THE ESSENCE OF STUDENT-TEACHER CONNECTION IN THE
STUDENT-TEACHER RELATIONSHIP IN CLINICAL NURSING EDUCATION

by

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Abstract

The trend toward humanistic nursing education has called for a transformed student-teacher relationship that fosters learning and growth of the teacher and the student. Although such a relationship has been purported to form the basis for student-teacher connection, there is an absence of research exploring student-teacher connection. The purpose of this study was to explore and describe undergraduate nursing students’ experiences of student-teacher connection and the influence of student-teacher connection on the students’ clinical learning experiences. The qualitative research method of interpretive description guided the study. Unstructured interviews and a focus group were used to collect data from eight senior and junior undergraduate nursing students. Data were analyzed using the process of constant comparative analysis. Analysis revealed four interrelated major categories that form a description of the students’ experience of student-teacher connection: nature of connection, formation of connection, processes of connection, and outcomes of connection. The findings indicate that student-teacher connection is a positive influence on students’ clinical learning experiences and their socialization as professional nurses. As well, connection has a value in and of itself that arises from the qualities of caring, knowing, trusting, respecting, and mutuality that are inherent in the connected student-teacher relationship. The connected clinical teacher is a positive influence on students’ learning experiences. From a basis of compassionate competence and commitment to understanding students as whole persons, the connected CNT works with students in their learning experiences as a helper, advocate and coach, and supports their learning in a variety of ways. Within the connected relationship students are able to focus on learning, are highly motivated and enjoy their learning.
students are able to synthesize nursing knowledge and begin to understand and integrate the ways of knowing, being and doing that comprise the art and science of nursing. The formation of student-teacher connection is influenced by factors related to the student and teacher as persons, learner and educator, and nurses, as well as the “fit” between the two individuals in the relationship. Further, several processes, including mutual knowing, trust and respect, are essential to the development of a connected student-teacher relationship.
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CHAPTER ONE: INTRODUCTION

Background to the problem

Over the last decade there has been a trend in nursing education from behaviorist based education toward an educational process grounded in humanism. The philosophy of the humanistic paradigm is embodied in the constructs of caring, learning, participation and reflection (Paterson, 1994a). Supported by this philosophy, the move toward a humanistic paradigm of education has resulted in a new emphasis on the student-teacher relationship. In proposing a caring curriculum for nursing education, Bevis and Watson (1989) suggest that the curriculum is defined as “interactions and transactions that occur between and among students and teachers with the intent that learning occur” (p. 5). Similarly, Diekelmann (1988) proposes that “curriculum is dialogue among teachers, practitioners, and students on what will constitute the knowledge in the nursing curriculum...” (p. 144). Thus, the student-teacher relationship is placed at the heart of nursing education.

The centrality of the student-teacher relationship in the humanistic paradigm requires a transformed student-teacher relationship which is egalitarian and liberating for both student and teacher. Within the resulting student-teacher partnership, students and teacher become co-learners, engage in open dialogue and share responsibility for learning and growth (Tanner, 1990).

My experience in nursing education, both as an educator and as a student, suggests that nurse educators consider establishing an effective student-teacher relationship supportive of optimal teaching and learning. When asked, most nurse
educators are able to recall working hard to "get through to", to "connect" or "to click" with a student. My personal experience indicates that when a rapport or connection exists between a student and teacher, the teaching-learning process is centered around and flows out of the student's learning needs. Further, student-teacher connection fosters professional and personal growth for both persons.

Diekelmann (1991) suggests that connection "is what teaching is all about", noting that "making contact" with students is practice shared by teachers (p. 43). The transformed student-teacher relationship has been suggested to form the basis for "connected teaching", within which learning experiences emphasize "connection rather than separation" (Murray, 1989, p.198). Student-teacher connection has been proposed to support student's self confidence (Diekelmann) and increase a student's motivation to learn (Reilly & Oermann, 1992). In a study of clinical teaching in nursing, Paterson (1991, cited in Paterson & Crawford, 1994) noted that all clinical nurse teachers believed that knowing the student in a "personal, connected way" was necessary to "maximize positive student outcomes associated with clinical learning" (p. 168). In short, the presence of student-teacher connection appears to be valued by nurse educators and is assumed to have a positive influence on student's learning experiences.

The concept of a transformed student-teacher relationship as proposed within the humanistic paradigm in education has not been extensively examined. Several authors have suggested that caring is central to the student-teacher relationship (Bevis, 1989; Diekelmann, 1990; Tanner, 1990); however, a consistent and clear conceptualization of caring in nursing education is lacking (Paterson & Crawford, 1994). Although connection
has been linked to caring student-teacher interactions (Appleton, 1990; Grigsby & Megel, 1995; Hanson & Smith, 1996; Miller, Haber & Byrne, 1990), as yet, no attempt has been made to describe student-teacher connection. Student-teacher connection has remained an invisible part of the practice of nurse educators (Diekelmann, 1991). Further, in spite of the value assigned by nurse educators to the presence of a connected student-teacher relationship, no evidence exists that has confirmed this as a positive influence in the student’s learning experience.

This study was intended to provide understanding regarding the nature and process of connection within the student-teacher relationship and the effect of student-teacher connection on students’ learning experiences in the clinical setting. Exploration of the student’s perspective of student-teacher connection recognised that the student directly experiences that effect of the student-teacher relationship on his or her learning. Further, it acknowledged that teachers may not always be aware of, or concur with, the student’s perspective. It was assumed that understanding the nature and outcomes of student-teacher connection from the student’s perspective, would clarify the process and relevance of student-teacher connection to student learning and, consequently, provide teachers with direction for their educational practice. This study, therefore, was intended to explore and describe nursing students’ experiences of student-teacher connection in their clinical learning experiences.
Purpose

The purpose of this study was to explore and describe undergraduate nursing students' experiences of student-teacher connection and the influence of student-teacher connection on the students' learning experiences in the clinical area.

Research Question

The following question guided this study:

What is the influence of student-teacher connection on the undergraduate nursing student's learning experience in the clinical area?

This question was further focused by the following questions:

What is the undergraduate nursing student’s experience of student-teacher connection in the clinical area?

What is the effect of student-teacher connection on the undergraduate nursing student’s learning experience in the clinical area?

Theoretical framework

This study was guided by the theory of symbolic interactionism. According to Bowers (1988), symbolic interactionism directs the researcher to be primarily concerned with discovering the “realities of the subjects, the nature of the objects in their world, how they define and experience their world” (p. 39). Symbolic interactionism [SI], a social-psychological theory of social action, is structured around three main concepts: self, the world and social action.

SI presents the self as composed of two components: The “Me” is viewed as the object of self-reflection, while the “I” is the reflector. The Me, therefore, is the self image
of the person, and can be described to self and other. A fundamental assumption in SI is that each individual is comprised of multiple Me’s. To illustrate, the Me of the author would incorporate a self as nurse, sister, daughter, and as student. The I, as the active and interactive part of self, is the interpreting component. I interprets or makes meaning of information received from the environment and synthesizes this information into the self. Thus, the self is socially constructed through ongoing social interaction and the internalization of social cues, over the period of a lifetime: Self is constantly evolving.

In SI, the world refers to the “social world, the world as interpreted or experienced, rather than the physical world” (Bowers, 1988, p. 38). In the language of SI, this world is referred to as the “object world”, within which an object is defined as “anything that can be designated to the self or reflected on” (Bowers, p. 38). The meaning of an object is derived from how people act toward them. Consequently, the meaning of an object will vary from one individual to another, from one context to another and over time for the same individual. In other words, the reality of a given situation will be different for each individual and will differ for one individual from one context to another. Reality, therefore, is a socially constructed and individually experienced phenomenon.

Since each individual attributes a distinct meaning to a given situation, social interaction between individuals is dependent on the ability of the individuals involved to convey the meaning they assign to an object to each other. In SI, symbols are used to designate objects in the social world. Interaction depends on the presence of, and each individual’s access to, shared symbols. Language, verbal and nonverbal, is a source of
shared symbols. The presence of shared symbols allows individuals to form shared meanings during social interaction.

During the process of social interaction each individual constantly attempts “to determine how the other individuals are perceiving and interpreting their actions in order to predict the response of others and to reconstruct their own lines of action” (Bowers 1988, p. 42). Thus, any social interaction involves a complex series of processes as the individuals attempt to fit together their “lines of behavior” (Bowers, 1988, p. 43). Consequently, the actions of an individual must always be considered in context, in order to be fully understood.

In the theory of symbolic interactionism, therefore, self and reality are socially constructed through the processes of social interaction. The experience of each individual in an interaction arises as the individual interprets and assigns meaning to cues from the other and from the environment. Symbolic interactionism provided direction for the exploration and description of the student’s experience of student-teacher connection and the influence of connection on the student’s learning experience.

Summary

This thesis is organized into six chapters. This chapter has presented background to the study, identified the need for and the purpose of the study. The research question that guided the study is presented. The theoretical framework that provided direction for the study is described.

Chapter Two presents an overview of research and anecdotal literature related to the student-teacher connection and the influence of connection on students’ learning
experiences. Research design, methods, sample and ethical considerations pertaining to the research are described in Chapter Three. Chapter Four describes nursing students’ experiences of student-teacher connection and the influence of connection on their learning experiences. Chapter Five discusses the research findings. Chapter Six summarizes and states the conclusions of the research study. Implications for nursing education and for further research are also discussed.
CHAPTER TWO: REVIEW OF LITERATURE

The methodology of interpretive description requires that the research question is located within the existing knowledge. An awareness of the existing knowledge enables the researcher to elucidate research findings in the context of the work of others in the area of interest (Thorne, Reimer Kirkham & MacDonald-Emes, 1997). Knowledge regarding an area of interest may include formal research, clinical knowledge and personal experiences of the researcher. The purpose of the literature review in the interpretive descriptive design, therefore, is to make clear what is known and, in doing so, provide context for the questions and findings of the current inquiry.

The research question directed me to explore literature related to the nursing student’s experience of student-teacher connection and the influence of connection on the student’s learning experience in the clinical setting. The precepts of the theoretical framework, symbolic interactionism, guided my literature review. The precept of social action prompted me to review literature related to student-teacher interaction and student-teacher relationship; the precept of world directed me to examine teaching and learning perspectives and behaviors of the teacher in the student-teacher relationship; the precept of self guided me to explore literature related to the influence of student-teacher interactions on the student’s perceptions of learning.

Literature from both nursing and general education was reviewed. All research reviewed was from the discipline of nursing and was published between 1986 and 1996. This research examined student-teacher interactions in general, student-teacher caring interactions, and the influence of teaching perspectives, teachers’ behaviors and
characteristics on the student’s learning experiences and outcomes. Research specifically focused on student-teacher connection was not found, although connection was identified as a theme by many researchers in caring student-teacher interactions. Anecdotal literature from nursing and education related to caring in nursing education, connection and connectedness, student-teacher relationships, teaching perspectives, teacher’s characteristics, and the influence of student-teacher interactions on the student’s learning experience was also reviewed.

The literature reviewed is presented in the three sections: student-teacher interactions and relationships, teaching and learning perspectives as mediating variables in clinical learning, and the influence of student-teacher interactions on the student’s learning experience. Each of these sections present a review of relevant research and anecdotal literature.

**Student-teacher relationship and interaction**

Research related to student-teacher interaction emerged as two subgroups: research that explored the nature and/or the experience of student-teacher caring interactions, and research that examined student-teacher interactions either in a general manner or from one specific perspective. There was an absence of research explicitly addressing the nature or experience of student-teacher connection, although the concept of connection did emerge in the findings of some of these studies. The research related to student-teacher interactions is summarized elsewhere (Appendix A). The following discussion presents commonalities and differences noted in research findings. Anecdotal literature was primarily focused on description and discussion of student-teacher
relationships, related to the perceived need to redefine the student-teacher relationships in response to the shift toward a humanistic paradigm in nursing education. References to student-teacher connection were present within the anecdotal literature.

**Research related to caring student-teacher interaction**

Seven qualitative studies that examined either the structure or experience of caring student-teacher interactions were reviewed. Six studies reported the student’s perspective of the student-teacher interaction (Appleton, 1990; Beck, 1991; Dillon & Stines, 1996; Halldorsdottir, 1990; Hanson & Smith, 1996; Hughes, 1992); one examined the student and teacher perspective (Miller et al., 1990). In addition, a study by Grigsby and Megel (1995) examining faculty’s experiences of caring was reviewed.

Many common findings were reported in these studies. Several studies reported connection as part of caring student-teacher interaction. Hanson and Smith (1996) include connection as an emergent category in their description of a caring student-teacher interaction. Other researchers report processes within a caring student-teacher interaction that include connection, connecting or attachment (Appleton, 1990; Halldorsdottir, 1990; Miller et al., 1990). According to Grigsby and Megel (1995), nursing educators described their experiences of caring in two themes: caring as connection and caring as a pattern of establishing and maintaining relationships. Caring as connection involved sharing of personal and professional self, openness and recognition of another’s experience. Nurse educators in Paterson’s (1991) study of the nature of clinical teaching stated that it was essential to “know students in a personal, connected way” (cited in Paterson & Crawford,
1994; p. 168). These clinical teachers linked knowing the student to optimal caring in the student-teacher relationship.

Other common findings regarding caring student-teacher interactions include teachers sharing themselves by spending time with the student, sharing in the students' experiences, and relating their own experiences to students (Beck, 1991; Dillon & Stines, 1996; Halldorsdottir, 1990). During caring student-teacher interactions, students perceived teachers as attentive (Beck; Dillon & Stines; Hanson & Smith, 1996; Halldorsdottir), sensitive to them as individuals and concerned with meeting student needs (Beck; Dillon & Stines; Hughes, 1992), willing to help the student to grow (Appleton, 1990), genuine (Halldorsdottir), and nonjudgmental and enabling of the expression of student opinions and concerns (Beck; Dillon & Stines; Hughes; Miller et al., 1990). Students felt teachers related to them as equals and that they were treated with respect (Appleton; Dillon & Stines; Halldorsdottir, Miller et al.). Caring student-teacher interactions occurred when teachers role modeled caring behaviors with patients (Dillon & Stines; Hughes). Students reported positive outcomes from caring student-teacher interactions (Beck; Dillon & Stines; Halldorsdottir; Hanson & Smith; Hughes; Miller et al.). Student outcomes are discussed later in this literature review.

These studies reported some unique findings. Students in Halldorsdottir’s (1990) study included the teacher’s professional competence as an essential part of a caring student-teacher encounter. In their replication of Beck’s (1991) study, Dillon and Stines (1996) reported a new finding of ‘positive negatives’ – a state in which students equated a caring student-teacher interaction with absence of a negative component in the
interaction. For example, students reported "learning without tears" (p. 116). Hanson and Smith (1996) noted that caring interactions were often small or short-lived actions, and described them as "... brief periods where the teacher paid attention to the student, connected with the student's self, and helped the student to believe in his or her ability to be a nurse" (p. 110).

Methodology, data collection, data analysis and attention to minimizing researcher bias were thoroughly reported in these studies, with the exception of Halldorsdottir (1990) and Miller et al. (1990), who offer only brief descriptions of their research designs. The participants in Halldorsdottir's (1990) are identified as 'former nursing students', but it is not indicated what length of time had elapsed from the completion of the participants' experiences and the study. With the exception of one study (Hanson & Smith, 1996), researchers do not report the context of the student-teacher interactions. It is not known if the individual's perceptions of interactions are influenced by context. Beck (1991) and Dillon and Stines (1996) asked a volunteer sample to provide written descriptions of caring student-teacher interactions. It is possible that their findings may be limited to students who are comfortable communicating in writing. All other researchers reported using unstructured or semi structured interviews to collect data.

Research related to student-teacher interaction

In an unpublished dissertation that examined students' perspectives of their interpersonal relationships with their clinical teachers, Craig (1991) reported that while students perceived genuineness, respect and empathy as indicative of a caring
relationship, they viewed their instructors as more respectful and genuine than empathetic. A similarity between the most common positive interpersonal teacher characteristics reported in this study (demonstrating kindness, encouraging questions, displaying confidence and respect for student abilities) and teacher behaviors linked to caring student-teacher interactions in previously discussed studies is noted. The most prevalent negative interpersonal characteristics were teacher behaviors that intimidated students and increased students' anxiety, and the teacher’s failure to admit own limitations. Clinical instructors were perceived by students as a source of stress.

Observers in Wang and Blumberg's (1983) study used a categorized observational tool to describe interaction techniques used by teachers with nursing students in a clinical setting. Findings noted that interactions were initiated slightly more frequently by faculty, most interactions were 1:1, and lasted five minutes or less. Questioning and information giving were the most frequently used techniques, while demonstration, hypothetical situations, summarizing statements and negative feedback were the least frequently used techniques.

Methodological limitations in the studies by Craig (1991) and Wang and Blumberg (1983) include the use of specific teacher characteristics and behaviors as a basis for examining student-teacher interactions. This approach both limits the perspective of the student-teacher relationship and removes the relationship from the context within which it occurs, consequently limiting the relevance of the findings. Further, the researchers did not report the reliability or validity of the tools used in the studies. Finally, the selection of faculty from the same academic setting to form the
sample and to act as observers in Wang and Blumberg's study, raises concern regarding observer bias in the data collection.

Schaffer and Juarez (1993) used an ethical framework of autonomy, beneficence, justice and caring to analyze nursing students' journal entries regarding their perceptions of student-teacher interactions. The majority of entries reflected justice as the predominant view of the teacher. This finding was attributed to three possible explanations by the researchers: the presence of an overlap between beneficence and caring; the socialization of teachers and nurse to act from a justice perspective; or the focus of evaluation in the education of nurses. Several methodological concerns were noted regarding this study. The journal entries were a required assignment in the students' nursing courses and were composed in response to five specific questions. This may have biased the content of the students' journal entries. During data analysis, the categorized data were not validated with student or peer researchers, a limitation that is noted by the researchers. The research design is not described.

Anecdotal literature related to student-teacher relationship and interaction

There was widespread agreement that the student-teacher relationship is central to nursing education (Buchanan, 1993; Bevis & Watson, 1989; Diekelmann, 1990; Reilly & Oermann, 1992; Smythe, 1993; Tanner, 1990). The perceived importance of the student-teacher relationship was illustrated by Smythe's suggestion that the development of the student-teacher relationship precede a focus on the learning process. Further, Reilly and Oermann proposed that the development of a rapport between teacher and student is critical to the student's motivation to learn. The optimal student-teacher relationship is
characterized in this literature by mutual respect, mutual trust, mutual disclosure and a
sharing and valuing of life and work experiences (Buchanan; Gaines & Baldwin, 1996;
Griffith & Bakanauskas, 1983; Reilly & Oermann; Smythe; Tagliareni, 1993). It is an
egalitarian relationship in which teacher and student are co-learners and share
responsibility in the learning process (Buchanan; Gaines & Baldwin; Tanner, 1990). The
teacher can foster an optimal student-teacher relationship by being open, honest and
genuine (Griffith & Bakanauskas; Reilly & Oermann; Smythe). Diekelmann (1993) noted
that teachers “...often make the most difference when we look least ‘like teachers’...” (p.
150). Dialogue, defined as “engaged listening, seeking to understand, being open to all
possibilities...” (Diekelmann, 1990, p. 301) and the willingness of the teacher to listen
from the student’s perspective was proposed to support the formation of an effective
student-teacher relationship (Clayton & Murray, 1988; Diekelmann; Smythe; Tagliareni).
Finally, the teacher’s attitude toward the student was deemed important (Griffith &
Bakanauskas). It was postulated that the student’s learning experience will be most
positive when the teacher views the student as capable of learning and of value as a
person (Tagliareni).

There were mixed views presented in this literature regarding the benefit of the
teacher ‘being with’ or being ‘present’ with the student. Buchanan (1993) viewed being
present as facilitative of the teacher sharing and understanding the student’s experience.
Smythe (1993); however, stated that ‘being with’ does not guarantee a shared reality as
each person will interpret the situation from his or her perspective. In a lonely note of
cautions, Smythe observes that the presence of evaluation of student learning is oppressive
to the formation of an optimal student-teacher relationship, particularly when student learning is such that course criteria are not being met.

The presence of connection within the student-teacher relationship was linked to the sharing of narratives (Burge, 1993; Diekelmann, 1991; Kelly, 1995). These authors proposed that when the teacher tells a personal story, he or she shares part of him or herself, revealing openness and vulnerability, and fostering a balance of power within the student-teacher relationship. Listening to a story enables the listener to connect with the world of the story teller: As the teacher listens to the student’s story, the teacher begins to know the student as an unique individual, and the meaning inherent in an experience is made visible (Baker & Diekelmann, 1994; Diekelmann; Kelly). Kelly suggested that the actual story is less important than the connection that is made, noting that “the storyteller and listener break down the isolation that separates them, and they connect, each changed by the interaction” (p. 6).

Teaching and learning perspectives as mediating variables in clinical teaching

I assumed that the psychological climate within which the student-teacher relationship exists and the student-teacher interactions occur would influence the student’s learning experience and outcomes in the clinical setting. Accordingly, literature that related to the teaching and learning perspectives, students’ experiences of learning in the clinical setting and teacher effectiveness was reviewed. In this literature review, teaching and learning perspectives are intended to encompass an ontological view of nursing education, and make explicit various values, beliefs and assumptions that guide
teachers' practice and learners' experience. Research and anecdotal literature related to teaching perspectives and learning perspectives is presented.

Research related to teaching perspectives

A phenomenological study which focused on women's ways of knowing (Belenky, Clinchy, Goldberger & Tarule, 1986), is relevant to the predominantly female profession of nursing. The study explored women's experiences and problems as learners and knowers, as well as reviewing the participants' histories for changes in self-concept and relationships with others. Of the 135 female participants in the study, 90 were enrolled in academic institutions while 45 were clients of agencies that offered assistance with parenting. Data analysis resulted in grouping the women's perspectives of knowing into five major categories: silence, received knowing, subjective knowing, procedural knowing and constructed knowing. Procedural knowing was further divided into separate and connected knowing.

