê nie. Kyk na hom séf, kyk na wat gaan aan met hom nie ... én ook natuurlik na sy familie. Ek self is meer 'n ou wat meer betrokke was by pediatrie, by kinders. So, my ervaring van die volwasse pasiënt is nie baie groot nie. Daarom, as ek praat van die pasiënt wat in die bed lê, bedoel ek ook sy gesin, sy ouers ... jy weet ... vanuit daardie konteks praat ek.

N: Goed, jy het nou gesê ... jy moet 'n persoon hê om oor te "worry".

T2: Ja.

N: So, sal jy dus sê dat alleen wanneer jy besorg is oor die persoon gee jy om of kan jy omgee sonder dat jy juis besorg is of "ge-worry" is oor die persoon.

T2: Nee, ek kan omgee sonder dat ek besorg is. Die een sluit die ander in maar nie omgekeerd nie. As ek besorg is, gee ek om ... Verstaan jy?

N: Ja, soos alle duiwe is voëls maar nie alle voëls is duiwe nie.

So, jy is nou seker oor wat omgee behels in die eerste linie van verpleging, by die pasiënt by die bed.

T2: Ja.

N: Nou ... Nou wil ek graag weet, as ons omgee as 'n moreel etiese gewete in die beroep sien, dan moet dit tog in alle sfere en vlakke van die beroep weerspieël word.

T2: Ja.

N: Wat ek graag van jou wil weet, en as jy nog nie voorheen so daaraan gedink het nie, dan moet jy voortaan bietjie daaroor nadink, hoe is jou rol as dosent 'n verlengstuk van jou omgeerol as verpleegkundige?

T2: Ek voel jou sorgrol moet 'n verlengstuk wees. Ek meen, as dit deel is van jou lewe om om te gee vir mense moet mens tog omgee vir jou studente ook. Maar, mens vind baie min daarvan in die praktyk. Nou steek ek seker my kop in 'n bynes as ek dit sê. Ons samelewing is 'n samelewing waar elkeen vir homself is en die duiwel vir die res.

N: So, die samelewing gee nie meer om nie?

T2: Ek voel so, ek voel regtig so. Ons samelewing het 'n koue samelewing geword. Ek weet nie of dit u ondervinding ook is nie. Ek ken byvoorbeeld nie my bure nie.

N: Goed, maar as u nou hierdie aspek na die onderrigopset moet deurtrek, hoe sien u die invloed in die geval.
T2: Bedoel jy nou die samelewing wat nie meer omgee nie?

N: Ja, hierdie soort van louheid en onbetrokkenheid ... as u dit in die klaskamer in moet intrek.

T2: Ek voel dit gebeur ook in die klaskamer ...

N: Hoe?

T2: Studente is geneig om ... as ek dit nou na hulle kant moet vat, om elkeen vir homself te veg. Hulle is nie geneig on as 'n groep saam te staan nie. Dit is iets wat my baie gepla het die afgelope tyd. Ons klasse is basies klaar vir die jaar. Ek gaan nie weer my studente in die klasopset sien nie. Maar daar is altyd 'n tweestryd tussen die mense. Daar is nie samehorigheid van kom ons pak hierdie ding en ons doen hom saam nie. Of, kom ek help jou. Daar is sulke klein groepies, ja, maar saam ... Ek weet nie, ek kry tog die gevoel dat elkeen voel hy is hier vir homself.

N: So, sou jy dan sê dat hierdie groepsongebondenheid dit eintlik moeilik maak om vir die groep om te gee?

T2: Ja, ... ja. Dit maak dit vir jou as dosent ... Jy weet nooit wat die groep vir jou gaan gee nie. Hy weet nooit hoe hulle gaan reageer op dit wat jy vir hulle gaan sê nie. Hoe gaan hulle reageer op iets wat van jou kant af kom nie. Sal hulle dit ontvang, en, ek wil byna sê "opgebruik", of gaan hulle dit teenstaan. Die ander ding wat my somtyds pla is, as jy belangstelling in die mense toon, dat hulle somtyds bedreig voel daardeur.

N: Hoekom sou u so sê? Op hoe 'n manier ...

T2: Hulle slaan toe. Kyk, mens maak mos oop of toe. Mens kan dit van die student se houding aanvoel. Nou, as jy ... somtyds as jy 'n bietjie betrokke raak, vir hulle vra hoe dit gaan, of vertel my 'n bietjie hiervan of daarvan, is dit asof hulle 'n bietjie kopsku is ... so asof hulle nie ... jou nie vertrou nie. Ek daarmee wil ek weer terugkom na die samelewing se ... die manier waarop hulle groot word. Niemand vertrou meer iemand nie. Of dit nou 'n slechte ding is en of dit nou 'n goeie ding is weet ek nou ook nie, want die samelewing is baie slu deesdae.

N: Ja wel, dit is baie belangrik. Mens weet ook nie of die studente (jongmense) van vandag nie dalk die regte produk vir die samelewing is nie, dat ons wat ouer is nie meer vir die regte produkte vir die tipe samelewing is nie.

T2: Dit is reg, ja. Dit is vreemd, maar ... maar, mens kan dus ook nie sê of iets reg of verkeerd is nie. Ek voel dit is die omgewing waarin hulle groot geword het. Hulle het totaal anders grootgeword as ons.

N: Dis waar, ja. Moet nou net nie dat ons ons ouderdomme weegge nie.
T2: Nee, ek sal versigtig wees daarvoor. (Lag.) Maar, ... hmm..., ek weet nie. Sommige is dit natuurlik nie, sommige is spontaan en oop en dit is skaags genoeg die minder dwarstrekkers. My weet, die ouens wat gewoonlik saamloop. Die dwarstrekker is daardie ou wat half bang is my steek vir hom iets weg. Bang is my gaan hom tekort doen ... indoen.

N: So, wat jy nou vir my sê is dat agterdog by jou studente die omgee-verhouding benadeel. En, wat jy ook vir my sê is dat hierdie agterdog eintlik uit die samelewings kom.

T2: Ek dink dit is ... dit is ... Ag, mens gebruik tog elkeen jou verwysingsraamwerk. En, ek dink tog dat dit half 'n rooiliggie laat opgaan. Die oomblik dat iemand half toegeeflik of half oper raak, weet jy nie wat om daarmee te maak nie want jy ken dit nie, dit kom nie ... iets in jou verlede sê jy moet versigtig wees, hierdie ou wil iets van my hê wat ek nie bereid is om af te staan nie.

N: Goed, jy het my nou baie vertel van dinge wat dit moeilik maak om om te gee. Maar nou, hoe gaan die dosent in die onderrig situasie hierdie probleem oorkom? Wat is die moontlikhede, wat is die opsies?

T2: Ek dink mens moet op 'n manier die mense se vertroue wen. Nou, ek is nie altyd slim met sulke goed nie. Ek doen dit maar op my manier en ek speel hom eintlik volgens wat ek van hulle af kry. Maar, ek voel mens moet betrokke raak by jou studente.

N: Op watter gebiede en hoe?

T2: Die hoe is 'n probleem vir my.

N: Goed dan, op watter gebiede?

T2: Die ... voel ek ... In 'n saalopset, dit sal vir ons baie beter wees as ons regtig met hulle kan saamwerk. Hmm... Dit is nou my "hoo-probleem". Hoe kry jy dit reg om aan die eenkant dosent te wees en in die klas te moet staan en ter selfder tyd saam met jou student in die saal te wees. Nou, ek weet daar is 'n groot polemiek hier onder ons op hierdie stadium oor begeleiding. Hier druk ek weer my kop in 'n bynes. Daar word gevoel dat ons nie genoeg begeleiding doen nie. Nou, dit is so, ek stem heettemal saam, die student lei daaronder, maar, ons kry nie tyd om dit effektief te doen nie. Jy het gefragmenteerde tydies ... tussen vergaderings het jy 'n uur of twee en, wie kan nou gaan en iemand ordentlik begelei in die saal in 'n uur of twee? Jy moet regtig saam met daardie ou stap, van vanoggend vroeg tot vanaand. En, ek wil amper sê, deel van sy dagtaak word.

N: So, om te kan begelei, en om werklik te wys dat jy omgee, en altyd daar is. Voel jy dat die dosent ook 'n instrument moet wees in die integrering van teorie en praktyk?

T2: Ja. Ek het nie 'n probleem met die beginsel dat jy teorie en praktyk moet saamdoen nie. Dan is dit vir die student
makliker om die teorie deel van haarself te maak, of die praktyk deel van die teorie te maak. Maar, dit is wel vir ons 'n probleem. Dit word van ons verwag om daardie dubbele rol te speel en ons vind net dat ons erns tekort skiet en dan lei die student daaronder.

N: Nou, wat sou u sê, waar skiet julle die meeste tekort?

T2: In prakties. Want teorie is daar vir jou 'n kurrikulum wat jy moet nakom. Met ander woorde dit is ook 'n dooie ding. Dit is 'n ding wat daar in 'n boek staan en dit is dit. Maar praktyk lyk dit 'n bietjie anders. In die praktyk kan jy 'n bietjie van jou ervaring aan daardie mense oordra wat nie in die boek staan nie.

N: Ja ...

T2: Jy weet, ek wil amper sê jy kan deel van daardie sesde sesde sintuig van jou aan die student oordra. Op hierdie stadium ly die praktyk daaronder en word praktyk amper evaluasiegerig. Dit is prosedures en evaluering wat jy doen ... die heeltyd om aan jou doelwitte te voldoen. Die geskrewe doelwitte wat daar staan. En, jy gee gevolglik nie vir hulle van daardie praktiese ondervinding wat net die praktyk vir jou kan leer.

N: So, wat jy bedoel is om werklik vir die student in die onderrigopset om te gee, is om van jou werklike ondervinding aan die studente oor te dra. As ek nou reg is, is dit dan 'n ekstensie van jou belewenis ...

T2: Ek wil sê, 'n deel van jouself wat jy aan hulle gee.

N: Dit is pragtig. Ja, ... ja ...

T2: Dit is vir my die ideaal.

N: Hoekom sou dit so belangrik wees om 'n deel van jouself aan hulle te gee? Van jou persoonlike ervaring?

T2: Omdat elke mens 'n ding anders ervaar. Elke mens ... en uit elkeen kan jy 'n stukkie leer. As jy vir my sê, daardie ding is vierkantig, en ek vra vir 'n volgende ou, gaan hy 'n hoek totaal anders beskryf. So leer ek hom deur jou oë en die oë van 'n ander. Met ander woorde dit verbreed my kennisveld, as ek nou die student was, plus, dit bring ons ook nader aan mekaar, want ons werk nou saam en terwyl mens ook saamwerk, gee jy tog ook ietsie van jouself vir mekaar. Jy sien klein gewoontetjies raak, wat mens nie voorheen in die klas situasie sou gesien het nie. Of, ek sien by jou 'n probleem raak wat ek sien, jy verstaan 'n ding nie ... Daar is net kontak met mekaar ... kontak op 'n ander vlak as daar in die klas waar jy voor staan en, ek wil amper sê kennis oordra en jy net verwag dat hulle dit op 'n stadium moet terug gee.

N: Ja. Ek wil net gou hier na my aan tekeninge kyk. Is daar nog iets wat jy hieroor wou sê?
T2: Ja, ons het net nou gesê op watter vlak moet mens betrokke raak. Ek het aanvanklik gesê mens moet betrokke raak by die studente.

N: Dis reg ja. Goed, gaan maar voort.

T2: Toe het ek nou gepraat van die saal self. Dat mens meer ... Ek het opgelei in 'n situasie waar die dosent omtrent niks met my praktyk te doen gehad het nie. Ek het haar eenmaal in die praktiese opset gesien en dit was in my praktiese eindeksamen. Jy moes self sorg dat jy op hoogte van jou prosedures is. Ek weet nie of dit heetemal sleg was nie. Mens het tog die vrymoedigheid gehad om na die dosente toe te geen indien jy 'n teoretiese probleem gehad het. Maar, jy het nie die vrymoedigheid gehad om na daardie persoon te gaan en te sê ek het 'n persoonlike probleem nie. Daarvoor het jy ander mense gekies.

N: So, jy voel dat in die omgeesituasie, moet daar oop kanale wees tussen jou en die studente. Persoonlik en akademies?

T2: Ja ... ja ... Dit kom nou volgende. Daardie was nou in die saalopset. Ek voel ook dat mens by hulle moet betrokke raak op 'n ander vlak. Nou hier weer eens, is dit missien moeilik, want, jy laai naderhand baie hooi op jou vurk omdat hulle baie verantwoordelikhede op jou kan afgooi. Hulle kan met baie van hulle probleme na jou toe kom en so mors jy dikwels tyd wat jy reeds nie het nie. Maar, hierdie mense het geen aflaatplek nie. Geen. In my opleidingstyd het ons 'n studenteberader gehad. Nou, ons het verbly haar kantoor geslui. So, dit is ook nie altyd 'n antwoord nie. Hierdie studente het egter geen plek waar hulle kan aflaai nie. Hulle het 'n HK. Ek bedoel hmm, hmm, ... Nie 'n hoofkwartier nie. Man, 'n HK op varsity.

N: Huiskomitee?


N: So, op hierdie oomblik is die huiskomitee deel van die hele omgee vir die studente.

T2: Ja, maar ek voel dat die huiskomitee geen mag het nie.

N: En die skakeling tussen die huiskomitee en die dosente?

T2: As ek kan sê zero is dit baie. Nie regtig nie. Individueel sien jy die mense maar jy sien hulle nie as huiskomitee nie.

N: Dit is nou eintlik wat uit ons gesprek kom, dat jy wil graag met die studente op meer gebiede betrokke raak, en oop kanale hê, maar nou het hulle 'n huiskomitee, waar hulle kan gaan aflaai soos jy dit noem, maar dit kom niks verder nie. So ... die bietjie betrokkenheid waarmee hulle nog na die dosente toe sou gekom het gaan nou op 'n "side track" wat eintlik doodloop.
T2: Ja, want jy as dosent kan nou ook nie eintlik iets daaraan doen nie. Nou, dit gaan nou oor die struktuur wat ons hier het. Die ... struktuur, en oor miskien spesifieke mense. Maar, ... Hulle (die studente) het nie iemand wat vir hulle omgee nie. Hulle huismense is ver. Okay, hier en daar het een miskien 'n vriend of so iets ... Hulle het nie eerstefasiliteite waar hulle hul vriende werklik kan onthaal nie. Daar is 'n gesamentlike sitkamer byvoorbeeld, ... en, jinne man, ... dis jongmense, hulle wil tog mekaar se geselskap somtyds hê. En, ek bedoel nie altyd heteroseksuele verhoudings nie, ek bedoel ... "plein jou 'pelle'" ... wil jy graag sien en saam met hulle kuier. Hmm ... maar hier is nie sulke fasiliteite nie. Hier is nie gronde om op te loop op hierdie area nie. Hier is nie sportfasiliteite nie. Hier is basies niks vir hierdie studente nie.

N: En jy sou dit alles onder die omgeefunksie sit?

T2: Ek sal.

N: Ja ...

T2: Ek bedoel, hierdie mense het nêrens 'n plek waar hulle 'n bietjie kan gaan onthaal van dit wat hulle voel nie. Nou goed, as hulle nie 'n mens het om dit op te laai nie kan hulle miskien van hulle vriende getrek het hierna toe, maar hulle kan nie want hulle het nie daardie fasiliteite nie. Of, hulle kon dit miskien op die sportveld gaan uithaal het, hulle aggressie en frustrasie, en wat ook al. Dit is hoe ek hierdie goed bymekaar bring. Dit klink miskien "far fetched" maar dit is regtig vir my 'n kwessie dat hierdie mense het geen afleiplek nie. En, dan het hulle miskien ook 'n spesifieke dosent wat hulle redelik naby aan kom, en wat hulle mee maak. Maar, daai dosent kan hulle ook nie vreëlik help nie.

N: Hoekom nie?

T2: Ons het ook 'n muur.

N: En wat behels daardie muur? Dus, wat staan eintlik direk in jou pad om te kan omgee vir studente?

T2: Daardie een sal ek miskien liever wil "pass".

N: Wel, ek sou bly wees as jy dit eerder sou antwoord. Jy kan dit maar eers goed oordink voordat jy antwoord. Sonder om vuil wasgoed uit te hang of krities te wees oor jou omgewing ...

T2: Ons het dieselfde probleem as daardie studente, dat ons ook in 'n situasie is waarin daar basies niemand is wat omgee nie. Elkeen is vir homself, en elkeen hol vir sy eie gewin.

N: Ja ...

T2: Daar wil ek deels die ... opset kritiseer.
N: Iets soos die hiërargie, die vloeidiagramme (organisasie) wat verbonde is aan die hele opset. Die discipline en kodes wat in sekere lyn volg en dat daar nie vrye toeganklikheid is en sulke ding nie?

T2: Dan wil ek ook nog 'n ding miskien die skuld gee. Dit is dat ek voel dat die mense wat veronderstel is om bestuursvaardighede te hê het dit nie. Met ander woorde, hulle weet nie hoe om met personeel te werk nie. Nou, ek gee myself nie as 'n ekspert uit nie, ek voel myself ook baie ontoereikend op daardie gebied. Maar, ek bestuur nie so baie mense nie. Daar sit mense in bestuursposte wat nie die mens in die organisasie raak nie.

N: En dit affekteer die hele omgee ...

T2: Ja!

N: Goed, daar is nou 'n paar aspekte waarna ek weer wil terugkoms. Hier is nou baie dinge wat sin uitmaak ...

T2: Ek is bly as jy daaruit kan sin uitmaak. (lag.)

N: Ja ... Jy kan tog nie dit wat binne die klaskamer skei van dit wat buite die klaskamer met die student gebeur nie.

T2: Nee.

N: So, as jy wil omgee moet jy altwee die kante raaksien. Dis wat jy eintlik vir my probeer sê?

T2: Dit is jou groot probleem in hierdie opset dat jy nie ... Dit help nie jy toon 'n bietjie belangstelling in daardie mens en stoot hulle in 'n rigting nie. Hulle sê net vir jou "Wat help dit, ons is so ingehok?"

N: Maar as jy nou hierdie hele kwessie van omgee in die onderrigsituasie moet inneem hoe sien jy dit daar? In die klaskamer en binne in die kliniese situasie ...

T2: Ek voel ...


T2: Ek het nou al 'n klomp dinge gegee wat teen omgee werk.

N: Ja, maar wat van binne in die klaskamer en die hele onderrigsituasie. Kom ons begin in die klaskameropset.

T2: Daardie studente moet 'n kans hê om met jou te praat. Met ander woorde, jy moet nie vir hulle ... onbereikbaar ver wees nie; met al die kennis in pag en ... met ander woorde daar op 'n "pedestal". Jy moet na hulle vlak toe kan kom en hulle saam met jou neem. Jy moet van jou gee. Jou ervarings, jou gevoelens ensovoorts. Goed, nie alles nie. Jy kan jouself nie totaal en al oopmaak nie, en jy kan dit ook nie van hulle verwag nie. En ek wil amper sê vanuit hulle behoeftedie ding benader. Ek wonder dikwels ook of ons nie
te veel kennis in hierdie mense se koppe stop nie. Of ons nie meer na die praktyk toe moet gaan nie en half wegbeweeg van die boek nie. Dit is nou miskien 'n groot ding wat ek sê, want hoe gaan jy dit organiseer. Maar dit voel vir my asof die klassituasie is 'n koue situasie.

N: Ja, maar, ...

T2: Ek weet, jy probeer hom nou warm kry.

N: Ja, dit is onder andere reg. (Lag.)

T2: Ek het nie vir jou die antwoorde nie.

N: Soos ek dit verstaan, bedoel jy dat om met die studente kontak te maak moet jy saam met die student werk. Jy gaan saam met die student in haar omgewing inkom, vir haar "care" en saam met haar vir die pasiënt "care". So, dit kom eintlik, sonder om jou in die rigting te lei neer op "precept and example" of rolmodel byna.

T2: Die "precept and example" sou ek nie verstaan het nie. (Lag.)

N: Ag, jy jok.

T2: Ek sou dit nie kon vertaal het nie.

N: Wel, ek ook nie. (Lag.) Maar hierdie ding dat mens jou van jou student kan abstraheer, dat jy ver van jou studente af kan staan omdat jy nou kwansuis so slim is. Jy weet hoe die studente is, hulle bewonder die dosente.

T2: Mens voel egter somtyds ook bedreig, dat hulle vir jou iets kan vra wat jy nie weet of verstaan nie. En daarom keer jy jouself op jou "pedestal".

N: O.

T2: Dit ervaar mens ook.

(Omruling van band)

N: So, die afstand wat daar tussen die dosent en student is is dikwels omdat die dosent bedreig voel. En, die beste is om te sê as jy iets nie weet nie.

T2: Ek sal vir hulle sê as ek iets nie weet nie. Ek sal kyk sover ek kan uitvind. Wat anders moet mens doen. Jy kan tog nie vir hulle 'n storie gaan "spin" nie. En, as jy nie 'n bevredigende antwoord kry nie, moet jy sê "sorry" maar ek kry nie die antwoord nie.

N: En andersins, hoe gaan jy die probleem oorkom. Is daar enige ander manier waarop jy die probleem kan hanteer?

T2: Die ander ding wat ek ook al gedoen het is om vir die studente te vra om jou te help en om saam met jou te soek na
die antwoord. Veral as dit in hulle area val. As dit nou nie te ingewikkeld word vir hulle nie.

N: Met ander woorde die hand uitreik om die gaping wat nou ontstaan het te oorbrug.

T2: Ja. Want dit is ook vir jou 'n gaping nè. Jy moet ook gaan soek.

N: Sou jy sê dat daar enige verdere implikasies is sover dit die dosent se kennis aangaan?

T2: Nee, ek weet nie. Ek het jou nou verloor.

N: Nou goed, nou moet ek jou so bietjie lei. Sou jy sê dat deur genoegsame kennis te hê jy by jou studente vertroue kan inboesem?

T2: Ja, natuurlik.

N: 'n "Caring" effek?

T2: Ja, beslis. Ek het die begin van die jaar die probleem gehad met my studente deurdat ek en 'n ander dosent saam betrokke was by hierdie een vakgebied en ek het regtig soos 'n buitestander gevoel, wat vir my nogal regtig sleg was. Ek kon nie vatplek kry nie en ook nie 'n staanplek nie. Hmm ... hulle het regtig nie geweet waar hulle aan of af is nie. Watter gedeelte moet hulle nou vir wie gaan vra nie. En watter probleem moet hulle met wie bespreek. So, so iets kan 'n student ook geweldig omkrap. En, dit het hulle omgekrap. Hulle was ... ek wil amper sê ... senuweeagtige bol mense. Net soos dit my ook omgekrap het.

N: Ja, dit is nou belangrik, gaan gerus voort.

T2: Ek het regtig vir die mense wat na aan my is gesê dat vir my voel dit asof ek my goedjies kan vat en kan loop. Want ek het nie 'n staanplek, 'n 'hoortplek' nie. En, ek dink hulle het ook so gevoel. En regtig toe die probleem opgelos is wat ek toe nou weer my jaargroep teruggekry het, ... daarna kon ons weer kontak maak. Ongelukkig het ons net sewe weke gehad om dit in te doen. So, tyd en kontak is 'n faktor.

N: So, dit lyk vir my as ek so na jou luister dat tyd is 'n belangrike aspek in omgee.

T2: Ek het regtig vir die mense wat na aan my is gesê dat vir my voel dit asof ek my goedjies kan vat en kan loop. Want ek het nie 'n staanplek, 'n 'hoortplek' nie. En, ek dink hulle het ook so gevoel. En regtig toe die probleem opgelos is dat ek toe nou weer my jaargroep teruggekry het, ... daarna kon ons weer kontak maak. Ongelukkig het ons net sewe weke gehad om dit in te doen. So, tyd en kontak is 'n faktor.

N: So, dit lyk vir my as ek so na jou luister dat tyd is 'n belangrike aspek in omgee.

T2: Nie net tyd nie. Wat jy met daardie tyd maak.

N: Ja. Die kwaliteit van daardie tyd.

T2: Ja. Nou goed, die kwaliteittyd kan wees as jy 'n hele uur klas gee oor diabetes. Dit is ook jou tyd kwalitatief gebruik. Maar met omgee werk dit nie heeltemal so nie. Ek weet nie, ... ek weet nie hoe om dit te stel nie. Ek is besig om in sirkels te praat.
N: Nee, jy praat glad nie in sirkels nie. Dit is so dat ... in die tyd wat jy het moet jy soveel ding uitsorteer dat jy nie kwaliteit tyd aan die student kan gee nie.

T2: Ja, dit is so.

N: Daar is seker ander dinge wat gedoen moet word ... die akademie wat so hard druk. As daar 'n incident van ekstra omgee voorkom is daar nie werklik tyd om kwaliteit aandag (tyd) te gee nie.

T2: Ja.

N: Hierdie kwessie dat julle byvoorbeeld 'n vakgebied ...

T2: ... deel ...

N: ... deel, of gedeel het is vir my baie interessant. So, om in 'n vakgebied op te tree kan vir 'n dosent ... soort van grense skep waarbinne sy haar eie voel, en wat vir haar, nie dat mens wil sê "ouitoriteit skep" nie, maar dit gee vir haar meer 'n gevoel van selfversekerdheid, selfwaarde, en op hierdie gebied kan sy nou deur die werk, die vakgebied, wat nou goed afgebaken is, met die studente in verbinding tree en daardeur vir die student sorg, terwyl, as jy nie daardie sekerheid het van waar jy staan nie, binne 'n vakgebied nie, dan verloor jy eintlik al jou kontak met jou studente, en jy is self onseker ...

T2: Jy verloor dan kontak met jouself.

N: Ja, so, jy raak eintlik self vervreemd van die hele caring omgewing?

T2: Ja, want jy weet nie waar jy inpas nie. Jy het nie 'n plek om in te pas nie. En nou ja, ek weet nie of die ander persoon ook so gevoel het nie, ek het nooit met haar so daaroor gepraat nie, maar ... dit was net vir my opmerklik dat toe mens weer begin, dit het 'n rukkie geneem, om weer met die mense kontak te maak waar mens voorheen glad nie met hulle kontak kon maak nie. Nou wat ons op hierdie area gebring het, jy het iets gesê van ... O ja, jou kennis wat jy in jou vakgebied het kan vir jou soort van sekeriteit bring. Ek voel dat my kennis is redelik op hoogte van my betrokke vakgebied waarin ek belangstel het totaal en al onseker begin voel in hierdie opset waarin jy nie hierdie kontak met hierdie student het nie.

N: Ja, dit is nou baie interessant. Hoekom?

T2: Want, ... daar is nie kontak van hulle kant af nie. So jy weet nie waar jy staan ten opsigte van hulle nie ...

N: Met ander woorde, wat jy eintlik sê is ...

T2: ... want ...
N: Ekskuus tog, maar verwys u nou na ondersteuning van die studente af, om terugvoer van die studente te kry om jou te ondersteun in hierdie onderrigopset?

T2: Ja, en ook in die omgeeproses.

N: Ja!

T2: Want as hulle net soos 'n klomp "mutants" daar sit, en jy rammel 'n ding hierdie kant af, om net tog asseblief die tyd verby te kry, dan is daar mos nie interaksie nie. Hulle sê nie hoe hulle teenoor jou voel nie en jy sê ook nie hoe jy teenoor hulle voel nie. Jy kan nie in so 'n opset van jouself, van jou ervarings aan hulle oordra nie.

N: Ja ...

T2: En weer eens daardie praktiese dinge wat jy nie in die boek sien nie aan hulle oordra.

N: Kyk, dit verstaan ek nou heeltemal goed, en dit is baie belangrik. Nou dat jy dit gesê het kan ek my indink dat dit kan baie moeilik wees waar mens 'n opset moet deel en waar jy ... waar daar 'n kommunikasiebreuk kom en jy nie terugvoerommunikasie kry nie, jouself in der waarheid verloor en onseker word. Natuurlik is dit so dat jy die ondersteuning van ander nodig het in jou omgee, want ... anders weet jy nie waarmee jy jou besig hou nie.

T2: Jy praat teen iets vas wat niks vir jou teruggooi nie. Dit is iets wat al die klank absorbeer. Jy hoor nie eens hoe hard praat jy nie.

N: Maar nou, in die klaskamer, in onderwys, is daar moontlikhede, dinge om te gebruik om byvoorbeeld die skeiding tussen jou en die studente te oorbrug, buiten nou om in die kliniese area te gaan onderrig gee. Is daar in die klaskamer moontlikheid ...

T2: Ek weet nou nie ... Ek is bietjie in die duister. Ek weet nou nie of jy mik in die rigting van groepsbesprekings, groepsaksies ...

N: Onderrigstrategieë.

T2: ... sulke ding nie. Ja.

N: Ja. Sou jy sê dit kan help?

T2: Ja, ek is seker dit kan. Want weer eens, jy gaan na elke groepie of area toe. Jy is met almal in kleiner groepies betrokke. Nie jy teen 20 of 30 nie.

N: So, wat jy nou vir my sê is dat die groepgrootte gaan beslis 'n invloed hê.

T2: Ja, verskriklik. Een van die klasse hier is 52 studente. Nou, hoe die duiewel maak jy kontak.
N: Ja, dit is nou iets wat ek graag sal wil weet.

T2: En ons fasiliteite is ook van so'n aard dat die helfte van die tyd hulle net jou rug sien terwyl jy vir hulle klas gee. Daar is nie 'n groter lokaal nie. Nou, wat nou.

N: So, dan nou deur hulle in kleiner groepe te Verdeel en so van groep na groep te beweeg ...

T2: Ja, ek dink hulle voel dan ook hulle kry meer individuele kontak.

N: Dit is heetemal moontlik.

T2: Ek weet nie, 'n kleiner groepie, identifiseer makliker met mekaar.

N: Wel, tien teen een gaan vriende in groter groepe in iedere geval klieks vorm.

T2: Ja.

N: Sou jy sê dat daar dinge inherent aan onderwys is wat omgee en "caring" kan ondermyn? Dinge wat die dosent dalk noodgedwonge moet doen.

T2: Ek sal hierdie een moet gaan oordink.

N: Goed, ...

T2: Ek dink so ...

N: Het jy nog tyd?

T2: Ons moet net vir ... ook tyd gee.

N: Goed.

Ek wil jou net een ding vra. Jy het heel aan die begin gesê omgee is deel van mens se lewe. Kan jy daarop uitbrei?

T2: Dit sal vir my baie sneaks wees as daar iemand is wat nie vir iets omgee nie. Al is dit nou deksels vir geld. Maar ... Daar is tog iets waarvoor jy omgee. Nou goed, sommige mense gee vir dinge om en sommige mense gee vir mense om. Nou ek weet nie hoekom die liewe Vader ons so verskillend gemaak het nie ... Ek weet nie, dit is net nie vir my moontlik dat jy kan bestaan sonder om vir iets om te gee nie.

N: Is dit nou omgee of bloot dat iets vir jou van belang is. K kyk, daar sou mens seker 'n onderskeid moet maak.

T2: Ja, seker. In die materialistiese sin glo ek dat dit belang is, maar by die mens voel ek dat dit is omgee.

N: Waar sou jy sê kom hierdie omgee vandaan?

T2: Ek weet nie.
N: Jy kan gerus daaroor ook gaan nadink.

T2: Dit moet 'n ding wees wat inherent ... ek weet nie ...

N: ... aan die mens is?

T2: Dis daar in jou hart, maar nou, waar sit jou "hart" of jou siel, of jou wat ook al?

N: Nee, goed, dit is net interessant om te hoor hoe jy dit sien, maar, laat ek jou hier ook help, daar is skrywers wat die filosofiese stelling maak dat: "Caring is a human mode of being" en dat "if you do not care, you are in some way crippled."

T2: Haai, ek wil amper met hulle saamstem, maar, ek weet dat daar mense is wat omgee vir dinge en nie omgee vir mense nie.

N: Dit is nou amper soos die "caring for" en "caring about"?

T2: Dit is reg ... Dit is reg, ja. Ek voel hulle is arm. Hulle mis iets geweldigs in die lewe. Ek was lank 'n baie geslote mens, en dit het nou net eenvoudig, die liewe Vader het so besluit, om my so 'n bietjie bloot te stel. En, ek dink dit was die beste ding wat Hy ooit met my kon doen.

N: Seersekerlik dink ek ontdek mens sekere potensiaal in jouself as jy blootgestel word.

T2: Ek soek nog om daardie te ontdek.

N: O, jy sal. Blootstelling kan die wonderlikste dinge teweeg bring. Mens moet net, as mens miskien 'n bietjie kopsku is, moet mens dit net onder gekontroleerde omstandighede doen. Mens moet nou nie jou sommer in 'n bynes begewe nie. Konfrontasie kan 'n baie goeie terapie in die lewe wees.

Goed. Baie dankie, ek gaan definitief na jou toe terugkom. Is dit nog reg met jou? Sien jy nog kans om met hierdie navorsing verder te gaan?

T2: Ek glo so. Ons moet net 'n tyd bepaal.

N: Reg ja. Ek gaan nou eers hierdie band transkribeer en dit ontleed en vrae daarop baseer.

T2: Net nie my vasvra nie.

N: Neel Kyk, daar is mos nou nie regte en verkeerde antwoorde nie. Dit is mos soos jy dit sien. Nou, dit gaan nie hierdie week wees nie ek is self 'n bietjie vas. Ek sal jou weer kontak.

So, dink weer na oor omgee in die onderrigopset. Hoe mens deur onderrig self kan toon dat jy omgee en ook of daar dinge in onderrig self is wat "caring" kan ondermyn.
T2: My probleem met daardie ondermyningstorie is dat ek nog nie die onderrigkwalifikasie het nie. Nou weet ek nie of jy die tegniese vaardighede soek wat ek nog nie bemeester het nie.

N: Maar jy gee tog onderrig?

T2: Ja, ja.

N: Dit kan baie tegnies wees, maar ek is seker dat as jy daaroor nadink sal jy met voorbeelde wat jy reeds in die onderrigpraktyk opgedoen het mee vorendag kan kom.


N: Jy weet, dinge wat die studente laat dink "O Griet, sy gee nie vir my om nie."

Goed dan, baie dankie, ek sal graag weer terugkom.

T2: Goed.
Interview: TT2-2M.DOC

N: Ek het ons vorige onderhoud geanaliseer maar nog nie 'n strukturele voorstelling gemaak nie. Nou moet jy asseblief vir my sê of die volgende woorde wat ek uit hierdie onderhoud uit afgelei het wel van toepassing is op "caring." As jy iets daaroor te sê het of iets wil byvoeg, doen asseblief so.

T2: Goed.

N: "Caring" behels:

  Toewyding, betrokkenheid, "life force" na aanleiding van die feit dat jy gesê het dat daar altyd iemand in jou lewe moet wees om na om te sien anders het die lewe nie sin nie. Of jy jou nie die lewe daarsonder kan voorstel nie. Of dit byna 'n dryfveer in die lewe is.

T2: Ja, dit is so.

N: Om om te gee is:

  Vervullend, self-aktualiserend, en omgee vir iemand beteken definitiewe aksies wat geneem word.

T2: Ja.

N: Wat "definitiewe aksies" betref wil ek net daarop wys dat ek dit verder definieer om byvoorbeeld in 'n te sluit indien jy sou besluit om nie enige aksies te neem nie. Dus, 'n besliste besluit waarby jou aksies is om "nie iets te doen nie."

T2: Ja!

N: Goed.

T2: Ek dink ek wil net terug gaan daar na een toe ...

N: Self-aktualisering? Toewyding?

T2: Nee nou weet ek nie, dit sal my later byval.

N: Goed, die ander is: begeleiding en leiding, teenwoordigheid maar ook distansie of afstand.

T2: Dit lyk baie half na teenstrydigheid wat in "caring" voorkom?

N: Baie. Dit hang baie van die situasie af, maar nou aan die anderkant, ons lewe 'n lewe van teenstrydigheid. Ons leef en sterf terselfde tyd. Soos Travlebee dit in haar teorie van verpleging ook aantoen.

T2: 0, die een wat ek aan gedink het is vervulling. Mens ervaar nie altyd vervulling nie maar ook somtyds lyding met 'n lang "y". Omdat jy omgee, maak dit so seer. So, "omgee" bring ook
"vulnerability", bring ook blootstelling, ... en al daardie goed is vir my nie soseer negatief nie, maar kan ook ... Kyk, "selfvervullend" klink so verhewe, so op en hoog en "what ever." Maar, hy (caring) vat jou ook grond toe.

N: Goed. So, wat jy sê is dat dit bly vormend?
T2: Ja.

N: Selfs daardie "negatiewe" aspekte bly dus vormend.
T2: Ja.

N: Ja-nee, dit is baie gaaf want dit pas by soveel ander dinge aan.

Goed, dan verder, "caring" of om om te gee, behels: om outentiek te wees. Die Engelse "authenticity". Dit beteken jy is absoluut ... eg. Dit beteken ook om absoluut jouself te wees. Jy het baie gepraat van om van jou ervaringe te vertel en om van jouself te gee. Met ander woorde dit beteken om absoluut eg te wees vir daardie studente of huile kyk reg deur jou.

T2: Dit is die ideaal nê. Mens kry dit egter nie altyd reg nie. Jy is nie eers altyd eerlik met jouself nie. As mens regtig moet gaan eerlik wees, ... ek weet nie of dit die samelewing is wat vir mens 'n masker aangeplak het nie, maar mens sukses om jou ware self te wees. Mens is dikwels nie aanvaarbaar nie, mens moet agter 'n masker skuil. Dit wat jy sê klink so eteries, so ideaal.

N: Ja, maar dit is nie altyd so nie.
T2: Realiteit is dat dit somtyds nie slaag nie.

N: Dit sou natuurlik ook verband met die mate van kwesbaarheid wat in die omgee-verhouding ontstaan.

T2: Dit is so. Dit is reg. Wat ook weer aanleiding gee tot stewiger bande bou, want die oomblik dat jy jou kwesbaarheid somtyds blootlê, of die ander ou lê sy kwesbaarheid bloot, en wat daarmee gemaak word. Hoe dit gebruik word is wat saak maak. Dit kan 'n "bonding" wees.

N: Ja. So, "caring" is eintlik 'n "dicey-business."
T2: Baie.

N: Goed, en dan, "caring" is: kontak, as jy omgee moet daar kontak wees.

T2: Verkieslik kontak op 'n noue afstand. Dit beteken meer as om byvoorbeeld met iemand oor die telefoon te praat as jy by hom is. Jy hoef nie noodwendig aan hom te vat nie. Fisiese kontak nie.

N: Dus is daar twee dimensies aan kontak, 'n fisiese en 'n interpersoonlike?
T2: Ja.

N: Jy het ook gesê dat in die klas dat in die klasopset in kleiner groepies en veral ook in die kliniese opset is dit makliker vir 'n omgeesituasie om te ontwikkel.

T2: Ja.

N: Gaaf. Dan het ek hier: Mag of "power." Maar hierdie mag is nie 'n attribuut van die persoon van die een wat omgee nie, maar mag wat mens tot jou beskikking het.

T2: Om sekere dinge te kan deurvoer is mens veronderstel om 'n bietjie ... Gestel nou die student kom na jou toe, moet mens 'n mate van bevoegdheid hê om aan hulle versoek te voldoen.

N: Is mag dan nie om beheer oor iemand te hê nie?

T2: Nee, maar daar is tog gevalle waar mens 'n magsposisie moet inneem of miskien eerder 'n dissiplinaire posisie. Vanuit jou verwysingsraamwerk wat dikwels breër is as die van die student s'n, moet jy haar riglyne gee en ... somtys dit half afdwing .. op so 'n wyse dat ...hulle dit aanvaar. Hulle mag dit sien as sou hulle gekniehâler word, maar dit is nie altyd so nie. Jy weet vanuit jou raamwerk wat die konsekwensies is as ... So daar is ook daardie magsposisie.

N: Goed. Verder, om om te gee is: holisties, dit sluit in fisies, psigies, akademies, hulle private lewens alles. Dan, om by te dra tot "caring" in die onderrigsituasie behoort mens oor bestuursvaardighede te beskik.

T2: Ja.

N: Dan ook sekere onderrigstrategieë.

T2: Ja.

N: "Omgee" is dan verder ook om respek te toon, om te assosieer, om eerlik te wees, om konsidererend te wees, en die is om erkenning te gee aan 'n persoon se vlak van ontwikkeling.

T2: Ja, dit is belangrik want anders gaan jy hom heeltemal mis. Jy moet daal of styg tot op daardie persoon se vlak. Dit kan ook in die dosent/studentverhouding wees dat jy van die student leer.

N: Dan, jy moet geloof (faith) hê in die ander, en ook vertroue in die vorm van "trust."

T2: Vertroue, respek ... daardie goed loop so hand aan hand ... en toewyding ook. As jy van hulle mis, is jy nie heeltemal volledig nie. Dan kan jy nie regtig regtig in 'n lekker verhouding met hulle staan nie. Ek dink dit is vir baie van ons 'n probleem. As jy nie respek het vir iemand nie, hoe gaan jy hom ooit vertrou? Hoe gaan jy ooit in 'n vertrouensverhouding met daardie persoon gaan? Hoe gaan jy
ooit vir hom omgee? Hoe gaan jy ooit glo dat dit wat hy doen en sê is eg?

N: Dan, interaksie en kommunikasie. Dit is nie net verbale kommunikasie nie maar alle kommunikasie, lyntaal, ...

T2: Ja. Die telefoonstorie kom weer hier te voorsyn. Dit is moeiliker om dit oor die telefoon te doen.

N: En individualisme.

T2: Dit is makliker in 'n een-tot-eenverhouding.

N: Is daar enige ander dimensie in hierdie individualisme.

T2: Kyk, elke ou is verskillend. Elkeen is net hy.

N: So, jy behandel elkeen op persoonlike meriete?

T2: Dit voel net vir my onregverdig .... Goed, mens gaan vergelykings tref, maar jy gaan daardie persoon met wie jy op daardie stadium besig is, jy gaan sy raamwerk bekyk. Vanuit sy agtergrond. Want hy beleef 'n ding baie anders.

N: "Caring is a human mode of being." Met ander woorde dit is 'n werklige wesens-eienskap van die mens.

T2: I don't think that you can be without caring.

N: Dus, dit is om mens te wees om om te gee. 'n Absolute veredelde gestalte van die mens is die omgee-mens. Dit is nou omgee vir jou medemens soos ons laas besluit het en nie omgee vir dinge nie.

T2: Ja, maar ek wonder of dit nie ontvlugting is om om te gee vir dinge nie. Erns langs die pad voel ek het daardie ou 'n groot teleurstelling in sy medemens beleef.

N: Goed, en die laaste een is amper soos mag naamlik om bedingingsmag te hê.

T2: Ek wil eintlik sê dat baie van daardie mag wat ek gehad het is eintlik bedingingsmag.

N: En die bedinging toon ook op onderhandelde mag en nie op geforseerde mag nie.

Goed, Is jy verbaas oor wat alles uit die onderhoud gekom het aangesien jy dit nooit in die spesifieke woord gesê hat nie.

T2: Ja, maar soos mens sekere dinge sê kom dinge na vore. Ek kan sien waaruit het dit gekom. So hier en daar is daar iets wat vir my so 'n bietjie duister is.

N: Nou goed, so lyk dit nou nadat ek dit beet gehad het. Die kolom is wat jy gesê het en hierdie is my repliek daarop of my analyse daarvan.
Goed, nou is daar nog 'n aantal vrae wat uit die vorige onderhoud spruit wat jy vir my moet opklaar.

Jy het vroeër gesê dat jy nog altyd iemand gehad het om oor "worry". Ons het dit toe bespreek, maar ons het nog nie genoegsame uitklaaring daaroor bereik nie. Wat ek nou wil weet is, wat van "caring" as 'n las of 'n plig?

T2: Dit is byna waarby ek netnou uitgekom het toe ek gesê 'het "caring" kan ook lyding met 'n lang "y" word. Dit is so, dit kan jou plig of verpligting word en dit kan 'n las word. Maar dan verloor hy vir my sy waarde. Dan is dit nie meer "caring" nie. Dan is dit plig.

N: So, wat is die verskil tussen die twee.

T2: Die een is lekker en die ander is nie.

N: Hoekom is die een lekker en die ander een nie?


N: En sou jy nou so 'n situasie in die klaskamer of in onderrig kon belewe?

T2: Baie maklik! (Stilte.)

N: Hoe?

T2: Daar is baie dinge wat mens by tye voel is "pleine" plig. Lets waaraan jy jou moet onderwerp en jy ook voel dat dit die studente se tyd mors.

N: Is daar gevalle waar jy met die studente self werk waar jy voel dat hierdie moes eintlik "caring" gewees het maar vandag is dit pure plig.

T2: Ja.

N: Onder watter omstandighede?

T2: Ek wil amper sê jy staan so uit die bed uit op.

N: (Lag.) Ekskuus dat ek nou so "simple" lag maar...

T2: Jy kry mos dae waarin jy voel dat vandag is dit vir my die grootste ergernis om uit die bed uit te klim en om aan te trek en om te gaan werk.

N: Goed.

T2: Daar is natuurlik ook sekere handelinge ... daar is ongelukkig sekere mense ook teenoor wie jy nie so 'n goeie gevoel het nie. Mense met wie jy nie lekker klaar kom nie. Gelukkig is hulle in die minderheid. Maar jy kry dit dat persoonlikhede en dies meer bots en dan raak dit vir jou
"pleine" plig om hierdie studente te gaan begelei. Om hierdie klas te gaan behartig. Ek moet vir jou sê, Vrydagmiddag is 'n plig. (Lag.)

N: Goed, nog iets daaroor?

T2: Nee, ek dink nie so nie.

N: Nou, die tweede vraag wou ek u weer gevra het oor hierdie, dat dit vervullend is. Maar, jy het dit nou opgeklaar, dat dit nie altyd vervullend is nie, in die algemene sin, maar dat dit ook 'n hartseerstorie kan wees.

Goed.

Jy het ook gesê dat toe jy uit die skool uit is ... dat jy nie regtig kan sê dat jy gaan verpleeg het omdat jy omgegee het nie want jy het mettertyd uitgevind dat om om te gee is so 'n omvattendte begrip.

T2: Het ek dit gesê?

N: Ek sal dit nou vir jou in Engels moet lees. Ek het gevra: "So, if I understand you correctly, all this is about caring?" O, jinne, laat ek nou eers sien waaroor hierdie "all this" gaan. Dit is oor om "omgee" te geniet. Toe sê jy vir my: "I believe so, but the word caring is so broad in scope and so comprehensive that I wish to refrain from saying that I became a nurse because I cared. I don't think one has an idea of what the word caring entails by the time that you leave school or pass matric."

T2: Goodness!

N: Nou wat ek wil weet, sou jy dan sê dat verpleging en verpleegonderwys het vir jou 'n nuwe dimensie van omgee gegee.

T2: Ja. Maar dit is so, mens het nie die helfte van die ervaring wat jy nou het in jou skooltyd gehad nie, en jy het nie die helfte gesien ... jy is beskermd grootgemaak.