In discussion of the findings of this study, Belenky et al. (1986) proposed a model of connected teaching. In this model the teacher acts as a midwife, assisting students to find their own voice, to articulate and expand their existing knowledge. Connected teaching emphasizes "connection over separation, understanding and acceptance over assessment, and collaboration over debate " (p. 229). Connected teachers allow time for knowledge to emerge from experiences and encourage students to develop their own patterns of work. Through making their thinking processes visible and engaging in dialogue with the student, the teacher presents his or herself as vulnerable and open. In student-teacher interactions, the teacher attempts to see the student in their own terms,
and is completely and nonselectively present for the student. The connected teacher trusts the student’s learning experience, although he or she may not agree with it. Trust, therefore, involves the teacher attempting to enter the student’s perspective, attempting to connect.

**Anecdotal literature related to teaching perspectives**

Authors in nursing and education literature propose a variety of teaching perspectives that incorporate or support student-teacher connection. Perspectives include feminist education (Graham, 1992; Hedin & Donovan, 1989), holistic education (Burge, 1993), organic education (Mamchur, 1983) and caring education (Bevis & Watson, 1989).

The scholarship of Gilligan (1993) provides a foundation for the feminist perspective. Based on her review of Kohlberg’s theory of moral development and her own research, Gilligan proposed a feminine model of moral development, differentiating it from the prevailing masculinely oriented theory of moral development. Gilligan suggested that, in the feminine perspective, persons define themselves in attachment and are concerned with maintaining connection within relationships. Consequently, the feminine moral reasoning considers relationship and incorporates decision making that is grounded in a perspective of care, rather than the justice perspective of masculine moral reasoning. Thus, in the feminist view, interconnectedness is grounded in care. Gilligan’s theory was foundational to the study completed by Belenky et al. (1986).

Hedin and Donovan (1989) suggested feminist education is “concerned with relatedness, connectedness and wholeness...” (p. 9), while Graham (1992) stated the
feminist perspective is grounded in trust, caring community and connection. Symonds (1990) called for a move to feminist based connected education, suggesting that the feminist process breaks down power imbalances in student-teacher relationships, increases opportunities for teachers to learn from students, and alters the process of socialization of students so that the goal is recognition of differences rather than conformity. Burge (1993) defined holistic education as concerned with wholeness and interconnectedness, and suggested that the teacher’s choice of language was an important variable in the nature of the student-teacher relationship. Boyer (1989), postulated that “great teachers” (p. 105) make connections with their students, citing language and role modeling as primary processes used by teachers toward this end.

Noddings (1988) acknowledged caring as the ideal in moral development, and advocated an educational process that was grounded in care. For Noddings, caring is a relational ethic central to the student-teacher relationship. In a reciprocal process, the ‘one-caring’ focuses on the ‘one-cared-for’ and their needs with non selective attention and total presence. The one-cared-for responds by recognizing the caring. Noddings suggested that an ethic of caring in education is supported by role modeling, dialogue, practice and confirmation.

Although the nature and role of caring in nursing has been frequently discussed in literature and is proposed as the basis for humanistic nursing education (Bevis & Watson, 1989), caring in nursing education has not been clearly defined (Cohen, 1993; Paterson & Crawford, 1994). Paterson and Crawford noted that caring is frequently assumed to be a moral imperative for nursing educators and necessary to student empowerment. Caring is
most often described as a process and an action, although Paterson (1991) reported that teachers participating in her study of the nature of clinical teaching considered caring to be their “world view” of education (cited in Paterson & Crawford, p. 166). Caring in nursing education has been commonly assumed that to be the same as caring in nursing practice. This assumption suggests that knowing how to care as a nurse for patients will transfer to knowing how to care for students as a teacher (Tanner, 1990). Diekelmann (1990) proposed that experienced nurse educators allow their nursing practice to become part of their teaching; however, little is known regarding how teachers learn to care as teachers (Paterson & Crawford). While it was acknowledged that “connectedness between the cared for and the caregiver is necessary for a caring relationship” (Paterson & Crawford, p. 171), how connection occurs has not been described.

Research related to teacher effectiveness

Teacher effectiveness research in nursing has focused on identifying characteristics that define the effective teacher and, in effect, represents a teaching perspective. Nehring (1990) asked nursing teachers and nursing students to rate the best and worst clinical nursing teachers they knew using the Nursing Clinical Teacher Effectiveness Inventory (NCTEI). Reliability and validity for the NCTEI were reported within acceptable limits. Both faculty and students considered the best clinical teachers to be good role models who enjoy teaching and nursing, and are responsible for their own actions. Additionally, faculty rated communication skills, listening and promoting student independence as characteristics of the best teachers. Students included the characteristics of being approachable, self-confident and prepared, and having good clinical skills and
judgment as indicative of the best clinical teachers. The top ranked characteristics chosen by students and teachers were predominantly from the competency and interpersonal subscales of the survey. The worst clinical teachers were identified by their lack of the characteristics that defined the best clinical teachers. Faculty and students identified three interpersonal characteristics that distinguished the best teachers from the worst teachers. These included being a good role model, the encouragement of mutual respect, and provision of support and encouragement to students.

Anecdotal literature related to teacher effectiveness

The anecdotal literature describing effective teacher characteristics and behaviors was all located in education literature, and, with one exception (Elbaz, 1992), was written in the early 1980’s. Discussions included descriptions of outstanding teachers (Allen, 1983; Jacobson, 1982), teachers as artists (Barone, 1983; Rubin, 1983) and the moral dimensions of teacher knowledge (Elbaz). Common themes regarding characteristics of ideal teachers are apparent in these discussions. Knowledge and enthusiasm regarding the subject matter and proficiency at a variety of teaching strategies, characteristics of outstanding teachers (Allen, Jacobson), are similar to the characteristics of spontaneity and inventiveness which are defining features of the teacher as artist (Rubin). Allen suggested that selection of appropriate levels of challenge for a student characterizes an excellent teacher. This action implies a intimate knowledge of the student, a characteristic Barone equated with the teacher as artist. Other characteristics include a concern for the student as a student and as a person (Jacobson), which can be linked to empathetic understanding (Barone), sensitivity to the student (Jacobson, Rubin), attentiveness to the
student and valuing differences (Elbaz), all of which contribute to academic and nonacademic growth (Jacobson). Finally, the positive attitude of the teacher to self and others, particularly a positive attitude regarding the student’s ability to learn (Allen), hope regarding the student (Elbaz) appear related to the teacher’s commitment to the student’s learning and the teaching profession (Allen).

Learning perspectives

Research related to learning perspectives included two studies examining how nursing students learn to care (Kosowski, 1995; Paterson, Crawford, Saydak, Venkatech, Tschikota & Aronowitz, 1995) and two studies that reported students’ experiences of learning in nursing education (Nelms, 1990; Wilson, 1994). These are summarized in Appendix A.

Interaction with teachers and other persons in the clinical area is a common theme in the students’ learning experiences described in these studies. In sharing their experiences of learning professional nurse caring, nursing students in Kosowski’s (1995) study, began by describing how they created caring with their patients. Creating caring was reported to include connecting, sharing, being holistic, touching, advocating, being competent and feeling good. These students reported interaction with patients as integral to their learning to care. Male nursing students in Paterson et al.’s (1995) study also conveyed learning to care as an interactional and reflective process. The role of student-teacher interaction in the learning process of these students is of particular interest. First year nursing students reported that their professors were important role models of caring for them; however, second, third and fourth year students regarded the clinical teacher as
a less important role model than other nurses and classmates. It appears that, as these students progressed through their education, the interaction with persons other than the teacher was an important addition to their learning experience.

Students in Nelms’ (1990) study stated that clinical experience was the most meaningful aspect of their lived experience of nursing education. Interaction with persons other than their clinical teacher was also important to these students’ learning. They reported that through interaction with, and the opportunity to help patients, they began to develop and feel good about their ability to be a nurse.

Gender has been suggested to influence ways of knowing and learning (Belenky et al., 1986; Gilligan, 1993). Paterson et al. (1995) indicated that male nursing students learned to care through interaction with teachers, peers, staff nurses and patients. However, learning to care through an interactional process has been proposed to be a typically female experience (Reitsma-Street, 1991, cited in Paterson et al.). Further, the work of Belenky et al. and Gilligan shares an assumption that women’s perspectives of self are anchored in connection and relatedness, while men define themselves in terms of separation. In contrast, Bergman (1991) argues that males’ early experiences of interconnectedness with their mothers supports a primary desire for relatedness in men. He proposes that men experience connection, but respond to it differently than women do, for example deflecting it through joking. The findings of Paterson et al.’s study supports Bergman’s suggestion. Further research is required to clarify the influence, if any, of gender on a learning experience.
For some nursing students in the clinical setting, their learning perspective is influenced by their experience of dual roles as student and nurse. In Wilson’s (1994) study, students included “looking good as a nurse” and “looking good as a student” (p. 84) as goals of their clinical learning experience. These goals appear linked to the students’ perceptions of student-teacher interactions as oriented toward evaluation rather than learning. The goal of looking good as a student influenced the students’ actions. Having the right answer to a teacher’s question was deemed very important, such that students reported seeking information from staff nurses rather than the teacher. Looking good as a student did not necessarily imply learning: “...it was not so much what you knew that counted, but rather what the teacher thought you knew” (p. 85). Several students described the student-teacher interactions in terms of a contest during which the student tried to look good and the teacher tried to make them look bad. Looking good as a nurse related to the students’ developing sense of competence as a nurse and included helping and not harming patients. Students considered feedback from staff nurses to be the evaluation of their nursing role, while the grade assigned by the instructor for the clinical course was an evaluation of their student role. Students considered their role as a nurse in the clinical learning experience more important than their role as a student.

Participants in a study by Hughes (1992), also noted the dual roles of student and nurse in their clinical learning experience. The students reported feeling empowered when faculty structured their expectations in a way that allowed the student to focus primarily on their role as a nurse.
The student’s learning perspective is influenced by their perceptions of their teacher’s role. Students in Wilson’s (1994) study described the teacher in the evaluative role most frequently, but also noted additional teacher roles including protecting the patient, supporting the student and being a role model. Students in Nelms’ (1990) study, described the ideal teacher as one who recognizes the student as a person and human being, reveals her or his personhood to the student, recognizes the amount of knowledge students must acquire and makes an effort to know how student’s learning is progressing, values nursing knowledge but not more than they value the student as a person, and finally, try to be authentic, centered persons who look for the center of the student. The contrast between the ideal teacher described in Nelms’ study and the teacher as experienced in Wilson’s study is remarkable.

Methodologically, these studies present minor concerns. Nelms (1990) does not provide a clear description of the data analysis process or strategies used to minimize researcher bias in her study. In Wilson’s (1994) study, the actual sample size is not stated.

The influence of student-teacher interactions on the student’s learning experience

Research

Most of the research that examined the structure and experience of student-teacher caring interactions reported influences on student experiences. In general, influences incorporated aspects of both personal and professional growth for students. Increases in self worth, self esteem and self confidence (Griffin & Bakanauskas, 1983; Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al., 1990), feeling good (Kosowski, 1995), of becoming, of “being in place and feeling connected” (Appleton, 1990, p. 89) all reflect
the student’s move toward self actualization. Students’ reported experiencing respect and recognition as an individual (Beck, 1991; Dillon & Stines, 1996), acceptance as an equal (Beck; Dillon & Stines; Halldorsdottir), a positive sense of self as a nurse (Hanson & Smith; Hughes, 1992), hope for the future (Miller et al) and increased motivation to learn (Hanson & Smith; Halldorsdottir) in association with student-teacher caring interactions. Feelings of comfort (Hanson & Smith), being happy, courageous and proud (Miller et al), of wanting to reach out to others in caring and feeling rejuvenated and energized (Beck) were also associated with caring in student-teacher interactions. The experience of caring in student-teacher interactions was linked to students actions during their learning experiences. Students reported preferentially addressing their questions to faculty who modeled caring behaviors and sought to emulate these faculty in their own practice (Hughes, 1992).

In contrast, lack of caring in student-teacher interactions was linked with students experiencing disbelief, anger, resentment (Halldorsdottir, 1990), feeling scared, rejected, discouraged, looked down upon and not understood (Hanson & Smith, 1996). Students reported diminished self esteem and doubt regarding their choice of career, disruption of learning and powerlessness when student-teacher interactions were uncaring (Hanson & Smith).

Anecdotal literature

Specific teaching perspectives are linked to personal and professional growth for students. Student centered teaching (Buchanan, 1993), connected teaching (Belenky et al, 1986), holistic education (Burge, 1993) are all proposed to promote the student’s self
actualization. Additionally, students are supported in developing an awareness of, and confidence in, their own knowledge (Belenky et al; Graham, 1992; Smythe, 1993). Chickering (1969, cited in Clayton & Murray, 1988) suggested that when the educational process incorporates choice and flexibility, direct experiences and discussion, that the student’s intellectual competence, thinking abilities, interpersonal relationships, identity and emotional independence are fostered.

Ornstein (1982), in a review of research regarding teacher effectiveness in the discipline of education, suggested that it is unclear whether or not teachers make a difference to student outcomes. He cites lack of agreement regarding what teachers are supposed to produce, consideration of mean measures of student achievement in favor of individual achievements, a wide variations in terms used to describe teacher effectiveness and an inconsistency in the definition on of these terms, and inability for researchers to separate teacher effects from the effects of others agents in the learning process as serious flaws in this body of research.

Summary

Research and anecdotal literature from nursing and education was reviewed. No research explicitly addressing student-teacher connection or the influence of connection on students’ learning experiences in the clinical setting was located. Several studies, however, reported connection as part of caring student-teacher interactions. The research regarding caring student-teacher interactions identified several teacher behaviors and attitudes that students perceived as caring. These findings are congruent with the ideal student-teacher relationship proposed in anecdotal nursing literature.
Literature sources, predominantly anecdotal, presented various teaching and learning perspectives that incorporated or supported student-teacher connection and, in some instances, connection was linked with caring. Understanding of the role of caring in nursing education is limited by the lack of a clear and consistent definition of caring and by the assumption that caring in nursing education is the same as caring in nursing practice.

Research reviewed indicated that students considered clinical learning a very important part of their nursing education. The students' clinical learning experience is influenced by the students' perceptions of their teacher's role, by their experience of dual roles as student and nurse, and by the nature of the student-teacher relationship. Caring student-teacher interaction was reported in some studies to contribute to personal and professional growth for the student. In contrast, students in another study described the student-teacher relationship in adversarial tones and considered the teacher a source of stress in clinical learning. Further research is required to clarify the influence of gender on students' learning perspectives.

Several general concerns exist regarding the literature reviewed for this study. In both anecdotal and research literature there is a lack of clear definition of language commonly associated with humanistic nursing education. In previous discussion, it was noted that caring in nursing education has not been clearly or consistently defined. Similarly, teacher actions such as supporting students, being present and role modeling are not defined; instead authors assume a shared meaning with the reader. Buchanan (1993) suggests that 'being with' a student is supportive, but does not define these
concepts. Smythe (1993) challenges the usefulness of ‘being with’ a student, noting that it does not guarantee shared realities. My personal experience suggests that the nature of teacher support is defined differently by each student. For example, an action such as the teacher physically situating his or herself in close proximity to a student in order to facilitate easy consultation, may be construed as supportive by one student, while another student would deem the action threatening. Burge (1993) challenges the use of the word ‘support’ in educational language, suggesting that it implies a deficit on the part of the learner. She suggests that students need “respectful responsiveness” (p. 8) from the teacher rather than support.

A link between role modeling and effective teaching has been made (Dillon & Stines, 1996; Hughes, 1992; Noddings, 1988). Findings in a study by Paterson (1991, cited in Paterson & Crawford, 1994) highlight the lack of shared meaning that potentially exists related to role modeling. Paterson reported that students in her study were not always aware that their clinical teachers were role modeling caring behaviors.

In much of the research reviewed related to clinical teaching, the participants were asked to identify characteristics or attributes that exemplify effective teachers, teaching or student-teacher relationship. While this approach may offer some direction for the more predictable environment of classroom teaching, it does not accommodate the complex context within which clinical teaching occurs. By placing the focus solely on teacher behaviors and characteristics, contextual considerations such as when, in what situation, or with what level of student these teacher attributes are most effective, are ignored.
Consequently, the direction for clinical nursing education provided by the findings is limited.

Application of the findings of the research conducted in the discipline of education to the student-teacher relationship in clinical nursing education, must be done with caution, if at all. By virtue of the nature of nursing practice and the inherent responsibility for human lives, the nurse educator’s role includes a gatekeeper function that is absent in the general education context. The clinical nurse educator carries a professional responsibility to determine if nursing students are able to provide safe nursing care. The influence of the gatekeeper component of the clinical nurse educator’s role on the student-teacher relationship has not be explicitly examined but nursing students in one study (Wilson, 1994) most frequently described the teacher in the evaluative role.

There is much conjecture regarding the positive effect of an optimal student-teacher relationship on students’ learning experiences, but little evidence exists to support this. Although connection is presented as a component of teaching perspectives and linked to caring, the nature and the process of student-teacher connection has not been examined. It is not known if all students experience connection, or if the experience of connection is the same for all students. How, if at all, do students recognize connection in a student-teacher relationship? The outcomes of student-teacher connection are not known. Is it possible for students to learn in the absence of student-teacher connection? If so, how does the students’ learning experience differ in the presence of student-teacher connection? There is a need for a explorative, descriptive study that seeks to examine the
nature of student-teacher connection and the influence of student-teacher connection on the students' learning experience in the clinical setting.
CHAPTER THREE: RESEARCH METHOD

This chapter presents the research design, sample and setting, data collection, data analysis, rigor, and ethical considerations for this study.

Research design

The qualitative research method of interpretive description was chosen as the research design for this study. Interpretive description was described as a research method by Thorne, Reimer Kirkham and MacDonald-Emes (1997) in recognition of a perceived need for a methodology that met the specific needs of the discipline of nursing. Thorne et al. noted that, because of the sometimes imperfect fit between the traditions of phenomenology, grounded theory and ethnography, nurse researchers modified these methods to fit the needs of research in the discipline of nursing, producing "legitimate qualitative research for which there is, as yet, no name" (p. 6). They presented interpretive description as a method that is both grounded in, and appropriate for, the generation of nursing knowledge.

The philosophical foundations of interpretive description reflect several of the key axioms of the naturalistic approach described by Lincoln and Guba (1985). These include:

1) The experience or reality of the individual is constructed and influenced by context; therefore, there are "multiple constructed realities that can only be studied holistically" (p. 37).

2) "The inquirer and the 'object of inquiry' interact to influence one another; knower and known are inseparable" (p. 37).
3) The inquiry is influenced by the values of the inquirer, the context of inquiry and by the theoretical foundations of the inquiry.

4) In order for a theory to incorporate multiple realities, it must emerge from data that relates those realities. The emergent theory, therefore, is a "time and context bound" (p. 37) interpretive description of the multiple experiences.

The goal of interpretive description is to develop nursing knowledge that reflects what is known about aggregates of persons "in a manner that does not render the individual case invisible" (Thorne et al., 1997, p. 6). Specifically, interpretive description allows the researcher to explore a research problem and to formulate a description of human experience. Further, the researcher is permitted to move beyond description and engage in interpretation of the experience from the perspective of the persons who live the experience. An interpretive descriptive approach, therefore, is appropriate for the investigation of previously unexplored areas. Interpretive description was suitable for the purpose of this study because little was known regarding nursing students' experience of connection in their relationship with the teacher, or of the effect of student-teacher connection on the students' learning experience in the clinical setting.

Sample and Setting

In the research method of interpretive description, theoretical or purposive sampling is used to facilitate obtaining maximal variation on the themes that emerge from the inductive analysis (Thorne et al., 1997). Thorne et al. note the need to balance the benefit of sampling for maximal variation against the need to select participants whose experience is most likely to incorporate some shared elements. In this way, commonalities
as well as differences in the experience can be described. Because the variations of the experience under study cannot be known prior to data collection and analysis, the sample design is emergent, and therefore the size cannot be accurately predetermined. Sampling ceases when no new information is emerging, indicating redundancy or saturation of data (Lincoln & Guba, 1985).

The designated population in which the nursing students' experiences of connection in the student-teacher relationship were explored was undergraduate nursing students enrolled at a university in the Lower Mainland area of British Columbia. The anticipated sample size was six to eight students. The sample design ensured the inclusion of students from each year of the undergraduate program and, thus, addressed a gap recognized in the existing research regarding student-teacher interaction and relationship. In the past, most researchers have examined the experiences of either junior or senior students exclusively and, consequently, have precluded a broad understanding of the students' experience.

Selection of the participants for this study was guided by the following inclusion criteria:

1. Eligible participants were nursing students currently enrolled as either full time or part time students in a four year baccalaureate in nursing program at a specific university in British Columbia.

2. The eligible nursing students, at the time of this research study, were enrolled in a course which included a clinical nursing learning experience.
3. The sample included at least one student from each year of the four-year undergraduate nursing program.

4. The sample included both female and male nursing students.

   The sample was selected to also meet the following exclusion criteria:

1. Eligible nursing students were not already qualified as Registered Nurses.

   In order to recruit participants, I contacted the Director of the designated School of Nursing, explained the study, and gained permission to invite undergraduate nursing students to participate in the study. I presented the details of the proposed study in a class that included the majority of students in the first year of the program. Additionally, I explained the proposed study at the Nursing Undergraduate Student Council where representatives from each year of undergraduate nursing program agreed to convey the information about the study and the invitation to participate in the study to other students. A letter explaining the study and inviting participation was given to any interested students (Appendix B). The letter also explained the process by which students could contact the me to ask questions or to indicate interest in participating in the study. Participants were selected from the volunteers.

   Eight undergraduate nursing students participated in the study. These participants included one first-year student, three second-year students, two third-year students, and two fourth-year students. The slightly uneven distribution of junior students in the sample ensured the inclusion of one junior male student. One senior male student also participated in the study. Ages of the participants ranged from 18 years to 24 years, and the mean age was 21 years. Five of the participants indicated High School graduation as
their level of education prior to entering the undergraduate nursing program; one participant had completed two years of college education; one participant had transferred in the undergraduate nursing program after two years of study in an undergraduate arts program; the remaining student had completed one year of an undergraduate science program prior to transferring to the undergraduate nursing program. The participants’ reasons for entering nursing included the possibility of employment after graduation, personal preferences (such as working with people, helping others) and family influences.

Data Collection

The data collection process was intended to include each nursing student participating in an interview and a focus group. In completing the study, all eight students participated in an interview and six of the students participated in a focus group. One student who was unable to attend the focus group was mailed a copy of the conceptual map presented at the focus group, as well as a copy of the focus group transcript, and invited to add her comments to the discussion. The eighth student was not mailed similar material as she changed her place of residence after the interview and did not provide a forwarding address.