N: So verpleging kon vir jou 'n nuwe dimensie bied.

T2: Ja, maar ek wil nie sê net verpleging nie. Ek voel verpleging was 'n groot sleutel wat die deur oopgesluit het. Die paramedici het ook vir my sekere nuwe insigte gegee.

N: Maar nou in die hele gesondheidsorgopset, nou wil ek vir jou sê kyk, jou studente gaan aan daardie selfde dinge blootgestel word. So, hulle behoort ook tot nuwe insigte te kom.

T2: Dit hang ook af hoe hulle grootgeword het.

N: Sou jy sê dat die hele omgeeeverhouding in die onderrigopset moontlik deel van sy oorsprong het in dit waarmee jy en die student besig is, soos die vakke wat onderrig word en kliniese verpleging?
T2: Ja. Omgee in onderwys kan 'n groot rol speel. Vanuit my raamwerk het ek nie my dosente beleef as ... dit is nie dat hulle glad nie omgee het nie. Maar hulle was nie so betrokke by ons nie. So vir my ... ek het nie daardie "Caring relationship" met my dosente gehad nie. Jy het geweet jy kon na hom of haar toe gaan met 'n probleem en hulle sou jou help. Daar is egter nie dieselfde moeite gedoen wat mens voel jy op hierdie stadium genodig nie.

Ek voel net dat as die studente in 'n "caring"-milieu groot-woord, (grootwoord in aanhalings tekens) kan dit net vir hulle goed wees. En daaruit kan hulle nou weer voortbou.

N: So, verstaan ek jou reg dat soos wat jy vir hulle omgee gee hulle vir die pasiënte om en soos wat jy hulle leer om vir die pasiënte om te gee so kweek dit ook die moontlikheid dat hulle omgee van jou kant af kan aanvaar en dat hulle weer self teenoor jou omgee. Met ander woorde, die onderrig en die onderrigstof is totaal geïntegreer om 'n "caring-verhouding" tussen jou en die student daar te stel.

T2: Die moontlikheid is daar. Natuurlik want ons werk met mense, en die mense is jou medewerkers. Hedendaags is mense ook meer ingestel op die moontlike gevolge van optredes.

N: Goed, nog iets?

T2: Nee.

N: Goed. Ek sien op 'n stadium het jy ook vir my gesê Dat splintergroep dit vir jou baie moeilik maak om vir die groep as 'n geheel om te gee.

T2: Ja, jy weet nie op watter deel van die groep jy jou moet toespits nie.

N: Goed, hoe gaan jy eenheid in so 'n groep bewerkstellig?

T2: Kan ons dit nie los vir 'n ander dag nie?

N: Goed, ons kan. Ons gaan in elkgeval nie klaarkry nie. So, ek sal na jou toe moet terugkom. Daar is sowat dertig vrae wat uit die vorige onderhoud te voorsyn gekom het.

T2: Eina!!

N: Baie oorvleuel egter.

Wat is die invloed van splintergroepie op jou omgee?

T2: Dit maak omgee vir mens moeiliker. Hoewel, as jy met die splintergroep alleen te doen het is dit weer makliker want dan het jy 'n kleiner groep. Maar, as jy die hele spul groepie bymekaar sit, en hulle is nie 'n eenheid wat saam kan stem oor 'n ding nie dan is dit vir jou baie moeilik om met hulle kontak te maak.

Daar kan groepe wees, klieks, maar in die onderrigopset moet almal ten minste dieselfde doelstelling hê.
N: Dus, om 'n doel te hê is 'n bindende aspek van "caring."

T2: Ja.

N: Wat se waarde het dit vir jou as die studente aanvaar wat jy vir hulle doen in onderrig en in caring?

T2: Dit laat jou goed voel. Dit laat jou voel dat jy iets bereik. Jy is nie net 'n nommer nie. As jy vir iemand iets beteken dan het jy 'n plekkie waar jy behoort ... behoort aan. Dit gaan jou verder aanspoor om verder om te gee.

N: Val dit saam met self-aktualisering soos ons dit vroeër bespreek het?

T2: Ja.

N: Jy het laas gese dat studente dikwels bedreig voel as mens aan hulle aandag gee. Watter effek het dit op jou?

T2: Ek gaan kyk gewoonlik die saak weer oor. Ek gaan hou gewoonlik weer nabetragting. En as ek voel dat dit moontlik kan wees dat hierdie student bedreig kan voel as jy naby kom, dan los jy haar. Later gaan ek weer nader, en as ek steeds die indruk kry van "hands off" dan laat ek haar weer alleen. Op 'n stadium sal die deure vir jou oopgemaak word.

N: Dus, jy wag vir die regte tyd en die regte geleentheid.

T2: Dit hang ook af van die verhouding wat jy met hierdie persoon het, dat die student sal weet dat jy altyd daar is.

N: So, dit sluit aan by wat jy 'n vorige keer gesê het naamlik dat jy die student moet "oor wen."

T2: Ja, maar soms is dit ook as "losing battle." Ja, mens kan ook nie almal oor wen na jou toe nie.

N: Nee, mens kan nie iemand in 'n "caring-verhouding" inforseer nie, en dit het ons ook netnou al uitgeklaar.

T2: Die student het natuurlik ook in die geval 'n besluit wat hy doelbewus neem.

N: Goed. Ek dink nou net, dink jy dan dit is moontlik om "caring" daar te stel deur middel van 'n stel universeel toepaslike reëls?

T2: Moontlik 'n paar, maar nie 'n klomp nie. Daardie paar is daardie reëls wat ons netnou op besluit het naamlik erkentlikheid, vertroue, en dies meer.

N: Goed hoeveel tyd het jy nog?

T2: Vyf minute. Jy kan nog een vraag stel.

N: Goed, hierdie is 'n baie belangrike vraag en jy sal moontlik daaroor moet gaan nadink. Ek wil graag van jou weet, in alle
filosofiese en ander terme, wat beteken betrokkenheid by studente vir jou.

T2: Oeps! Nee, ek sal beslis moet gaan dink.

N: Goed, gaan dink hieroor en dan gaan ons volgende keer hier aan. Dit is vraag twaalf. Baie dankie.
Interview: TTI-2M.DOC

N: Volgens wat jy die vorige keer gesê het bestaan "caring" uit 'n hele aantal aspekte. Nou gaan ek vir jou noem wat ek uit die onderhoud ontrek het, en jy moet net eers vir my sê of jy daarmee saamstem. As jy wil kan jy op enige van hierdie aspekte verder uitbrei.

Tl: Goed.

N: Okay, volgens wat jy gesê het is "caring": om self-ontwikkeling toe te laat, om ook die persoon wat "caring" ontvang om in beheer van sake te wees.

Tl: Om ook keuses te kan maak en besluite te neem.

N: Sodat jy hom nie domineer of besit nie.

Tl: Ja.

N: "Caring" is ook spontaan, en daar kan aanpassings ... of daar moet aanpassings gemaak kan word. In die verband het jy gesê dat jy byvoorbeeld nie die studente vir 'n piekniek kan neem nie, en dies meer.

Tl: O ja-aa!

N: Warmte, om foute te erken en toe te laat, betrokkenheid, kommunikasie, vertroue in die vorm van 'n vertrouensverhouding. Dan, om vir positiewe en negatiewe gevoelens in die "caring-situasie" voorsiening te maak. Dit moet tot uiting kom.

Tl: Vertroue, is nie net met betrekking tot verhoudings nie, maar ook met betrekking tot vaardighede en bekwaamheid. Dat dit ook 'n vertroue is in die integriteit van die persoon.

N: Goed. Maar jy het ook gesê vertroue in die kennis en bekwaamhede. Wie se vertroue in wie.

Tl: 'n Wedersydse vertroue tussen my en die student. Dat die student weet dat ek weet wat ek weet.

N: Goed. Dan, "caring" is holisties in die opsig dat omgee nie net oor die student se akademiese aspek gaan nie, maar ook oor aspekte van haar private lewe.

Tl: Ja.

N: Verder is daar empatie, konfidentialiteit, is nie rigied nie, en is innoverend. En dit is dit. Dit is nou nie woorde wat jy gebruik het nie, maar wat ek afgelei het. Jy het laas maar bra skepties geklink oor hierdie manier van navorsing doen. (Lag.)

Goed. Nou vir die vrae wat direk uit die vorige onderhoud voortvloe. Jy het laas gesê dat jy kom verpleeg het oor die noodbehoewendheid van andere.
Tl: Ja.

N: Wat is die student se noodbehoewendheid?

Tl: Ek dink hoofsaaklik om haarself te ontwikkel, om haar kennis te verbreed en haarself beter te leer ken. Ook om toepaslik te kan optree in situasies wat sy weer as noodbehoewend sal ervaar.

N: So, hierdie "om self te ontwikkel", is dit deel van jou onderrig werk of is dit deel van omgee vir iemand.

Tl: Ek dink dit is beide. Want, ek voel dat as ek nie myself byvoorbeeld ken nie, en ek laat nie toe vir mense om aan my terugvoer te gee nie, gaan ek net stagneer. Daar moet 'n oopheid wees.

N: Sou mens kon groei sonder hierdie oopheid in die omgee-verhouding?

Tl: Ek dink jou groei sou baie beperk gewees het.

N: Goed, is daar nog iets wat u hieroor wil sê?

Tl: Nee.

N: Verder het jy ook gesê dat studente baie idealisties is. Wat is jou "caring-rol" teenoor jou studente betreffende hierdie idealisme?

Tl: Ek voel om hulle geleentheid te gee om hierdie idealisme so ver moontlik uit te leef. Binne perke en binne die raamwerk van die struktuur waarbinne ons funksioneer en om dit (idealisme) te respekteer. En om aan hulle die geleentheid te bied om self tot die besef te kom waar idealisme stop en waar realiteit begin en om aan hulle voortdurende ondersteuning te gee tot realiteitsbesef. Om daar te wees. Nie om vir hulle te sê "... maar julle gaan sien dit is nie so nie."

N: Nou, wat van daardie dag wanneer hierdie ideale regtig in realiteit omgesit word?

Tl: Dit gebeur en baie keer is dit baie tragies. Ek dink dit is deel van grootwoord om te besef dat wat ek altyd wou kan nie altyd nie.

N: In die onderrigopset, hierdie negatiewe aspek, hoe is dit kan dit help met groei?

Tl: Vir 'n tydperk werk dit negatief in op die studente as ons nie spesifiek daaraan aandag gee nie ... as dit so negatief werk dat hierdie kinders byvoorbeeld hulle toetse begin dop, en regtigwaar nie meer belangstel nie en wil begin opskop, veral in die vierde jaar wil hulle nie meer nie ... dit is nie soos hulle dit verwag het nie. Veral as hulle in buite-instansies begin werk en daar word nuwe verantwoordelikhede op hulle gelaai. Hulle gaan dikwels in 'n depressiefase in.
Ons hou dan groepe met hulle. Dit is ook so dat daar in die tyd ook dikwels onderonsies tussen die studente uitbreek.

N: Wat is die effek van hierdie onderonsies op jou en die groep se "caring-verhouding?"

Tl: Ek distansieer my met betrekking tot kantkies. Maar dit het vir my 'n uitwerking in die sin dat ek net besef ek moet meer sensitief wees in my eie optrede teenoor hulle en nie ... want hulle is baie slim en dikwels is dit maklik om die een teen die ander af te speel. Ons laat dikwels van hulle wat goed oor die weg kom in groepe saamwerk ten einde stres te verminder.

N: Goed, jy het voorheen gesê dat jy die student toelaat om self te ontwikkel. Impliseer dit dat jy slegs leiding gee?

Tl: Ja.

N: En verder om nie direktief te wees nie en om nie die student te "besit" nie.

Tl: Dis reg.

N: Op 'n stadium het jy gesê, en ek haal aan: "Vir my is dit belangrik dat hulle iets van myself leer ken, hulle leer my ken, ek kan meer spontaan wees en dit is vir my deel van die warmte oordra vir hulle om as voorbeeld te gebruik." So, die studente en jou. Sou dit belangrik wees dat jy die studente beter ken?

Tl: Ja, want dan kan ek ook meer oop wees teenoor hulle. Ek moet ook kennis hê van die mense aan wie ek kennis oorgee. Ek leer hulle beter ken, daar is 'n oopheid en dan kan ek ook sekere aanpassings maak.

N: So, in jou geval werk kennis van jou spesifieke vakgebied ook die tipe mense kennis in die hand.

Verder, terug by "foute maak." Hoekom sou jy sê in die omgee-verhouding is dit noodsaaklik om foute toe te laat? of om te erken dat daar foute (probleme) is?

Tl: Dit het ook weer hier te doen vir my met "ken myself." Nie net myself nie maar ook ... ek leer myself beter ken en die studente leer ook hulself beter ken.

N: Wat dan van die erkenning van foute? As jy 'n fout gemaak het of die student het 'n fout begin, wat van die erkenning hiervan?

Tl: Dit is in die eerste plek vir my 'n teken van groei en volwassenheid. Dit spreek ook van die tipe verhouding wat daar is, dat ek nie bang is om my foute te erken nie.

N: Goed, hoe sal jy hierdie verhouding noem, buiten as 'n volwasse verhouding?

Tl: Oop, vrye, terapeutiese verhouding.
N: Sjoe! Is omgee en 'n omgee-verhouding terapeuties?

Tl: Ja! Ek dink dit is. (Stilte.)

N: Goed. Jy het gesê jy dink persoonlikheid speel 'n belangrike rol in die omgee-verhouding. Nou wil ek weet, wat se tipe persoonlikheid behoort 'n "caring-persoon" te hê?

Tl: Ek voel aggressie is nie 'n aanbevole aspek nie. Die persoonlikheid moet een van aanvaarding wees, tegemoetkomendheid, respek, aanvaarding van die mens as 'n totaliteit met tekortkoming en sterk punte, warmte, en 'n bereidheid om self te gee, om beskikbaar te wees, om te ontvang, toegewyd, konsensieus en dies meer.

N: Nou, die student. Moet die student bepaalde eienskappe hé ten einde vir jou om vir die student te kan omgee.

Tl: Die blote feit dat sy mens is met basiese behoeftes. Of eintlik, basies met behoeftes. En, dat sy hier is. Dat sy mens is. Dat sy behoefte het aan iemand wat vir haar omgee.

N: So, sy hoef nie spesifieke karaktertrekke te hê nie.

Tl: Nee.

N: Wat sou jy sê is die implikasie daarvan as mens van 'n student moet hou om vir die student om te gee?

Tl: Dat slegs sekere studente daaruit gaan voordeel trek.


Tl: Ook die beskikbaarheid van aandag. Tyd is baie belangrik en is 'n wonderlike ding en 'n skaars ding, maar dit is die kwaliteit wat saak maak.

N: Goed, dit is alles. Is daar nog iets wat jy sou wou byvoeg?

Tl: Nee.

N: Goed, dankie dan.
Interview: TT1-3M.DOC

N: So, laat ek so 'n bietjie nader aan jou sit. Ek het weer na ons eerste onderhoud gaan kyk en nog uittreksels daaruit gemaak. Nou moet jy net vir my sê of jy saamstem dat "caring" beide in generiese vorm en in die onderrig-situasie, die volgende eienskappe toon:

Ten eerste: "Om betekenis te gee aan ..." en in die geval dan veral aan onderwerpstof.

Tl: Ja.

N: Betrokkenheid van beide die dosent en die student in die onderrigsituasie?

Tl: Ja.

N: "Self-care" van die student. So, daar is sekere dinge wat studente vir hulle self moet doen maar onder jou leiding.

Verder is sorg en versorgingsituasie spesifiek, ... jy besit nie die student nie ... 

Tl: Nee. (Ja.)

N: Self-aktualisering, demokratiese omgewing, en spesifiek tot omgee in die onderrigopset, die dosent maak leer en onderrig aangenaam vir die student.

Tl: Lekker ...

N: Ja. Lekker ... Sien jy dit dat dit deel van jou omgee in die onderrigopset is?

Tl: Ja.

N: Goed. Nou, jy moet nou weer sê of jy saamstem. Hierdie is hoe ek dit wat jy voorheen gesê het gerekonstrueer het. (\'n Diagrammatiese voorstelling van die respondent se denke is aan haar getoon en aan haar verduidelik.) Lyk dit vir jou soos jy dit sien?

Tl: Ek dink so. Ja!

N: Goed, nou is daar nog vrae wat uit ons vorige onderhoud spruit wat ons so 'n bietjie moet uitklaar of ophelder.

Tl: Goed.

N: Jy het gesê dat jy 'n verpleegkundige geword het omdat jy omgee op 'n spesifieke vlak. Wat presies bedoel jy met "spesifieke vlak?"

Tl: Mense in nood. Mense wat afhanklik is en nie in hulle eie behoeftes kan voorsien nie.
N: Kan jy nou met betrekking tot die onderrigopset "afhanklik en nie instaat om in hulle eie behoeftes te voorsien nie" definieer.

Tl: Ek voel die student is nog op soek na iets ... (Stilte.)

N: Hoekom sou die student van jou afhanklik wees?

Tl: Mmm ... Sy het begeleiding nodig ... ten opsigte van die verkryging van kennis, persoonlike groei, en om 'n professioneel gevormde persoon te word.

N: Nog iets?

Tl: Dit is net dat die studente sal voel dat daar persoonlike belangstelling in hulle is. Ek meen, ek hou daarvan om te dink dat iemand persoonlik in my belangstel. Ook op 'n bepaalde ontwikkelingsvlak.

N: Goed. Nou sal ek jou gedwonge 'n direkte vraag moet vra. Jy het gesê die student is jonk en idealisties. Sou die "jonk" ook verwys na die feit dat hulle onervare is?

Tl: Beslis.

N: Jy het ook gesê jy laat studente toe om self dinge vir hulle te doen. Hoe bepaal jy wie kan dinge vir hulleself doen, en wat se dinge hulle vir hulleself kan doen. Ook wat jou aandeel daarin is en wat die student se aandeel daaraan is?

Tl: Ek laat byvoorbeeld dat hulle in groepsessies hulle eie onderwerpe kies. Ek voel dat as mens iets uit belangstelling doen, gaan mens meer moeite doen. Indien 'n onderwerp gegee word is dit gedwonge. As dit self gekose is is dit meer betekenisvol en nader aan die hart.

N: Dus, iets wat op daardie stadium vir die studente self belangrik is?

Tl: Ja.

N: Goed. Uit ons vorige onderhoud het ek verder afgelei dat, sekerlik nie in alle gevalle nie, maar dit wil voorkom asof jy in die omgeeverhouding die self-aktualisering van die student hoër ag as blote konformering van die student. So, vir die student om dit te doen wat hulle wil eerder as om altyd te doen wat ander van hulle verwag, is by jou 'n hoë prioriteit.

Tl: Dit is.

N: Nou moet ek jou vra, sonder om name te noem: Hoe kry jy hierdie twee dinge bymekaar in 'n omgewing wat so hoogs gedisiplineerd is as 'n hospitaal en hierdie instansie waarvoor julle werk?

Tl: Dit is baie moeilik in die sin dat daar aan studente voorgesê word wat om te doen. Baie keer is dit lekker in die sin dat die studente nie baie probleme gee nie. Hulle is
byvoorbeeld tydens besoeke pynlik gedissiplineerd. Partykeer huil ek in my hart want hierdie kinders is te bang om inisiatief aan die dag te lê. Hulle volg jou soos ... blinde mense. Daar is nie 'n bietjie afwyking van die een of ander aard nie. Indien daar is, word daar so 'n groot "issue" van gemaak dat dit 'n onaangenaamheid afgee. Alles is direk volgens reëls en regulasies.

N: Maar jy probeer tog dat hulle nie altyd bloot konformeer nie, maar dat hulle ook hulle eie ding doen?

Tl: Ja.

N: Sou jy hierdie vreeslike dissipline as 'n vorm van omgee of "caring" beskou?

Tl: Ek voel daar is 'n plek vir dissipline maar slegs as 'n riglyn vir gedrag. Maar sodra dissipline my hele verhouding oorneem gaan dit vir my oor na geforseerd toe. Want dan verloor ek myself in die proses ten opsigte van my sin vir verantwoordelikheid en besluite. En, ek voel daar is geen persoonlike of in die verhouding nie, want dit is iets buite myself ... dan is dit reëls en regulasies.

N: Aal Dit is nou baie goed. Met ander woorde jy kom nou nie meer oor na die student toe nie, maar 'n instansie wat heeltemal gedepersonaliseer is. Dit is nie 'n persoon wat jy oordra nie maar 'n onpersoonlike instansie. En as dit die bottoon voer dan is daar nie meer regtig 'n intersubjektiewe iets nie want jy werk nou na die student toe via iets. Soos ons baie kry in intensiewe sorg. Jy sien nie meer die pasiënt deur al die tegnologie nie en die pasiënt sien jou nie meer nie. So, hier kyk jy en die student na mekaar deur 'n klomp reëls en regulasies en julle kan mekaar later nie meer raaksien nie.

Tl: Dit is reg. Dit is so!

N: Nou, jy het ook gesê mens moet oop wees vir jou student. 'n Mens moet van jouself gee. Maar, is daar nie die moontlikheid dat jou geloofwaardigheid in die gedrang kan kom nie?

Tl: Dit kan heel moontlik. Maar hier dink ek is 'n balans baie belangrik. Ek vertel vir hulle net wat ek wil hê dat hulle moet weet. En wat ek op enige gegewe oomblik dink is van toepassing.

N: Dit is nou belangrik want ek kom agter dat daar in die omgee-verhouding vreeslik teenstrydigheid is. So, die essensie van omgee begin vir my lyk na twee dinge naamlik om ontentiek te wees, die dosent en die student, en dan, om absoluut ingesteld te wees daarop om balans te behou. Dus, om baie filosofiese daaroor te wees, om absoluut eksistentieel georiënteer te wees. Soos Travelbee dit stel leef ons 'n lewe van teenoorgestelde of kontradiksies. Ons lewe en sterf te gelyke tyd.

Tl: Dit is absoluut so.
N: Kyk, mens moet afstand hou, maar ook betrokke wees.

Tl: Ja, en dit is nie altyd moontlik nie.

N: Kyk, mens moet afstand hou, maar ook betrokke raak, maar belangriker is dat mens bereid moet wees om betrokke te raak. Wat beteken hierdie bereidheid vir jou?

Tl: Dit toon op 'n gewilligheid ... (Stilte.)

N: Beteken dit 'n bereidheid ten opsigtte van al jou studente ... 'n tipe toegewydheid?

Tl: Ja.

N: Verder het jy verwys na die invloed van persoonlikheid. Nou sal ek jou weer so 'n bietjie moet pols. Hoe beïnvloed persoonlikhede omgee?

Tl: Persoonlikheid is deel van die mens en ... omdat ek "committed" is ... Hierdie student en ek werk saam na 'n bepaalde doel toe om iets te bereik. Daar is sekere verwagtinge ... Nee, ek weet nie ...

N: Goed, jy het nou 'n belangrike ding gesê. Omdat jy toegewyd is of verbonde is (committed) beteken dit nou dat jy moet omgee of "care"? Gaan jou "commitment" alle tipes persone omgee of persoonlikheidsverskille en persoonlike verskille nou later nie meer gaan saak maak nie ... dat verbondenheid maak dat jy vir almal ewe veel sal omgee?

Tl: Nee.

N: Dankie vir daardie eerlike antwoord (Lag.) Kan jy vir my meer daaroor se?

(Tilte en ek aanskou "caring in the act." 'n Student oorhandig 'n geskenkie aan die dosent met waardering van die klas.)

Sou jy sê hierdie gebaar duurs op omgee.

Tl: Beslis.

N: Goed, terug by verbondenheid; sal dit jou instaatstel om vir alle tipes persone en persoonlikhede ewe veel en ewe maklik om te gee?

Tl: Nee. Weet jy ... daar is 'n sekere mate van verwagting wat ek het van sekere mense. Indien hulle daaraan voldoen is dit vir my maklik om om te gee. Indien hulle nie daaraan voldoen nie maar daar is nie 'n agressie of 'n weerstandbiedende faktor nie, is ek heeltemal bereid en gewillig om nog steeds mee te gaan en oop te wees en 'n hydrae te lewer. Sodra daar remmende faktore is, en ek voel daar is 'n blokkering, dan is dit vir my verskriklik moeilik ... indien ons nie tot 'n ooreenkoms kan kom nie.
N: Kan dit in hierdie geval daartoe lei dat jy glad nie kan omgee nie?

Tl: Ek was nog nooit in so 'n situasie nie, maar wel sover dat ek byvoorbeeld 'n student ingeroep het en gesê het: "Kyk, ek gee jou nou die geleentheid tot 'n mondeling ten einde toelating te kry tot die semestereksamen, maar weet, dat in die eksamen gaan ek niks doen ... ek gaan nie vir punte soek nie. As daar nie punte is nie gaan ek nie vir jou punte toeken nie." Ek het al sover gegaan.

N: Hoekom het jy sover gegaan?

Tl: Omdat hierdie student dieselfde onderrig kry, dieselfde kwaliteitaandag kry, dieselfde begeleiding kry, ... en volgens my sê sy vir my sy was nie lus om te leer nie.

N: Maar hoekom het jy steeds soveel moeite gedoen van jou kan af?

(Stilte.)

Want, jy kon die student gelos het.

Tl: Want ek voel sy het die ... ek wil weet of daar iets is wat haar pla. Wat haar gerem het.

N: Dit lyk mos vir my jy gee tog om al wat sy jou so kwaad gemaak.

Tl: Ja!

N: Is daar 'n verskil tussen hierdie student en een wat vir jou glad nie opdraande gegee het nie met betrekking tot die tipe omgee wat daar tussen julle is? Sou jy sê die een is "lekkerder" as die ander.

Tl: Die een is makliker as die ander een. Miskien kry die outjie wat minder opdraande gee minder "caring" want ek meen daar is soms omtrent gee persoonlike kontak nie. Ek is minder bewus van die student en minder bewus van haar behoeftes. Ek fokus so op die ander wat ooglopend meer begeleiding nodig het dat die ander persone verwaarloos word.

N: Kan dit wees dat dit soms 'n plig word om om te gee en dat dit gevolglik nie meer lekker en spontaan is nie?

Tl: Ja. En daardie plig hou dan ook vir die student in hierdie geval voordeel in.

N: Jy het ook voorheen gesê konfidensialiteit is 'n probleem in die omgee opset. Die probleem hier is nie konfidensialiteit as sulks nie maar die feit dat konfidensialiteit verbreek word. Nou, wat van gevalle waar die student iets konfidensieel aan jou toevertrou en jy as gevolg van die aard daarvan of op grond van bestaande beleid verplig is om dit aan iemand anders te rapporteer?
Tl: Nee, ek doen dit nie sonder die student se medewete nie. Ek bespreek die aangeleentheid met die student en dan sal ek verdere stappe neem of 'n verwysing doen.

N: So, die essensie is dat die student moet bewus wees van enige stappe. Indien nie kan dit konfidentsialiteit, vertroue, "outentieke oorkom", opregtheid en dies meer skaad?

Tl: Dis reg.

N: Goed, dit is al die vroe. Is daar nog iets wat jy vir my wil vertel van "caring" in die onderrigopset?

Tl: Ek dink ons "care" nie genoeg nie. Ons is so taak-georiënteerd en die kurrikulum is so vol dat ons nie by die student as mens uitkom nie.

N: Dink jy dit is moontlik dat "caring" soos ons dit hier bespreek het as 'n definitiewe komponent in die kurrikulum ingewerk kan word? Of, selfs in jou onderrig ingebou kan word nie?

Tl: Ek dink beslis so. Maar dan moet dit nie eers in die derde of die vierde jaar gedoen word nie. Ek dink die dosente in die eerste jaar is van kardinale belang. In jou eerste jaar is jy vreeslik vatbaar •• en ons ... meetinstrumente is nie so uitgewerk om hulle te lei hoe om met 'n pasiënt te praat nie. Hoe wys ek ek gee om vir hierdie pasiënt? Maar ons word opgeneem in 'n "rat race" en student so en so is verantwoordelik vir temperatuur, Pols, en asemhaling en dit moet gedoen kom en klaar wees.

N: Baie behaviories nê?

Tl: Ja, ... en dat daar nie kans is om ... sodra iemand bietjie met 'n pasiënt gesels ... dit is nie reg nie want jy staan en gesels terwyl die ander moet werk.

N: Kan hierdie selfde situasie in die onderrigopset voorkom?

Tl: Ja, maar ek dink dit hang baie van die dosent af, wat se tipe mens sy is. Baie van ons wil nie betrokke raak nie. Baie van ons is nie lus om betrokke te raak nie.

N: Goed, maar ek sit nou so by myself en dink, aangesien soos jy gesê het die eerste jaar in verpleging so belangrik is en of mens "caring" in die kurrikulum kan inbou. As mens nou "caring" vat as geheel humanisties, en mens wil 'n hele "caring-milieu" skep, waarin jy makliker vir die student kan omgee en vir die student daardeur te leer om "caring" te wees, en dan gaan sy nou na die praktyk toe, en as almal in die praktyk weer omgee, dan versterk dit die student se "caring-bewustheid" verder wat sy dan weer na die klaskamer bring en die verhouding met die dosent bevorder. Nou dink mens aan 'n vak soos anatomie, en mense sê vir jou dit is onmoontlik om "caring" in so 'n vak in te bou. Maar ek voel dit sal moontlik wees om in die anatomie onderrig byvoorbeeld die student te wys op die estetiese aspek van
die menslike liggaam en dan vir die student daardeur daarop te wys hoe wonderlik sy is. Of, is dit vergesog?

T1: Nee, ek dink dit is heeltemal moontlik. Maar, ons bied ongeveer 12 tot 16 periodes in hulle eerste jaar aan in kommunikasie. Nou gaan sy na die praktyk toe waar alles wat sy geleer het geen ondersteuning kry nie, en na 'n ruk kom sy terug na die kollege en word sy weer opgebou oor hoe wonderlik is dit, dit en dit, en dan gaan sy weer na die praktyk toe ... en so gaan dit aan. Daar is nie 'n aaneenlopendheid nie. Ons kry ook dat studente vreeslik prosederegerig is en nie met die pasiënte kommunikeer nie.

N: Kan hierdie toedrag van sake ook in die onderrigopset ontwikkel dat die dosent byvoorbeeld so op onderrig-prosedures ingestel is dat sy nie die student meer raaksien nie?

T1: Jy weet, niemand kan kommunikeer nie, dit is net die psigiatriese dosente. Ek voel dat psigiatrie nie noodwendig die antwoord is nie, maar dat dosente opleiding in kommunikasievvaardighede moet ontvang ... hoe om met mense oor die weg te kom.

N: Goed. Is daar nog iets?

T1: Nee.

N: Ons is nou al 'n uur besig. Dit mag wees dat ek nog 'n keer na jou toe sal terugkom maar ek glo nie. In iedere geval, voordat ek die model finaal opstel sal ek eers weer met julle almal beraadslaag in die vorm van 'n groepsonderhoud.

T1: Goed.

N: Baie dankie.
Interview: TS1-2M.DOC

N: Nou, voordat ons begin moet ek eers vir jou wys. Ek het wat jy voorheen gesê het ontled en dit toe diagrammaties voorgestel. Ek het ook 'n aantal woorde wat "caring" beskryf uit die onderhoud getrek en jy moet nou eers vir my sê of jy met my saamstem dat dit is hoe "caring" lyk. Onthou, jy het hierdie dinge slegs by implikasie gesê.

Goed, omgee, is holisties, dit wil sê dit betrek alle aspekte van die student in die onderrigopset.

S1: Ja.

N: Dan, omgee is om 'n aktiewe stap te neem ... daar is betrokkenheid in omgee ... privaatheid en 'n mate van afstand.

S1: Ja, dit is reg ek het dit gesê.

N: Verder moet daar 'n oopheid in hierdie verhouding wees en jy moet jouself vry voel om aan die verhouding deel te hê. So, vryheid is nog 'n begrip wat met omgee verband hou.

S1: Verder is daar hiermee saam ...

T1: .. vertroue ..

N: Ja, vertroue of 'n vertrouensverhouding. Daar moet ook 'n beskikbaarheid aan die kant van die dosent wees. Daar moet ook respek wees asook leiding en kommunikasie.

S1: Hmm ...


S1: Ja.

N: Sien jy dit ook so dat die hele omgee-verhouding sigself onderhou en instand hou? Jy het in die opsig verwys na terugvoer deur die studente en dat hulle van hulle kant af ook moet omgee.

S1: Ja.

N: En, omgee is wederkeerend. Verder moet daar erkenning aan die student se persoon gegee word. Die persone betrokke by omgee moet volwasse wees.

S1: Beslis.

N: Dan is daar ook iets soos self-sorg, of dat die studente na hulself moet omsien. In die opsig het jy verwys na insidente waar dosente studente van die hand wys en dat studente hul
dan tot hulle ewegroep keer vir hulp en "caring." In die geval is jy dan geforseerd om vir jouself te sorg.

S1: As niemand anders dan vir jou wil omgee nie ...

N: Dis reg.

Dan, professionele geheimhouding is vir jou baie belangrik in die omgeeeverhouding tussen student en dosent.

S1: Reg.

N: Goed, stem jy saam met dit alles?

S1: Ja, ek is skoon verbaas oor alles wat daaruit kom.

N: Goed, nou het ek dit wat jy gesê het of by implikasie gesê het diagrammaties voorgestel. Nou moet jy weer vir my sê of jy saamstem.

(Diagram is aan die respondent verduidelik. Die student stem saam.)

Goed, is jy gereed vir vandag se onderhoud. Ek het 17 vrae geformuleer maar hulle oorvleuel en moontlik sal jy van die vrae beantwoord nog voordat ek dit gevra het.

Jy het verwys na omgee op verskillende gebiede of dan holisties maar nie eksplisiet verwys na die sosiale nie. Nou, ek neem aan dat van die persoonlike probleme van studente kan hierna verwys. Byvoorbeeld as jou vriend jou gelos het of so iets.

S1: Ja.

N: In ander onderhoude het dit ook voorgekom dat rekreatiewe opleiding wat ek dan as sosiaal van aard sien belangrik is in die totale omgee-opset.

S1: Ek stem saam.

N: Goed, jy het ook na respek verwys. Wat presies bedoel jy met respek.

S1: Ek dink as jy respek het vir 'n dosent sal jy haar hulp en leiding aanvaar. Jy sal nie ... jy sal na haar opsien as 'n wyser persoon as jy en sy sal vir jou kan hulp gee en daardie hulp en raad sal jy dan volg. As jy nie respek vir haar het nie gaan jy in die eerste plek nie na haar toe gaan nie. So, jy sal dink sy is in iedere geval nie die moeite werd om mee te praat nie.

N: So, die respek kan dien om julle aan mekaar te bind, om 'n oper verhouding te hê. Dit is nou respek van jou kant af, want dit gaan oor jou opinie omtrent die dosent.

S1: Ja. Maar, die dosent moet ook vir jou respek hê.
N: So, dit is weer daardie wederkerige aspek in die omgee-verhouding.

S1: Ja, dit werk altyd so.

N: Is dit alles wat jy daaromtrent wil sê.

S1: Ja, net dat mens nie na haar toe sal gaan asof sy jou maat is nie. Jy sal darem soos met jou ma, jy noem haar Ma. So sal jy sê "mevrou" ... of wat ook al. Jy sal maniere he en professioneel wees en jou plek ken.

N: Hierdie plek van jou, wat behels dit?

S1: Wel, ... ek meen sy is baie verder as wat jy is en sy het deurgegaan wat jy nou deurgaan en sy kan jou nou help. Jy moet besef dat jy 'n student is en sy het meer ervaring as jy. Nie dat ek nou onder (minder) is nie.

N: Wat aspekte kan hierdie respek ondermyn?

S1: Minderwaardigheid omdat jy voel jy sit nou hier onder en jy kan nou nie na haar toe gaan met enige probleme nie. Daar moet jy weer die oopgevoel he dat sy nie op jou neersien nie.

N: Wat sou maak dat jy nie so 'n perspektief kan ontwikkel nie?

S1: As sy daardie verhouding tot jou het om nie te maak asof jy niks is nie. Alhoewel jy 'n student is jou as haar gelyke behandel.

N: Met ander woorde, nie gelyk nie maar tog gelykwaardig?

S1: Ja. Jou behandel as mens.

N: Goed. Die volgende vraag is nou reeds beantwoord naamlik wat behels vryheid in die "caring"-opset.

Baie van hierdie vrae sluit hierby aan. So, ek moet eers 'n paar oorslaan.

Jy het gesê dat die dosent moet beskikbaar wees. Nou moet jy baie mooi dink. Wat beteken hierdie beskikbaarheid vir jou?

S1: As 'n dosent beskikbaar is stel sy haar oop vir probleme. Sy sal nie maak of sy niks met jou te doen wil hé nie. Haar persoonlikheid en haar uiterlike sal vir jou wys dat sy oop is vir probleme. Sy sal nie hierdie nors vrou wees wat alewig ... Mens sal nie bang wees vir haar nie. Of dink hulle is te hoog nie. Mens moet dink hulle is daar vir jou en hulle sal tyd hé vir jou. Mens moet egter ook verstaan dat hulle nie altyd tyd het nie. Mens moet dan nog darem voel dat jy 'n afspraak kan reëel.

N: Sou jy sê dat as hulle nie tyd op daardie oomblik het nie, dat hulle nie beskikbaar is vir jou nie?
S1: Nee, nee. As hulle nie beskikbaar vir my is nie, dan is dit asof ... hulle nie lus is vir jou nie. Net haar houding sal vir my sê of sy beskikbaar is al dan nie. As sy werklik nie nou tyd het nie en sy sê dat sy my more sal te woord staan weet ek dat sy beskikbaar is.

N: So, beskikbaarheid hou nie net met tyd verband nie.

S1: Nee.

N: Is daar enige ander kwaliteite verbonde aan hierdie beskikbaarheid?

S1: Dit is maar net hoe sy jou benader.

N: Goed, anders gestel; as jy self vir iemand beskikbaar is, wat beteken dit?

S1: Dat ek sal luister na wat daardie persoon sê.

N: Luister klink vir my belangrik. Wat behels hierdie luister.

S1: Dat sy regtig sal luister. Sy sal nie net daar sit en dink ja toe, pak maar af nie en later gee sy raad of sê sy iets wat glad nie betrekking het nie. As sy regtig luister sal sy betrokke wees en uitvra.

N: Goed. Jy het ook voorheen gesê dat die dosent deel van die moederrol oorneem.

S1: Ja, omdat ons ver van die huis af is en ons soek daardie liefde en toenadering en beskerming, en leiding en al daardie dinge wat jy by jou sou gekry het.

N: Dit is nou net wat ek wou geweet het, watter rolle sal jy toelaat dat die dosent oorneem.

S1: Alles. Liefde, toenadering ... tugtiging as dit nodig is ...

N: So, is tugtiging 'n komponent in die omgee-verhouding in onderrig?


N: Dit is al weer 'n balans. Lyk my balans is baie belangrik in 'n omgee-verhouding.

Goed. Ek wou verder gepraat het oor luister, maar ons het dit nou al gedoen.

Jy het in die vorige onderhoud gesê dat die dosent moet die inisiatief neem om om te gee as sy sien dat daar probleme
is. Nou, dink jy dat hierdie inisiatief uitsluitlik van die
dosent afhang?

Sl: Sekere dinge moet die dosent inisieer. Ek sal nie sommer na
haar toe gaan en sê dat ek sleg voel nie. Sy moet dit kan
raaksien en optree. Maar, dit is dan nou ook daar waar die
ding van afstand by inkom, want, moet sy nou vir jou vra of
moet sy dit los.

N: Goed. Maar nou op grond waarvan sal die dosent hierdie
vrymoedigheid hê om 'n omgee interaksie te begin? Wat gee
haar die reg om dit te doen. Of, anders gestel, op grond
waarvan sal jy toelaat dat 'n dosent na jou toe kom en vir
jou vra of so iets?

Sl: Omdat sy moet weet dat ek niemand anders het om na te gaan
nie. As sy dit nie doen nie, wie gaan dit doen.

N: So, is dit uit hoofde van haar leiersposisie?

Sl: Ja, en sy is volwasse en ouer en slimmer ... wyser, en wat
ook al.

N: Nou, hierdie inisiatief, hang dit net van die dosent af?
Want, wat van soos jy netnou gesê het dat daar 'n oomheid
moet wees en dat jy die dosent kan nader as jy so sou voel?

Sl: Soms voel mens nie om uit jou eie te gaan nie en dan moet sy
die inisiatief neem. Anders kan die student dit ook doen, as
sy so voel.

N: Hoekom is dit belangrik om privaatheid ook in so 'n
verhouding te handhaaf?

Sl: Ek dink dit gaan respek en geheimhoudig verhoog.

N: Wat is die effek daarvan as jy nou na jouself moet omsien?
As 'n dosent nie na jou wil omsien nie?

Sl: Jy sal net voel jy moet na jouself omsien. Jy sal so
mismoedig voel asof jy nie na jouself kyk nie, jy gaan
ondergaan. Dan gaan jy nie na iemand opsien nie. Jy sal
ondergaan ... daar sal fout gaan.

N: Goed, in die omgee verhouding is daar gevalle waar jy sou se
die dosent al die omgee doen?

Sl: Ja, ek dink daar is. Byvoorbeeld op die akademiese vlak doen
sy alles. Sy sorg dat jy die papiere en die inligting en
aantekeninge kry en dat die toets betyds gemerk word. Daar
doen sy al die omgee. Jy kan miskien iets terug doen uit
waardering, maar die omgee doen sy eintlik alleen.

N: So, waaruit spruit dit. Hoe is dit dat jy nie daarby
betrokke is nie?

Sl: Ek moet net dit ontvang. Dit is deel van haar plig om dit
vir my te gee. Dit is my plig om dit te leer.
N: Hoe sien jy deur hierdie plig dat sy vir jou omgee?

Sl: Deur dit interessant te maak, betyds te wees, en dan gee sy om vir jou. Of, sy kan net die goed vir jou gee ... haar werk ... en dan is dit haar plig.

N: Nou, as die dosent so omgee, kan dit nie lei tot afhanklikheid aan die kant van die student nie?

Sl: Ja-a ...

N: Nou hoe sal jy gespeen word?

Sl: Dit geskied op daardie punt waar jy dinge self moet doen ... waar jy byvoorbeeld self moet gaan begin leer. So mens moet nie "gespoonfeed" word nie. Jy moet tog gaan en gaan self leer.

N: Jy verwys nou telkens na die klaskamer, maar hoe pas hierdie in in die kliniese veld?

Sl: Klinies is nogal erg. Daar moet jy baie dinge self doen. Maar, ek voel die dosent moet daar wees en jy moet haar kan gaan vra as jy 'n probleem het. Maar, ek voel ook hulle moet jou speen deur jou toe te laat om dinge self te doen. Byvoorbeeld as ek in 'n saal kom, en hulle vra my, kan jy 'n inspuiting gee ... ek meen dit is belaglik! Hulle moet my vra om die inspuiting te gee. As ek nie sou kon nie, sou ek dadelik so gesê het.

N: Jy verwys nou telkens na die klaskamer, maar hoe pas hierdie in in die kliniese veld?

Sl: Ja!

N: Jy het ook voorheen gesê dat jy die keuse moet hé om met probleme na die dosent van jou keuse te gaan.

Sl: Ja. Dit moet nie soos met 'n studenteberader wees dat jy net na een spesifieke dosent mag gaan nie. Miskien hou ek nie van daardie dosent nie, en dan wil ek nie na haar toe gaan nie. Dit is nou vir meer persoonlike en sosiale vlakke.

N: Wat nou van die akademiese vlak?

Sl: Ek dink jy behoort na die een te gaan wat die vak aanbied. Maar, as jy net 'n leerprobleem het, kan jy na enige dosent gaan. Mens moet erkenning gee aan die dosent met wie se vak jy 'n akademiese probleem ondervind.

N: So, die vryheid van keuse lê meer op die persoonlike en die sosiale vlakke.

Sl: Ja.

N: Nou, wat van die geval waar jy nie van die dosent hou nie in wie se vakgebied jy 'n probleem ervaar?
S1: Ek sal na haar toe gaan, en dit baie professioneel hou. Ek sal maar net sit en "bear with ..."

N: So, die "caring" sal in die plig baie tegnies wees?

S1: Ja, dit sal baie styf wees ... nie regtig "caring" nie. Dit is net 'n professionele omgee vir my.

N: Okay, volgende vraag. In die vorige onderhou het jy verwys na die feit dat indien die dosente van 'n student hou, hulle meer vir daardie student omgee. Nou, dit is toe nooit op band opgeneem nie. Ek wou jou vra om weer daarna te verwys, maar jy het dit al tot 'n mate beantwoord. Maar, hoe belangrik is "hou-van?"

S1: Baie belangrik. Al is dit net dat sy nie van jou haarstyl hou nie, dan sal sy haar bes doen om jou heeltemal te vermy. Maar as sy van jou hou sal sy meer oop wees en meer ontvanklik wees vir jou. Mens moet ook gaan kyk indien 'n dosent nie van jou hou nie of die fout nie dalk regtig by jou lê nie. Dieselfde geld natuurlik ook vir die dosent. Dit kom daarby om die ander persoon te leer ken.

N: Goed is daar enigiets anders wat jy nog oor die "caring" omgewing wil sê?

S1: Nee wat.

N: Dink jy ons het alles gedek?

S1: Ek wens net die mense wil meer vir mekaar omgee.

N: So 'n hele omgee milieu skep?

S1: Ja, dat jy ook voel jy beteken iets vir die samelewing.

N: Goed, baie dankie, en sterkte met die praktiese eksamen more.
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N: Goed, is jy gereed?

S2: Ja.

N: Het jy in tussentyd bietjie oor die onderwerp nagedink?

S2: Ja, ek het, maar ek is nie seker of ek jou vrae sal kan beantwoord nie.

N: Wel, dit is die "goeie" deel van hierdie onderhoude, jy gaan nie vrae beantwoord nie. Jy gaan bloot eerlik wees en aan my vertel hoe jy "caring" in die onderrigsituasie sien, en hoe jy daaroor voel.

S2: Oi!

N: Voordat ons begin, kan jy my se hoekom jy besluit het om ’n verpleegkundige te word?

S2: Aanvanklik wou ek nie ’n verpleegster geword het nie. Ek wou eintlik mediese skool toe gegaan het. Ek kon egter nie inkom nie. Ek het na die teleurstelling gedink, goed, ek sal dan nie iets in die mediese lyn doen nie, ek sal maar in die regte gaan studeer. Maar, ’n week voordat ek moes gaan registreer het ek by myself gedink: "Ek kan nie in ’n hof gaan staan nie, ek moet in ’n hospitaal werkl" My pa het toe verpleging voorgestel. Ek het toe maar daarop besluit alhoewel ek nog altyd verpleegsters beskou het as sou hulle bloot met die dokter "flirt." Ek het dit nooit gesien soos dit werklik is nie. Ek het dit altyd as "scivvy-werk" vir die dokter gesien.

N: So, hoe is dit?