The Interview

I began each interview by ensuring the participant understood the purpose and process of the study and answering any questions he or she had. Once the participant felt fully informed regarding the study, a written consent for participation was obtained (Appendix C).
The interviews were conducted in locations preferred by the participants. This included participants' homes and conference rooms at the university. In all locations, privacy was ensured in order to encourage open conversation and to maintain confidentiality. The interviews were one hour to 1.5 hours in length. All interviews were audiotaped and transcribed with the permission of the participant. Demographic data was collected at the beginning of the interview (Appendix D).

In planning the interview, I recognized that my approach was informed by "previous knowledge, observations and experience" (May, 1989, p. 174) but sought to consciously placed this knowledge subordinate to the intent of understanding the students' experience of connection in the student-teacher relationship. Accordingly, an unstructured interview was conducted in order to allow the participants to describe their experiences in their own language and from their own perspective. I initiated each interview with general questions (e.g. "Tell me how you came to enter nursing"; "In general, how would you describe your experiences in nursing education to this point.") This allowed the participant "to practice talking in a relaxed atmosphere while at the same time providing valuable information about how the participant viewed the general characteristics of the context" (Lincoln & Guba, 1985, p. 270). As the interview progressed several open ended questions guided my endeavor to fully understand the participant's experience and provided minimal structure for the interview (Appendix E).

May (1989) notes that the researcher's interpersonal skills are a critical variable in the success of an interview. Although I believed that my experience in clinical nursing and in nursing education contributed to the strength of my interpersonal skills, I
undertook several actions that were intended to promote my rapport with each participant, reduce the possibility of researcher control contributing to bias in the data collection, and to help the participants share the stories of their experiences. At the beginning of each interview, I consciously placed myself in the role of learner, focused my intent on understanding the participant’s experience and presented myself to the participant as open, genuine and nonjudgmental. Additionally, the trigger questions that guided the interview were deliberately framed in nonspecific language. For example, the question “What effects, if any, did the experience of connection with your teacher, have on your learning experience?” allowed the participant to describe their experience in their own words. As I became familiar with each participant’s language, the questions were reframed to reflect the participant’s word usage. As well, I used additional open ended questions as required to clarify the participant’s story.

Achieving a balance between flexibility and consistency in data collection was recognized as a challenge (May, 1989). Sufficient flexibility was required to elicit each participants’ experience. At the same time, consistency in the questions asked, level of detail and the extent of the exploration of the experience was necessary for the emergence of common themes from the various experiences. The trigger questions guided, but did not dictate, the interview process and, therefore, supported the requirements for flexibility and consistency. Flexibility was also supported by adjusting the structure, timing and intensity of the interviews, in response to verbal and nonverbal cues communicated by the participant during the interview process. With the intent of fostering my responsiveness during interviewing, I reflected on the interview process following each interview. These
reflections were recorded in field notes. Additionally, the initial interview transcripts were reviewed for process and content with the thesis chairperson, providing the benefit of an objective perspective from an experienced researcher.

When all areas reflected in the trigger questions had been covered in the interview, I briefly summarized the discussion and invited the participant to make any final comments. Whenever participants responded to this invitation, their comments provided valuable insights into the experience of connection.

The interview was terminated when the participant either indicated explicitly that they had nothing more to add, or when increasingly longer pauses between comments provided that impression. At this point, I thanked the participant for his or her contribution. The participant was offered a copy of his or her transcript and the plan for the focus group was confirmed.

Focus group

Kreuger (1994) defined a focus group as "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non threatening environment" (p. 6). In this study, a focus group was conducted to allow me to share with the participants, my emerging understanding of their experiences of student-teacher connection and the effect of connection on their learning experiences in the clinical setting. This process provided an opportunity for the participants to confirm, clarify, dispute and, consequently, expand my understanding of their experience. According to Kreuger (1994), the interaction between members of a focus group stimulates the development of individual viewpoints, and has the potential to produce information
beyond that which may be acquired in one on one interviews. In contrast, Carey (1994) cautions that members of focus groups can respond by “conforming” (p. 236), or tailoring their discussion to fit with the general view of the group or the leader. Carey also warns that a participant may withhold information, usually due to lack of trust in the group or the leader. Kreuger suggests that optimal discussion occurs when participants are not familiar with one another, have some degree of familiarity with the leader and are homogeneous. In this study, the previous contact of the participants with myself during the interview provided a degree of familiarity. The participants were also familiar with one another to varying degrees. While it might have been expected that the inclusion of both junior and senior students in one focus group would diminish the homogeneity of the group; in fact, learner maturity and a common interest in the experience of student-teacher connection in the clinical setting appeared to support homogeneity. Overall, the group was judged to be reasonably homogeneous. Inclusion of all students in one focus group reflected Kreuger’s (1994) suggestion that the ideal size for a focus group is 6 to 9 participants, noting that smaller groups limit the range of experiences and, therefore, available information.

In an effort to promote honest discussion during the focus group, I endeavored to establish an environment in which participants felt safe expressing their ideas by informing all participants of the process ahead of time, opening the group session by welcoming participants, and by ensuring that the purpose of the focus group was understood. Group conduct was discussed prior to beginning the focus group discussion, and the participants agreed that each person would be ensured an opportunity to
contribute, would be listened to respectfully, and that all contributions would be valued equally. As in the interview process, I made an effort to present myself as genuine and nonthreatening, and to be consciously present with an intent to understand the participants’ viewpoints. Finally, the convening of the focus group necessitated revealing the identity of the participants to one another. During the introduction to the focus group I reminded the participants of their confidentiality agreement included in the consent form.

During the focus group process, I outlined my understanding of the students’ experience of student-teacher connection and the influence of connection on their learning in the clinical setting by means of a conceptual map and supporting verbal explanation. Discussion was stimulated by an invitation to comment on the accuracy and completeness of my understanding, and by questions arising from the analysis of the interviews. Some questions were intended to clarify aspects of the experience of student-teacher connection, such as, the nature of the relationship, aspects of student-teacher interaction, and the role of trust and respect in the process of connection. Other questions, intended to expand my understanding, invited discussion of the relationship of connection to knowing, and explored whether, from the senior student’s perspective, the experience of connection changed over the years during which the students had been in the undergraduate nursing program. The focus group also confirmed my comprehension of some aspects of connection, for example, the variables that influence the experience of connection.
The data collection process confirmed an anticipated limitation of this study: All nursing students who volunteered to participate in this study were previously interested in student-teacher connection. This limits the transferability of the findings of the study.

Field Notes

Field notes were completed as soon as possible following each interview and focus group. I recorded my thoughts and feelings regarding the interview process, any relevant contextual details, and the details of any discussion that occurred between the participant and myself after the interview was completed. The field notes allowed me to mentally recreate the context of the interview and to critique and modify my interviewing process. Paterson’s (1994b) framework for assessing reactivity was used to consider the influence of the response of the researcher and the participants to each other during the data collection process. The framework addresses common sources of reactivity in qualitative research: “emotional valence, distribution of power, importance of the interaction, goal of the interaction, and the effect of normative or cultural criteria” (Paterson, p. 303.).

Additionally, I kept a reflexive journal in which I recorded personal insights and challenges, as well as methodological considerations and decisions, for example, insights into the data during the ongoing data collection and data analysis.

Data analysis

During data analysis in interpretive description the researcher’s goal is to “come to know individual cases intimately, abstract common themes from these individual cases, and produce a species of knowledge that will itself be applied back to individual
cases" (Thorne et al., 1997). Data analysis, therefore, is inductive and synthetic: themes present in the individual cases are identified, common themes across cases recognized and integrated back into “meaningful wholes” (Lincoln & Guba, 1985, p. 333) which offer an interpretive description of the experience. Data analysis is a “continuously developing process” (Lincoln & Guba, p. 340) that occurs in conjunction with data collection. The understanding the researcher acquires from analyzing the data guides the process of theoretical sampling and ongoing data collection, which in turn, informs the researcher’s understanding of the experience.

Data analysis in this study was guided by the process of constant comparative analysis developed by Glaser and Strauss (1967) and described in the context of naturalistic inquiry by Lincoln and Guba (1985). Thorne et al. (1997) recommend that the researcher begin by reading the transcribed data to “apprehend the overall picture” (p. 13), cautioning that premature coding can “privilege superficial understandings at the expense of deeper and more meaningful analytic interpretations” (p. 13). After an overall sense of a case is gained, the analysis process works toward the two main tasks of data analysis in interpretive description, specifically “identification of themes within coding categories” and “identification of themes across coding categories” (Knafl & Webster, 1988, p. 197). These tasks are supported by two basic analytic procedures, that is, “making comparisons” and “the asking of questions” (Strauss & Corbin, 1990, p. 62).

I began the data analysis process in this study by reading each transcript at least twice, or until a sense of the whole was obtained. Following this, the transcript was read again with the intent of identifying and labeling units of information. I built an
understanding of the units of information by asking questions such as "what is happening here?" and "what am I learning about this person's experience here?" and, subsequently, assigned a tentative label to each unit. Units of information were compared with one another within a case and labeled to reflect their similarity and differences, giving rise to categories. As successive interview transcripts were analyzed, I compared units of information and categories across interview transcripts, again looking for similarities and differences and assigning labels appropriately. When several tentative categories had emerged, I began to identify properties of each category based on my existing understanding of the category. Data analysis continued with my comparing the units of information within each category to the category properties. This process supported a clear definition of the category, fostered recognition of the need for other categories or subcategories and, ultimately, provided a beginning understanding of the relationships between categories. The identification of categories and the emergence of relationships between categories provided the basis for a tentative descriptive conceptualization of the experience under scrutiny. This understanding was depicted in a conceptual map and presented to the participants at the focus group, where I sought validation and expansion of my existing understanding of the undergraduate nursing student's experience of connection with their teachers in the clinical setting. Data generated from the focus group discussion were analyzed using a constant comparative process, and incorporated into the conceptual structure.

Several processes supported the data analysis process and development of an understanding of the experience of connection. Thorne et al. (1997) suggest that "periods
of immersion in the field interspersed with periods of immersion in the data” (p. 14) are ideal to refine the inquiry and to test developing conceptualizations. Accordingly, the emerging understanding of the experience of connection that arose from my analysis of the data, along with unanswered questions I had, guided the ongoing process of data collection. This synergistic relationship between data collection and data analysis facilitated the construction of an emerging description of the student’s experience of connection.

Throughout the data analysis process I wrote in my journal in order to clarify category definitions and the relationships between emerging categories. This reflective process assisted me in consolidating my understanding of the data and recognizing gaps in my understanding that, in turn, provided direction for ongoing data collection and analysis.

Finally, the analytic procedures were supported by the processes of comprehending, synthesizing, theorizing and recontextualizing (Morse, 1994). Comprehending requires the researcher to learn as much as possible regarding the experiences of the participants, and is complete when the researcher has sufficient data to write a rich, coherent description of the experience. Synthesizing is “the merging of several stories, experiences or cases to describe a typical, composite pattern of behavior or response” (Morse, p. 30). It incorporates the process of ‘sifting’, whereby insignificant data is separated from significant data. In the process of theorizing the researcher constructs alternative explanations and holds these against the data “until a best fit that
explains the data most simply is obtained” (Morse, p. 33). In recontextualizing, the emergent conceptualization is placed back in context.

In summary, data analysis in this study was accomplished by constant comparative analysis as developed by Glaser and Strauss (1967). I compared data within cases and across cases in order to develop an intimate understanding of individual cases, to abstract themes that were common to the individual cases and, ultimately, provide a interpretive description of the student’s experience of connection in the student-teacher relationship.

Rigor

The somewhat emergent design of interpretive description required that attention be given to ensuring rigor, or trustworthiness, in the research process (Thorne et al., 1997). Lincoln and Guba’s (1985) criteria for trustworthiness in naturalistic inquiry, that is credibility, transferability, auditability and confirmability, provided a framework for attending to rigor in this study.

Credibility

Sandelowski (1986) proposed that credibility, the measure of truth value in qualitative research, “resides in the discovery of human phenomena or experiences as they are lived or perceived by subjects...” (p. 30). Thus, a qualitative study is credible when it presents an interpretation or description of an experience in a manner that persons having that experience would recognize their experience in the description (Lincoln & Guba, 1985). Researcher bias, arising from the researcher’s preconceived ideas regarding the experience being studied or from the researcher-participant closeness
was a threat to credibility in this study. Accordingly, several measures addressed the issue of credibility. Researcher bias was minimized by the use of a reactivity framework (Paterson, 1994b) to examine the influence of researcher-participant interaction, by reflexive journalling, by review throughout the research process from the chairperson of my thesis committee and, importantly, by providing an opportunity for the participants to confirm or challenge my emerging understanding of the shared realities of experience being studied.

**Transferability**

Transferability or fittingness of a study is determined by the degree to which the study findings can ‘fit’ into contexts outside of the study situation, as well as the degree to which its audience perceives the study’s findings as meaningful and relevant to their own experience (Sandelowski, 1986). Additionally, the findings of the study must fit with the data from which they are derived. I attended to transferability by using theoretical sampling to provide a data base that encompassed, to the degree it was feasible, the multiple realities of the experience. Further, the links between data collected and reported findings were demonstrated by the inclusion of data in the research report.

**Auditability**

A study is considered auditable “when another researcher can clearly follow the ‘decision trail’ used by the investigator in the study” (Sandelowski, 1986, p. 33). The research processes within a study must be explicit to the degree that another researcher would be able to reach a similar conclusion to that reached by this researcher. In this study, the literature review placed the research problem in context. Further, the data
collected, explication of the data collection and analysis procedures, and the record of context and methodological decisions in the field notes and reflexive journal, provided information regarding the analytic process and my methodological reasoning.

**Confirmability**

Confirmability is achieved when credibility, transferability and auditability are achieved (Lincoln & Guba, 1985). The procedures described previously supported confirmability in this study.

**Ethical considerations**

Several procedures were used to protect the rights of participants in this study. The proposal for the study was approved by the University of British Columbia Behavioral Sciences Research Board. Permission to recruit participants was obtained from the designated School of Nursing. To ensure the participants' right to informed consent, each participant received a written and verbal explanation of the purpose of the study and research design, and was given an opportunity to discuss any concerns he or she might have had regarding the study.

A written consent to participate in the study was obtained from each participant, prior to the interview (Appendix C). The written consent form contained the following components:

1. an explanation of the purpose of the study, the length and format of the interview and focus group, including audiotaping and transcribing procedures,
2. an assurance of confidentiality, including steps to protect the anonymity of the participants,
3. a statement noting that the identity of the participants will be revealed to other participants during the focus group,

4. a statement noting that the subject matter of the discussion during the focus group is confidential,

5. an offer to answer any questions the participants may have regarding the study,

6. a statement that the participant is free to refuse to answer any question without consequence,

7. a statement indicating the participant is free to withdraw from the study at any time without consequence,

8. a statement indicating that the participants may convey any concerns they may have regarding their rights or treatment as research subjects to the Director of the Office of Research Services and Administration at the University of British Columbia,

9. a statement indicating that the study will hopefully contribute to the understanding of nursing students experiences of connection in student-teacher relationships, and the effect of connection on students’ learning experiences in the clinical setting.

The confidentiality and anonymity of participants was protected by identifying them with a code number on all audiotapes, transcripts, and in the research report. I was the only one who knew both the code numbers and identities of the participants.

Total anonymity of participants could not be assured in this study, as the identity of the participants were revealed to other participants during the focus group. At the commencement of the focus group, the participants were reminded of their agreement to respect the confidentiality of other participants and that the subject matter discussed was
confidential. Participants were permitted to use the names of clinical nurse teachers in the interviews and focus group discussion as required. The confidentiality of the clinical nurse teachers who were the subject of discussion were protected by identifying them by a code letter in all transcripts and in the research report. A list linking the names of participants and clinical nurse teachers to their assigned codes was kept in a locked drawer at my home.

Summary

In this chapter, the research design of interpretive description has been presented. The process of theoretical sampling, the process of recruitment of participants for the study, and sample inclusion and exclusion criteria were discussed. A description of the sample was provided. Methods of data collection, including an interview and a focus group, and the data analysis process, constant comparative analysis, has been described. A discussion of rigor in this study has specifically addressed credibility, transferability, auditability and confirmability. Finally, the processes that ensured respect of human rights in this study were outlined.
CHAPTER FOUR: FINDINGS

The eight participants in this study shared stories of their experiences of connection and lack of connection with their clinical nursing teachers (CNT). These stories were drawn from various points in the students' experience in the undergraduate nursing program. All participants were able to readily recall student-teacher relationships in which they had experienced connection or lack of connection with their CNTs and the effect of these relationships on their learning in the clinical area. Each participant recounted more than one experience of connection or lack of connection, with two exceptions. One first year student had had only one clinical nursing teacher and had felt connected with this teacher. She was, therefore, unable to describe an experience of lack of connection with a CNT, although she did hypothesize regarding this possibility based on her experience of lack of connection with a classroom teacher. Another junior student demonstrated a unique commitment to establishing connected relationships with her teachers and had experienced a sense of connection with all her CNTs, although the degree of connection in these relationships differed. She also hypothesized about the effect of a lack of connection on her clinical learning experience.

Leininger (1994) proposes that, in any qualitative research study, the participants are “the primary gatekeepers and the researcher is the secondary gatekeeper for information” (p. 108). Accordingly, the tasks with which I was confronted in conducting this study were those of understanding the participants’ experience in a way that was credible to them and presenting that understanding in a manner that was comprehensible to others. Completion of these tasks required that I understood the meaning underlying
the language used by participants in relating their stories of connection and lack of connection. To illustrate, during interviews the majority of the participants used the word “professional” to describe the nature of both connected and nonconnected student-teacher relationships, at times modifying it to “too professional” when describing a nonconnected relationship. In this way I became aware that the meaning assigned by participants to the word “professional” differed from one student to another. Clarification regarding the meaning “professional” was sought during the focus group discussion, at which time participants readily agreed on specific characteristics that defined “professional” as a descriptor of the connected student-teacher relationship. Further, the participants agreed that the nonconnected student-teacher relationship was not “too professional” but, in fact, not professional at all. This conclusion was based on their belief that the teacher’s professional role was to support students in learning and, because the nonconnected student-teacher relationship embodied qualities that were felt to inhibit students learning (and were therefore contrary to the teacher’s professional role), it was not a professional relationship in any measure.

Data analysis of the stories shared by the eight participants revealed the following major categories: nature of connection, formation of connection, processes of connection, and outcomes of connection. The students’ stories of connection and lack of connection revealed connection as an interactive and evolving relationship between the student and CNT. Accordingly, categories were viewed as strongly interrelated. In the following chapter, the relationship between these categories and the research question is articulated. Data related to the students’ experience of connection will be presented and, in the belief
that the contrast contributes to the reader’s understanding of connection, the students’
experience of a lack of connection with their CNTs will also be described.

Data analysis revealed two patterns that incorporated the differences between
senior (third and fourth year) and junior (first and second year) students’ experiences of
connection. First, junior students tended to highlight the presence of positive aspects of
the connected student-teacher relationship, such as the egalitarian nature of the
relationship. In contrast, the senior students tended to comment on the absence of the
positive aspects of the nonconnected student-teacher relationship; for example, the
hierarchical quality of a nonconnected student-teacher relationship. The second pattern
was more subtle. In this, junior students’ stories of connection and lack of connection
reflected a dominant awareness of the teacher’s potential power within the student-
teacher relationship. Senior students, on the other hand, conveyed an awareness of the
teacher that encompassed a broader perspective. In this chapter, differences between the
experiences of junior students and senior students will be highlighted. In order to ensure
confidentiality for the two male participants in this study, all students are referred to as
female in the discussion.

**Nature of connection**

My understanding of the nature of connection incorporated the students’
descriptions of the nature of a connected and nonconnected student-teacher relationship,
of how they felt and how they experienced the teacher during those relationships. The
interactive aspects of the students’ experience of connection will be described in the
subsequent discussion of the “processes of connection.”
The nature of the relationship

The nature of the student-teacher relationship was described in terms of the balance of professional versus personal components, the characteristic qualities, and how the student felt during the relationship. The students' stories indicated variations in the strength and duration of student-teacher connection.

Personal and professional components

According to the participants, the connected student-teacher relationship has a personal and professional component which one student described as "getting along as people and getting along as teacher and student." Most participants described the relationship as being "in between a friendship and a teacher-student relationship" and "more than just a teacher-student relationship." The majority of students felt that mutual knowledge of some aspects of the teacher and the student enhanced the relationship.

While in several instances of connection teachers shared information related to who they were as persons, students did not necessarily want or need to know details of the teachers' personal lives. Students did, however, need to have information that allowed the teacher to emerge as an individual rather than retaining the persona of the ubiquitous teacher. One student stated, "It's not so much her personal life, like with her husband, but her nursing experience, her history and her life." Similarly, students believed that the formation of a connected student-teacher relationship was enhanced when the teacher knew something about the student as an individual.

Four participants indicated there were boundaries that defined the balance between personal and professional components in the relationship. One student remarked:
You are going to be together through clinical for a whole semester, which is a pretty big deal, so why not make it a bit personal? I realize there is a line, of course there’s a line.... But I need to feel kind of connected like that.

The presence of appropriate boundaries were considered important to optimal learning. One student stated, “I think when things get too personal, you sort of lose the teacher-student boundary.... It’s never happened to me, but I would imagine that you could get personal things in the way of learning.” Participants indicated that the boundaries in the relationship were often established by nonverbal communication. Boundaries in a connected relationship were flexible and contextually determined. The nature and extent of personal information revealed was determined by the relevance of the information to a student’s learning experience. For example, the student might share intimate details related to a personal crisis if the student felt the crisis potentially interfered with his or her ability to learn in the clinical setting. Participants’ considered it inappropriate, however, for the student to share that same degree of personal information when it was not relevant to their learning experience. In another example of the contextual determinants of sharing personal information, several participants discussed “non-nursing” and personal topics with teachers outside of the clinical setting (e.g., at lunch), but kept discussions in the clinical setting focused on nursing topics.

As noted in previous discussion, students described the connected student-teacher relationship as “professional.” In this context, “professional” indicated the presence of appropriate boundaries, acknowledgment “that your personal life is part of your working life,” a focus on the teaching and learning process, and the teacher working in a manner that facilitated the student’s learning. In contrast, the nature of the student-teacher
relationship in the experience of the lack of connection (initially described as “too professional” or “strictly professional”) was understood to be a relationship which was focused “only on work,” had rigid boundaries, and lacked acknowledgment of the personal aspects of the persons within the relationship.

When I talked to the instructor about my own personal problems, I found the boundaries really, really rigid.... I mean, she was empathetic and she, like she gave me some suggestions and so on, but there was no, there didn't seem to be any connection there. This was her job and that was it.

Another student’s description of a nonconnected relationship conveys the associated separation between the teacher and the student, as well as the focus on “work.”

She's always like so, (whispers) “Let’s keep this strictly professional.” I need some feeling when I'm dealing with people. I think that being strictly, strictly professional, that's not being allowed in.... She's always thinking work, work, work.

Ultimately, the students agreed that the nonconnected student-teacher relationship was, in fact, not a professional relationship in any measure.

**Characteristic qualities**

The participants’ descriptions explicitly or implicitly conveyed the connected student-teacher relationship as egalitarian. The explicit acknowledgment of the egalitarian quality of the connected relationship came predominantly from junior students; for example, one student stated, “It’s not like a hierarchy. You're on equal grounds. They're just someone who is more knowledgeable and you're the one who is learning.” Other junior students suggested the connected student-teacher relationship was “sort of like on a level field,” or a “peer” relationship. Senior students implied that the connected
relationship was egalitarian by the emphasizing the nonegalitarian quality of a nonconnected student-teacher relationship.

The egalitarian quality of the connected student-teacher relationship was promoted by the teacher admitting he or she was wrong or “didn’t know,” the teacher acknowledging the student’s knowledge and contribution, and the teacher including the student as an equal partner in patient care.

It’s a teacher compromising and stepping down one step for you, and you're stepping up one step, so you end up on the same level....You can understand each other clearer, without having the authoritative position of “I know what I'm doing and you don't.”

Both persons were valued within the connected student-teacher relationship. One student indicated this by describing the connected relationship as “people with people.” Another student stated, “There’s still that you’re a student, but it’s a different kind of ‘teacher,’ ‘student.’ You’re both worthy people.”

Participants’ descriptions reflected the student and teacher as co-participants in the connected relationship. The connected relationship required input from both teacher and student, involved “working together,” “finding another person to grow with,” and being equal partners in patient care. Several students described the mutuality of the connected student-teacher relationship; it included mutual understanding, mutual acceptance, mutual growth, mutual respect, and was mutually satisfying.

There was a notable uniformity in the descriptions of the feelings experienced by the participants in their experiences of connection with CNTs. The students described feeling respected, valued and accepted by the CNT within the connected student-teacher relationship. These feelings are congruent with the students’ descriptions of the connected
relationship as egalitarian. All participants described either feeling “at ease” or
“comfortable” with the teacher. For the majority of students, feeling “at ease” with the
teacher was promoted by the student knowing the teacher:

With (teacher’s name), I feel really connected.... She’s great, and sharing
personal experiences like, she’d tell you stories from her own life, you
know. I think that’s important when you’re first getting to meet
someone.... It puts me more at ease.

One student reflected on her lack of “ease” when she did not know the teacher: “It’s hard
having it (knowing) one-sided because ... I feel a bit vulnerable when they know about
me but I don’t know about them....”

Most participants described feeling capable, confident or having an increased
positive self-regard as an integral part of the experience of connection. For example, one
student who had, in previous clinical learning experiences, lacked confidence regarding
her ability in the clinical area, directly attributed her connected relationship with the CNT
with making her feel “good enough to be there (in clinical).” Another student linked her
increased self-regard with her level of comfort with the teacher: “When I had this
(connected) relationship with this clinical instructor.... it makes me feel successful, and I
think I do things better, because I go into them feeling more comfortable.”

The nature of the nonconnected student-teacher relationship contrasted sharply
with the nature of the connected student-teacher relationship. Students described the
nonconnected relationship as encompassing a strong sense of hierarchy, of difference
between the teacher and student roles related to the formality of the relationship, of
difference in the knowledge level of the teacher and student, and a focus on the student’s
performance. In the nonconnected relationship, the teacher was perceived as distant and
closed; co-participation and opportunity for the student to be actively involved in shaping
the teaching and learning process were absent or minimal. One student who had not
experienced a nonconnected relationship in the clinical setting, hypothesized about the
experience based on her experience of a lack of connection with a classroom teacher:

I'd be, I would not be fake but I would play my role as a student, you know, just
like she's playing the role of the teacher... We're not really ... people. We're not
two individuals trying to work this thing out.

The feelings that participants described in association with their experience of a
lack of connection with CNTs were, to a large extent, the mirror image of those described
in the experience of connection. Students described feeling disrespected and not valued in
the nonconnected relationship. They recounted feeling vulnerable, powerless, anxious,
and intimidated. In describing a nonconnected student-teacher relationship, one student
remarked that she was “always afraid” during a clinical learning experience. In response
to my query regarding of what she might be afraid, the student stated, “Of her (the
teacher) yelling at me, or belittling me, and just getting into trouble.”

Of the several students who described feeling watched, tested or evaluated in a
nonconnected student-teacher relationship, one student linked her fearfulness with feeling
watched: “I was so afraid there all the time, stepping on egg shells and, you know, you
shouldn’t feel that your instructor is out to get you, or to nail you on a mistake.” For
another student, the feeling of being watched was linked to the nature of the teacher’s
feedback: “She never said, ‘That’s good,’ you know, ‘You did a good job....’ So then I
just felt like she was watching all of my little mistakes.” In another instance, the student’s
feeling of being judged and watched was such that she described feeling “targeted by the teacher.”

Students in nonconnected relationships described experiencing varying degrees of low self-regard as a person, as a student and as a nurse, and often associated this with the teacher’s actions. For example, one student stated, “(It was) just her manner.... I never felt like I could accomplish anything while she was there. I felt bad about myself when I was with her.” Another student commented, “She’d (the teacher) be saying things ... and just making you feel terrible about what kind of nurse you were.”

Variations

The students’ descriptions of their experience of connection with the CNT indicated that connected student-teacher relationships had varying durations. For the majority of participants, the relationship either ended or was maintained “on a casual basis only” after the clinical learning experience finished. Three students, however, described maintaining significant contact with a CNT with whom they had felt connected, as long as 18 months after the completion of the clinical learning experience. One student stated that she was “still friends” with the teacher, “sees her on a social basis” and “calls her for advice.” The two other students maintained a less frequent, more nursing-focused contact with a previous teacher, in spite of the fact that she is no longer employed as a teacher at the university. In an interesting exception, one student explained why she no longer sought contact with CNTs with whom she had experienced a sense of connection: “Because, you know, it’s not my time to be with them right now, because they have their own students and, you know, I had my time with them.”
Participants indicated that a connected student-teacher relationship occurs in varying degrees. It fluctuates over time, in a similar way that any relationship has an ebb and flow. Thus, the student's sense of connection with the teacher may be stronger at one point in time compared to another moment. The degree or strength of connection described by the students varied from student to student, and varied for each student from one student-teacher relationship to another. There appeared to be many factors associated with the variations and it was not always possible to determine exactly which factors accounted for the differences between specific experiences of connection. In some instances, students linked the variation in the degree of connection to the effect of specific factors, such as the teacher's credibility, the teacher's personal attributes, the degree to which the student knew the teacher and the teacher's responses to the student during the teaching and learning process. These factors will be described in the subsequent discussion of "formation of connection."

Lack of connection in the student-teacher relationship also occurred in varying degrees. Two students described student-teacher relationships in which they had experienced a very strong lack of connection with the CNT. One of these students described her experience in a nonconnected student-teacher relationship as "brutal." Other students described nonconnected relationships that were less pronounced, as evidenced in this student's comment about a teacher with whom she had not felt connected:

At the end of the term, the "intimidating instructor" had us over for dinner at her house. You know, it wasn't a bad relationship. She had us over for dinner and we were all sitting around in her living room, and it was still "teacher," "student." Even in a social situation, that didn't go away.
Some participants related situations where they or others did not feel connected to the teacher but "tolerated" him or her. For example, one student stated, "I know they didn't really like her very much and weren't connected with her, but they put up with it and they didn't mind it." It appears that tolerating the teacher may be a variation in lack of connection.

In summary, the participants' stories of connection with their CNTs conveyed a clear sense of the significance of these relationships to them. Students depicted the connected student-teacher relationship as one that was egalitarian, valued and respected both persons, supported co-participation in the learning process and included a high degree of mutuality. In sharp contrast with the fearfulness and anxiety that often characterized their nonconnected student-teacher relationships, all students described feeling "at ease" in a connected student-teacher relationship. The students' feelings of "ease" and positive self-regard conveyed a sense of connected student-teacher relationship as a safe environment which affirmed them as persons, learners and nurses, and supported their learning experience. In keeping with the patterns in the differences between junior and senior students' experiences of connection, junior students found the egalitarian nature of the connected relationship noteworthy, whereas senior students commented on the hierarchical nature of the nonconnected relationship. The students' experiences of connection with the CNT reflected various degrees of intensity and duration which were attributed to a variety of factors.
The teacher in the experience of connection

The participants’ stories provided insight into how the student experienced the teacher in a connected and nonconnected relationship. The teacher’s way of being and the teacher’s way of teaching emerged as key determinants of the students’ experience of the teacher in connection.

Teacher’s way of being

The descriptions of all participants revealed the teacher in a connected student-teacher relationship as present in the role of a “helper” and “supporter” of the student’s learning experience in the clinical setting.

It was more like she was just really helping you. She wasn't your teacher, she was helping you. It didn't make me feel, I should do this right because if I don't, I'll get punished. It made me feel I should do this, and if I don't know ... she will help and she'll point it out for me.

Many participants emphasized the extent to which the teacher acted as a helper and supporter of their learning. One student stated, “If you had problems or anything, she always was willing to help, and always willing to do whatever it took.” Another student noted that the teacher offered help to “shy students” who “wouldn’t go to her (the teacher).”

The teacher’s actions as a helper promoted the students’ feeling of being “at ease” with the teacher and their perception of the student-teacher relationship as egalitarian.

One student explained:

When she was watching me do a skill, I never felt nervous. I never felt uncomfortable. I just felt like I had support.... I felt she was there to help me but more on an equal level as people, rather than “teacher,” “student.”
The students' perception of the teacher as a helper was often contrasted with the teacher in the role of evaluator: "She was more there to help rather than judge." The lack of predominance of the evaluator role in a connected relationship supported the students' feeling of being "at ease" with the teacher.

All junior students and one senior student described the teacher in the role of advocate in a connected student-teacher relationship. The remainder of the senior students commented on the teacher's lack of advocacy in nonconnected student-teacher relationships. Students described the teacher as "being there for the student" and as "the one person you have that is on your side." Three students explicitly linked the teacher as an advocate with the presence of connection in a student-teacher relationship. For example, "I think that's part of connectedness, that they go to bat for you, not just because they have to, but because they truly trust you and your judgment ... or they'd at least hear your side of the story."

The teacher in the connected student-teacher relationship was frequently described as "available" to students. The teacher's actions that supported the students' perception of the teacher as available included the teacher spending time with students, being willing to talk and providing opportunities for the student to talk, and being empathetic. One student's description of the teacher spending time with her following a distressing situation with a patient in the clinical setting, conveys the significance this teacher's action:

My instructor sat down with me and we had a long talk about it. She was very empathetic ... and said, "It's normal to feel that way"... She really commended me and affirmed my feelings. She spent the time, like we were sitting there for a good forty-five minutes to an hour just talking about it, and that really helped me."
In contrast, the participants described the teacher in a nonconnected student-teacher relationship as not supportive, not an advocate, and not available. One student interpreted a lack of effort by the teacher to establish a “positive learning environment” by “generally being nice” as a lack of willingness to support her learning. Another student interpreted the teacher’s formal demeanor and lack of genuineness in her invitation to approach her regarding learning concerns as not supportive of the student’s learning: “She always kept to herself.... She would do everything by the book.... She’d say, ‘You can come and see me’ and everything, but ... I could tell that she was not really interested.”

One student believed that the teacher should have acted as an advocate for her when a physician had acted in what the student had perceived as an inappropriate manner. The teacher’s lack of advocacy in this instance moved the previously tenuous student-teacher relationship to a nonconnected relationship.

My instructor came up to me and she said, “Well, for a surgeon to say something like that, it must have been pretty bad,” and she just didn’t advocate for me at all. There was absolutely no advocacy, nothing. She basically didn't listen to my side of the story.

Teachers in nonconnected student-teacher relationships were described as either physically or emotionally not available. One student explained that when she did not see the teacher “as much in clinical as I would like” or when “you can just see that there’s an expression on their face and they don’t want to talk,” she was unable to establish or maintain a connected relationship with the teacher. In recounting an experience in which she had not felt connected with the CNT, another student recalled how the teacher had
expected the students to come to her in the "med. (medication) room" if they needed help. This teacher's behavior made her physically unavailable to the extent that the student recalled, "I can remember going whole days without seeing her."

**Teacher's way of teaching**

The participants stories reflected consistent characteristics in the teaching style of connected and nonconnected teachers. The stories of all participants portrayed the connected teacher as coaching and guiding students in the learning process. For example, one student described the teacher allowing her time to think when she was unable to answer a question, and verbally guiding her to the correct answer. Several students recounted the teacher "walking" them through the psychomotor skills they were learning: "She'd be right there walking us through (a skill).... She'd be there in a supportive role, 'Okay, do this next, now do this, or pull the drainage tube, etc., etc.'" The teacher also guided the students' learning by providing gradually less structured learning experiences, as illustrated in this student's comment: "We would watch her (the teacher) conduct the interview, and gradually she would let us do it, and if we're missing something, she'll come on in."

Students believed that, in connected student-teacher relationships, the teacher provided more learning opportunities for the student. In exemplifying this, students invariably cited the teacher's willingness to teach them whatever psychomotor skills they required to provide care for an assigned patient, regardless of whether it was "according to the curriculum." One student explained, "She teaches when needed, she can read (the
situation) and see when it (teaching) is needed.” The teacher’s willingness to respond to the students’ learning needs in this manner supported student-teacher connection.

Students indicated that the teacher’s ability to respond their learning needs as they progressed through the undergraduate program was important to the formation of connection. During the focus group, senior students compared their experiences of connection across the years they had been enrolled in the undergraduate nursing program. They considered their experiences of connection in relationship to their learning needs, indicating that their learning needs and, therefore, what they required from the teacher in terms of feedback and support with their learning, had altered over the years. Senior students recalled feeling “really scared,” and “being worried about doing it right” during the first year of the program and, consequently, had needed the teacher to provide “reassurance they were on the right track” and to provide positive feedback. The senior students described a shift in their learning focus from “how to do things” and “why we do things” in the first and second year of the program, to a “more integrative,” and “more global” focus that included “psychosocial and emotional issues” and “client, family and community experience” in the third and fourth years of the program. The change in focus required a different type of support from the CNT:

I feel I need a lot more support to deal with the emotional issues that I’m now expected to face....You have to be able to talk them through with an instructor ... and you have to have someone who is open to exploring that with you.

The participants agreed that the CNT’s ability to respond to their learning needs fostered student-teacher connection, but also believed that the presence of student-teacher connection enabled the CNT to respond to their changing learning needs.
The teacher in the connected student-teacher relationship teaches the art, as well as the science, of nursing. Many students emphasized the teacher's ability to teach "more than the technical aspects of nursing." One student believed that a connected student-teacher relationship supported learning about nursing in a broad perspective:

"Connectedness is very important, because how else is a student going to learn all the relevant factors in that (clinical) area." In their descriptions of connected relationships, three students noted that their observations of how the teacher acted with the patient had contributed to their learning. For example, one student stated:

When she's with a patient, she'd always smile, and hold their hand, and do little things that I know would make me as a patient feel good. So that example gave me more.... She gave me that, you know ... this is how it's done right, and (it) made me communicate better with my patients.

According to some students, the teacher in the connected student-teacher relationship also promoted development of skill in clinical decision making:

You learn it from being there, and being with a teacher who will allow you to do that.... give you the opportunity to make decisions. Because this is what it (nursing) is all about, making lots and lots of decisions.

The teacher's way of teaching in the nonconnected student-teacher relationship contrasts sharply with that described in the connected student-teacher relationship. Students' stories revealed the teacher's predominant style as one of "constantly critiquing" the student and asking questions assess the student's knowledge level. Several students indicated that the teacher in a nonconnected relationship was not able to recognize or respond to their learning needs. For example, one student stated, "I asked her to be there with me, and she took over.... I didn't like that because you don't learn."
The participants indicated that the teacher in the nonconnected student-teacher relationship taught within a narrower perspective of nursing than the teacher in a connected relationship. Several students noted that the teacher in the nonconnected relationship was often “good at teaching skills” and “making us think about physiology,” but either did not focus on, or was not able to teach about, “emotional aspects of nursing,” such as nursing in a caring manner, and supporting grieving families and seriously ill patients. One student questioned if it was possible to learn about the emotional aspects of nursing in the absence of student-teacher connection:

In nursing, there's all these kinds of different types of care.... There's the nonverbal behavior, there's the caring aspect, the grief ... and the emotions. In an instructor-student relationship, if there's no connectedness, how is the instructor going to teach me to be sensitive to these areas?

In some instances, the teacher in a nonconnected student-teacher relationship did not appear to take an active role in the provision of patient care. One student described a CNT who “sat in the ‘med.’ (medication) room” and asked the students to come to her one at a time and talk about their patients. Students were also instructed to go to her if they needed her “to do a skill.” Another student suggested that the nature of the questions the teacher asked during a discussion about her patient limited the student’s learning:

It’s just regurgitating back biology.... I wrote everything down. And then when she asked about it, I'd take out my cue card and I'd read it to her, and she'd say “OK.” It was straight out of the text book, so it.... wasn't like pulling in, thinking things through.

The student continued by suggesting that, if the teacher had “thrown in something to make you think,” she would have learned more.
In summary, the participants in this study experienced the teacher in a connected student-teacher relationship as available, as a helper and supporter of their learning, and willing to act as an advocate as required. The connected teacher, acting as a coach and guide, supported learning in a broad perspective of nursing by participating in patient care, focusing on more that technical aspects of nursing, by providing opportunities for students to develop process skills such as organization, communication and clinical decision making, and by recognizing and responding to the students’ learning needs regardless of their year of study in the undergraduate program. In short, the teacher in a connected student-teacher relationship supported the students’ development as a nurse.

**Formation of connection**

The formation of connection between the student and the CNT emerged as a highly interactive and dynamic process that was influenced by multiple factors related to the inherent individuality of the two persons who came together in the relationship. The participants’ stories revealed that factors related to the student and teacher as persons, learner and educator, and as nurses, influenced the students’ desire to seek connection, the formation, and the perpetuation of a connected student-teacher relationship. Because the student-teacher relationship involved two individuals coming together for a common purpose, the interaction between the factors that related to the individuals, or the “fit” between the two persons, was also an important influence on the nature of the ensuing relationship. The following discussion describes the influence of student-related and teacher-related factors, as well as the “fit” between the student and teacher, on the formation of a connected student-teacher relationship.
Student

Factors related to the student influenced the students’ expectations regarding student-teacher connection, the students’ desire and ability to connect, and their experience of student-teacher connection. Although the factors students described are categorized as relating to the student as a person, as a learner, and as a nurse, it is important to note that they are interrelated. For example, a student’s personal attribute of shyness and lack of self-confidence will affect not only her willingness to seek connection with her teacher, but also her expectation of that teacher and the student-teacher relationship.

Student as person

The participants’ stories of connected student-teacher relationships revealed that students seek connection with the CNT for reasons related to their personal values. Three students stated that establishing relationships with others was very important to them in their lives and, therefore, they embraced connected relationships with teachers. One student described a connected student-teacher relationship as “more rewarding” because of its personal involvement, and noted that this was her reason for seeking connection with her CNTs.

A student’s self-perception, including his or her self-confidence and level of anxiety, influenced the likelihood of a student forming a connection with the teacher. One student remarked, “I think people that don't have confidence in themselves and they're too introverted ... those people can't make connections with the teacher.”
Similarly, a student’s ability to resolve conflict within a relationship was identified as an influence on the formation and maintenance of connection with a CNT. One student indicated that she was reluctant to confront a teacher regarding any aspect of the student-teacher relationship or learning process, noting that she “didn’t like to ruffle any feathers, especially with people of authority.” In contrast, another student stated she would always try to resolve a lack of connection by either “talking to the teacher” or seeking “a mediator” if she was unable to resolve the conflict herself because this was her usual style of responding to conflict with others.

Student as learner

Participants described reasons for seeking connection with their CNTs that related to their role as learner. Two students suggested that connection facilitated learning because it allowed a “comfortable sharing of knowledge and experience.” One of these students explicitly valued connected relationships with her teachers and invested significant energy into forming a connection with a teacher. She had established a pattern of meeting with her teachers prior to the beginning of a course when she was in high school, and continues to do this in her nursing education. She believed this practice facilitated the formation of connection with her clinical nursing teachers.

I've always had that connection because I like to talk to them (the teacher) one-on-one. So I go to their office and I get their background ... I like to develop that rapport first rather than just go right into clinical, (and have the relationship be) “You're my clinical teacher. I'm the student....”

Another student specifically sought a connected relationship with the CNT as she believed it provided a source of support in her learning that helped her cope with the rigors of nursing education.
Participants revealed several personal beliefs about learning that influenced their expectations of the student-teacher relationship and their learning experience in the clinical setting. The students’ stories reflected beliefs about the process of learning (e.g., “learning includes making mistakes” and “learning is putting it all together”) and beliefs about the student’s responsibility in learning, such as the need for the student to assume responsibility for his or her learning. Several participants also expressed a belief in reciprocity in the learning process, noting that teaching and learning “goes both ways”; that is, from teacher to student and from student to teacher. One student revealed her beliefs regarding the content that is included in nursing education: “What is taught in nursing is guidelines, not rules,” and “Nursing education involves learning all the possible options and knowing how to choose the best option in a situation.” The effect of these beliefs is most apparent in the context of the ‘fit’ between the student’s expectations and the teacher’s expectations, which was identified as an important influence in the formation of connection.