S2: Dit is nie enigsins soos ek dit gesien het nie. Die verpleegkundige is ’n professionele persoon in eie reg. Hierdie dinge wat ons leer wat slegs ’n verpleegster doen ... soos basiese pasiëntensorg ... sedert ek hier gekom het ... Wel, nou is ek lief om te verpleeg en ek sal dit vir niks anders verrui nie.

N: Pragtig!

T2: Regtig, ek is lief daarvoor. Maar, ek besef dat as ek ’n dokter sou geword het, ek nie met die pasiënte sou kon kommunikeer soos ek tans doen nie. Die dokters sien so baie pasiënte op een dag. Hulle het nie die tyd om te gaan sit en regtig na die behoeftes van die pasiënte te luister nie.

N: Goed, jy het nou gesê om te kommunikeer, te luister en om geduldig te wees ... Sou jy sê dat omgee belangriker geword het vir jou vandat jy in verpleging is?

S2: Ja, dit het. Wel, ek het altyd ... Dit is hoekom ek ’n dokter wou word. Ek het altyd gedink ’n dokter gee om vir mense.
N: Jy sou 'n wonderlike dokter gewees het.

S2: Maar, dit is geensins die geval nie. Hulle is so besig so onder druk. Daar is soveel mense en soveel dinge wat gedoen moet word dat daar geen tyd is om om te gee nie. Ek is nog steeds baie besig, maar ek het meer tyd met die pasiënte ... meer as wat ek sou gehad het as ek 'n dokter geword het.

N: So, tyd is dus baie belangrik in omgee?

S2: Ja.

N: Goed. Wat sou jy sê wat is omgee of dan die essensie van "caring"?

S2: O gaats ... Dit is soos om ... in staat te wees om jou in die posisie van die pasiënt in te dink. Om te besin oor hoe jy graag behandel sou wou wees. Jy sou daarvan hou dat mense oor jou begaan moes wees.

N: Besorg wees?

S2: Ja, eerder besorg ...

N: So, as ons nou hierdie "omgee" in die onderrigsituasie sou inneem, hoe sien jy omgee (caring) tussen die dosent en die student?

S2: (Lag.) Hier!

N: Wel, ja, en in die algemeen, wat behoort dit in te sluit?

S2: Die dosent behoort besorg oor jou te wees ... of jy slaag en of jy deurkom. Om om te gee of jy die werk verstaan waarmee jy besig is.

N: Sal dit alles aantoon dat die dosent omgee?

S2: Ja, want as hulle nie omgee nie, sal hulle nie omgee of jy slaag of druip nie. Hulle moet ook daartoe instaan wees om van hulle tyd eenkant te sit vir my ... om dinge aan my te verduidelik. Selfs om na my probleme te luister.

N: Wat se probleme?

S2: ... wat met die werk te doen het en ook op 'n meer persoonlike vlak. Maar vir sulke probleme moet daar ook 'n studenteberader wees.

N: Wat sou jy verkies - om na 'n spesifieke persoon met jou probleme te gaan of om na 'n persoon van jou keuse te gaan? Wat sou die ideaal wees?

S2: Persoonlik ... waarskynlik 'n studenteberader. Maar jy kry ook soos ... sommige van die dosente hier, hulle raak in jou persoonlik geïnteresseer en jy voel dat jy na hulle toe kan gaan met enige probleem .... of dit nou persoonlik is en of
dit nou akademies van aard is. 'n Berader sou egter ideaal wees want hulle is opgelei om die tipe van werk te doen.

N: Goed, wat is die rol van die student in so 'n omgee-verhouding?

S2: Ons sal beide aktief wees. Nie dat jy regtig vir die dosent sal moet "omgee" nie, omdat sy bloot 'n persoon is wat daar staan en jou onderrig ... meeste van die tyd. Dit hang af van hoe daardie persoon teenoor jou is. As sy vir jou omgee en sy wys dat sy vir jou omgee, as hulle vriendelik is, en jy kan sien dat hulle regtig vir jou omgee gaan jy ook vir hulle omgee.

N: Ja. Jy sê, as hulle vir jou omgee. Nou, in die onderrig-opset, hoe sal die dosent optree as sy nie werkelik vir jou omgee nie?

S2: Sy sal net daar voor die klas staan en sal notas aan jou voorlees, of selfs nie eens omgee of jy in die klas is of nie. Sy stuur net notas aan jou en verduidelik niks aan jou nie. Vir toetsgees sal jou twintig hoofstukke om te leer wat nie eers ordentlik met jou behandel is nie en dan verwag sy nog dat jy moet goed doen ook. Dan voel mens dat sy nie regtig vir jou omgee nie. Sy gee nie om of jy daar is nie. Jy kon netsowel nie in die klas gewees het nie.

N: En as sy omgee?

S2: Sy sal die teenoorgestelde doen.

N: Dink jy jy sou kon leer om om te gee en om omgee-vaardighede aan te leer van 'n dosent wat vir jou omgee?

S2: Ja, want as jy sien dat iemand vir jou omgee gaan dit vir jou 'n rolmodel wees. Jy sal ook soos daardie persoon wil wees en jy gaan autometies daardie omgee ook op ander mense reflekteer.

N: So, in 'n omgee-milieu, in die klas of in die kliniese opset, indien daar vir jou omgee word sal jy die rolmodel aanneem en daardie "caring" op ander (pasiente) toepas?

S2: Ja, ek reken so.

N: En die omgekeerde? (Stilte.) Sal die feit dat jy toegelaat word om na ander om te sien (caring), dit wat deel is van jou opleiding, ... sal hierdie ervaring jou help om 'n beter omgee-verhouding met die dosente tot stand te bring? ... Met enige ander mense ...

S2: Ek is nie seker nie. Jy gee om vir 'n pasiënt omdat die persoon siek is. Vir die dosent ... of jy vir haar sal omgee hang af daarvan of sy vir jou omgee.

N: So, sy is die meer dominante persoon .. die meer aktiewe persoon in die omgeevehouding?
S2: Ja. Maar, ... maar met die pasiënt sal dit nie regtig saak maak as die persoon nie vir jou omgee nie. Hulle is siek en selfs al gee hulle nie vir jou om nie, jy sal steeds vir hulle omgee.

N: Goed. In verband met die onderrigopset, hoe sien jy die betrokkenheid van die student in die omgeeoverhouding in die opsig?

S2: Mmm .... (Stilte.)

N: Is dit werklik 'n blyke van omgee as die dosent alles vir die studente doen?

S2: Nee, ek glo nie daaraan dat die dosente alles vir die studente moet doen nie. Dit ontaard in 'n situasie waar die student terug sit en self niks doen nie.

N: Wat is die gevolg hiervan?

S2: Jy kry 'n swak opgeleide persoon ... (Lag.) ... omdat hulle niks vir hulself kan doen nie.

N: Dit is waar, ja!

S2: Indien die dosent nie vir jou omgee nie sal jy self nie daartoe instaan wees om ordentlik na jou pasiënte om te sien nie omdat, jy nie weet wat dit beteken om te gee nie. Jy sal net dink, wel dit is my werk. Dit is maar net hoe dit gedoen moet word. Jy sal niks voel nie.

N: As jy dit wat jy nou gesê het na die onderrigsituasie neem, is dit moontlik dat die dosent ook net haar werk kan doen en niks meer nie?

S2: Ja.

N: Kan jy hierop uitbrei?

S2: ... omdat ons so baie studente is, mag hulle dit onmoontlik vind om vir elkeen individueel om te gee. En, hulle sal ook iemand vind van wie hulle niehou nie of nie mee oor die weg kom nie.

N: Dink jy dus dat om van iemand te hou is belangrik in "caring" vir iemand?

S2: Ja, ek dink so. Maar, mens behoort vir ander om te gee of jy van hullehou of nie.
N: Dit is baie goed, ja! Ek hoop regtig dat jy by hierdie beginsel hou.

S2: Wel, met jou pasiënte moet jy doodeenvoudig.

N: Hoe wys 'n dosent dat sy nie van 'n student hou nie?

S2: Wel, met liggaamstaal, wanneer jy met hulle praat is hulle baie kortaf met jou, hulle is ongeduldig. As jy na hulle gaan met 'n probleem, is hulle baie van jou probeer ontslae raak.. baie gau. Hulle spandeer nie genoeg tyd daaraan om dinge aan jou te verduidelik nie. Jy kry net die gevoel dat hierdie persoon nie van jou hou nie. En ook in die klas ... oogkontak ...

N: Oogkontak?

S2: Ja. As sy nie in die klas na jou kyk nie, en jy sit maar net daar, dink jy naderhand, wat maak ek nou eintlik hier. Ek kon netsowel nie hier gewees nie. Sy sou dit nie eens gemerk het nie. Dit maak dat jy dink sy hou nie van jou nie.

N: Wat kan die redes wees dat dosente nie van student hou nie?

S2: Miskien hou sy net nie van jou gesig nie (Lag.)

N: So, dit kan baie subjektief en persoonlik van aard wees?

S2: Ja.

N: Wat behoort in 'n omgee-verhouding gereflekteer te word?

S2: Respek. Ek dink die dosent en die student moet mekaar respekteer. As jy wil hê die dosent moet vir jou omgee moet jy iets doen om daardie respek te verdien. En om die dosent te respekteer moet sy die werk op so 'n wyse aubied dat jy dit verstaan, ... ky respekteer hulle omdat hulle probeer om jou te help ... omdat hulle probeer om jou deur te kry. Hulle moet jou nie afkraak nie. Die aanbiedings moet op jou vlak wees. Vriendskap ... maar dit bring ons terug na die "hou van" saak. Maar mens moet nie hulle familiêr raak nie.

N: Hoekom nie?

S2: Omdat daar dan nie respek is nie. In hierdie opset is daar baie streng reëls.

N: En is dit 'n hindernis?

S2: Dit is ja, omdat jy altyd voel dat jy met 'n stel "balkies" praat.

N: Wat van vertroue?

S2: Ja, ek dink dit is belangrik. As ek hulle iets vertroulik vertel behoort hulle dit as sulks te behandel en dit nie met ander te bespreek nie.
N: Waarvoor sou jy die dosent moet kan vertrou afgesien van vertroulikheid?

S2: Haar toereikendheid en vaardigheid ... Dit is 'n moeilike vraag. Dat sy altyd haar bes sal doen vir jou. Dat jy altyd op haar sal kan staan om daar te wees vir jou sou jy hulp nodig hé.

N: Sou jy sê dat daar 'n verskil is in die verhouding tussen jou en die dosent in die klaskamer en tussen jou en die persoon wat jou in die kliniese veld onderrig?

S2: Ja daar is, omdat as jy hier (in die kollege) 'n lesing het is dit alles teoreties. Goed, 'n kliniese lesing is ook ... maar ons is geneig om hulle (die dosente) te sien as ... om hulle met die kollege te associeer. If we see them in the hospital, we see kollege. Die saalsusters leer ons meer praktiese dinge. Ons find dit makliker om met die kliniese personeel oor die weg te kom as met die kollegepersoneel.

N: Hoekom?

S2: Alles is so formeel hier. In die sale is dit meer informeel. Daar kan jy sit en 'n koppie koffie met jou dosent geniet.

N: Beteken dit dat jy dieselfde tipe verhouding met die kollegedosent sou kon aangaan as sy in die kliniese veld was?

S2: Ja.

N: Meer van 'n "caring" verhouding?

S2: Ja.

N: Voel jy dat daar meer vir jou omgegee word in die kliniese area as in die klaskamer?

S2: Ja, ek reken so.

N: Hoekom?

S2: Hier .. hulle ... ek weet nie ... hulle hou net aan om jou werk te gee. Goed, ek hou daarvan, ek hou nie daarvan dat alles ingegee word met 'n teelepel nie. Maar, soms het ons klas en die dosent daag net nie op nie. Sy stuur net die werk aan ons, en ... Dan skryf ons 'n toets oor daardie werk en dit skeel nie of ons nie die werk verstaan nie.

N: So, as ek jou reg verstaan is daar meer afstand tussen jou en die dosent by die kollege as tussen jou en die dosent in die kliniese veld?

S2: Ja.

N: So, as ek jou reg verstaan, indien hierdie dosent wat saam met jou in die kliniese area gewerk het, indien sy meer bereid was om die praktyk te aanvaar soos dit is, sou dit op 'n manier daartoe bygedra het dat daar 'n beter verhouding
tussen julle ontstaan het? Om dit anders te stel, sou jy sê dat die verwydering tussen teorie en praktyk 'n afstand tussen jou en die dosent in die kollegeopset plaas?

S2: Ja.

N: ... en, inien sy sou probeer on teorie en praktyk te integreer dat dit 'n teken sou wees dat sy omgee vir jou?

S2: Ek dink so, want, indien hulle sou aanvaar dat dinge tussen teorie en praktyk verskil sal hulle ons nie kritiseer vir alles wat ons doen nie. Maar dit is nie so nie, omdat ... as 'n voorbeeld, as ons 'n leesig het en ons sou sê dat dit nie so in die praktyk is of werk nie, dan sê hulle bloot dat ons dit in die praktyk moet maak werk. En dit is soms onmoontlik.

N: So, behoort hulle julle te help om teorie en praktyk te integreer en sou dit toon dat hulle omgee vir julle?

S2: Ja! Hulle moet weg beweeg van die teorie, want, wat in boeke geskryf word werk nie altyd in die praktyk nie. Ons het matrones hier wat, vandat hulle matrones geword het alles uit die boek doen. Ek meen, hulle het dit nie so gedoen toe hulle nog verpleeg het nie. So, "caring" deur die dosent sal ook wees on uit te vind waarom ons dinge doen soos ons dit wel doen voordat hulle ons kritiseer.

N: Is dit moontlik dat 'n dosent geheel teoreties kan word, nie alleen in wat hulle jou leer nie, maar ook in die manier waarop hulle lesings en ander leerervarings aanbied en in hulle benadering tot julle?

S2: Ek dink so omdat ... maar dit is soos ons hulle sien. Ons sien geen een van die dosente hier as verpleegsters nie. Ek sien hulle eerlik as mense wat na die universiteit toe gegaan het om daar te gaan leer hoe om lesings aan te bied. Nie dat hulle self ooit verpleeg het nie. As hulle ooit self verpleeg het sou hulle die probleme ingesien het.

N: En, bevraagteken jy hierdeur hulle geloofwaardigheid en hul outentiekheid?

S2: Nee!!! Kyk, hulle weet baie, maar iets kom kort. Dit lyk nie of hulle toepas nie ... dit is iets wat verwyderd ... as hulle alles moet doen wat in die boeke geskryf is ... ek bedoel ... daar sal nie genoeg ure in 'n dag wees nie.

N: Maar, in die klasopset, voel jy dat sy te teoreties is, te hoogdrawend, asof sy op 'n voetstuk is of verhoog is?

S2: Ons het sulke dosente. Jy voel net dat jy nie naby hulle kan kom nie.

N: Wat gee aanleiding hiertoe?

S2: Jy voel net hulle weet alles, en as jy hulle 'n vraag sou vra, sal hulle dink jy is onnoosel. Jy voel asof jy net mooi niks weet nie.
N: Goed, is daar enige ander kenmerke verbonde aan die omgee- verhouding in die onderrigopset?

S2: Ja. Jy gee nie om om klas toe te gaan nie en jy geniet haar klasse. Jy voel ook jy wil graag goed doen en dat daardie persoon wil hê dat jy goed doen. Jy is ook meer gelukkig, en sal nie depressief raak oor die vak nie. Dit sal 'n meer positiewe gesindheid jeens die vak aankweek. So, as jy moet leer vir die vak van hierdie dosent sal jy nie voel "Uuugh ... Nee ....!!!" Jy sal dit geniet om te leer.

N: So, ’n omgeeeverhouding motiveer jou om te studeer en om dinge gedoen te kry?

S2: Ja ...

N: Goed, ’n laaste vraag vir vandag. Wat doen jy as ’n dosent sou aantoon dat sy nie van jou hou nie? Watter alternatiewe is daar?

S2: Jy kan gaan kla ... Jy sou na daardie persoon toe kon gaan en die saak met haar uitpraat. Ek sou dit egter nie doen nie. Ek sal maar self aan sukkel. Mens kan natuurlik ook self harder werk.

N: So, so iets negatief mag selfs positief verwerk word?

S2: Ja, dit kan mens motiveer om harder te werk.

N: Maar dit is hoog idividualistes en persoonlik?

S2: Ja, mense reageer verskillend.

N: Enige ander opsies?

S2: Jy kan ook wys dat jy wel omgee. Miskien, as jy wys dat jy omgee .... (Stilte)

N: Wat van ewegroepondersteuning?

S2: Dit is belangrik, veral as almal dieselfde probleem ervaar. Maar as dit tussen jou en die dosent alleen is ... dit is iets wat jy met haar moet uitsorteer.

N: Wie is dan almal in die omgeeeverhouding in die onderrigopset betrokke?

S2: Die student (jysel), ewegroep. Ons is byvoorbeeld ’n baie hegte groep. Ons sou graag wou sien dat almal slaag. So, ons help mekaar. Dan, daar is ook die dosente.

N: Ek sien "dosent" as almal wat jou iets leer in verpleging.

S2: Ja. In die hospitaal ook. Miskien die dokters, hulle doen ook soms iets in die verband. Dit is omtrent al.

N: Dankie. Ek gaan nou eers hierdie transkribeer. Hierin is werklik baie wat ek kan gebruik.
S2: Ek voel nie asof ek iets van waarde gesê het nie.
S2: Totsiens.
INTERVIEW: TS2-2M.DOC

N: Het jy enige nuwe insigte verwerf?

S2: Nie regtig nie. Alhoewel ek meer daaraan gedink het oor die eienskappe wat 'n dosent behoort te hé en so aan. Wat die kenmerke betref het ek gevoel sy moet altyd daar wees. As jy 'n afspraak maak moet sy jou nie afsit, keer op keer omdat sy iets anders het om te doen nie. Ander dinge moet nie meer belangrik wees as die studente nie. As jy nodig het om haar oor iets te sien moet sy daar wees.

N: Goed, maar wat behels "om daar te wees" - wat beteken dit om daar te wees vir iemand?

S2: Dit beteken ook ondersteuning ... soos ... as jy 'n besluit sou neem, kan die dosent jou ondersteun hierin sodat jy ten minste weet daar is iemand anders wat ook soos jy voel. Dit help jou om 'n besluit te neem en ook om daarby te staan. Ook met toetses en sulke dinge, ... as jy weet jou dosent sit alles in haar onderrig is dit asof sy bevestig dat sy daar sal wees as jy haar nodig het. Sy gee genoeg om om jou te laat verstaan dat sy glo jy kan die toets slaag.

N: Goed. Maar, waarom moet 'n dosent omgee?

S2: ... (Stilte)

N: Waarom is 'n omgee-verhouding met die dosent nodig?

S2: Omdat, indien niemand vir jou omgee nie, voel jy, wel, waarom moet ek gepla wees. Mens het begrip nodig vir jou menswees.

N: Goed, maar hoekom gee mense om? Hoekom gee die dosent om. Hoekom gee jy soms om. Waar kom "caring" vandaan?

S2: Ek voel 'n dosent gee om .... wel, sy het al die kennis en gevolglik ... indirek gaan sy vir die pasiënt sorg, en as sy ons reg leer, sal ons die pasiënte reg versorg.

N: Verstaan ek jou reg, die dosent beskik oor spesifieke verworwe kennis en vaardighede om vir jou as student te kan omgee?

S2: Ja. Maar dosente wil hê hulle studente moet goed doen sodat hulle as goeie dosente kan deurgaan. Sommige dosente is baie vriendelik sodat mens graag na hulle toe gaan, maar dit is eerder vriendskap as omgee.

N: Goed, voordat ons verder gaan, laat ons na die vorige transkripsie kyk. Ek het sekere konsepte hieruit getrek. Sal jy net eers vir my sê of my gevolgtrekkings reg is. As jy enigsins iets wil byvoeg, doen asseblief so.

S2: Goed.

N: Daar behoort empatie te wees. Ook, moet daar besorgdheid aan die kant van die dosent wees met betrekking tot jou
akademiese vordering. Hierdie besorgdheid kom van die feit dat sy die nodige kennis het betreffende onderrig en die spesifieke vak wat sy onderrig.

S2: Ja.

N: Sy moet die werk aan student verduidelik. As sy nie die werk verduidelik nie gee sy nie om nie. Sy moet ook tyd vir die studente inruim. As sy dit nie doen nie toon dit dat sy nie omgee nie - omgee is baie tydrowend.

S2: Ja dit is.

N: Sy moet werklik luister na wat die studente sê. Sy moet vaardig wees en moet oor kennis beskik ten einde te kan omgee.

S2: Waar.

N: Sy moet studente help om suksesvol te wees. Omgee is holisties. Toewyding..

S2: Reg.

N: Dan, daar moet persoonlike erkenning aan die student gegee word - haar teenwoordigheid, agting ... Sy moet wys sy weet die student bestaan en is teenwoordig.

Beskikbaarheid.

Sy moet persoonlik in studente belangstel.

S2: Ja!

N: Daar moet beide respek en afstand wees ...

S2: Ja, hulle moenie te familiêr raak nie.

N: Dan, konfidensialiteit is belangrik. Kommunikasie. Omgee moet ook uitnodigend wees.

S2: Beslis.

N: Jy het ook aangetoon dat daar beide doen en gevoel in omgee teenwoordig is. Om iets te doen sonder om te gee is bloot om jou werk te doen. Is dit korrek as ek op hierdie gronde aanneem dat omgee uit beide doen en beleef (feeling) bestaan?

S2: Ja.

N: So, al het jy al hierdie goeie kwaliteite en jy pas dit nie toe nie ...

S2: ... sal die student nie sien dat jy omgee nie.

N: Ook, as jy nie gevoelens betrek nie en net jou werk doen is die student nie betrokke nie? In die opsig word daar dan 'n ritueel uitgevoer?
S2: Ja, baie onpersoonlik.

N: Ek dink daar was slegs een vraag wat ek wou vra.

Ja ... Nog iets. Die dosent wie nie omgee nie laat nie betrokkenheid toe nie. Indien die dosent net lesings afsteeek, ... orent voor die klas ... dit kom as baie "uncaring" voor en ook as onbetrokke en nie toeganklik nie. Is dit korrek?

S2: Ja.

N: Jy het ook aangetoon dat dit baie "uncaring" is indien die dosent nie die werk aan studente verduidelik nie. Ook so as hulle onrealistiese verwagtinge koester.

S2: Ja.

N: So, as die dosent net haar werk doen word sy nie gesien as iemand wat omgee nie.

S2: Korrek.

N: Die dosent wat nie omgee nie is ook die afwesige dosent - fisies en sielkundig.

S2: Ja.

N: Goed. Erosie van omgee word veroorsaak deur die grootte van die groep, afwesigheid van individuele aandag, familiariteit, en te streng dissipline en reëls.

S2: Ja.

N: Hoekom te streng dissipline en reëls?

S2: Omdat ... 'n deel van omgee is om die ander beter te leer ken. As daar soveel dissipline en streng reëls is, word mense van mekaar verwyder. Dit plaas onnodige afstand tussen hulle.

N: Dit bederf dus spontaniteit?

S2: Ja, verseker.

N: Om van ander te hou het jy ook gesê is 'n belangrike aspek in omgee en dat blote fisiese aspekte tot gevolg kan hê dat 'n dosent nie van 'n student hou nie. Die student moet ook respek verdien - so, hulle moet ook iets van hulle kant af doen.

S2: Ja, jy kan nie net terugsit en vewag dat die dosente alles vir jou moet doen nie.

N: En, as hulle jou nie respekteer nie, is dit gelykstaande daaraan dat hulle nie vir jou omgee nie?

S2: Wel, waarskynlik ja.
Goed. Die persone betrokke is: die dosent, student, medestudente, studenteberader, kliniese personeel en dokters?

Ja.

Dan, kommunikasie is baie belangrik. Dit sluit in beide verbale en nieverbale kommunikasie. Tyd is hier ook van belang en ook dat die kommunikasie op die vlak van die student moet geskied.

Ja.

Tegnieke in omgee, in die leer van omgee het jy net rolmodellering genoem.

Daar is ook indikasies dat die omgeeeverhouding verskil tussen die klaskameropset en die kliniese opset.

Ja, hier is dit te formeel.

En, die kliniese area is meer realisties.

... realisties ... dit is wat ek wou sê ...

En dit dra by tot 'n beter omgeeeverhouding tussen jou en die dosent?

Ja, en sy sien jou nie as iemand wat bloot gaan slaag of druip nie. Jy word gesehen as 'n vriend, selfs al onderrig hulle jou en gee hulle ook punte ...

Sou jy sê dat evauluering in onderrig enige effek op die omgeeeverhouding het?

Ja. Evaluering het 'n effek op alles. Mens moet geëvalueer word, maar daar is te veel klem op prestasie in die onderrigopset. Dit maak mens senuweeagtig en jy kan nie jou beste tydens die evaluering lewer nie.

Kan evaluering 'n nadelige effek op die omgee-verhouding hê?

Ja, ... Ek dink egter dit is meer die dosent ... haar houding. As dit een is van: "Jy beter al jou werk ken anders gaan jy dop" maak mens onmiddellik voel dat sy nie in jou as persoon geïnteresseer is nie maar slegs in die klasgemiddel.

Voel jy dus dat jy op hulle standaarde evaluer die word en nie op jou eie nie?

Ja, dikwels. Ons word geëvalueer op dinge wat ons veronderstel is om te weet. Intussen, het ons nog nooit daarvan gehoor nie. Maar, dit is 'n probleem wat ons soms in die sale ook ervaar. Jy kry ook die kliniese dosente wat van jou verwag dinge te kan doen wat jy nog nooit teégekom het nie. Maar, dit gebeur darem nie dikwels nie.

Goed.
Jy het gesê dat jy voel daar word meer vir jou in die kliniese veld omgegee as in die klaskamer. Kan dit wees omdat jy nouer toesig in die kliniese area werk?

S2: Ja. Mens weet jy kan na die suster toe gaan om jou te help as jy iets nie weet nie, maar hier in die kollege, as die kollegetyd eers verby is, moet jy tot die volgende dag wag as jy iets te wete wil kom. Soms vergeet jy wat jy wou vra, en ander tye is daar bloot nie tyd nie.

N: Jy het ook gesê dat julle soms werkopdragte op julle eie moet uitvoer. Is dit belangrik vir jou dat studente dinge self doen?

S2: Ja, want dan dink hulle ten minste en is hulle betrokke. Mens gaan nie altyd met die lepel gevoer word nie. Mens leer so ook verantwoordelikheid en kry die geleentheid om dinge self uit te vind. As mens dit nie doen nie, gee jy nie vir jouself om nie.

N: Jy het ook voorheen aangetoon dat die teorie/praktykgaping gesien word as sou daar nie vir studente omgegee word nie?

S2: Ja.

N: Sou jou verhouding met die kollegedosente verbeter indien hulle in die kliniese veld betrokke sou wees?

S2: Ja, dit sal help. Sy sal dan die saak van twee kante kan sien.

N: Sal jy voel daar word meer vir jou omgegee?

S2: Waarskynlik ja.

N: Goed, sal haar sigbaarheid in die kliniese area haar dus meer geloofwaardig en outentiek maak?

S2: Ja. Ek dink dit sal help omdat mens dan saam met haar sal werk. Sy sal jou as mens beter leer ken en jou nie bloot as 'n student wie sy moet leer sien nie.

N: Sou jy in die opsig voel dat haar onderrig meer 'n verlenging van haarsel Is?

S2: Ja, ek dink so. Dan sal sy sien hoe dinge in die praktyk werk. Ook, as hulle susters uit die sale na die lesingsale neem kan hulle teorie en praktyk baie beter bymekaar bring.

N: En hierdie diskrepsie is opvoedkundig "uncaring"?

S2: Ja.

N: Goed, ek dink dit is genoeg vir vandag. Is daar enigiets wat jy sou wou bylas? Jy lyk bra moeg. (Die student is op nagdiens).

S2: Nee. Ek het niets om by te las nie, en ek is ook nie regtig moeg nie.
N: Goed. Dankie, en sterkte met die eksamen.
S2: Dankie. Totsiens.
Interview: TT2-3M.DOC

N: Het ek laas vir jou hierdie gewys? Dit is 'n model wat ek uit dit wat jy gesê het, opgestel het.

T2: Nee.

N: Die "caring-verhouding" tussen die dosent en die student begin ontwikkel in enige onderrigopset. So, as daar hierdie omgee-bewustheid by die student gekweek word, dan kan sy dit oordra in die praktyk in, maar in die praktyk leer sy in iedere geval aspekte van omgee aan wat sy weer in haar verhouding met haar dosent kan implementeer. So, dit maak nie saak waar sy die "caring" voorbeeld kry nie ...

T2: ... dit is 'n sikliese ding.

N: Ja. Soiewers in die teorie en die praktyk ontwikkel die omgee-verhouding tussen die student en die dosent ...

T2: ... en dit word uiteindelik op die pasiënt oorgedra.

N: Ja! Dit behoort die uiteinde te wees. Hieruit wil dit nou blyk dat, of die student nou die beroep binne kom met die nodige gevoel van omgee of nie, die moontlikheid bestaan dat sy ditiewers kan leer of dat ditiewers kan begin.

T2: Dit is so, ek stem saam. Die mate waarmee of waaronder sy daar mee in die beroep inkom sal natuurlik die proses beïnvloed.

N: Kan wees. Mens sal dit maar moet navors. Literatuur het al aangetoon dat studente byvoorbeeld met hierdie vreeslike empatiiese bewustheid die beroep binnekom en dit daniewers langs die pad heeltemal verloor. Dan is daar gewoonlik die verskriklike teleurstelling in die beroep ... 'n Ontgogeling ... ontngtering.

Goed, stem jy saam met die interpretasie wat ek aan ons vorige onderhoud gee?

T2: Ja.

N: Goed, laat ons dan verder gaan met die ontleiding van daardie eerste onderhoud.

Goed vraag 12. Wat presies beteken betrokkenheid in die omgee in die onderrigsituasie vir jou?

T2: Mens moet 'n oor hê om betrokke te wees. Dit beteken ook om deel te neem aan daardie ou se lewe, hetsy op akademiese of op sosiale vlak.

N: Hoe sal jy op akademiese vlak jou betrokkenheid toon?

T2: Deur terugvoer van die studente te kry. Daar ontstaan 'n tweegesprek. Al die ander dinge gaan daarmee saam soos om bereid te wees om te luister, en vir hom iets te voel.
N: Hoe vir hom "iets te voel?"

T2: Jy moet 'n mate van ... laat ek die Anglisisme gebruik ... 'n mate van 'n affeksie hê. Jy moet vir hom iets voel.

N: Op hoe 'n manier sal jy wys jy voel?

T2: Dit moet positief wees. Empatie sal ook 'n rol speel. Soms simpatie ook ... (lag) ... veral hierdie tyd van die jaar. (Lag.)

N: Kyk, dit het ons ook al gesê. Wat mens vir jou student doen, berus dikwels op die projektering van jou eie ervarings op die student ...

T2: Ja, ja ... Kyk, dit het ons ook al gesê.

N: Ja.

Uit ons vorige onderhoud het dit vir my geblyk dat jy van opinie is dat om 'n "caring"-verhouding met jou studente daar te stel sal dit makliker wees in die kliniese opset as in die klaskamer. Is dit so?

T2: Ja, ons het in daardie rigting gepraat en dit is so. Omdat jy in die klaskamer ... is jou aandag verdeel tussen twintig tot dertig studente terwyl in die kliniese situasie is dit uiterst twee, drie of vier. Soms is dit net jy en 'n enkele student. So, jou aandag is volledig ingestel net op daardie een persoon. Verder doen jy iets saam met hom. Julle "create" iets saam. Nou, die oomblik wat mens iets saam met iemand anders doen, is my ervaring dat dit mense nader aan mekaar bring. En in die proses leer julle mekaar ken.

N: Nou, hoe groot aandeel het julle aan die studente se kliniese ervaring?

T2: Ons is veronderstel om 'n vyftig persent aandeel daaraan te hê. Daar word van bo af op ons harte gedruk dat dit so moet wees. Dit is jou posbeskrywing en aanstellungsooreenkomms maar uit die aard van die saak werk dit so dat jy tog bietjie meer aandag aan die teorie gee as aan die praktyk omdat jy voel dat die saalsuster en die ander mense ook 'n opleidings- en "caring"-verantwoordelikheid jeens die studente het.

N: Het jy al die ervaring gehad dat jy saam met studente in die praktyk gewerk het en dat dit later makliker was om vir hulle in die klas klas te gee? Of dat jy 'n student nie kon vind in die klas nie maar wel in die kliniese veld gevind het dat dinge makliker verloop?

T2: Ja. Mens kry dit. Die verhouding is definitief beter ... in die algemeen.

N: Goed, is daar nog iets oor die wisselwerking tussen teorie en praktyk in die opsig?
T2: Ons kan jare daaroor praat. Ons is juis besig om 'n dispuut daaroor te voer.

N: Dink jy ... die ewige kwessie dat studente ook voel dat die dosent meer vir hulle omgee as die dosent instaat is om teorie en praktyk te integreer ... want daar is oral hierdie probleem met die integrering van teorie en praktyk. Ons vind dit by al die kolleges. Nou, dink jy dat hierdie teorie en praktyk ... dat jy in die oë van die ...

S2: In die 'estimasie' van die student sal styg? (Lag.)

N: Ja, "estimasie." (Lag.)

S2: Ja. Vir my is dit goed om teorie en praktyk te kan probeer korreler. Maar, nou weet ons dat teorie en praktyk nie altyd ooreenkom nie. 'n Kleintjie wat tande kry het diarree. Maar, die boeke sê vir jou dit is nonsies, dit kan nie gebeur nie. Daar is geen wetenskaplike verklaring voor nie gevolglik is dit onsin.

Maar ... tog voel ek dat dit goed is om met daardie persoon in die teorie en die praktyk te stap. Jy weet wat jy hom geleer het en jy wys presies vir hom hoe dit werk.

N: So, jy laat die student in hierdie opsig in geen onsekerheid nie?

T2: Dis reg. Maar as dit deur twee persone gedoen word dan weet die een gewoonlik nie wat die ander een gesê het nie en die student is in onsekerheid. Maar, nou is my ander pyn: hoewel mens dit probeer doen kan jy jou tog nie self tussen twintig mense verdeel nie.

N: Maar, is dit nie dat daar vir die studente meer ooreenkoms tussen teorie en praktyk moet wees nie sodat die kollegedosente nie net met die teorie vereenselwig sal word nie?

T2: Ja. Ons werk ook daaraan. Maar daar is ook die probleem van skoftpéntye. So, die ervaring saam met dosente of saalsusters in die onderrig van die student is ook vir die student gefragmenteer.

N: Goed. Nog steeds oor begeleiding.

T2: Te veel dan raak mens afhanklik.

N: Sou jy dan sê dat mens te veel kan omgee?

T2: Ja. Jy kan jouself en die student uitbrand.

N: Wat gebeur met die student as jy te veel omgee?

T2: Ek dink sy sal onttrek en voel dat jy interveer, of, sy sal oorgee en afhanklik word.

N: En wat is die gevolg daarvan?
T2: Dit is totaal en al 'n ongesonde situasie want dan kan sy nie onafhanklik funksioneer nie.

N: Dit sal inbreuk maak op haar professionele ryping?

T2: Ja.

N: So, te veel of te min leiding is beide 'n ongesonde situasie?

T2: Ja, om daardie balans te kry is 'n baie pynlike ding.

N: Dit sien ek in al die onderhoude dat balans 'n baie belangrike aspek in omgee is.

T2: Maar, waar is balans? Dit is die vraag. Wat vir die een goed is is vir die ander nie goed nie of dit is vir dieselfde persoon die volgende keer nie goed nie.

N: Ja, dit is absoluut situasiegebonde. So, dit laat my dink aan iets anders; die persoon wat omgee moet baie insig he en 'n baie fyn aanvoeling he om al hierdie dinge te balanceer. Ek het op 'n stadium gekom waar ek "caring" gedefinieer het as: "Balancing the existential contradictions of life." Ons leef 'n lewe van teenstrydhede en om werklik om te gee is om ander te help om hierdie teenstrydhede op te klaar.

T2: Ja, dit is ...

N: ...baie filosofies, maar dit maak tog sin uit.

T2: Ja, beslis.

N: Jy het ook op 'n stadium gesê dat die dosent moet deel word van die student se daaglikse roetine. Wat is daardie "deel word?" Wanneer sal jy weet jy is deel van die student se daaglikse roetine?

T2: Jy weet eintlik wanneer jy nie deel is nie. (Lag.)

N: Ja, dit is maklik om vas te stel.

T2: As hulle 'n oop verhouding met jou het in die sin dat hulle hulself vry voel om enige tyd na jou toe te kom met 'n probleem ... hmm ... maar, weer eens, nie oorhel na die situasie waar hulle met elke ding na jou toe kom nie.

N: Dat jy so 'n deel is ...

T2: .. dat hulle nie sonder jou kan klaarkom nie ... Hulle hoef ook nie met hulle probleme na jou toe te kom nie maar ook met hulle vreugdes. Dit is dan jou verantwoordelikheid om nie haar probleem vir haar op te los nie, maar slegs om haar op die pad te plaas om self haar probleem op te los.

N: En, is dit 'n teken dat jy vir haar omgee?

T2: Ek dink so. Anders, gaan jy die ding mos uit haar hande neem en dit doen.
N: Soos Mayeroff sê, mens besit nie die persoon vir wie jy omgee nie en omgee is om ander te help om vir hulself om te gee.

So, daar is 'n soort van "self care" element in omgee?

T2: Daar moet wees. Die ander sy van die saak is dat as sy dan nou die ander padjie loop moet sy ook maar leer om haar kop te stamp. Mens moet natuurlik maar in die omgewing wees om weer die stukkies bymekaar te sit. So, as mens sien dat 'n ding skeef begin loop ... Dit is 'n ander ding; "caring" plaas 'n geweldige verantwoordelijkheid op 'n persoon. Jy het 'n verantwoordelijkheid vir daardie persoon, maar die persoon moet self ook selfstandig wees. Dit is somtyd nogal 'n probleem om te weet of jy die klip heeltemal uit hulle pad moet uitrol of slegs gedeeltelik.

N: Dit is nou net wat ek jou wou vra. Hoe bepaal jy hoeveel "self-care" 'n student kan doen?

T2: Dit hang van persoon tot persoon. Mens moet insig hê. Dit is nogal 'n ding. Mens is dikwels geneig om dinge self te doen omdat dit gouer gaan eerder as om die ander 'n geleentheid te gee om iets vir haarself te doen.

N: Maar, is daar strategyeë in onderrig wat jy kan inspan om studente te help om hulself te help?

T2: Ek weet nie, mens gee nie alles vir hulle met 'n teelepeltjie in nie. Hulle moet so 'n betjie selfstudiewerk en naslaanwerk doen. Groepbesprekings en dies meer.

N: Goed, uit ons vorige onderhoud, sal jy se daar is 'n verskil tussen onderrig en om om te gee.

T2: Ja. Om te onderrig is om kennis oor te dra. Ek moet dit seker nie so stel nie ...

N: Nee, jy is heeltemal reg ...

T2: ... Mens kan byvoorbeeld net plein goed op die bord neerskryf en dit is dit. Baie tegnies.

N: En nou, wat doen jy om dit "caring" te maak?

T2: Oeps! Jy maak dit meer lewendig deur met die student daaroor te praat en terugvoer te kry, kommunikasie en dies meer ...

N: Al die ander dinge wat jy al genoem het?

T2: Ja.

N: Dit is al wat ek wou geweet het.

So, daar is hierdie emosionele aspek van "caring" en dan die tegniese aspek.

T2: Ja.
N: En, altwee moet teenwoordig wees om dit werklik "caring" te maak?

T2: Ja.

N: Hoekom ek dit vra, is, uit die analises wat ek verlede week gedoen het het hierdie aspek baie duidelik na vore getree.

Goed.

So, die verskil tussen "onderrig" en "omgee" is dan die emosionele betrokkenheid?

T2: Ja.

N: Vraag 17. Jy het laas herhaaldelik gesê dat dit uitors belangrik is dat jy iets van jouself aan die student gee. Soos voorbeeld de uit jou eie ervaringe. Dink jy dit is moontlik om teoretiiese aspekte ook as deel van jou eie aan die studente aan te bied - as deel van jouself en nie bloot as feite nie?

T2: Ja. Jy het tog die teorie in die praktyk toegepas wat jy dan as voorbeeld aan die student voorhou.

N: Goed.

T2: Mens kan natuurlik ook die studente vra om hulle ervarings en sodoende weer die studente betrek.

N: Ja! En, sou jy sê dat om die studente op hierdie manier te betrek wys op "caring" van jou kant af?

T2: Wel, jy kan besluit. Een van twee dinge. Of jy rammel die lesing af, of jy betrek die studente en kry iets van hulle af terug.

N: Watter effek het die evaluering op die verhouding tussen die dosent en die student?

T2: Twee kante toe, positief of negatief.

Die hele situasie kan negatief wees. Maar, wat ek doen is om direk na afloop van die evalueringsessie die student te roep en vir haar presies te wys waar, wat en hoe. As die student dan daar uitstap weet sy waaroor dit gaan. Maar, die negatiewe sy is ook daardie: Ek word nou geëvalueer. Hulle sien nou die dosent as hierdie iets waaroor daar so 'n swart mantel hang. Dit is 'n onnatuurlike situasie vir almal betrokke. As mens kan evalueer so "in the stride of doing it" kan dit dalk beter werk. Ons probeer in hierdie lyn loop.

N: Sodat hierdie evaluering nie soos 'n soort veroordeling oor hulle is nie?

T2: Ja. Daai ... Ons is nog op daardie stadium waar ons nog baie prosedure gereg is.
N: In water gevalle sou jy sê het die evaluering 'n negatiewe effek op die verhouding tussen jou en die student?

T2: In die algemeen?

N: Ja.

T2: Veral as daar reeds nie 'n goeie verhouding tussen die dosent en die student is nie. Somtyd ook as die student die dosent wil "impress", en eintlik maak sy droog. Soos byvoorbeeld, "die dosent kan mos nou nie so hard met my wees nie" of so iets. Oor die algemeen dink ek is dit makliker dat evaluering die verhouding tussen die student en die dosent negatief sal beïnvloed.

N: Jy het ook gese dat julle baie proseduregerig is. Nou, is dit moontlik dat hierdie gerigtheid ook in die onderrig-praktyk inslag kan vind?

T2: Ja! Soos ek voorheen al aangetoon het.

N: Okay. Jy het gese dat in die kliniese praktyk werk jy nouer saam met die student en dit bevorder die omgee-verhouding. Nou, hoe sou jy sulke nouer samewerking met die student in die klaslokaal bewerkstellig?

T2: Nee, ek is nou 'n "blank."

(Onderhoud dwaal van die onderwerp af.)

N: Dink jy dat dosente 'n monopolie op "omgee" vir student het?

T2: Nee. Hulle moet ook vir hulself "care."

N: Wie nog?

T2: In die verpleegsterstehuis behoort daar ook mense te wees wat uitgeknip is vir die pos. Verder behoort daar ook 'n studenteberader te wees. Maar die student moet steeds die vryheid hê om na iemand anders toe te gaan indien hulle so voel. Die studenteberader moenie 'n moet wees nie.

N: Goed. Hoe voel jy daaroor dat studente negatiewe gevoelens in die omgee-opset lug?

T2: Dit is nie lekker as dit teen jou persoonlik gemik is nie, maar dan moet mens ook maar weer jou trots in jou sak steek en dinge motiveer. Dit kan baie moeilik wees om 'n goue middeweg te volg.

N: So, ek neem aan dat dit heeltemal aanvaarbaar is en 'n essensiële aspek van "caring" in onderrig is?

T2: Ja.
N: Goed, nou weer uit ons vorige onderhoud; wat kan tussen jou en die student staan sodat jy nie vir die student kan omgee nie, of dit moeilik maak om vir daardie student om te gee.

T2: Jou persoonlike emosionele belewing daardie dag - plein met die verkeerde voet uit die bed uit opstaan. Jy kan vies wees vir die student. Daar kan van jou seniors wees wat jou keer om met die student kontak te maak. Die groot groepe kan pla. Tyd is absoluut noodsaaklik. Ons is nie vir almal ewe lief nie en gevolglik ook nie vir alle studente nie.

N: Jy het laas ook gesê dat die rigiede organisatoriese struktuur en die streng dissipline kan die verhouding tussen die student en die dosent skaad of aan bande lê.

T2: Kyk, ons is darem nou nie so streng soos byvoorbeeld in die leer nie. Maar dit kan jou strem.

N: Kan dit moontlik ook positief wees?

T2: Dit kan, want dit gee struktuur aan die hele spul en ook 'n mate van sekuriteit. 'n Basis vanwaar mens kan verder gaan.

N: Die het ons al oor gepraat.

T2: Mens sal seker op 'n punt kom dat baie van hierdie dinge mekaar sal oorvleuel.

N: Ja, beslis.

N: Sou dit belangrik wees om in "caring" volgens die ontwikkelingsvlak van die student te op te tree?

T2: Ja. Kyk, as jy nie op hulle vlak ingesteld is nie gaan jy nie by hulle regkom nie. Jy moet na hulle vlak gaan maar nie heeltemal tot op daardie vlak daal nie. Mens moet hulle "optrek."

N: Net op akademiese vlak?

T2: Nee. Dit is dikwels net op akademiese vlak maar dit sal goed wees as dit so bietjie na die sosiale vlak toe ook neig.

N: Dit is alles.

T2: Sjoe!

N: Baie dankie.

T2: My plesier.
Interview: TS3-2M.DOC

N: Goed, voordat ons begin moet ek jou eers vra waarom jy kom verpleeg het?

S3: Ek weet nie, ek wou altyd. As kind het ek baie met al die plastiekspeelgoed soos 'n verplegtassie en hamertjie gespeel. Ek het ook altyd baie van verpleegstories oor TV gehou. Dit was altyd vir my interessant om te sien wat maak hierdie mense. Dit is nou nie soos ander werk waar jy die hele dag papierwerk doen nie. Ek het altyd gesê ek sal enige iets doen, ek wil net nie heel dag op kantoor sit nie. Verpleging het my baie gefassineer. My een niggie het ek vir haar kom kuier, nie om te sien hoe lyk verpleging nie, net om vir haar te kuier, maar dit het tog vir my baie interessant gelyk.

Toe ek nou hier kom was dit baie anders as wat ek gedink het. Ek weet nie, ek dink die meeste mense het 'n wanbegrip van wat verpleging werklik is. Mens het wel op televisie gesien wat hulle doen, maar jy kon nie regtig sien wat hulle doen nie. Maar, hoe meer ek aangegaan het en al hierdie goeters gedaan het wat ons doen, hoe lekkerder het dit vir my geword.

Ek hou daarvan, die menskontak. Dit is vir my interessant om te sien wat ander mense dink, hoe hulle dinge sien en oor dinge voel. Hoe hulle goed beleef en ervaar. Basies hoe hulle karakters is.