The majority of participants acknowledged that they held specific expectations regarding the teacher. These expectations included the teacher as being able to present information logically and clearly, patient and allowing the student time to think through answers to questions, a coach when the student is learning skills, and trusting the student “to a degree” at the beginning of the student-teacher relationship. Absence of these teacher behaviors diminished the likelihood of the student experiencing connection with the teacher. In the focus group, students agreed that negative expectations regarding teachers, formed on the basis of information shared through the “student grapevine,” were
difficult to put aside when the student was actually forming a relationship with a CNT and, therefore, could inhibit the formation of a connected student-teacher relationship. In comparison to junior students, senior students articulated a greater range of expectations regarding the teacher. This is congruent with the pattern in which the senior students appeared view the teacher in a broader perspective than that of junior students.

The participants’ stories also reflected expectations regarding the initiation of a connected student-teacher relationship. During the focus group, the students confirmed that the teacher and student share responsibility for initiating and maintaining a connected relationship. Senior students suggested, however, that the distribution of the responsibility for initiating the relationship varied, depending on which year of the program the student was enrolled. In the focus group discussion, the senior students related that, in the first and second years of their education, the teacher’s “invitation to connect” had been the primary initiating force in establishing a student-teacher connection. In the later years of their program, however, these students frequently initiated the process of establishing a connected relationship with the teacher. One junior student presented a different opinion, vividly portraying her own sense of responsibility for initiating a connected student-teacher relationship: “I find that if you start building your bridge, if you initiate it, the teachers, they're glad to come and meet you.” It appears, therefore, that the degree of responsibility the student assumes for initiating the student-teacher connection cannot be completely explained on the basis of the student’s year of study in the undergraduate program, but may be also related to learner maturity and personal beliefs.
The majority of participants commented on their preferred style of learning. Several students indicated a preference for interactive or active learning. One student noted her need "to do it in order to learn it" in the clinical setting, while another student stated that asking questions was important to her learning. Listening to stories, primarily from the teacher but also from other students, was a preferred way of learning for many students.

Several students expressed an awareness of learning needs related to their level of skill, ability and confidence. Specifically, these included the need for encouragement and positive reinforcement, the need for supervision with skills and confirmation regarding the choice of nursing actions, and, for one student, the need for the teacher to give her "space" to take care of patients. The formation and perpetuation of connection was supported by the teacher's awareness of and respect for the student's unique learning preferences and their learning needs.

Previous experiences with other clinical teachers influenced the students' desire to seek connection with a CNT. For example, one student described "taking a long time to recover" from what she described as a "brutal" nonconnected relationship with a CNT. In a preclinical meeting with the teacher, this student had revealed her need for encouragement and positive feedback to counter her lack of confidence during clinical learning. During the clinical learning experience, the student perceived the teacher to be nonsupportive and stated that she felt the CNT "preyed on" her, "taking advantage" of her previous disclosure regarding her lack of confidence. This student stated she was cautious
about trusting CNTs she encountered after this experience and, consequently, delayed seeking connection until she felt she could trust the CNT.

The students’ perception of the purpose of clinical learning was an influencing factor in the formation of a connected student-teacher relationship, as it formed the perspective from which the students viewed the CNT and the teacher’s actions. Participants viewed learning in the clinical setting as an important and relevant part of nursing education. In their perception, the purpose of clinical experience changed over the course of the program. First year was viewed as an introduction to nursing: “(In) first year you’re just getting used to the ward, getting used to the hospital setting, what it’s like to actually be there - that's what I think the purpose of clinical is in first year.” Second year appeared to be focused on learning skills, after which the focus of learning became increasingly integrative.

In first year and second year, it was more of a narrow focus. It was all interventions. And then third and fourth year, you're more global in your thinking. You're thinking family, community, psychosocial and emotional issues.

Students required a different kind of support from teachers as their focus in clinical learning changed. The ability of the teacher to recognize and respond to the student’s changing learning needs was very important to the formation and maintenance of student-teacher connection.

Student as nurse

Participants described reasons for seeking connection that were related to their role as a nurse. Four participants stated that connection was central to nursing, reasoning that because nursing is about working with people, it provides unique opportunities to
connect with other people. These participants believed the student’s ability to form a connection with the CNT was a measure of the student’s ability to form essential connections with patients and other health care team members.

... those people that can't make connections with the teacher.... I don't think they can be really effective nurses because you have to connect, it’s all about people. I think it’s totally about connections. It’s totally about how you can make connections with staff, with your co-workers, patients, with doctors. It’s all about that and if you can't do that, then it’s really, really tough.

In addition to sharing their perception that connection is central to nursing, three students disclosed a perception of nursing as “emotional, personal” and believed that student-teacher connection was an essential “coping mechanism” in learning to be a nurse. One student stated, “For me, nursing is a really personal thing and when you are a nurse, you bring up so many personal issues.... It affects me so personally that I want to be able to talk about that with my instructor.”

In some instances, the nursing staff in the clinical area influenced the students’ relationship with their teachers. Three participants either validated their perceptions of the teacher, or were influenced in their perception of their teacher, by the response of the nurses on the clinical unit to the teacher.

Thus, the students described beliefs, expectations, learning preferences and needs, and previous clinical learning experiences that influenced their desire to seek connection with the CNT and, consequently, the formation of a connected student-teacher relationship. In some instances, the students’ relationship with the CNT was influenced by their interaction with the nursing staff in the clinical area.
Teacher

The participants’ stories revealed many factors related to the teacher that influenced the students’ desire to connect with the teacher and the formation of a student-teacher connection. As with the student-related factors, the teacher-related factors are interrelated. For example, the teacher’s self-confidence as a person may contribute to the teacher being open and approachable, which in turn conveys the teacher’s willingness to engage in open dialogue with the student during their learning experience. The teacher-related factors determine the teacher’s way of being and teaching and, therefore, are also related to the students’ experience of the teacher in connection.

Teacher as person

Personal attributes of the teacher that increased the students’ desire to seek connection with their CNTs included the teacher being open, approachable, nonauthoritarian, nonjudgmental, and accepting. These attributes contributed to what one participant described as “an aura that invites the student to connect.” Connection was more likely to occur when the student perceived the teacher as patient, respectful and sensitive during interactions with the student. Additionally, the formation of connection was supported by the teacher being physically and emotionally available to students; for example, being genuine in his or her presence, spending time with students, and providing opportunities for students to talk about nursing and non-nursing topics. The students’ desire to connect was increased when the teacher was self-confident, enthusiastic about nursing and learning, and positive in his or her demeanor.
In contrast, the students' desire to seek connection with the CNT was diminished when they experienced the teacher as not open or not approachable. One participant described a feeling in a nonconnected student-teacher relationship of “not being allowed in,” while others described the teacher as being distant or detached, and not genuine. In some stories of nonconnected student-teacher relationships, the participants described the teacher as “always the teacher,” implying that the teacher was not apparent or present as a person in the relationship. One student indicated the importance of the student having a sense of the teacher as a person to the formation of student-teacher connection: “How can you have a connection with someone who you don't really feel is a person?”

Students were disinclined to seek connection with the teacher who they experienced as intimidating, authoritarian, judgmental or nonaccepting. Students described some of the teachers they had experienced in this way as “always watching,” “eyeing us like a hawk,” and “constantly watching us.”

Some aspects of the teacher’s personality, such as being strong-willed and serious, and using humor inappropriately, inhibited a formation of connection. Some students, however, described the teachers with whom they had experienced a lack of connection as friendly and “a nice person,” suggesting that the teacher’s personal attributes are only part of the factors that influence the presence or absence of connection.

Differences were apparent in personal aspects of the teacher identified by junior and senior students as influencing the formation of connection and their experience of connection in the student-teacher relationships. Junior students most often described personal aspects of the teacher that related to the power distribution in the relationship
(e.g., whether or not the teacher was judgmental or authoritarian, and the degree to which
the teacher “invited” connection). In contrast, senior students tended to comment on how
the teacher presented him or herself (genuine, positive, confident) and how the teacher
was “with” the student, for example, patient and sensitive. These differences contribute to
the pattern in which the junior students appeared to have a more focused perception of the
CNT that that of the senior students.

Teacher as educator

Factors related to the teacher as educator that influenced the students’ desire to
connect, the formation of connection and the students’ experience of connection included
the credibility of the teacher, the role(s) the teacher assumed, the teacher’s confidence as
a teacher and the teacher’s expectations.

Perceiving the teacher as credible was important to the formation of student-
teacher connection for all participants. Students formed conclusions regarding the
teacher’s credibility on the basis of their perceptions of the teacher’s knowledge and
skills, the extent to which he or she was “aware of what was being taught in theory,” his
or her ability to teach, and his or her “background and credentials.” Three participants
specifically ascertained details of the teacher’s “background and credentials” during
preclinical interviews, as part of their effort to form a connected student-teacher
relationship. Although all participants indicated that the teacher’s knowledge level
influenced their desire to connect with the teacher, it was apparent that knowledge level
alone did not determine the presence or absence of connection. Students described both
teachers with whom they felt connected and teachers with whom they did not feel
connected, as knowledgeable and "having good credentials." In one instance, the negative influence of the teacher’s lack of ability as a teacher offset the potentially positive effect of her knowledge, and resulted in a lack of connection: “I do know her background, her knowledge. She's, oh she's got so many credentials, but she can't come across as an effective instructor.... So in terms of the connectedness ... No, it's not there.” In other instances, how the teacher incorporated his or her knowledge within the teaching and learning process appeared to be a greater influence on the formation of connection than the teacher’s actual level of knowledge. The students’ desire to connect with their CNTs was enhanced when the teacher did not use his or her knowledge as a means of creating a hierarchy in the student-teacher relationship:

If they (teachers) come and share their experience in a way that is, “I can help you learn” and not in a way that is, “I know so much more than you do”.... Then it really helps (form a connection).

The predominant role assumed by the teacher influenced the formation of student-teacher connection. As previously noted, students consistently described teachers with whom they experienced a sense of connection as being there to help and support their learning, and to act as an advocate for them. In contrast, the teacher in a nonconnected student-teacher relationship was invariably described in the role of an evaluator.

In another example of the senior students’ broad perspective of the CNT, three senior students’ noted that the teacher’s confidence as an educator influenced the formation of connection, indicating they were less inclined to seek connection with a teacher who appeared to lack confidence. In describing a nonconnected student-teacher relationship, one participant attributed the teacher’s creation of a hierarchy in the
relationship to the teacher’s need to compensate for a lack of self-confidence: “She was a new instructor. So I think she made it a point to kind of tip the scales toward “teacher,” “student”... I think she needed to do that for her own confidence.”

Students indicated that the nature of the teacher’s expectations of the student and whether or not the expectations were conveyed influenced the formation and perpetuation of connection. The student’s perception of the teacher’s expectations was important. Students were more likely to seek connection when they felt the teacher’s expectations were realistic and negotiable, whereas connection was not sought when they felt the teacher presented expectations that were “too tough,” inflexible and non-negotiable. Students were also less inclined to seek connection with teachers that they perceived as being “too lenient.” According to students, reasonable teacher expectations included “being prepared, working hard, doing your best.”

The formation of student-teacher connection was inhibited when a teacher did not convey his or her expectations clearly to the student. One participant described a situation in a preclinical laboratory in which the teacher “punished” students who had not completed a prereading, without previously having established expectations regarding completing prereading. Although this student was not among those “punished,” she stated that this incident diminished her trust of this CNT and felt that the episode was formative in the lack of connection she experienced with this teacher during the subsequent clinical course.
Teacher as nurse

The teacher’s clinical experience prior to teaching was referred to by four participants as an important influence on their desire to connect with the teacher. These students appeared to value teachers with significant current clinical experience, indicating it was an important source of nursing knowledge, that it enhanced the teacher’s credibility and effectiveness as a teacher. One student commented:

I once had an instructor who went straight into teaching from her master’s (degree), right from the (undergraduate) degree, and she really didn't have a whole lot of experience to offer. I've also worked with instructors who have just been everywhere, and they've done everything, and I learned so much more from them.

Another student shared a similar belief: “There are some things that an instructor can teach us that is not theory bound, it's nursing bound ... it's clinical.”

Interestingly, two students felt the recent graduation of the teacher (and therefore less clinical experience) was an asset, as it resulted in the teacher being more in touch with the student role. One of these students, however, weighed this benefit against the perceived lack of knowledge of a novice clinician:

We had a young instructor ... it was neat in some ways and questionable in others. Neat because she, she too was young. She knew what we were going through.... However, when it came to knowledge, applied skills and applied clinical theory, when she would be testing us or drilling us and we'd be coming back with answers or, you know, talking about some disease or what not or medication, it would seem that when we were explaining it, that she didn't know what it was and we're teaching her.

In describing a CNT who also worked as a staff nurse on a medical floor during her tenure as a CNT, one student stated that the currency of the teacher’s practice enhanced her effectiveness as a teacher: “And another part of it was that she was actually
working.... She’s working on the ward at the same time as teaching us, so she knows exactly what goes on.”

One participant suggested that the teacher’s participation in ward activities conveyed the teacher’s confidence and competence as a nurse. This enhanced the students’ perception of the teacher’s credibility and increased her desire to connect with the teacher. In contrast, another student attributed the teacher’s constant consultation of ward staff on “trivial matters” to a lack of self-confidence as a nurse. This teacher’s lack of confidence diminished the student’s perception of the teacher’s credibility and made it difficult for the student to maintain her self-confidence as a student and as a nurse. Ultimately, the student chose to avoid the teacher and thus forgo a connected relationship.

According to the participants in this study, personal attributes of the teacher (e.g., openness, approachability, patience, sensitivity) as well as factors related to the teacher as an educator and nurse (e.g., knowledge, clinical nursing experience, expectations, confidence level and predominant role) influenced the formation a connected student-teacher relationship.

The ‘fit’

The connected student-teacher relationship required that two individuals work together toward the common goal of the students’ learning. The very act of the student and teacher coming together in a relationship creates an interface between student-related and teacher-related factors. The ‘fit’ between the factors related to the student and teacher
as persons, learner and educator, and as nurses was an important influence in the formation and perpetuation of connection.

The fit between the personal aspects of the student and teacher, such as personality, interests, experiences, communication styles, backgrounds and values, influenced the formation of connection. Personality, including each individual’s sense of humor, was noted to both support and inhibit connection. One student’s desire to connect with a CNT was fostered by a shared sense of humor; however, she noted that this situation was not shared by all students in her clinical group:

Her (the teacher) sense of humor and mine, they match. I know there’s some people in my group that kind of thought at that time she’s probably a little bit inappropriate, but I don’t know, we got along really well.

Another student acknowledged the influence of the fit between the student’s and teacher’s personalities in the formation of the connection: “With me and (the teacher) I think a lot of, a large part of it, was that our personalities clicked.” In contrast, another student related the teacher’s personality and humor as strong influences in the lack of connection she experienced in that student-teacher relationship: “It’s just her teaching style, her as a person and her personality.... And she had this dark humor sarcasm bit.”

In an interesting variation, three participants related how a match between the teacher’s and student’s personality resulted in a lack of connection in the student-teacher relationship. In these instances, the lack of connection occurred in a relationship in which the teacher and student were both persons who, by virtue of their personality, did not seek connection: “I think you can have that ... relationship where it’s just kind of “student,” “teacher” and you just respect that. That’s all a teacher can offer you and that’s all that you
can offer the teacher.” The lack of connection in this situation is remarkable as it appears to be acceptable to both student and teacher. Acknowledging the possibility of a mutually acceptable nonconnected student-teacher relationship highlights the fact that the students’ experiences of a lack of connection described in this study occurred at times when they would have preferred to be in a connected relationship with the teacher. It also raises the possibility that all students do not desire connection with the CNT.

The students’ desire to seek connection with the teacher was enhanced when the student and teacher held common interests. For example, one student recognized the importance a mutual interest in holistic health practices to the formation of a connected student-teacher relationship with her CNT:

She started out by (saying) how she was into all this holistic stuff, so I'm like, I hope I get her.... That made a difference, I think. I mean, it might not have made a difference for people that are not interested in it, but I've been doing healing for like over a year now.

Similar backgrounds, religious preferences, similar expectations, and similar communication styles (e.g., the use of touch and expression of emotions) also enhanced the formation of a connected student-teacher relationship. Thus, a number of personal qualities were identified as influencing the ‘fit’ between the student and the teacher and, consequently, the formation of a connected student-teacher relationship.

The ‘fit’ between factors related to the student as a learner and the teacher as an educator also influenced the formation of connection. The majority of participants recounted the influence of the ‘fit’ between the teacher’s style of teaching and the student’s preferred learning style. For one student, this was the strongest influence on the
sense of connection she had with the CNT: “I think it was just how she taught and how I liked to be taught.” Another student stated:

I like how she trusted me in a way, like she would check up on me but not constantly.... If I made a little mistake, she would always point it out and then that was it.... It made me feel good, because I need that, I need that space, I need that trust.

Several students experienced a lack of connection when the teacher’s style of teaching did not fit with their preferred style of learning.

I guess it’s just her teaching style, her as a person and her personality. I don't understand it. She talks in some professional nursing jargon, and I just can't understand her. You ask her a simple question and she'll come out with a whole bunch of things.

When the expectations of the student and the teacher were not matched, the student’s desire to connect diminished. Three students explained that while they expected to “work hard” during their clinical learning experience, they had encountered CNTs who had “extremely high” or “unfair” expectations of them. In each of the situations the students had not experienced a connected relationship with the CNT.

Recognizing shared experiences as nurses also promoted student-teacher connection. For example, one student noted that the teacher’s willingness to admit having made the same mistakes or having similar experiences with patients in his or her nursing career, increased the student’s feeling of connection with the teacher.

In summary, students seek connection for a variety of reasons related to who they are as persons, learners and nurses. They bring to the student-teacher relationship, beliefs and expectations about themselves, the teacher, learning, and the student-teacher
relationship, as well as previous learning experiences that influence the likelihood of connection occurring between the student and teacher.

Similarly, attributes related to the teacher as a person, an educator and a nurse, influence the formation of connection. According to the participants, the formation of connection is supported by a variety of personal attributes including the teacher being open and approachable; patient, respectful and sensitive; genuine and available; confident and enthusiastic about nursing and learning. Students indicated that they are more likely to seek connection when they perceive the teacher’s expectations as realistic and negotiable, and when they perceive the teacher as credible, clinically current, and willing to help and support them in their learning.

The ‘fit’ between the student and the teacher in their relationship influences the formation of connection. Thus, one student’s experience of connection or lack of connection may or may not be shared by other students who have a relationship with the same CNT. Similarly, student-teacher connection occurs in varying intensities and durations. Although students named the ‘fit’ of specific factors such as personality, teaching and learning style, background and interests, as key influences in the formation of their connected student-teacher relationships, it is rarely possible to isolate the influence of any one factor in a given situation. Rather, the effect of the influencing factors appears to be the result of a complex interaction of aspects that comprise and influence the individuals who come together in the student-teacher relationship and, therefore, influence the formation and maintenance of student-teacher connection.
Finally, differences emerged in the factors that junior and senior students described as influencing the formation of connection. Senior students appeared to have a broader perception of the teacher as an educator and nurse, highlighting details related to the teacher’s presence as a person, the teacher’s confidence as an educator and nurse, and the overall credibility of the teacher. In comparison, junior students viewed the teacher in a narrower perspective, focusing on the teacher’s knowledge, skill and role, and the power distribution in the student-teacher relationship.

**Processes of connection**

The participants' stories reflected the formation and maintenance of connected student-teacher relationship as an interactive and evolving relationship. Several processes emerged that supported and, in some instances appeared to be essential to, the formation and perpetuation of student-teacher connection. These include beginning, coming to know each other, respecting and trusting, communicating, and interpreting. These processes were somewhat circular, such that they both influence the formation of connection and, frequently, were influenced by the presence or absence of connection. For example, students indicated that knowing the teacher and being known by the teacher was important in forming a connected relationship. Further, a connected student-teacher relationship supported the teacher in recognizing (knowing) the students’ learning needs and preferred style of learning. In each of the processes of connection, participants described student and teacher actions and attributes that supported or inhibited a connected student-teacher relationship.
Beginning

Participants described the process of beginning their student-teacher relationship in various ways; however, three common phases emerged. These were meeting the CNT, sharing expectations, and negotiating learning experiences. Meeting the CNT and sharing expectations often occurred concurrently and always preceded negotiating learning experiences. The phases of beginning influenced the formation of connection.

Participants described formal and informal strategies that facilitated meeting the CNT and sharing of expectations. Two students described initiating preclinical meetings with the CNT and believed these were an important part of establishing a connected student-teacher relationship.

It’s also important to have a one-on-one meeting, just a single student and the teacher, just making an appointment. It’s just to get acquainted, have a formal introduction, find out what his or her goals are and his or her past experience and expectations.... I need to know what my teacher's expectations are and what her expectations of me are. Again, everyone is at a different level of learning, every one clicks differently.... I think, right off the bat, you have to get established, get prepared for the rest of the term.

Three students relied on chance encounters with the CNT as a means of meeting the CNT and sharing expectations, explaining that they would “introduce themselves to” and “chat with” the CNT if they encountered him or her “in the hallway or elevator” prior to the clinical learning experience. For another student, the student-teacher relationship began on the first day of the clinical experience: “It didn’t occur to me to ever go and speak to my instructor, like I just learned on the ward what she expected.” Because all students experienced connected relationships with CNTs, it appears that the actual forum for meeting the CNT and sharing expectations is less important to the formation of
connection than is the student accomplishing these goals in a manner that is congruent with his or her beliefs and expectations. Further, compatibility between the expectations of the student and teacher regarding the relationship and the learning experience seemed critical to the formation of connection.

The majority of students described or alluded to negotiating their learning experiences with the CNT in a connected student-teacher relationship. Some students described informing the teacher of their learning goals and then discussing these until they achieved an agreement. Another student described a teacher-initiated process which involved the teacher presenting the student with “choices” regarding their learning experience:

I think what an instructor can do, the only thing, because the instructor doesn’t know every single student, is to offer choices.... Talking about perhaps different issues or different things.... and then seeing how the students respond to it, and then (the instructor) kind of knows where to start.