N: Jy het ook gesê dat verpleging in werklikheid anders is as in stories. Hoe verskil dit van stories?

S3: Okay, ek werk nou in kraamsaal. Op televisie hardloop almal rond as 'n vrou kraam. Jy kan nie werklik agterkom wat aangaan nie. Op televisie is dit ook altyd hierdie verpleegsters met die kort rokkies en daar is altyd iets aan die gang met 'n dokter. Hulle jaag altyd aan en dit is glad nie soos dit is nie.

N: In die praktyk is daar nie tyd om so aan te gaan nie.

Jy het ook netnou gesê die niggie van jou werk in 'n gastroskopie-kliniek en dat dit nie meer regtig verpleging is nie. Wat is regtig verpleging?

S3: Soos sy, die pasiënte kom na die kliniek toe en sy staan basies net die dokter by. Die dokter doen alles en sy kommunikeer nie regtig met die pasiënte nie. Dit is vir my belangrik ... daardie mense ... ek meen, ek vat dit van my af, toe ek eenkeer in die hospitaal was, almal loop daar by jou verby ... ek kan insien as iemand seer het ... ek voel as mens 'n kansie kry moet mens die pasiënt met klein goedjies help.

N: Hoekom doen jy die dinge vir 'n pasiënt?
S3: Ek weet nie. Dit is vir my lekker. Dit is satisfaksie, maar dit is ook baie keer 'n ondankbare werk en baie keer doen jy iets en dan dink jy maar hoekom het ek nou eintlik dit gedoen want wat was die nut daarvan. As jy later daaroor dink dan sien jy maar dit het nut, self al word die pasiënt nie beter nie voel jy jy het darem iets gedoen.

N: Ja, dit is lekker. Kan dit wees dat dit is dat jy vir die pasiënt omgee?

S3: Ja. Elkeen raak vir jou spesiaal terwyl hulle hier is.

N: Goed, hierdie navorsing gaan oor omgee. Omdat omgee so belangrik is in verpleging voel ek dat dit op alle gebiede in verpleging weerspieël moet word. In onderrig moet daar vir studente ook omgee word. So, omgee is soos die pasiënt, sy is "siek", sy het nie die nodige kennis nie, en die dosent is soos die verpleegkundige wat in hierdie toestand moet help. Wat ek nou van jou wil weet is hoe jy hierdie omgee in verpleegonderwys sien. Wat wys vir jou dat 'n dosent vir jou omgee of nie omgee nie?

S3: Basies met die dosente ... soos een van die dosente, sy sal die klas binnekom en, sy is nie oorvriendelik nie en ook nie nors nie, sy doen haar werk baie deeglik. Na die tyd se sy vir jou watter werk jy self moet gaan opsom. Ek meen, ons geniet haar klas. Dit is vir ons 'n goeie dosent. Maar partykeer kry jy 'n dosent en sy kom daar in en se: "Okay, ek gaan nou net hierdie stukkie werk met julle behandel en dan moet julle die ander twintig bladsye vat, en julle sal dit voor more doen." So, sy het nie 'n saak met ons nie, ons moet nou maar net die werk doen. Klaar.

Ons het ook die probleem gehad dat Engelse handboeke voorgeskryf was deur iemand wat Engelssprekend is en wat baie gespesialiseer is en wat dan van ons verwag om al daardie kennis in ons koppe te kry.

N: So, 'n totaal onrealistiese verwagting?

S3: Ja. En dit was nie eers deel van ons modules nie. Dit is gespesialiseerde werk bo ons vuurmaalplek. Ek voel dat as hulle vir ons die werk wil gee dan moet hulle dit in ons modules uitstip sodat on kan weet wat ons moet doen, wat ons moet uitwerks en wat ons vir die eksamen moet swot. Nou kom hulle tussenin met hierdie ander goeters en dan moet jy nog gaan sit in 'n biblioteek ... ons is vyftig meisies en daar is twee boeke in die biblioteek.

N: Voel jy dat as hulle werklik vir jou omgee het huile nie suike dinge gedoen het nie? Dat hulle beter leiding aan jou sou gegee het?

S3: Ja, dan sou sy ten minste die ekstra werk wat sy ingebring het ... okay, sy het dit met ons behandel, maar dan sou sy ten minste vir ons 'n transparant gegee het om dit van af te skryf. Maar sy was heetmaal onrealisties, sy wou basies gehad het ons moes in 'n week se tyd daaroor toetsskryf. Ons
is vyftig meisies met daardie beperkte aantal boeke, en dan moet ons nog sit en vertaal.

Maar oor die algemeen, baie van die dosente ... wat vir jou wys dat hulle omgee is dat hulle nie net sommer met die klas aangaan nie. Hulle gee jou so tussenin 'n breuk en dan kom sit hulle sommer so bietjie en gesels. Weet, so bietjie belangstelling. Mens voel dan dat hulle darem in jou belang stel.

N: Hoe 'n soort mens is die dosent wat werkelik vir die studente omgee. Ek praat nou nie van buite die onderrigopset nie, maar as dosent. Hoe behoort sy te wees?

S3: 'n Dosent moet ferm wees en die klas begin ... op tyd. Orde in die klas kan handhaaf. Kyk of almal alles verstaan. Ek voel hulle moenie die meisies laat handuitruk nie.

N: Met ander woorde, sy sal dissipline handhaaf, doelgerig optree en dit balanseer deur so 'n bietjie van haarself te gee?

S3: Ja. Nie net formeel nie maar ook so bietjie informeel. Anders het mens ook nie meer later lus vir daardie klas nie.

N: So, daar is hierdie fyn balans wat gehandhaaf moet word.

S3: Ja. Dit help ook nie 'n dosent kom in die klas en doen ook net die werk nie. Dan dink mens "Ag, hene al weer sy." 

N: Is dit moontlik dat 'n dosent net haar werk kan doen en dat mens voel sy gee nie vir jou om nie?

S3: Ja! Ja-al! Hulle kom in en dan het hulle ook daardie gesigsuitdrukking van ek het nie 'n saak met enige van julle nie. Sy doen die werk en as sy klaar is loop sy.

Dan weer kry mens dosente wat inkom, die werk doen en dan met jou gesels, maar nie soos in "social" nie, maar tog, haar klas is lekker.

As mens daarna uitsien om 'n dosent weer te sien is mens ook lus om daardie vak te leer.

N: So, om van 'n vak te hou is dit nie slegs die inhoud waarvan jy hou nie, maar ook van die dosent wat dit aanbied.

S3: Ja, want daar is een van die vakke wat ek baie van hou, maar ek hou nie van die dosent nie.

N: En nou ly die vak daaronder?

S3: Nou ly die vak daaronder.

N: Voel jy dat as jy negatief is oor die dosent dat daar nie meer 'n omgee-verhouding is nie?

S3: Nee, dan is dit vir my basies sy doen net haar werk. Net wat van haar verwag word.
N: Dit is nou belangrik wat jy daar sê. So, sy doen net haar werk. Maar nou moet jy mooi dink. So, hoe kan so 'n klasgee-verhouding omgesit word in 'n omgee verhouding?

S3: Sy moet ten minste die klas groet. Party mense stap net in en gaan aan met die klas. Net groet. Haar gesigsondrukking sê ook baie. Sy moenie daardie strak dooi uitdrukking hé nie, maar darem so 'n flikker in die oë ... net darem sien sy is met die klas. Darem 'n glimlag.

N: Is dit moontlik dat 'n dosent vir jou te veel kan doen?

S3: Dit is seker moontlik, maar ons sal nooit daaroor kla nie. Ek meen, dit is lekker as die dosent al die werk met jou behandel en vir jou aantekeninge gee oor al die werk.

N: Nou, om so 'n omgee verhouding met die dosent aan te knoop, waar sou dit die maklikste wees? ... In die klaskamer of in die kliniese veld?

S3: Ek voel basies meer in die sale. Die susters is heeltyd daar om jou en jy werk heeltyd saam met hulle en jy kan hulle altyd vra as daar iets is wat jy wil weet. Basies in die klas ... mens kan nie heeltyd van die dosent verwag om te luister na wat jy wil vra nie. Dit is moeilik want jy kan nie regtig 'n soort van verhouding met die dosent opbou nie. Jy weet, daar is vyftig meisies en sy kan nie aan almal aandag gee nie. Die klas is tot 'n mate onpersoonlik.

N: Wat kan gedoen word om die klas meer persoonlik te maak? Hoe dink jy as student?

S3: Basies is dit hoe sy teenoor die klas gaan optree. Ek meen, die klas gaan ook so teenoor haar optree. Ek voel basies daar is nie veel wat sy kan doen nie. Daar is nie veel meer wat sy kan doen as om so tussendeur die klas met die studente te gesels nie. Dit pla my nie soos die toestand is nie maar dit is onpersoonliker as wat dit in 'n saal is.

N: Jy het nou gese vrae vra as jy probleme het. Geld dit nou net vir probleme oor die werk of as jy persoonlike probleme ook het?

S3: Met persoonlike probleme ook. Dan voel ek ek sal eerder na een van die dosente toe kom. Ons is net elke tweede maand in die sale en dan net vir 'n maand. Jy bou 'n goeie verhouding op met die susters maar nie regtig daardie diep vertrouwensverhouding soos wat jy met die dosent opbou nie. Soos byvoorbeeld met jou praktiese dosent. Jy leer later om haar te vertrou met persoonlike dinge. Dit is moeilik om die eerste keer wat jy in 'n saal werk te sê wie jy kan vertrou. So, dit hang af hoe goed jy die persoon ken en hoe lank jy al met die persoon werk.

N: So, in die praktyk bou jy makliker 'n verhouding op met die dosente en dit gaan makliker want dit is meer ontspanne maar
in die klaskamer is dit meer formeel maar jy sien hulle meer en voel meer...

S3: Ja, basies is jy meer gemaklik met hulle in sekere opsigte al is dit meer formeel.

N: Goed. Jy het op 'n stadium gesê die dosent kan vir jou sê om dinge self te doen. Hoe voel jy daaroor as jy dinge vir jouself moet doen?

S3: Dit gee ek glad nie voor om nie. Dit is deel van grootwoord. Ons is nie meer op skool nie. Dit is die manier waarop hulle dit doen. Dit gaan basies oor houding.

N: So, om dinge self te doen met 'n goeie gesindheid of met 'n slegte gesindheid?

S3: Ja.

N: Sou jy sê dat 'n dosent kan omgee deur studente toe te laat om sekere dinge self te doen?

S3: Ja, ek meen sy leer hulle om 'n bietjie individueel te wees en om op hulle eie aan te gaan en hulle self 'n bietjie te bevorder. Maar, dit is ook lekker vir ons as studente as die dosent vir jou sê, hier is die pak papiere en ons hoef net te gaan leer.

N: Hoekom?

S3: Dit is vir ons makliker. Studente is maar so. As hulle iets nie hoef te doen nie is hulle maar te bly.

N: Maar, as die dosent nou vir jou verantwoordelikheid gee, dat jy dinge self moet doen, ...

S3: Ja. Ek voel basies dat jy aan die einde van die dag net beter daaruit sal kom as wat jy alles heeltyd net gekry het en dan in die praktyk moet ingaan en gaan werk en dan gaan jy nie alles kry nie. Ek meen, dan gaan jy nie regtyd "cope" nie. Mens leer verantwoordelikheid aan deur dinge self te doen. Meer selfstandig.

N: So, as ek jou nou reg verstaan, as 'n dosent vir jou omgee, dan sal sy jou ook leer om selfstandig en onafhanklik te funksioneer? Sy sal nie probeer om jou aan haar te bind nie en jou afhanklik maak van haar hulp nie.

S3: Ja, ja. Dit is basies dit.

N: Anders gaan jy nooit groei nie.

S3: Ek voel as hulle net alles vir jou doen leer jy nooit verantwoordelikheid en pligsbesef nie.

N: Goed, wie sou jy sê is almal betrokke by omgee in die onderrigopset? Dit is nou buiten die dosent en jyself?
S3: Vriende. Die meisies wat saam met jou in die klas is. Ek voel hulle verstaan jou die beste en jy verstaan hulle die beste. En, as hulle die dag bedruk voel, verstaan jy presies hoe hulle voel en hoekom hulle so voel. Jy weet hoe om die situasie te hanteer want jy was dalk al self in daardie situasie. Jy deel alles. Dit is vir my baie belangrik.

N: Nou, watter probleme sal jy met jou maats bespreek?

S3: Alle probleme. Almal weet alles van almal. (Lag.) Jy vertel nie ding vir jou ouers nie. Jy sien die meisies die meeste van die tyd. Hulle is direk by jou.

Partykeer swot ons saam. Dit is baie lekker. Of, al leer jy alleen, mens weet darem jy kan altyd met 'n probleem na een van die ander meisies toe gaan. Mens hou nou nie altyd ewe veel van almal nie maar ...

N: Hoe belangrik sou jy sê is dit om van iemand te hou in omgee? Sê nou maar in die klas of in die kliniese veld of so. Watter rol speel dit; om van iemand te hou?

S3: Ek voel dit is belangrik. As mens nie van iemand hou nie, sal hulle byvoorbeeld laat blyk dat hulle met jou geirriteerd is, dan het mens nie eers lus on hulle werk te doen nie.

N: So, die "hou van" werk na twee kante toe. As jy voel iemand hou nie van jou nie, dan hou jy later ook nie meer van daardie persoon nie?

S3: Ek voel dit werk so. As ek nou heeltyd mislik is teenoor 'n persoon, kan ek nie verwag dat daardie persoon van my sal hou nie.

N: Goed. Nou, om watter redes sal 'n dosent met jou "mislik" wees in die onderrigsituasie.

S3: Party mense het net 'n "mislike" (ontoeganklike) geaardheid. Mens probeer egter om darem in ag te neem hoekom iemand byvoorbeeld vandag so snaaks is. Maar, as mens daar kom en sy is elke dag so. Nee, stadig ... stop so bietjie.

N: Enige ander ding wat kan maak dat 'n student en 'n dosent nie van mekaar sal hou nie?


N: Ja, maar dan is dit nie dat die dosent nie van jou gehou het nie.

Sê my, hoe voel jy daaroor dat dosente met studente raas?

S3: In die geval is dit positief. Sy het ons mooi laat verstaan dat sy teleurgesteld is in ons. Ons het sleggevoel daaroor,
en ons het almal na haar toe gegaan en vir haar gesê ons is jammer daaroor. Ons het toe in ons etenstyd gegaan en die toets oorgeskryf. Dit leer dat mens nie moet kans vat nie.

N: Is daar iets in die onderrigopset wat jy voel wat kan inbreuk maak op 'n omgee-verhouding tussen jou en die dosent?

S3: Mens geniet die klas meer as daar byvoorbeeld transparante is en as hulle so nou en dan vir jou 'n film wys. Maar, mens kry dosente wat transparante net doodeenvoudig van bo tot onder vol skryf sonder 'n spasie tussenin. Dan voel mens net: "Jinne, die dosent ..." Jy weet, mens haal dit later op die dosent uit.

N: Voel jy dat indien sy meer vir die studente omgee het dat sy dit anders kon gedoen het?

S3: Ja, mens kan voel dat sy 'n bietjie meer moeite kon gedoen het. Sy sou dan nie sommer net alles in een kleur gedoen het nie. Dit is die klein dingetjies. Daardie ekstra bietjie moeite.

N: So, daardie ekstra bietjie moeite en dit is 'n goeie dosent en jy voel beter daaroor? En, jy voel dat daar na jou omgesien word en dat daar vir jou omgee word?

S3: Ja.

N: Hoe voel jy oor evaluering?

S3: Dit kan moontlik die verhouding benadeel. Mens kry van die dosente wat alhoewel jy gedink het sy is oulik, staan sy in die evalueringsessie daar met so 'n verstarde gesig en jy voel dat jy absoluut niks reg doen nie. Hulle houding is dikwels een van: "Nou hoekom weet jy nou nie wat aangaan nie?"

N: Hoe voel jy oor hierdie strak uitdrukkinglose gesig?

S3: Dit is verskriklik. Dit is vir my te veel.

N: Hoe voel jy oor hierdie strak uitdrukkinglose gesig?

S3: Dit is verskriklik. Dit is vir my te veel.

N: Hoekom?

S3: Dit laat mens ongemaklik voel en as dit gebeur het mens nie enige entoesiasme nie.

N: Nou, om om te gee, hoe voel dit. Hoe sal jy omgee beskryf.

S3: Ag, dit is lekker. Jy kry so 'n spesiale plekkie in jou hart vir iemand. Dit is lekker. Mens hoef nie altyd iets te sê nie. Dit is daardie, jy weet hulle is daar.

N: Maar, hoe lyk omgee. Soos, die lekker gevoel in jou hart is so 'n warmte.

S3: Ja.

N: Hoe lyk omgee verder?
S3: Dit is iets emosioneel.

N: A, dit is nou oulik. Soos warmte en ... vriendelikheid en ...?

S3: O jinne, dit is bietjie moeilik.

N: Goed, so, tot ek jou weer sien kan jy dan bietjie hieroor gaan dink.

S3: Okay.

N: Baie dankie hoor. Tarra.

S3: Tot siens.
Interview: TS4-1M. DOC

N: Middag. Uiteindelijk kry ons twee mekaar te sien.

S4: Ja. Ek het al gedink u het van my vergeet!

N: Nooit!!

Goed, u onthou dat die navorsing oor "omgee" gaan. Maar, nie soos in verpleging alleen nie, maar in die onderrigopset in verpleegonderwys. Met ander woorde die omgee wat tussen jou en die dosent plaasvind. So, ek wil graag weet hoe jy dit sien. Jy moet vir my alles daarvan vertel. Maar nou, hoekom het jy kom verpleeg?

S4: Omdat ek nog altyd wou. Dit is my manier om ander mense te dien. Om aan die samelewing 'n diens te lewer.

N: Goed. Daardie diens, wat behels dit?

S4: Dit behels versorging in 'n noodsituasie. Om mense 'n beter kans te gee ek wil amper sê 'n beter kans op lewe, as hulle dit nie sou gehad het nie. En, in die hospitaal, om die tyd hier so gemaklik moontlik te maak, en om aan die familie hier ook 'n diens te lewer. Ek dink dit is nogal 'n groot leemte in die hospitaal.

N: As dit nou vir jou "omgee" is, is dit die enigste p'iek waar mens sou kon omgee?

S4: Nee. Ek dink elke dag van jou lewe is omgee.

N: En in alle omstandighede?

S4: Ek dink dit hang seker af van persoon tot persoon.

N: Goed, sou jy sê dat dosente sou kon omgee vir studente?

S4: Dit behoort so te wees. Ja.

N: Hoe? En, hoe lyk "omgee" in die klaskamer, in die kliniese situasie ... enige plek?

S4: Ek dink dit behoort so te wees, maar my ondervinding is dat dit nie altyd so is nie.

N: Goed, hoe moet dit wees as dit reg is?

S4: 'n Student moet ten volle vertroue kan hê in die dosent. Nie net vir teoretiese kennis of vir praktiese kennis nie, maar ook vir leiding in die lewe. Ek voel dat as jy uit matriek uitkom, stap jy in hierdie groot wêreld in. Die skool berei jou beslis nie voor vir wat volg nie. Verpleging maak jou ook nog volwasse ... dit dwing jou om volwasse te wees 'nog voordat jy gereed is daarvoor. En, daar het mens baie leiding nodig. Vir my is dit, wat nou maar in die klas, die teorie en so, is dat die dosent wel vir jou sal begrip hê, vir jou as individu, en jou nie sal sien as net nog een van
die groep nie. Elke persoon het sy eie intellektuele vaardighede en dies meer. In die hospitaalsituasie sal omgee vir my wees dat die dosent beskikbaar sal wees as ek haar regtig nodig het.

N: Goed, watter dosente sal dit nou wees?

S4: Enige persoon wat vir my opleiding gee. Dat hulle altyd beskikbaar sal wees. Dat jy nie soos 'n Luis sal voel telkens as jy hulle om hulp vra nie. Dat hulle meer van hulle kant af 'n ruimte sal skep. Dit is wat ek voel wat ek sou gedoen het as ek in hulle situasie was.

N: Wat presies bedoel jy met "ruimte skep?"

S4: Jy moet voel dat jy na daardie persoon toe kan gaan. Daar moet geleentheid geskep word sodat jy wel kan gaan. Ek sê nie hulle moet dit in jou keel afdruk dat jy na hulle toe moet gaan as jy 'n probleem het nie, want na so 'n persoon toe gaan ek nie. Maar jy moet deur sy optrede sien dat daardie persoon jou help en sal jy kan vertrou.

N: Goed, wat se optrede van 'n dosent sal maak dat jy bereid sal wees om met daardie persoon te gaan praat?

S4: 'n Persoon wat baie reguit is. 'n Persoon wat nie stroop om my mond probeer smeer nie. As ek verkeerd gedoen moet sy vir my sê ek het verkeerd gedoen. As ek iets reg gedoen het moet sy my die nodige erkenning daarvoor gee. En, net deur sy alledaagse gedrag. Sy manier van dinge doen.

N: Soos ...?

S4: Soos hoe daar met die pasiënte gewerk word.

N: Of soos die dosent met die studente werk?

S4: Ja, of soos die saalsuster, wat ek ook as 'n kliniese dosent sien, met die studente werk, of met die pasiënt en sy familie.

N: Met ander woorde, dit is nie noodwendig hoe die saalsuster met jou werk nie, maar ook hoe sy met ander werk wat vir jou 'n aanduiding gee of die persoon omgee of nie?

S4: Dit is so.

N: Nou, bietjie meer duidelik. Watter algemene aspekte sal vir jou 'n aanduiding wees dat die persoon omgee?

S4: Nie net na sy fisiese omsien nie. Maar, bietjie dieper gaan soek. Byvoorbeeld as die pasiënt die dag neerslagtig is, bietjie ondersoek in te stel.

N: Goed, om so 'n bietjie meer duidelik te wees. Hoe lyk 'n dosent wat omgee en wat oop is vir jou om te gaan spreek? Of, watter karaktereienskappe het sy?
S4: Gewoonlik 'n baie sterk persoonlikheid. Sy sien jou nie as haar mindere nie. Sy sien jou ook as 'n mens. Ek dink sy is 'n Christen ... Beslis! Sy is lief vir haar beroep. Met lief vir die beroep bedoel ek, mens kan sien sy het nie net kom verpleeg vir die werk nie, maar sy het dit regtig haar roeping gemaak.

N: Aha! Ek is bly oor daardie woord "roeping." Met ander woorde, sy is absoluut toegewy aan haar beroep?

S4: Ja, toegewy.

N: Goed, met "ken haar werk" het jy netnou verwys na teoretiese kennis?

S4: Ja.

N: Is daar 'n ander komponent wat ook by jou vertroue sal inboesem?

S4: Haar praktiese vaardigheid.

N: Is dit nou praktiese vaardigheid in onderwys of praktiese vaardigheid in verpleging?

S4: In verpleging en in onderwys. Die manier hoe sy haar klas aanbied. Of sy seker is van haarself. Of sy die korrekte kennis oordra wat jy uit jou praktiese ervaring gekry het en probeer korreleer met die teorie, of dit werk. Of sy geloofwaardige is. Dit is vir my belangrik dat die docent geloofwaardig is. Jy moet amper aan haar lippe kan hang.

N: Met ander woorde, wat sy aan jou meedeel moes sy ook self ervaar het. Dit moenie net 'n klomp boekkennis wees nie?

S4: Ja.

N: Dit is nou pragtig.

Is daar enige onderrigstegnieke wat sy kan gebruik wat ook vir jou sal laat voel dat sy vir jou omgee?