The participants’ accounts of negotiating the learning experience revealed that either the teacher or student adapted or adjusted their normal patterns of behavior to accommodate the other and to achieve their mutually agreed upon goals. In their descriptions of connection, students acknowledged the teacher’s effort to accommodate the student’s learning preferences. In effect, this portrays the teacher attempting to improve the fit between the student and teacher in the relationship.

They learn about you and you learn about them. They learn what kind of atmosphere you can work with, and what they need to do to make that atmosphere work, and from then on, you know, they try their hardest to make that possible.
The participants’ stories of their experiences of lack of connection with their CNTs revealed a strikingly different picture of sharing expectations and of negotiation and accommodation, compared to those described in the connected student-teacher relationship. In a nonconnected relationship, students frequently conveyed the teacher’s expectations as inflexible and non-negotiable. The students’ stories indicated that when students were confronted with a CNT who was apparently unwilling to engage in negotiation regarding the student-teacher relationship or the learning process, the students often assumed the role of adapting or adjusting. In other words, the students endeavored to improve the fit between the student and teacher in the relationship. Several students described their attempts to adapt or conform to the teacher’s expectations and behaviors, to “get along” with the teacher, or to match the teacher’s demeanor. In a vivid example, one student described altering her communication style to match the teacher’s style. In explanation, the student stated that she believed the teacher had “singled her out” as the focus of the teacher’s “dark humor (and) sarcasm,” because the student liked to “make things fun for the whole group, you know, break the ice.” The student chose to respond to the teachers pattern of communication by “playing along.” At a later point in the student’s clinical experience, the teacher acted in a manner that the student perceived as inappropriate, although she believed the teacher expected her to “take it as a joke” and “brush it off.” The student suggested that the established student-teacher communication pattern of “joking around” prevented her from successfully confronting the teacher about the offensive behavior and resolving the situation. She regretted having adapted to the
teacher’s communication pattern. This student-teacher relationship was eventually characterized by a strong lack of connection.

In another instance, the student was unable to respond to the teacher’s overt request that she adapt to the teacher’s style. This student had experienced her CNT as intimidating and, consequently, had found it “hard to answer the questions right or do the skills right.” The student recounted the discussion that had occurred between her and the teacher regarding her performance in clinical: “And she even said to me, ‘Do I intimidate you?’, and I said, ‘Yes, you do’, and she said, ‘Get over it’, you know, ‘Deal with it.’ And I just never could do that.” This student experienced a nonconnected relationship with the CNT.

Importantly, not all students responded to a lack of ‘fit’ between the teacher and the student by attempting to conform to the teacher’s manner and behaviors. One senior student described a situation in which she believed the teacher expected her to conform to the teacher’s style of interacting with other health care professionals in the clinical setting: “I don’t think she (the teacher) had confidence as a nurse ... she seemed to be quite timid. So she treated me like I should be timid and apologize.” This implicit expectation created conflict for the student, who noted that it was “against everything we learned.” Ultimately, the student resisted the implicit expectation to conform and a nonconnected student-teacher relationship resulted.

Although no students described an experience in which they, by adapting, were able to achieve a connected relationship with a teacher who presented inflexible
expectations, it is possible that the process of the student adapting accounted for neutral or weakly nonconnected student-teacher relationships.

Students, therefore, described beginning the connected student-teacher relationship as including meeting the CNT, sharing expectations, and negotiating the learning experience. Negotiating in a connected student-teacher relationship included the teacher adapting to or accommodating the students’ learning needs and preferences. These phases supported the establishment of mutually satisfactory expectations and learning goals - conditions that promoted a connected student-teacher relationship.

**Coming to know each other**

The processes of the student knowing the teacher and the teacher knowing the student emerged as essential to the formation of a connected student-teacher relationship. During the focus group discussion, students proposed that “knowing is the basis of connection” and further accentuated the significance of knowing to connection by agreeing that, “You can know without being connected, but you cannot be connected without knowing.” The students' stories reflected key elements of the coming to know each other as acknowledging the individual as a unique person, seeking to understand the individual’s experience, and establishing a degree of understanding of who the individual was beyond their immediate role of student or teacher. Students believed that mutual knowing supported an egalitarian relationship, contributed significantly to the student’s feeling of ease with the CNT in a connected relationship, and supported the development of mutual trust and respect within the relationship.
Students indicated that coming to know the teacher allowed them to establish a “meaningful relationship” or a “degree of personal involvement” (considered essential to learning by some students), to experience the teacher as genuine, to assess the teacher’s credibility as a teacher, and enhanced the effectiveness of the teaching and learning process: “They’re not just a teacher. They’re a person too, and you want to learn more about them because they’re teaching you. Maybe you can relate to them better if you know them better.”

Students described coming to know the teacher in a variety of ways. For some students, the preclinical interviews began the process of coming to know each other. In contrast, the process by which one student began to know her teacher was informal, and much more subtle. The process she described was also implicit in other students’ stories:

(Through) general chit chat.... You go for coffee and you talk about what happened yesterday and what happened today, and what kind of news there is.... And through that you can see if the person is easy going I guess, if the person is willing to talk to you, and if people are open.

The same student suggested that the process of coming to know the teacher was also incremental in nature, and occurred through verbal and nonverbal communication.

It’s little things, very, very, small things. They’re not bursts of “This is my personality and here I am.” There are little things like talking about new age stuff ... joking around a bit, and her being, she has this way of talking (voice tone expresses concern or interest).... And she had that sense of easiness with her.

Several other participants indicated that knowing the teacher was a process that occurred over time. One student acknowledged that she could not tell “if it’s going to be positive or negative throughout the term” when she first met the teacher. Another student suggested that the first impression the student forms of the teacher can be misleading,
attributing this to the tension inherent in meeting a new person. She described the approach she used to overcome this problem:

I just disregard it (the first impression) because there's so much apprehension beforehand. And then once you get into the relationship, this is what's sincere, this is what the person is like for real, and this is how I'm going to learn. Maybe just meeting them the first time is the only way we can ever start anything because that's the process.

Several students stated that listening to the teacher’s stories about his or her nursing experience supported their knowing the teacher and increased their feelings of connection with the teacher. One student stated, “She’d (the teacher) tell you stories from her own life, you know. I think that's important when you're first getting to meet someone.” Additionally, students noted that their feeling of knowing the teacher was strengthened when the CNT admitted being wrong or not knowing something.

Students did not experience a sense of connection with their CNT when they felt they were unable to get to know the teacher or “experience the teacher a person.” For example, the failure of the teacher to reveal him or herself as a person, at a time when one student had desired that of the teacher, resulted in the student experiencing the teacher as not genuine. This interaction was an irrevocable influence in the formation of a nonconnected student-teacher relationship:

She did not disclose anything.... I didn't know anything about her whatsoever, like I had no idea, her personal life was a complete secret to me.... She didn't even tell me how she felt about me talking to her.... She didn't have any emotions that I knew of.... There's no personal aspects that I knew of her, nothing to really make her real.

Students also stated that their ability to know the teacher was limited when the teacher did not admit that he or she was wrong, or when the teacher did not admit he or she did
not know something. Similarly, when the teacher indicated that the student-teacher relationship should focus on “work” only, students were disinclined to seek to know the teacher and a nonconnected relationship ensued.

She just wasn't a person that I wanted to get to know.... She wasn't someone I felt that I could go to, not that I didn't have a lot of confidence in her.... It (the relationship) was all professional for her... “You are a student, I am your teacher,” and that's the boundaries, and we're not going to go outside of that.

As well as knowing the teacher, students needed to feel as if the teacher knew them. Formation and perpetuation of a connected student-teacher relationship was supported when students believed the teacher “knew them as a person,” “understood” them, or “was interested in them as a person.” Students felt known when the teacher acknowledged their life outside of school, used names of their significant others, and recognized their learning needs.

Participants suggested that the teacher came to know the student by spending time with the student, talking with the student about nursing and non-nursing topics, and observing the student. One student valued the ability of her CNT to “just be able to notice how students work and what they need.” She believed this was ability was “intuitive” and that, while not all instructors “had it,” it supported students’ learning and a connected student-teacher relationship.

Several students believed that the teacher knowing the student supported optimal learning. For example, one student remarked, “I think instructors, they do see... their students as individuals, (and) they gain more from it, because they learn how students learn and they can also help them better.” Another student suggested that, because the
teacher knew her as a learner, the teacher accepted fluctuations in her performance:

"(There was) end of term stress.... and I was really tired and I performed so poorly. I said
'I was a bad nurse today’ and she goes, ‘No, you’re not, you’re just tired’.... She could
read that."

In contrast, the participants’ stories indicated that, in nonconnected student-
teacher relationships, students did not feel known by the teacher. In exemplifying not
being known by the teacher, students conveyed an apparent absence of effort on the part
of the teacher to come to know the student. In one instance, a student suggested that her
teacher’s habit of confusing one student’s performance with another indicated that she did
not know any of the students:

She seemed to mix us all up, not as who was who, but who did what....
She would say “Oh, you’re not making that mistake anymore,” which I
never thought I did in the first place.... It was really sort of insulting to me.

In several instances, the nonconnected teacher’s lack of knowing the student
resulted in the teacher acting on the basis of his or her assumptions. Some students
described situations in which the teacher attributed their inability to answer questions
correctly to inadequate preparation for the clinical experience whereas the students
attributed their inability to answer to nervousness or lack of opportunity to think. In some
instances, nonconnected teachers appeared to assume behaviors related to students’ lack
of confidence arose from a lack of competence. One student noted that a CNT responded
to a lack of confidence displayed by some students in a clinical group by “quizzing them”
frequently, and compared this to the fact that she was not “quizzed” at all. She suggested:

I appeared self-confident coming into the term ... and the instructor sort of
bought into that.... But the other students weren’t self-confident and the
instructor picked up on that, and started quizzing them and seeing what they knew, and trying to make sure they were doing all right.

Feeling known by the teacher was an important influence in the credence students assigned to the teacher’s feedback and evaluation of their learning in the clinical setting. They indicated that the teacher’s evaluative comments were considered most valid when they felt the teacher knew them as a “whole person” and noted that a connected relationship was necessary for the teacher to know the student in that way.

One student described her response to receiving a final evaluation from a teacher whom she felt did not know her and with whom she had not felt connected:

I got the end of term evaluation and she said, “You did this, and this, and this, and you could do this, and you could do this.” I felt like saying, “How do you know that? I feel like you don’t know me at all. I feel like you are telling me these things that I don’t believe you actually know about me. Because you intimidated me so much, you don’t really know who I really am.” So that evaluation...it doesn’t mean anything to me.

Thus, students depicted the process of coming to know each other as one in which the teacher and student developed an understanding of each other as unique individuals. Students considered mutual knowing essential to student-teacher connection. They described coming to know the teacher as a subtle, incremental process that occurred over time, during which the student came to understand the teacher beyond his or her persona as a teacher. The teacher’s willingness to share stories of his or her nursing experience, admit his or her fallibility, and engage in dialogue with the student supported the student knowing the teacher. Similarly, students believed that the teacher came to know them by observing them, spending time with them and talking with them. Mutual knowing
supported an egalitarian relationship, the development of mutual respect and trust, the 'fit' of the student and teacher in the relationship, and promoted optimal learning.

**Respecting and trusting**

The participants' descriptions of their experiences of connection and lack of connection indicated that establishing mutual respect and trust was essential to the formation of connection in a student-teacher relationship. Participants indicated that respect and trust were also developed as a result of student-teacher interactions and, in this way, were also an outcome of a connected student-teacher relationship.

Participants agreed that all persons should be accorded a measure of respect and trust in the basis of their shared humanity; thus, a degree of respect and trust were present at the onset of the student-teacher relationship. Additionally, the students suggested that the teacher's role as a teacher provided the teacher "some respect." In considering the ongoing student-teacher relationship, the participants identified several factors that promoted their respect for the teacher and, consequently, supported the formation of connection. Students gained respect for their teacher when they perceived him or her credible as a teacher, when the teacher's expectations were realistic, when the teacher made an effort to establish a "positive learning environment," and when they felt known and respected by the teacher.

Conversely, when students experienced teacher actions that they perceived as disrespectful of them, their respect for the teacher decreased and the formation of a student-teacher connection was inhibited. For example, one student described a situation in which the teacher had criticized her and laughed at her in the presence of other
students, and stated, “I think all hell bust loose for me. I lost all respect (for the teacher). I felt, you know, what kind of instructor is this to say this? I guess I was really offended.” Another student described her response when the teacher had strongly criticized her nursing care in front of the patient: “I just felt, like, what is this? I'm a human being and you should not be treating me that way.” Additionally, students felt disrespected when the teacher provided them with inconsistent feedback (for example, criticizing the student during patient care, and then telling them later that they had “done really well”), confused one student’s performance with that of another student, and failed to apologize to a student for behavior that the student felt warranted an apology. Interestingly, students also noted that these teacher actions diminished the teacher’s credibility as a teacher, an attribute which has been previously noted to influence the students’ desire to seek connection with the teacher.

The participants’ stories provided minimal insight into the development of the teacher’s respect of the student; however, most students agreed that the student had “to give respect to get it.” Participants agreed that the teacher’s respect for the student and the student’s respect for the teacher developed “along with connection” over the duration of the student-teacher relationship.

The participants identified conditions that supported their trust of the teacher and, therefore, the formation of connection with the CNT. The student’s trust of the teacher was promoted by the student knowing the teacher, and by the teacher being open, approachable, available, and conveying a willingness to help the student learn.
In the focus group, the participants debated the teacher’s trust of the student at some length and concluded that the teacher should trust the student “to a certain extent” from the beginning of the relationship, but that this trust should be tempered with caution. One student reflected:

I think the teacher has to trust you to a certain extent but they’re responsible for you too. I mean, I respect the fact that they’re trying to be safe.... So I don’t think its out of line (for the teacher) to coach us at first.

The expectation that the teacher should not trust the student unconditionally appeared to be related to the students’ belief that the teacher should “know the student and their capabilities” before he or she could legitimately trust the student. Thus, the teacher knowing the student was also placed as prerequisite to trust.

Students formed perceptions of their CNT’s trust of them on the basis of the teacher’s actions. For example, one student described the CNT’s actions that she felt indicated trust:

She would look into the room and say “Everything’s OK?,” (and I’d say) “Everything is fine,” and then she wouldn’t ask what I was doing or what happened. She would just take my word for it, and that made me feel, “Wow, she trusts me.”

Thus, a degree of mutual respect and trust are necessary to the formation of connection, but mutual trust and respect also developed within a connected student-teacher relationship. The circularity of this process reflects the evolving nature of student-teacher connection. The participants’ stories reflected the influence of the teacher’s actions on the development of the students’ trust and respect for the teacher. Students provided less information regarding the factors that influenced the teacher’s respect and
trust for the student, but clearly conveyed their need to feel respected and trusted by the teacher in order to experience connection with the CNT.

**Communicating**

The nature and content of the student-teacher communication influenced, and was influenced by, the presence or absence of connection in the student-teacher relationship. As in the processes of respecting and trusting, the circularity of this process reflects the development of student-teacher connection over time.

The participants stories reflected the influence of the verbal and nonverbal communication in the student-teacher relationship. Because communication was an integral part of the student-teacher relationship, and because students tended to comment predominantly on their experiences of ineffective communication, it was difficult to isolate specific examples of verbal and nonverbal communication that directly supported the formation of connection. It was apparent, however, that students believed the verbal and nonverbal communication in the context of a connected student-teacher relationship to be effective. For example, in discussion of a connected student-teacher relationship, one student described the CNT’s use of nonverbal communication to convey expectations and indicated this was acceptable to her:

You just knew.... She never actually gave a list, “These are my expectations, you better meet them.” You just knew.... (And) you want to work hard for them to please them. So, you know, you do all your work and you're really prepared.

Participants indicated that effective communication was supported by many teacher attributes including being approachable, open and nonjudgmental.
In contrast, the students' descriptions of the teacher's communication in the context of a nonconnected student-teacher relationship reflected the presence of ineffective verbal and nonverbal communication. Students spoke of CNTs who "belittled" them, used sarcasm and "dark humor," and expressed fear of being "yelled at." The teacher's use of nonverbal communication appeared to be an important influence in the formation of nonconnected relationships. The participants' stories of lack of connection indicated that CNTs used nonverbal communication to convey a sense of hierarchy in the student-teacher relationship, disapproval of a student's performance and, often, expectations regarding the student's performance. Students referred to facial gestures, voice tone and body language in their descriptions of the teacher's nonverbal communication. For example, one student described her teacher's response when she was unable to answer a question: "(The teacher would) give you that look, the 'Don't you know?'... that kind of look, and 'You should know that,' that kind of tone." Another student, in relating a lengthy student-teacher interaction that involved the student providing a specific nursing intervention, recounted the teacher signaling her disapproval through facial gestures such as "rolling her eyes" and "staring me down." Body language descriptions frequently reflected the teacher as "just standing there," "unwelcoming," and "dismissive and intimidating." Nonverbal messages such as these, significantly inhibited the formation and perpetuation of student-teacher connection.

Other aspects of student-teacher communication most frequently addressed by students included student-teacher dialogue, the teacher's feedback to students regarding
their performance, and conveying expectations. Sharing expectations has been described in the process of “beginning.”

Participants indicated that connection facilitated an open dialogue between the student and teacher and that this, in turn, increased the scope of their learning. Students indicated they felt more comfortable asking questions in a connected relationship and, for some students, asking questions was considered a critical part of learning. One student stated, “How I learn, I think, is asking lots of questions. So, if you feel connected with someone, asking the question is just natural.” Another student noted that the connected student-teacher relationship allowed her to “bounce ideas off of the teacher” and therefore increased her learning. Three students indicated that the CNT’s willingness to discuss his or her nursing experiences or the student’s nursing experiences helped them develop clinical judgment skills. One student described using knowledge of her CNT’s experience in her own clinical decision making:

You can think, “OK, my instructor had this experience and this is what she did. My experience is a bit similar, maybe I should do that too.” And it opens you up to more options ... and it gives you more material to work from and problem solve with.

In contrast, open student-teacher dialogue did not occur in nonconnected student-teacher relationships. Students related instances of the teacher not giving the student an opportunity to explain their actions, not answering the students’ questions clearly, and not talking with student about non-nursing topics. One student commented on the lack of dialogue with a teacher to whom she did not feel connected: “She didn’t even talk to us. The only time you’d communicate is when she’s evaluating or assessing your work clinical skills, or trying to teach.” Additionally, students were reluctant to approach a
nonconnected teacher with their questions: "I would have been scared to ask her even if it was in the best interests of the client. I'd sooner go ask someone that I didn't even know, like one of the ward nurses."

The nature of the teacher's feedback to the student and the manner in which it was provided influenced, and was influenced by, the presence of connection. In the connected student-teacher relationship, students experienced the feedback they received from the teacher as appropriate in content and timing. The connected teacher provided both positive and negative feedback in a supportive manner, and in a location that respected the students.

She told you your mistakes, but she never made them sound like you should have done this.... It's like she didn't want to hurt your feelings. She said them in a way so that you knew.... And if you listened to what she was saying, you'd go, "Okay, I needed to do that."

As noted in previous discussion, the credence students assigned to the feedback they received from the teacher was influenced by the degree to which they believed the teacher "knew" them. Because the students felt known by the teacher in a connected relationship they students perceived the teacher's feedback in a connected relationship as valid.

The majority of the students perceived the feedback they received from the teacher in a nonconnected student-teacher relationships as unhelpful or inappropriate. Two students described receiving only negative feedback, a communication pattern that made them feel evaluated and inhibited their connection with the teacher. In another instance, the inconsistent message in the CNT's feedback to the student decreased the student's trust of the teacher and inhibited the formation of connection:

She was telling, you know, criticizing more or less there on the spot (at the patient's bedside). It was very tough. And then, when we left the patient,
outside or later on, (she'd say) “Oh, you did very well.”... I said, “Well, it’s kind of late, but secondly, is this for real?”

Three students described receiving feedback in what they believed to be an inappropriate manner. For example, two students described receiving feedback during patient care: “She’s like, correcting my every move.... and we’re doing the baby assessment.... and she’s just grilling me.” “She was drilling us in front of the patient, and if we made a mistake, well gee, there goes your credibility.” The third student described feeling “offended” when the teacher gave her negative feedback in the presence of other students.

According to participants, the nature and content of the verbal and nonverbal communication in the student-teacher relationship influenced, and was influenced by, the nature of the relationship. Effective verbal and nonverbal communication were necessary for the development of student-teacher connection, and students consistently described communication in a connected student-teacher relationship as effective. Students believed that the open student-teacher dialogue that occurred in the connected student-teacher relationship contributed significantly to their learning and development as a nurse. Further, the students perceived the positive and negative feedback they received from the CNT as valuable, and appropriate in content and timing.

Interpreting

Students described specific teacher actions and behaviors that influenced their desire to form and maintain a connection with the teacher. Although the teacher’s actions described in this section occurred as part of the ‘everyday’ student-teacher interaction in the teaching and learning process, they appeared to hold particular significance for the
students. The students’ interpretation of, or the meaning they assigned to these actions, exerted a significant influence on the formation or absence of connection.

The majority of students described teacher actions and behaviors which contributed to their perception of the teacher’s assessment of their performance, and of the teacher’s trust and confidence in them. In the connected student-teacher relationship, the teacher’s actions that students interpreted as conveying the teacher’s approval of their performance included the teacher “checking up” on the student but “taking her word for it” when he or she states he or she “doesn’t need help,” the teacher inviting the student to collaborate in clinical reasoning about the patient’s situation and in the provision of patient care, and the teacher providing “small, repeated” positive feedback. Additionally, when the teacher taught the student skills that were not a designated part of the curriculum for that course, or designated one student to help other students with learning a specific skill, students interpreted these actions as indicating the teacher’s approval of their performance.

I felt good because this lady wasn't my patient, but she (the teacher) asked me to do a saline gauze packing in an open wound.... We weren't even supposed to touch the wound yet.... So she had the whole class, the whole group watching and helping too. I felt like she had some confidence in me that I could do that, and that really, really made me want to learn.

When the students believed that the teacher approved of their performance they felt “capable,” “successful,” and more confident and continued to seek student-teacher interaction. The maintenance of a connected relationship was also supported.