S4: Ja, byvoorbeeld, dat sy nie net in die oggend in die klas inkom, en more sê, ons beveel om te sit, en dan voortgaan om alles uit die boeke uit voort te lees nie. Of, om haar rympie af te rammel. Dat sy byvoorbeeld vir mens voor die tyd sê wat mens die dag gaan behandelaan en wat sy daarmee wil bereik.

N: Ja.

S4: Party mense kan op 'n bord skryf ander kan nie. Ander kan weer meer van transparante gebruik maak. Oudio-visuele hulpmiddels moet gebruik word. Dit maak 'n les interessant ... dit hou jou aandag en sy het iets om op te konsentreer.

N: En dit is nou alles teken dat sy vir jou omgee as sy dit doen?
S4: Ja, want sy probeer om vir my iets te leer en sy doen moeite daarmee. As jy vir iemand omgee doen jy moeite.

N: Dit is waar nê?

Goed, jy het ook gesê mens sien nie altyd hierdie omgee in die onderrigsituasie nie.

S4: Nee.

N: Nou, sonder om name te noem, kan jy vir my insidente skets waarin jy agtergekom het of waarin dit vir jou gelyk het asof dosente nie vir jou omgee het nie?

S4: In die kollege beslis. As 'n student met 'n dosent gaan praat weet die hele kollege van die probleem. Die manier waarop die studente hanteer word. Byvoorbeeld, party mense sien jou net as hulle mindere, omgee in watter jaar jy jou bevind. Ek voel dit is nie reg nie. Party mense sien jou wel as hulle gelyke en hulle berei jou voor dat jy meer professioneel sal optree. Hulle betrek jou in hulle groep. Byvoorbeeld, hulle nooi jou na hulle kantoor toe en hulle gesels met jou in die teenwoordigheid van mededosente.

N: En, dit is omgee?

S4: Ja.

N: Jy voel hulle help jou uit jou studentestatus uit in jou professionele status in?

S4: Ja.

En dan ook uit my eie ervaring, studente wat nie die jaar gemaak het nie word baie teen gediskrimineer. Hulle word "ge-gaff" om die Engelse woord te gebruik.

N: Dit is die regte woord. (Lag.)

S4: Ek voel dit is nie reg nie. Dan voel ek ook ... mens kan nie in alle eksams eewe goed doen nie. Daar word net een kans gegee.

Ek voel daar moet op een of ander manier ... ek weet dit is moeilik ... maar ek voel daar moet met die studente gepraat word. Die mense ken nie die studente nie.

N: Hoe bedoel jy hulle ken nie die studente nie?

S4: Die studente as mense. Hulle persoon en omstandighede. Daar is wel dosente wat moeite doen om die studente te leer. Ek sê nie hulle moet familiêr raak nie. Beslis nie. Ek glo nie dit is 'n goeie ding nie. Dit is nie die plek om familiêr te raak nie ... student en dosent nie. Maar, jy kan op 'n mooi manier tog meer uitvind van 'n student. So, jy moet naby en beskikbaar wees maar tog ook afstand behou.
N: En dit sal nou alles bydra tot 'n beter omgeeeverhouding en jou beweging van 'n afhanklike student tot 'n relatief onafhanklike verpleegkundige?

S4: Ja.

N: Enigiets anders wat jou sal laat voel dat die dosent nie vir jou omgee nie?

S4: As ek werlik rede het oor hoe ek in 'n situasie opgetree het en hulle luister nie vir my nie. Of, as ek voel ek kan 'n betekenisvolle bydrae lever tot iets, en hulle sê vir my maar jy is 'n student jy het net een breinsel?

N: Ja, ja.

S4: Ek het dit persoonlik probeer. Dit sou gewerk het, maar hulle het my net geignoreer. Dit was die behoefte van die studente, maar omdat ek 'n student is is dit afgeskiet. Nou sal ek mar swot vir administrasie en onderwys en dan sal ek dit self regstel.

N: Pragtig. Ek hoop jy gaan by ons inskryf.

S4: Ja.

N: Ons wag vir jou by die universiteit hoor!

Goed, jy het ook gesê, hulle "gaff" jou so bietjie as jy swak doen. Hoekom sou jy sê doen hulle dit?

S4: Ek dink hulle verwag dalk meer van jou, aan die een kant omdat hulle dink jy kan beter doen - wat 'n goeie ding is. Ek dink ook hulle stel vir hulle self sekere mikpunte daar vir hulle studente. En, as hulle dit nie met hulle studente kan bereik nie, ervaar hulle dit dalk as ... asof dit hulle is wat gefaal het. En, die hoër gesag kyk na die studente se uitslae om die dosente se werk daaraan te meet. Dit is wat ek dink.

N: Kan dosente se werk gemeet word aan die uitslae van hulle studente?

S4: Gedeeltelik. Ons het dit baie duidelik gesien hierdie jaar. Die dosente wat baie moeite gedoen het met klasgee en alles - ons het baie beter gedoen in hulle vakke as in die ander.

N: Hoekom?

S4: Omdat ons aandag gegee het in die klas. Dit was baie interesseranter en ons het dit meer geniet. En, gevolglik sou ons werk.

N: Met ander woorde, hierdie omgee van die kant van die dosent af motiveer jou om te werk?

S4: Ja. Dit gee jou bietjie eksterne motivering.
N: Nog iets?

S4: Ek dink daar moet baie meer eksterne motivering wees vir studente. Die studente sal dan baie beter presteer. Erkenning is baie nodig. Nie net op teoretiese gebied nie. Ook op praktiese gebied. Ek voel verder leierskapieskappe in studente moet verder uitgebou en ontwikkel word.

N: Is dit nou leierskap by die studente?

S4: Ja. Soos op skool. Leiers moet geidentifiseer word. Hulle moet op verrykingskursusses gestuur word om van hulle ook beter mense te maak.

N: Goed. Sal dit nou toon dat hulle vir jou omgee?

S4: Ek dink so want dan sien hulle jou as persoon raak.

N: Goed, wat gaan dit vir die hele omgee-opset beteken? Of ander gestel, hierdie omgeeopset, is dit net jy en die dosent of is daar ander mense ook betrokke? Of, hierdie leierskapakursusses, sal dit die een wat dit deurloop het enigsins in die omgee-opset help?

S4: Ja, tussen jou en jou medestudente. Jy gaan beter insig hé in sekere dinge wat hulle doen. Beter leierskapieskappe. Ek dink as daar meer leiers in die kollege geidentifiseer word kan hulle meer take ook aan jou delegeer. Want as jy student is in die kollege voel dit so asof daar niks aan jou geïdentifiseer word nie.

N: En, as hulle dit sou doen, wat sal dit vir jou beteken?

S4: Dit gaan vir my baie beteken want ek gaan verryk voel. Ek gaan voel hulle vertrou my wat vir my 'n baie belangrike komponent van omgee is. Hulle vertrou jou, en soos ek gesê het, hulle sien jou raak. Hulle gee jou erkenning.

N: Dit is waar. Alle mense soek na bietjie erkenning. Goed, waar sou jy sê... dit is nou 'n baie moeilike vraag. Waar sou jy sê kom omgee vandaan? Hoekom gee mense om?

S4: Ek dink dit is die Here wat jou daardie nodige vaardigheid gee. Want ek glo mens moet "omgee" oefen. As mens nie elke dag omgee nie gaan mens nooit kan omgee nie. Mens moet omgee om beter te kan omgee. Ek dink dit is 'n gawe van die Here.

N: Goed. So, omgee kweek omgee?

S4: Ja.

N: So, wat jy sê is dat omgee in een opsig kan jou ook help om op 'n ander gebied ook om te gee. Dat indien jy byvoorbeeld vir die pasiënt omgee, dit jou kan help om om te gee in die onderrig-opset, wat weer help, om beter na die pasiënt om te sien?
S4: Ja, so 'n sirkel, en die een is afhanklik van die ander ene. Want, ek voel net dat as jy by die huis geleer het om om te gee, weet jy wat is omgee. Maar as jy nie by die huis geleer het om om te gee nie, hoe moet jy nou weet wat dit is om om te gee?

Ek het so groot geword. Ons is 'n baie hegte huisgesin en daarom is dit vir my maklik om om te gee vir ander.

N: Om werkelik om te gee stem ek persoonlik met jou saam, moet daar 'n sterk Christelike inslag wees. Maar, dink jy dit is net Christene wat kan omgee?

S4: Nee, want sekere situasies leer jou om om te gee. Deur om te gee word jy in sekere situasies gekondisioneer om om te gee. Maar ek dink net werklike omgee en betekenisvolle omgee ... wat 'n langdurige effek op 'n persoon sal hé is meer effektief of intringend as jy 'n Christen is. Maar ek sê regtig nie dat 'n persoon wat nie 'n Christen is nie omgee nie. Maar, soms is dit ook nie regtig omgee nie. Mens kan optree asof jy omgee, maar dit is nie regtig die geval nie.

N: So, mens het die vaardighede, maar van binne is dit nie reg nie.

S4: Dit is net nog 'n werk.

N: Pragtig. Ek sal jou daarop inlaat dat ek in hierdie navorsing nou al by hierdie tema trek namlik dat as die innerlike gesindheid nie reg is nie, is "omgee" bloot ritualisties. Jy is nie betrokke nie. Jy ontwikkel nie deur jou optrede nie en die ander persoon ook nie. Een of ander tyd kyk mense reg deur jou.

S4: Ek stem saam.

N: Goed.

Nou, is omgee net beperk tot die onderrigsituasie of strek dit verder? Hoe voel jy?

S4: Ek weet nie of dit werklik nodig is om meer as die onderrigopset te hê as jy werklik geleentheid skep nie. Dan kan elke student wat die behoefte het na die dosent toe gaan. Maar hulle moet nie familier raak nie. Naderhand het hulle nie meer die vrymoedigheid om mense tereg te wys nie. Daar moet altyd dissipline wees.

N: Ja.

S4: 'n Student moet 'n riglyn hê van hoever hulle kan gaan. Dit moet konsekwent wees. Dit moet amper rigied wees maar darem nou nie so dat daar in spesiale omstandighede nie aanpassings gedoen kan word nie.

N: Goed, hierdie rigiditeit of hierdie sekerheid, wat beteken dit vir jou?
S4: Dit laat my veilig voel.
N: En, is dit belangrik vir jou?
S4: Ja, dit laat jou veilig voel. Jy weet wat kan jy, en wat moet jy liewer nie.
N: Ja. Dit maak sin uit.
    Goed, is daar nog iets hieroor?
S4: Nee.
N: Goed, ek gaan nou eers hierdie ontleed, en dan sal ek na jou toe terugkom.
S4: Goed.
N: Goed dan, dan sien ek jou weer.
S4: Goed.
N: Totsiens.
S4: Totsiens.
Interview: TS3-2M.DOC

N: Okay ... Laas, heel aan die einde het ek aan jou gevra hoedat "omgee" in die klaskamer lyk, en jy het gesê dat dit iets emosioneel is. Toe het ek gevra hoe dit lyk, en jy het geaentwoord, dinge soos warmte en vriendelikheid. Ons het toe nie verder gekom nie. Nou, hoe sou jy sê lyk "omgee." Wat is die kenmerke van "omgee?" Wat beteken dit om om te gee vir iemand?

T3: Dit is 'n lekker gevoel. Jy voel jy is deel van die samelewing. Ek meen as jy voel iemand gee vir jou om, dan voel jy nie verstoot en eenkant nie. En, ek voel niemand hou daarvan om alleen te wees nie. Enkele die daardie behoefte om deel te wees van die mense om jou. Jy wil nie voel niemand gee en vir jou nie. Dis hoe dit vir my is.

N: Goed. In onderrig, wat dink jy kan die omgee-verhouding bevorder?

T3: Definitief kommunikasie. Dit is vir my een van die goed wat regtig belangrik is. Ek meen, jy gaan nooit weet, ... Volgens my, as jy vir iemand omgee dan doen jy dinge vir daardie persoon en jy kommunikeer met daardie persoon. Ek meen, as ek nou nie van 'n persoon hou nie kan ek mos nou nie met daardie persoon oor vriendelik wees nie, en om daardie persoon wees nie. Ek voel as jy omgee gesels jy met die persoon ... hom uitvra klink belangstellend in wat die persoon doen. En, al doen jy nie altyd vir die persoon iets nie, dit is net die idee dat jy ... daar is iemand. Daar is iemand na wie toe jy kan gaan. Jy het die vrymoedigheid om na daardie persoon toe te gaan.

N: Jy het nou iets belangriks gese naamlik dat mens nie altyd iets doen as jy vir iemand omgee nie. Kan mens vir iemand omgee sonder om iets te doen of moet mens iets doen om vir iemand te kan omgee?

S3: Nee. 'n Eenvoudige voorbeeld. Ek wil nou vir my 'n kar koop en my pa se toe, nee, okay, hy sal my help deur te teken vir die lening en so meer, maar aan die einde is dit ... Hy wys dat hy vir my omgee maar aan die einde is dit ek wat die dinge moet doen. Dit is ook 'n manier van omgee. Ek meen, hy doen nie direk vir my iets nie, maar dit is net die idee dat daardie persoon toesig hou ... hy is daar as daar iets sou verkeerd gaan. Ek dink nie dit is altyd noodwendig dat iemand iets moet doen nie.

N: Kan die dosent dan ook in haar "omgee" bloot die gevoel by jou kweek dat sy oor jou toesig hou?

S3: Ja, ek meen soos werk wat ons al gehad het, dan sê die dosent vir ons ons moet die werk vat en dit gaan swot. Ek meen dan, as ons na haar toe kan gaan as ons vashaak maak dit vir my 'n groot verskil ... eerder as wat sy sou gesê het ons moet die goed leer en sy het geen saak met ons nie.

N: So, toesig is 'n gedeelte of 'n komponent van omgee?
S3: Ek voel so ja.

N: Goed. Kan jy nou vir my meer vertel wat jy met toesig bedoel?

S3: Dit is om daar te wees. Hulle los jou om dinge self te doen maar gryp in voordat iets te erg raak. Ek voel dat jy na die persoon toe sal gaan en raad vra en dat daardie persoon ook na jou toe sal kom en raad gee ... Dit is vir my basies dat jy te enige tyd die persoon se hulp kan kry in dit wat jy wil doen.

N: Jy het nou weer 'n belangrike ding gesê naamlik dat jy raad kan vra of dat die dosent na jou sal kom om raad te gee. Sou jy sê dat dit 'n teken is dat 'n dosent vir jou omgee as sy vir jou raad gee sonder dat jy daarom gevra het?

S3: Ek voel so. Maar, dit is nie so belangrik nie. Dit is eintlik baie min want hulle kan nie by almal uitkom nie, maar dit is 'n teken dat hulle vir jou omgee.

Baie mense sal dit egter as voortrek sien (as sy uit haar eie raad gee.)

N: Voortrekkery lyk vir my belangrik. Is dit moontlik dat mens iemand vir wie jy omgee kan voortrek?

S3: Ja, Ek dink so.

N: Hoe voel jy oor voortrekkery in die omgee verhouding - soos byvoorbeeld in die klaskamer of enige onderrig?

S3: Wel, ander mense ... dit sal hulle seker baie pla ... maar ek voel persoonlik ek is volwasse genoeg om die situasie te hanteer. Solank die dosent ook aan my vertel wat ek sal nodig hê. Dan het ek nie 'n probleem daarmee nie.

N: Wat kan maak dat 'n persoon voorgetrek word?

S3: Ek weet nie. Goed soos ... ek weet nie, dit is maar tussen daardie twee persone. Ek weet nie, mens kan nie altyd sê wat aangaan nie. Miskien kliek hulle net of het hulle net goeie kommunikasie.

N: Goed, as om nou ignoreer oor hoe jy daaroor voel, sou jy sê dit is reg dat daar voortrekkery in onderrig is?

S3: Nee. Almal het die reg om gelyk behandel te word. Ek meen volgens my is dit in daardie opsig onregverdig indien jy aan een persoon meer aandag gee en die ander persoon wat dit dalk meer nodig het kry dit dalk nie. Ek meen, sulke dinge gebeur nog. Die persoon wat weet wat aangaan word meer mee gesels as die een wat nie weet wat aangaan nie. Die sit dan net daar en karring maar net aan. Mens kry dan die idee dat daar vir die een wat weet wat aangaan meer omgee word as vir daardie een wat nie heeltemal by is nie.

N: Wat kan maak dat 'n omgee-verhouding skipbreuk lei?
SJ: Daar kom kommunikasie weer uit. Kommunikasie is baie belangrik.

N: Wat soort kommunikasie?

SJ: Soos inligting gee ... soos die dosent in die klas. As sy dit op 'n nors manier doen ... mens kry mos die "vibs" ... mens tel dit op ...

N: So, dit is nie net wat hulle sê nie, maar ook hoe hulle dit sê?

SJ: Ja.

N: As sy nors is kry mens die idee die dosent doen die werk omdat sy dit moet doen, nie omdat sy dit wil doen nie.

N: Soms ... sy kan haar werk doen sonder dat jy voel sy gee vir jou om?

SJ: Ja. Ek was nou nog nie in daardie situasie gewees nie, maar ek dink dit kan wel.

N: Goed, wat kom dan kort in daardie situasie om dit 'n omgeesituasie te maak?

SJ: Ek dink 'n meer positiewe houding aan die kant van die dosent. Dit moet lyk of sy lus het om die werk te doen. Ek meen, mens voel nie altyd ewe lus vir dinge nie ... maar mens kom agter hoe die gevoelens is.

N: Laas het jy ook gesê dat dit makliker is om 'n verhouding met 'n dosent in die kliniese veld aan te kweek as in die meer formele klaskamersituasie. Dit is meer spontaan en dit is meer ... Maar toe het jy later gesê dat indien jy meer persoonlike probleme het sal jy dit eerder met die dosente by die kollege bespreek as met die susters in die sale.

SJ: Ja.

N: Nou, kan jy vir my vertel hoekom dit so is?

SJ: Ek dink die dosente by die kollege is meer op 'n afstand en hulle sien dinge dalk meer nuuter as wat jy dit sien. Ek voel hulle kan goeie advies gee. En, hoekom ek eerder na die dosente sal gaan as na die susters toe is omdat ons werk maar 'n maand in 'n saal, en hoeveel keer werk ons in 'n jaar in daardie saal, maar een keer, en net vir daardie stukkie sien jy daardie suster in daardie saal. En, jy siens haar ook nie elke dag nie. Dit is dus nie so dat jy jou persoonlike probleme daar sal bespreek nie. Ek werk daar en dit is soos in enige ander werk, mens wil nie hê hulle moet te veel van jou weet nie. Maar, in die kollege ... ek meen die dosente is meer daar om na ons om te sien. Hulle kyk na ons prakties ... dit is nie so 'n werknemer-werkgewer-situasie nie. Ek meen dit is so 'n bietjie nader darem.

N: Omdat jy oor 'n langer tydperk met die dosente by die kollege te doen kry het jy meer vertroue in hulle? Terwyl in
die kliniese opset werk julle makliker saam, maar daar is nie so 'n diep verhouding nie?

S3: Ja, die kliniese is meer oppervlakkig. Mens kry nie kans om 'n diep kommunikasieverhouding op te bou nie.

N: Goed. Is daar iets wat jy nog vir my wou sê?

S3: Nee.

N: Goed, wie is almal betrokke in die onderrig- en omgeeeverhouding?

S3: Volgens my is dit net daardie twee persone.

N: Nou, nog 'n vraag. Hoekom dink jy gee dosente vir studente om? Op grond waarvan het hulle die reg om vir jou om te gee, of op grond waarvan laat jy hulle toe om vir jou om te gee?

S3: Omdat hulle belangstel in wat hulle doen. Omdat hulle hou van hulle werk. Ek meen as ek hou van my werk, ek hou daarvan om met mense te werk, dan gaan ek belangstelling toon in daardie mense. Ek gaan die mense help waar ek kan. Dit is my werk en ek hou van my werk. As ek nie van my werk hou nie gaan ek net met die mense werk, maar ek gaan nie in hulle belangstel nie.

N: Dan sal dit wees soos jy netnou gesê het, jy doen bloat jou werk en jy is nie betrokke by die mense nie?

S3: Ja.

N: Op grond waarvan laat jy dosente toe om vir jou om te gee? Wie is die dosent wie jy sal toelaat om vir jou om te gee?

S3: Daar kyk ek weer na die persoon se houding en hoe sy dinge doen.

N: Wat van die baie slim dosent?

S3: Dit maak nie saak nie. Solank ek voel dat sy aan die nodige vereistes voldoen, soos reg teenoor ons optree.

N: Wie is nog betrokke?

S3: Niemand nie. Ek voel dit is onderrig. Ek voel die dosent onderrig die dosent en ander mense is nie so betrokke daarby nie. Ek meen die ander is nie direk by ons betrokke nie.

N: Goed, nou gaan ek die vraag anders stel. Onderrig, kan bloat onderrig wees - bloat werk. Maar, hoe word hierdie onderrig in "omgee" omgesit? Jy het nou al baie oor kommunikasie gesê, maar is daar dalk nog iets anders?

S3: Sy sal sê dat jy na haar toe moet kom as jy probleme het.

N: En in die manier waarop sy klasgee dalk?
S3: Dinge soos as hulle transparante, prente of modelle gebruik. Ek meen dit is ‘n manier om die werk vir ons makliker verstaanbaar te maak. Ek meen dit is lekker as hulle vir ons afrolwerk gee, dan hoef jy nie altyd alles self te gaan doen nie. Maar, hulle hoef nie dit te doen om om te gee nie. Solank hulle ... ek voel die dosent gee om as sy moeite doen om dinge aan jou duidelik te maak.

N: So, enige iets om jou te help om dinge beter te verstaan?

S3: Ja.

N: Nou ja, daar is baie. Hieroor kan ek ‘n hele dikke boek skryf.

Wat dink jy is die verskil in die dosente se "omgee" vir hulle pasiente vroeër en die "omgee" vir hul studente tans? Is daar ‘n verskil tussen die twee tipes "omgee"?

S3: Nee, ek dink nie so nie. Omgee is omgee. Jy wys dit net op ‘n ander manier. In die hospitaal help jy die mense met siekte en in die klaskamer help jy hulle meer met intelligense en ontwikkelinge. Die aksies verskil maat die gevoelentheid is dieselfde. Omgee is omgee.

N: Pragtig!

Nou, kan jy vir my al die mooi woorde oopnoem wat "omgee" beteken? Ek kan jou help met woorde soos warmte, toewyding, vriendelikheid ... die dinge wat jy al genoem het.

S3: Ek probeer dit nie te gekompliseerd maak nie. Ek sien dit as iets eenvoudig. Dit is daardie spesiale plekkie wat ek vir iemand het.

N: Goed.

S3: En, jy wil daardie persoon help. Daardie entoesiasme om daardie persoon te help.

N: Kan jy meer sê oor die wil om te help.

S3: Ja. Om dit regtig omgee te maak moet jy dit wil doen. Ek meen, as ek iets doen sommer om dit te doen, gee ek nie regtig om vir daardie situasie nie.

N: Ja. Goed.

Hoekom gee mense vir mense om?

S3: Mens voel net jy wil vir daardie persoon omgee. Dit is net so. By my is dit impulsief. Ek voel die persoon het hulp nodig en dan gee ek vir hom om. Ek voel nie regtig om die persoon besonder goed te ken om vir hom om te gee nie.

N: Met ander woorde mens kan vir ‘n wildvreemde persoon ook omgee?
S3: Ja. Dit is deel van menswees om te gee. Dit isiewers in jou ingebou.

N: Goed, enige iets anders?

S3: Nee.-

N: Goed, baie dankie.

S3: Dankie.