In contrast, the teacher’s negative nonverbal and, to a lesser extent, verbal communication contributed to the students forming a less positive perception of the
teacher’s assessment of their performance. This was evident in the students’ descriptions of the teacher during clinical questioning. One student stated:

She’d ask a question and I’d sort of, you know, think it around in my head for a while and try and get there. But she wouldn’t wait for that. She’d go (clicks fingers), and then if I didn’t answer right away, she’d just sort of jump in there and then leave. And I’d feel like, “Oh, no. She’s thinking all these horrible things about me.”

Another student described a similar scenario:

She would stand there, a foot away from you. Dead silence until you came up with the right answer. No encouragement, no smiles. Oh, and then she’d throw a comment like, “You really aren’t prepared at all” or “I don’t think you’ve done adequate preparation” and she’d make you feel terrible about not knowing the answer.

This combination of verbal and nonverbal communication diminished the students’ self-confidence and inhibited the formation and maintenance of a connected student-teacher relationship.

Along with the teacher’s manner and process during clinical questioning, the teacher’s response to the students’ actual or perceived lack of knowledge and the students’ mistakes, were critical factors in the students’ desire to seek and maintain a connection with the teacher. In a connected student-teacher relationship, students consistently described the teacher’s response to a student’s lack of knowledge and mistakes as accepting, nonjudgmental and supportive of the student’s learning.

If you didn’t know the answer, she didn’t make you feel you were a terrible person for not knowing.... She’d point you in the right direction and say “Maybe you should think about this,” so you had a chance to think about it, and then she’d talk to you some more. But the pressure wasn’t on to be right about everything.
One student highlighted the importance of a CNT’s reaction to a lack of knowledge or mistakes by comparing it to the teacher’s attributes:

She was a really good teacher when she was teaching us skills, and she was still a friendly person. She was nice and patient, but it was just how she dealt with our mistakes and how she dealt with our lack of knowledge.... She made us feel really bad about ourselves.

The connected teacher also frequently reframed the students’ mistakes as a learning experience:

I made a med (medication) error and I was almost in tears. She sat me down and said, “Tell me the story.” And I told her.... Then she said “We’re going to forget about this because you’ve learned.... Let’s move on.”

The teacher’s accepting, nonjudgmental response to student’s mistakes and lack of knowledge promoted the student’s “ease” with the CNT, allowed the student to focus on learning (rather than being focused on “getting it right”) and, importantly, supported the formation and maintenance of the student’s connection with the CNT.

The students’ interpretation of several teacher actions in the teaching and learning process contributed to their feelings of being valued, promoted the egalitarian nature of the relationship, and supported the formation and continuation of a connected student-teacher relationship. The teacher actions included the teacher acknowledging the student’s contribution and knowledge and including the student as an equal partner in patient care. Teachers acknowledged the students’ knowledge in a variety of ways. In some instances, the action was overt, as in this student’s experience: “She accepted your opinion and she’d say, ‘Oh, you know, you're right, that is the better way of doing it.’” In other instances, the teacher’s action was less direct, but achieved the same purpose. For example, one student felt her knowledge was validated when then teacher directed other
students to her to learn how to do a specific psychomotor skill. Similarly, two students felt acknowledged as nurses when the teacher encouraged them to share their stories of their clinical experiences with one another.

Teachers included students as partners in patient care by providing help and offering suggestions, without taking over the patient care from the student. One student explained:

She (the teacher) would come in and she would not push me away and give me that look. But she would just come in to the patient, and start talking to the patient and helping them a bit, and then make any suggestions about what I should do. It totally did not make me feel like, “Oh man. How come I didn't think of that?”

In comparison, the meaning students assigned to the CNT’s action of not acknowledging their knowledge or not including them as partners in patient care, inhibited the formation and maintenance of connection. Several students described situations in which, when they asked the CNT for advice regarding patient care, the teacher “took over” the care. One student contrasted the process of asking for assistance from a teacher to whom she felt connected, to seeking help from a teacher with whom she did not have a sense of connection:

If you’re connected with the instructor, it’s like you’re a team with them.... Whereas, if you are kind of separated from your instructor.... your instructor comes in and it’s like you are not even there anymore. It’s like there is no connection. There’s no team there.

The participants, therefore, apparently interpreted specific teacher actions and behaviors that occurred during the ongoing student-teacher interaction in the clinical setting in order to determine their status as a learner and their development as a nurse. Although this status was linked to the teacher’s assessment of the student, it was not
based entirely on the students’ ability to perform in a ‘right’ manner. Rather, the teacher’s accepting and nonjudgmental response to the students’ lack of knowledge or mistakes supported the students in accepting these as part of their learning and development as a nurse. This enabled students to remain focused on learning, rather than becoming preoccupied with being ‘right,’ and supported the formation and perpetuation of connection. The students’ interpretation of the teacher’s actions also influenced their experience of connection in other ways: Students felt at ease, felt valued and experienced increased self-regard, all of which supported the continuation of a connected student-teacher relationship.

In summary, several processes embedded in the student-teacher interaction within the relationship influenced the formation and perpetuation of a connected student-teacher relationship. Mutual knowing, trust and respect, and effective communication appeared essential to the formation of connection; beginning and interpreting were a significant influence on the formation of student-teacher connection.

**Outcomes of connection**

According to participants in this study, student-teacher connection influences the students’ clinical learning experiences in a positive manner. Students described a variety of valued outcomes associated with their experiences of connection with a CNT that related to them as persons, as learners and as nurses.

**Student as person**

The participants stories reflected the connected student-teacher relationship as having significant positive effect on them as persons. Several students’ stories reflected
personal growth in which the teacher had been a catalyst. In the majority of instances, it appeared that the students' personal growth was promoted by the teacher's way of being with the student, rather than as a result of specific action by the teacher. Several students indicated that the personal growth they experienced also promoted professional growth. For example, one student related how a CNT's accepting attitude toward obese people had caused her to examine the nature of her values and attitudes and the influence they had on her nursing practice: "She (the teacher) made me kind of look at myself ... you know, just from her example." The majority of students reported an increase in self-confidence and self-regard within a connected student-teacher relationship. While students clearly conveyed the value of increased self-regard to them as individuals, it was apparent that the increased self-regard also supported the students as learners; they related increased motivation and willingness to participate in learning opportunities.

In contrast, participants indicated that a nonconnected student-teacher relationship frequently resulted in decreased self-esteem. This affected them as individuals and as learners. In strongly nonconnected relationships, this effect appeared to be long lasting. One student, who was visibly distressed in relating her story of a strongly nonconnected student-teacher relationship, stated she "felt like a failure for a long time" and was "still trying to recover herself.”

Student as learner

The stories of the participants revealed that the presence or absence of connection between a student and the CNT had significant outcomes for the student as a learner.
Connection affected the focus of the students’ learning experience, their motivation to learn, their enjoyment in learning, and the scope of their learning.

Participants consistently indicated that, in the connected student-teacher relationship, their focus was on learning. In many instances, this was associated with the degree of comfort students experienced with the teacher:

It (the connected student-teacher relationship) makes me more comfortable, and I feel just more open to take things in. I'm not on guard, I'm not defensive, I'm not holding back — none of those things that are barriers to taking information.... You can focus more on learning things.

All participants described increased motivation to learn in a connected student-teacher relationship. One student reflected, “It’s nice to have that bond, and that affects my learning. It just, it (motivation) just skyrockets right after I make that connection.”

Participants related different reasons for feeling motivated. Some students appeared to respond to their perception of the teacher’s expectations, the teacher’s way of being, and the student-teacher interaction:

I feel like, you know, this person wants me to learn, therefore I’m going to learn to do more. My ability to learn is just increasing everyday because it’s so much fun to have a person who motivates you, and you motivate them as an interdependent link.

Knowing and respecting the teacher prompted two students to work harder in an effort to gain the respect and approval of the teacher: “You just want to work harder because, since you know them, it’s sort of like you want to please them.” “I always wanted to do that (work hard) for them because I wanted to be on their good side ... (and) because of the respect (for the teacher) that was there. I wanted ... that respect back.” The personal outcomes of connection, increased self-esteem and confidence, were a source of
motivation as well as increased performance. "Connection ... makes me feel better about myself, and I have more confidence. So then I'll believe in my skills more, and do better that way too." "I feel like I'm much more successful in the clinical and, feeling successful, I feel like learning more and doing more."

Participants consistently described enjoying their clinical learning experiences in connected student-teacher relationships. One student contrasted learning in a connected relationship with learning in a nonconnected relationship: "I enjoyed it (the clinical learning experience) a lot more. I think that was the difference, whether I wanted to go to clinical or dreading clinical." Three students believed that their enjoyment of the clinical learning experience increased their level of performance and their ability to learn.

All participants described learning "more" in a connected student-teacher relationship than they did in a nonconnected relationship. The participants' stories of connected student-teacher relationships reflected a significant increase in the scope of their learning that appeared to be related to several factors. The students' increased motivation, enjoyment of the clinical learning experience and their comfort with the CNT supported their willingness to seek out and participate in new learning opportunities.

I'm not afraid to ask questions. I'm not afraid to try new things. I perhaps would ask ... to have more difficult patients, and a heavier work load.... I'm not scared that my instructor is going to be, you know, lurking over me, pointing out every mistake I make. And, therefore, I think I can handle it better.

The teacher's ability to teach the art and science of nursing also promoted the increased scope of learning described by participants. In a direct link to the connected teacher's way of teaching, students described learning to be a nurse. Students emphasized learning "the
stuff that’s not in the text books,” and specifically recounted learning “more than the
technical” aspects of nursing:

I feel like with the (connected) instructor ... I learned how to maybe put it all together a bit more.... It just went a lot smoother. I think I learned how to do more than one thing.... I learned how to be more organized. I think she gave me the space just to sort of work on, to learn the stuff that's not in the text books. I don't know exactly what that is, but (to) learn how to talk to a patient.... Just have more of a broader look at things.

Students’ descriptions also reflected the development of their clinical nursing judgment. One student stated, “(I learned) how to choose my options, how to set priorities. That's a big thing and you don't learn it from the book. That's what your clinical teacher should do.” Another student related her level of comfort in the connected student-teacher relationship to her ability to recognize the patient’s needs.

It was a little bit more relaxed.... I wasn't so concerned about knowing all the drugs, and knowing what each little thing was.... I think I learned more about the bigger picture ... sort of took a step back and (could) say ... I can see that this patient needs this.

Several students indicated that they were more able to synthesize knowledge in a connected relationship, describing this as learning about the “bigger picture” and “putting it altogether.” This appeared to be related to several aspects of the connected student-teacher relationship. First, the students’ ease with the CNT allowed them to focus on learning rather than “getting it right.” Importantly, it also permitted them to take a mental step backward and see their patients as whole persons, and to begin to recognize the intricate complexity of the knowing, being and doing that comprises clinical nursing practice. Further, the connected teacher fostered learning in “all aspects of nursing,” thus supporting the students’ synthesis of nursing knowledge.
In contrast, the participants’ stories of nonconnected student-teacher relationships revealed a shift in the students’ focus of learning, changes in their motivation and a limited scope of learning. In their descriptions of nonconnected student-teacher relationships, the students’ stories reflected the focus of their learning experience as “getting it right” and “pleasing the teacher.” This focus appeared to be influenced by their lack of comfort with the CNT and their perception of the teacher as predominantly an evaluator. Many students recounted their concern about answering the teacher’s questions correctly:

I learned all the lab values ... and I learned the technical stuff. I'd go home and I'd do all my research, and have it all written out ... all my drugs. I'd really try and memorize it ... so that if she asked me a question, you know, “What does this drug do?” I could say “It does this.”

In several instances, the students’ concern with “getting it right” eclipsed the possibility of his or her synthesizing knowledge related to clinical practice and, consequently, limited the students’ learning. One student recalled:

I was so concerned about answering her questions right, and I was so concerned about memorizing the right things, that the whole big picture wasn't important. (The important thing was) all those little questions she was going to test me about.

Another student shared similar ideas: “You just memorize things but you don’t really learn it.... I didn’t understand it as a whole.”

Although many students described being able to learn in a nonconnected student-teacher relationship, the nature and scope of their learning was limited in comparison to the learning that occurred in a connected relationship. When students described being able to learn in a nonconnected relationship, they recounted learning “cognitive and rote
memory stuff,” “skills and application of physiology,” and “lab values and technical aspects of nursing.” The students’ descriptions of the nature of their learning are congruent with their descriptions of the nonconnected teacher’s way of teaching.

In a nonconnected relationship, students were reluctant to seek out learning opportunities, an action that also limited the scope of their learning. One student stated, “I wouldn't even consider ... a new opportunity like that, because I was so scared that I wouldn't have done well enough ... and being punished for that.” Another student recalled the lack of response from all students in a clinical group to a learning opportunity offered by a CNT with whom she had not felt connected:

None of us felt comfortable approaching her and saying, “Look, we'd like to learn how to do dressings.” She had suggested it, and she had said, “It’s up to you to come to me.” None of us felt comfortable going to her so we didn't learn how to do them.

As previously noted, students frequently described a lack of self-confidence as part of their experience of lack of connection. Students explained that the lack of self-confidence also decreased the likelihood of them seeking out learning opportunities:

If that instructor doesn't believe in you, or doesn't give you all the positive reinforcement that you need, then you have no choice but to think you're not doing very well, or you're not doing what you should be doing. And your confidence level goes down, and ... if the confidence level goes down, you don't try new skills.

Most participants described avoiding the teacher in a nonconnected relationship. Some students avoided the teacher because they feared the teacher: “I wanted her to stay away. I was happy in clinical as long as she was down the hall with somebody else.” One student stated she was afraid of the teacher “yelling at me, or belittling me.” Other
students avoided the teacher because they felt he or she did not have anything positive to contribute to their learning:

I don’t feel I could get anything from her that would give me any strength of knowledge or confidence. In fact, I expect her to make me question myself ... and lose confidence. So it’s best if I just stay away from her.

According to the students, their lack of “ease” with the CNT in a nonconnected relationship inhibited student-teacher dialogue and, thus, limited learning: “It (lack of connection) will decrease your learning ability because then you don’t have that person to bounce ideas off of.”

Students described seeking alternate resources to compensate for the lack of learning support from the teacher. Several students recounted using the staff nurses in the clinical area as resources to support their learning. One student recalled asking other students or “looking things up” for herself in preference to asking the teacher.

Students described a variety of changes in their motivation regarding learning in nonconnected relationships. Some students recounted working harder, but noted that it was in response to their fear of the teacher’s reaction, fear of failure, fear of not “getting it right.” One student recalled, “I did work hard because I was scared of the consequences,” while another stated, “I would do my work because I didn’t want to be embarrassed and put down (by the teacher).” In contrast, other students described a loss of motivation regarding learning in a nonconnected relationship: “It seemed like I didn’t even care anymore.... I wasn’t reading the text book.... I just wasn’t motivated to learn clinical skills.” “(You) kind of tune it out, and go through the motions, and do what is needed and expected, and that’s kind of it.” One student who experienced a strongly nonconnected
student-teacher relationship, withdrew from the clinical learning experience and repeated the course at a later date.

In general, the students did not enjoy, or enjoyed less, their clinical learning experiences that occurred in nonconnected student-teacher relationships. One student recalled, “I was scared to go to clinical because, if I didn't know what was going on, I felt that she would, you know, make a scene ...”

Two participants' recounted long-term outcomes for the student as learner in a nonconnected student-teacher relationship. Recalling a nonconnected learning experience that had occurred approximately nine months earlier, one student noted, “It tarnishes my whole view of the whole term.... I still want to go back and fix it.” The student that withdrew from a clinical course because of a nonconnected student-teacher relationship, stated that she still avoids and does not trust the teacher.

Thus, students described connected student-teacher relationships as a positive influence on their learning in the clinical setting. Within a connected relationship, students were able to focus on learning, were highly motivated to learn, and enjoyed their clinical learning experience. Further, students suggested that a connected student-teacher relationship positively influenced their synthesis of nursing knowledge and the development of nursing skills such as clinical judgment, organization and communication.

Student as nurse

The participants' stories reflected their connection with the CNT as an important influence in the development of their identity as a professional nurse. In recounting their
clinical learning experiences, participants were aware of having two roles: one as a student and one as a nurse. In a connected relationship, students described feeling valued in their role as a student and, notably, reported feeling "like a nurse." Students felt "like a nurse" when the teacher included the student as a partner in patient care or allowed the student to direct the patient care: "With my (connected) instructor I feel perfectly at ease talking to patients.... I feel like they're my patients and not hers." Similarly, students linked feeling "like a nurse" with feeling as if they were part of a team who were providing care for the patient: "If you're connected with the instructor, it's like you're a team with them. And the family will still see you as a part of that team." Students in connected relationships described feeling more confident in their ability as a nurse, which, in turn, supported them feeling "like a nurse." One student stated, "It felt good, and I felt like when I was talking to the patient, I felt that I was doing things right. And I felt less like a student."

According to one student, the fact that a connected teacher allowed her the "space" she required to provide care for her patients relatively independently, both facilitated the development of her clinical decision making and resulted in the student feeling more responsible and accountable for her actions as a nurse.

I'm more responsible in the way that I have to ... just starting to think in different directions. And you make decisions as you go along....You're trying to take all the things you have, and it's kind of formulating, planning ahead.

Interestingly, two students suggested that a connected student-teacher relationship promoted a more positive nurse-patient relationship. For example, "I am doing everything more smoothly, and I'm having a better relationship with my patient."
The experience of connection with the CNT had long-term nursing-related outcomes for some students. One student recalled that the sense of connection she had experienced with the CNT had resulted in a positive change in her perspective of nursing: “With my teacher, I made such a click that it totally changed my perspective, and then ... nursing changed for me.”

In nonconnected student-teacher relationships, in contrast, participants revealed that they were very aware of their student role and that they did not feel “like a nurse.” The nonconnected teacher’s tendency to “take over patient care” resulted in the students feeling as if their assigned patients were “not theirs.” One student stated, “I didn't feel like I was the person caring for the patient. I felt like I was the student who didn't know anything and was helping someone else to care for the patient.” Two students believed that the patient and the patient’s family did not view the student as a credible care provider when the CNT did not include the student in patient care. Some students believed their nurse-patient relationships were limited when they experienced a nonconnected student-teacher relationship: “In talking to patients, I felt more guarded in how I was talking to them, and more like a student.”

The students’ experience of strongly nonconnected student-teacher relationships influenced their perception of nursing practice in the specific area in which the relationship occurred. These students stated they were not interested in working in that specific clinical setting in the future.

In summary, students strongly believed that the experience of connection with their CNTs was a positive influence on their learning experience in the clinical setting.
The nature of the connected student-teacher relationship, the students’ feeling of ease, confidence and positive self-regard, the teacher’s way of being and teaching, and the various processes of connection together supported the students’ growth as persons, learners and nurses. In the learning environment provided by a connected student-teacher relationship, the students were able to focus their energy on learning rather than on “getting it right,” were highly motivated about learning, were able to synthesize knowledge, experience their patients as whole people, and began to develop the complex mix of knowing, being and doing that comprises the art and science of clinical nursing practice. Thus, students linked connected student-teacher relationships with positive outcomes in learning and in professional socialization.

Summary

In this chapter, the study findings in relation to eight undergraduate students’ experiences of connection with their clinical nursing teachers were presented. The participants depicted connection with their CNTs as a significant and positive experience for them as persons, learners, and as nurses. The students’ descriptions of feeling “at ease,” valued, respected and having increased confidence and positive self-regard, conveyed the connected student-teacher relationship as a safe environment which provided the student the opportunity for personal and professional growth.

The teachers’ way of being and way of teaching influenced the nature of the student-teacher relationship. The students’ perception of connected teacher as being available as a helper, supporter and advocate, rather than as an evaluator of their performance, contributed significantly to their feeling of “ease” in the connected student-
teacher relationship. As the teacher worked with the student in their learning process as a
coach or guide, acknowledged their knowledge and ability, and included them as partners
in patient care, the students felt valued and respected. Further, they experienced the
relationship as egalitarian, encompassing a spirit of co-participation, and a having a high
degree of mutuality. The teacher in the connected student-teacher relationship is able to
recognize and respond to the students’ learning needs and, through a variety of attributes
and behaviors, teaches the art and science of nursing.

The formation of a connected student-teacher relationship emerged as an
interactive and evolving process that was influenced by factors related to the inherent
individuality of the two persons who came together in the relationship. Students entered
the student-teacher relationship with beliefs and expectations about themselves, the
teacher, learning, and the student-teacher relationship, as well as previous clinical
learning experiences, that influenced their desire to seek connection and the formation of
student-teacher connection. Additionally, students described a variety of personal
attributes of the CNT, as well as factors related to the teacher as an educator and a nurse,
that influenced the formation of connection. Further, the ‘fit’ of the student and teacher in
the relationship was a significant influence on the formation and maintenance of a
connected student-teacher relationship.

The development of a connected student-teacher relationship was influenced by
several processes that were embedded in the student-teacher interaction that occurred in
the relationship. Students described the processes of coming to know each other, trusting
and respecting, and communicating effectively as essential to the formation of
connection. Further, the phases of beginning the student-teacher relationship and the students' interpretation of specific actions of the teacher significantly influenced the formation and maintenance of a connected student-teacher relationship. These processes were noted to be somewhat circular; they influenced and were influenced by connection. This circularity reflects the evolutionary nature of the connected student-relationship.

Participants in this study indicated that they experienced growth as persons, learners and nurses in a connected student-teacher relationship. Within the connected relationship, students were able to focus on learning, were highly motivated to learn and enjoyed their clinical learning experience. Further, students believed that the connected student-teacher relationship positively influenced their synthesis of nursing knowledge, their nurse-patient relationships, and the development of the complex mix of knowing, being and doing that comprises the art and science of nursing.

The participants' stories revealed some differences in the experiences of connection of junior and senior students. Differences were evident in the factors students described as influencing the formation of connection. In comparison to junior students, senior students described a broader range of teacher-related factors that influenced the formation of connection with the CNT. Senior students described the way in which teacher presented him or herself (e.g. genuine, confident) and how the teacher was 'with' the student (e.g. patient, sensitive). In contrast, junior students described factors that alluded to the power distribution within the student-teacher relationship (e.g., whether or not the teacher was authoritarian or judgmental) as effecting the formation of a connected student-teacher relationship. A second pattern emerged from the findings, in which
junior students were noted to comment on the positive aspects of a connected student-teacher relationship (e.g., the egalitarian quality of a connected relationship), whereas senior students more frequently commented on the lack of these aspects in nonconnected relationships (e.g. the hierarchical quality of a nonconnected relationship). No differences were evident in the senior and junior students’ descriptions of the processes or outcomes of connection. Thus, although some differences between the experiences of senior and junior students were noted, all participants in this study experienced connection with CNTs as a positive influence on their clinical learning experiences and the development of their professional identity as nurses.
CHAPTER FIVE: DISCUSSION OF FINDINGS

In this chapter, I discuss in depth selected findings of the study. Findings discussed include the essence of student-teacher connection, the teacher in the connected student-teacher relationship, and connection as a positive influence on the students’ learning and professional socialization. These illuminate the key aspects of student-teacher connection as it was described in this study.

In this discussion, I will consider the essence of student-teacher connection with the intent of exposing the value for the student that is inherent in the actual state of student-teacher connection. By exploring ‘who’ and ‘how’ the teacher is in the connected student-teacher relationship, the influence of the teacher on the students’ experience of connection will be made clear, thus providing direction for nursing educators. The influence of student-related factors and the fit between the student and teacher in the formation of student-teacher connection will also be discussed. The outcomes of student-teacher connection related to the students’ learning and professional socialization will then be considered in light of the essence of student-teacher connection and the influence of the teacher in the connected relationship. Throughout the discussion, the findings of the study will be placed in the context of existing knowledge related to student-teacher relationships, learning, teaching, and caring. Additionally, a schematic representation of student-teacher connection as revealed in the findings is found in Appendix F.

The essence of connection

The findings in this study indicate that student-teacher connection has an inherent value. This value is distinct and separate from the positive influence connection exerts on
students' learning and professional socialization; it arises from the essence of connection itself. The nature of the connected student-teacher relationships and the students' experience within them was such that students were easily able to identify relationships in which they had experienced a sense of connection with a CNT and distinguish them from nonconnected relationships. The experience of connection with the CNT was clearly positive and significant to the student. The students' descriptions of feeling at ease, accepted, valued, respected, and of experiencing positive self-regard and increased self-confidence stand as indicators of the value inherent in student-teacher connection. The students' stories, however, suggest that the value inherent in connection is greater than just these descriptions; there is a value that lies between the words themselves, a value arising from being connected. In the following discussion, I will argue that student-teacher connection provides an environment in which students are affirmed in whom they are in the present, become aware of their potential, and are supported in their personal and professional growth.

Connection as place of possibility

Buber (1958) describes an I-Thou relationship in which the self and other are simultaneously aware of their separateness and yet indivisibly related. The I-Thou relationship is characterized by openness, presence and mutuality. Buber views the student-teacher relationship as an I-Thou relationship and, as such, calls on the teacher to acknowledge the student as a whole person. The connected student-teacher relationship incorporates the qualities of an I-Thou relationship.
Buber’s essays on education (1968) further illuminate understanding of the value inherent in the connected student-teacher relationship. He proposes, “It is not the educational intention but it is the meeting that is educationally fruitful” (p. 107). In this study, the students’ stories of connecting with the CNTs clearly conveyed the sense of the student and teacher “meeting.” Further, the students’ feelings in a connected relationship and the outcomes of student-teacher connection indicate that it is a “fruitful” encounter. A further parallel is noted between the processes that supported student-teacher connection and those Buber proposes as essential to achieving a fruitful meeting of the student and teacher. Buber suggests that a fruitful meeting is achieved through the process of the teacher “experiencing the other side,” and notes that this “is the real process with which education begins, and on which it is based” (p. 96). “Experiencing the other side” involves the teacher seeking “to know the person as a whole” (p. 104), both as he or she is at that point in time and “in his [sic] possibilities, what he can become” (p. 104), and is grounded in inclusion, dialogue, mutuality, and trust.

Taking direction from Buber (1958, 1968), therefore, I suggest that the connected student-teacher relationship is a place in which students are allowed to be who they are and, importantly, one in which they can realize their potential as a person, learner and nurse. I contend that this is the primary value arising from student-teacher connection; that is, that connection is a place of possibility. From this place of understanding, the question is asked: What are the qualities of the connected student-teacher relationship that support connection as a place of possibility for the student? Review of the literature and the findings of this study suggest that caring, knowing, trust, respect, and mutuality are
the key components of connection as a place of possibility. It is important to note that the teacher’s way of being and teaching in the connected student-teacher relationship contributes to connection as a place of possibility. The teacher in the connected student-teacher relationship will be discussed later in this chapter.

Caring and connection

There is a great deal of similarity between the findings in this study and previous research related to caring student-teacher relationships, as well as to anecdotal literature related to caring. It is interesting to note, however, that students in this study rarely used “caring” as a descriptor of their experiences of student-teacher connection or the teacher in the connected relationship.

Research

Many of the findings in this study have been described in previous research related to caring student-teacher interactions and relationships. The similarity between the connected and caring student-teacher relationships is not surprising, given that several researchers have reported connection as a part of caring student-teacher interaction or as part of an experience of caring (Appleton, 1990; Grigsby & Megel, 1995; Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al., 1990). Many of the teacher-related factors that were identified in this study as supporting the formation of connection have been described in the context of caring student-teacher interactions. For example, personal attributes such as openness (Grigsby & Megel; Miller et al.), attentiveness (Beck, 1991; Halldorsdottir; Hanson & Smith), genuineness, genuine concern for the student (Halldorsdottir; Hanson & Smith; Miller et al.) are shared findings. Findings related to
the teacher as educator, such as, the teacher being nonjudgmental (Hanson & Smith), available to the student (Beck; Dillon & Stines, 1996; Grigsby & Megel; Halldorsdottir; Miller et al.), concerned with meeting the students’ learning needs (Beck; Dillon & Stines; Hughes, 1992) willing to help the student grow (Appleton; Grigsby & Megel), and encouraging open student-teacher dialogue (Beck; Dillon & Stines; Hughes; Miller et al.) confirm previous findings. In this study, the processes of coming to know each other, trusting and respecting were noted to be essential to the formation of student-teacher connection. Correspondingly, mutual disclosure or mutual knowing, respect (Appleton, 1990; Beck, 1991; Grigsby & Megel, 1995; Halldorsdottir, 1990; Miller et al., 1990), and trust (Halldorsdottir; Miller et al.) have been described as part of a caring student-teacher relationship. Additionally, the process by which a caring student-teacher relationship develops (Halldorsdottir) reflects the processes of beginning, trusting and respecting, and coming to know each other that were described in this study.

Similarities are noted in how students in other studies felt in caring and connected student-teacher relationships. Students have described caring and connected student-teacher relationships as egalitarian (Appleton; Beck; Halldorsdottir; Miller et al.). In this study, the connected student-teacher relationship is conveyed as a relationship in which two individuals came together as people, rather than as student and teacher. Likewise, Hanson and Smith (1996) suggest that a caring student-teacher relationship occurs between two persons with “minimal regard to status and roles” (p. 108).

Student comfort has been previously described as an aspect of caring student-teacher relationships (Appleton, 1990; Hanson & Smith, 1996); however, the emphasis
students placed on their feeling of ease and comfort with the CNT in a connected relationship suggests that this is a very important part of their experience of connection. There are several similar outcomes of connected and caring relationships. In particular, these include the student experiencing personal affirmation (Beck, 1991; Dillon & Stines, 1996; Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al., 1990), increased motivation to learn, and the development of a positive sense of self as a nurse (Halldorsdottir, Hanson & Smith).

In contrast to other research related to caring student-teacher relationships, the findings in this study also revealed the influence of student-related factors, the importance of communication and the influence of the teacher’s expectations regarding the students’ learning experience and the student-teacher relationship on the formation of connection. Additionally, the outcomes of connection such as being able to synthesize nursing knowledge, being aware of the patient as whole person, and developing “better” nurse-patient relationships in the presence of student-teacher connection have not been reported in other studies.

**Anecdotal literature**

The link between caring and connection is also evident in the review of anecdotal literature related to caring. A brief comparison of the findings of this study and the theories of caring proposed by Mayeroff (1971) and Noddings (1984) illustrates the similarity.

Mayeroff (1971) proposes eight ingredients of caring that include knowing, alternating rhythms (a process of being with the other in a caring encounter and then
reflecting on the effect of the encounter), patience, honesty, trust, humility, hope, and
courage. These ingredients encompass many of the attributes of teacher as a person that
influenced the formation of connection (e.g., openness, revealing self, being genuine,
patience) as well as some of the processes that supported connection (e.g., coming to
know each other and trusting). Caring in a student-teacher relationship, in Noddings’
(1988) view, requires the teacher to attempt to understand the student’s perspective, and
to be “totally and nonselectively present” (1984, p. 180) during a student-teacher
interaction. Noddings places knowing as prerequisite trust. Thus, Mayeroff and Noddings
view knowing and trusting as essential components of the caring relationship, mirroring
the role of these processes reflected in the findings of this study. Both authors associate
caring with fostering growth in the other. In this study, students described personal and
professional growth that was directly linked to their connected relationship with the CNT.
Although student-teacher connection differs from the theories of caring proposed by
Mayeroff and Noddings (e.g., the description of student-teacher connection includes
student-related factors that influence its formation, processes essential to its formation,
and details of the teacher’s way of teaching), it is apparent that the central themes are
shared.

Other links between caring and connection are evident in the anecdotal literature.
Several authors echo Buber’s vision of the student-teacher relationship and propose the
caring student-teacher relationship as a place of possibility for the student (Grigsby &
Megel, 1995; Miller et al., 1990; Morrison, 1985). Specifically, Miller et al. suggest that
“caring attitudes allow a person to be as he/she is now but also to actualize potentialities
for being different in the future" (p. 131). Paterson and Crawford (1994) suggest that “connectedness between the cared for and the caregiver is necessary for the caring relationship” (p. 171). In this study, the student and teacher were described as co-participants in the learning process; Bevis (1989) and Cohen (1993) also suggest that a caring student-teacher relationship includes co-learning. Cohen creates another link between connection and caring by suggesting that a caring student-teacher relationship incorporates a dissolution of dichotomous labels. Student-teacher connection is a label-free relationship within which, according to one participant, there are “two people together - one who is teacher, one who is student - but two equal people.”

In conclusion, student-teacher connection, as described in this study, bears a strong resemblance to theories of caring described in anecdotal literature and the findings of previous research regarding caring student-teacher interactions and relationships. Further, it is noted that a caring student-teacher relationship is proposed to be a place of possibility. It appears, therefore, that student-teacher connection is an integral part of caring. From this stance, I suggest that the caring dimensions of the student-teacher relationship are an important part of the essence of student-teacher connection and support connection as a place of possibility.

Knowing and connection

In acknowledging mutual knowing as an essential process in the formation of student-teacher connection, two points of interest emerge. The first concerns the nature of the knowledge the student and teacher required of each other; the second considers the way in which knowing and being known contributes to the essence of the connected
student-teacher relationship. Knowing, in this study, encompassed the process of seeking
to understand the other outside of their immediate role as a student or nurse, as well as
seeking to understand the perspective of the other. These views of knowing are similar to
those expressed in literature related to "knowing the patient" in clinical practice (Evans,

Several authors have suggested that an effective student-teacher relationship is
supported by the teacher seeking to understand the student as a whole person (Buber,
1968; Grigsby & Megel, 1995; Halldorsdottir, 1990; Miller et al, 1990). Further,
Mayeroff (1971) proposes the value of honesty, a process he defines as seeing the other
"as it really is" and not as we would "like it to be, or feel it must be" (p.13). In their
experiences of connection with CNTs, students felt known as whole persons. When
teachers recognized the students' lives outside of school, acknowledged their knowledge
and contribution to patient care, and recognized their individual learning needs students
felt acknowledged, valued and respected as individuals. Feeling known increased the
students' self-confidence, self-regard, and their motivation to learn. Further, students
believed that their increased self-confidence resulted in increased performance as a nurse.
Feeling known, therefore, affirmed the student as a person, a learner, and a nurse. From
that position, students were able to begin to develop their potential as nurses.

All students expressed a need to know the teacher, regardless of their reason for
seeking connection. The need for the student to know the teacher has been previously
described as part of caring student-teacher relationships (Grigsby & Megel, 1995;
Halldorsdottir, 1990; Miller et al., 1990). Knowing the teacher strongly influenced the
development of the students' trust of the teacher, the students' ease with the teacher, the
nature of the students' communication with the teacher, and supported the students'
perception of the relationship as egalitarian and co-participative. Interestingly, students
did not require extensive knowledge of the teacher in order to feel they knew him or her.
Some sought personal information, others desired to know the teacher as a nurse. The
extent of the mutual disclosure described in this study is similar to that reported by
Halldorsdottir (1990) who suggested that the teacher and student removing “the mask of
anonymity” (p. 99) was an essential part of the development of a caring student-teacher
relationship.

The actual process of how the student comes to know the teacher has not been
described in other research. In anecdotal literature, several authors have suggested that
the teacher’s practice-related stories are a significant means of the student coming to
know the teacher (Elbaz, 1992; Hensel & Rasco, 1992; Rittman & Sella, 1995).
Interestingly, students in this study also described coming to know the teacher through a
subtle, incremental process that included engaging in “casual, everyday” conversations
with the CNT, observing the CNT in interactions with others, and listening to the
teacher’s practice related stories. Paterson and Crawford (1994) question the influence of
the length of a clinical rotation on the teacher knowing the student. It is interesting to note
that, in this study, students felt known by, and knew the teacher, within the contact time
provided by clinical rotations of one to two days per week, over a semester. Although not
specifically stated, the students alluded to getting to know the teacher within a few weeks
of commencing the clinical rotation. This finding is encouraging in light of the importance of mutual knowing to the formation of student-teacher connection.

The student knowing the teacher, therefore, supports the students’ perception of the connected student-teacher relationship as a safe, supportive environment. Feeling known promoted the students’ sense of self-worth and confidence. In this way, mutual knowing contributes significantly to student-teacher connection as a place of possibility.

**Trust and connection**

Trust has been noted by several authors as an essential component of a student-teacher relationship (Appleton, 1990; Dillon & Stines, 1996; Halldorsdottir, 1990; Hughes, 1992; Miller et al., 1990) but less attention has been given to the sources of trust in the relationship. In this study, the word ‘trust’ was used to convey the idea of a “social exchange where one person is willing to interact with another without coercion” (Johns, 1996, p. 70). Mutual trust was described as essential to the formation of student-teacher connection. Students agreed that the teacher and student both deserved a degree of trust on the basis of their shared humanity, but noted that trust also developed during the relationship.

Knowing the other emerged as an important influence on the development of trust within the connected relationship. Buber’s (1968) premise that trust is formed by “direct and ingenuous participation in the life of one’s own pupils” (p. 107) is reflected in this study; participants believed that teachers need to know students before increasing their trust in them. Similarly, Mayeroff (1971) suggests that, although the carer should not impose his or her direction on the other, neither should they trust indiscriminately.
Instead, trust should be grounded in conditions that warrant such trust; for example, the teacher exposing students to relevant learning experiences. Further, Mayeroff proposes that trusting not only activated self-trust in the other, but also “enlarges the other’s living room” (p. 13) and, consequently, provides space for the other to grow in his or her own way and time.

In this study, students formed a perception of the teacher’s trust of them on the basis of the teacher’s actions. For example, one student explained that the teacher’s tendency to “give her space” not only supported her feeling of being trusted, but also promoted her sense of responsibility and accountability as a nurse. Additionally, self-trust was promoted when students received appropriate feedback from the teacher. Thus, the connected CNT’s well-founded trust of the student promotes the students’ development of their trust in the own clinical judgment.

The students’ trust of the teacher was promoted by their knowing the teacher, by the teacher’s willingness to reveal him or herself, and by the teacher having realistic and clearly communicated expectations regarding the students’ learning experience. The students’ ease with the teacher was supported by the environment of knowing and trust that existed in the connected student-teacher relationship and these conditions, in turn, enabled students to direct their focus in the clinical learning experience to learning. Thus, trusting and being trusted within the connected student-teacher relationship, promotes the students’ development as a nurse.
Respect and connection

Respect has been previously identified as a critical component of a student-teacher relationship. Some authors suggest respect must be mutual (Appleton, 1990; Miller et al., 1990; Nehring, 1990; Sieh & Bell, 1996), while others focus on the need for the teacher to respect the student (Beck, 1991; Brown, 1981; Oermann, 1996). In this study, mutual respect was identified as an essential process in the formation of student-teacher connection. Students agreed that both teacher and student deserved respect on the basis of their shared humanity and that respect also developed within the student-teacher relationship. In stories of nonconnected relationships, students identified teacher actions that resulted in them feeling disrespected (e.g., criticizing the student in front of patients or other students, using inappropriate humor). In contrast, their experiences of feeling respected were conveyed more subtly; they were embedded in their references to the nature of the connected student-teacher relationship (e.g., the egalitarian quality, teacher and student as “two people together, both worthy people”), and to their feelings of being valued and accepted as individuals. It appears that when students in this study spoke of respect, they referred to a condition that is inherent in Dewey’s (1916) concept of democracy; that is, having worth as an individual, regardless of status. Significantly, Dewey, in his philosophy of education, also contended that an individual should not be regarded as a person to be educated or developed. Instead, he viewed each individual as possessing innate abilities and the teacher’s role as providing relevant opportunities in which those abilities could be realized (Hardie, 1966). In this study, the connected teacher worked with the students as a coach or guide, supporting their learning in a manner that
fostered their confidence in their abilities as a nurse. Thus, the teacher’s way of teaching also contributed to the students’ feeling of being respected. It is evident, therefore, that feeling respected affirms the student in who they are, supports their insight into who they can become and, consequently, is foundational to connection as a place of possibility.

**Mutuality and connection**

The connected student-teacher relationship was characterized by mutuality: mutual understanding, mutual acceptance, mutual respect, mutual trust, and mutual satisfaction. Mutuality was also implied in the descriptions of the relationship as egalitarian and the teacher and student as co-participants in the learning experience. The notions of egalitarianism and mutuality within the connected relationship, however, warrant further examination.

Paterson (in review) challenges the use of equal and egalitarian as synonymous terms in the context of discussion of student-teacher partnership. She suggests that, while students and teachers may be equals in identity, equality in function is unlikely. The teacher’s knowledge and expertise, particularly compared to the student’s comparative lack in these areas, inevitably creates a functional inequality. Paterson contends that, when students enroll in an educational program, they accept this imbalance. Thus, functional inequality is “socially and emotionally legitimized because it meets the expectations of both students and teachers and is accepted by mutual consent” (p. 7). The acceptance of the functional imbalance, along with the equality of identity (achieved when each person is considered deserving of trust and respect), ensures the egalitarian quality of the connected relationship.
In a similar argument, Buber (1958) proposes that the student-teacher relationship is not fully mutual. He calls on the teacher to experience the student-teacher relationship “no merely from his [sic] own end, but also from that of his partner” (p. 132), but suggests that, if the student was to experience the teacher’s world with the same degree of inclusion, the relationship would either end or become a friendship. Buber’s view prompts an examination of what comprises a mutual relationship.

Henson (1997) suggests that mutuality is “a connection with or an understanding of another that facilitates a process of joint exchange between people” (p. 80). Importantly, he proposes that the pattern of give and take that characterizes a mutual relationship can be asymmetrical. The notion of asymmetry within a mutual relationship is, in my view, what Buber is suggesting when he proposes the student-teacher relationship as not fully mutual.

The connected student-teacher relationship, therefore, is understood to be egalitarian, incorporating mutually accepted functional inequality along with equality of identity. Further, it is a mutual relationship in which an asymmetrical pattern of give and take occurs between the student and teacher in the learning process, a pattern that arises from the functional inequality. On this basis, the connected student-teacher relationship affords students the possibility of being an active, valued and yet “limited partner” (Paterson, in review) in the student-teacher relationship, while they learn the ways of knowing, being and doing that comprise clinical nursing practice. As they develop their identity and ability as a nurse, the asymmetry within the relationship will decrease. Again, the connected student-teacher relationship is understood as supporting the student
in whom they are in the present, while providing an environment in which they are enabled to become more.

In summary, on the basis of the findings of this study, I have argued that the essence of student-teacher connection encompasses the qualities of caring, knowing, trust, respect and mutuality. Together these qualities provide an environment within which the students are affirmed in who they are as persons and as nurses. Further, the environment offers students the opportunity to explore and actualize their potential as professional nurses. Student-teacher connection is viewed as a place of possibility.

The teacher in student-teacher connection

Student-teacher connection is a highly interactive, evolving relationship that is influenced by multiple factors related to the student and teacher, as well as by several processes that were embedded in the relationship itself. Clearly, “who” and “how” the teacher is in the student-teacher relationship exerts a significant influence on the students’ experience of connection. In this study, students described factors related to the teacher as a person, educator and nurse that influenced their desire to seek connection and that supported or inhibited the formation and perpetuation of the connected student-teacher relationship. This profile of the CNT is not only more encompassing than those described in previous research related to effective clinical teaching but, importantly, describes the teacher in the context of the student-teacher relationship. Additionally, because the teacher attributes and behaviors are described along with the specific effects they exerted on the students’ learning experience, a direct link is established between the nature of clinical teaching and student learning outcomes.
The student also exerts an influence on the formation of student-teacher connection. This study identifies many factors that relate to the student as person, learner and nurse that influence the student-teacher relationship and the students’ learning experience. Further, because the student-teacher relationship requires the student and teacher to work together toward a common goal of the student’s learning, the fit between the student and teacher in the relationship has been shown to be important.

In the following discussion, I will highlight similarities and differences between the findings in this study and those reported the research related to effective clinical teaching. Then, with reference to Roach’s (1987) conceptualization of professional caring, I will consider selected attributes and behaviors of the CNT as a person, educator and nurse, and the relationship of these to the formation and perpetuation of student-teacher connection and their influence on students’ learning and professional socialization. Finally, the influence of student-related factors and the “fit” between the student and teacher in the relationship will be discussed.

The connected teacher and effective clinical teaching: a comparison

In an effort to place findings in this study regarding the teacher in the connected student-teacher relationship within the context of existing knowledge related to effective clinical teachers, I extended the literature review. In addition to the single study included in initial literature review in this study (Nehring, 1990), I examined eight studies related to characteristics of effective clinical teachers (Benor & Leviyof, 1997; Bergman & Gaitskill, 1990; Brown, 1981; Knox & Mogan, 1985; Mogan & Knox, 1987; Pugh, 1988;
Reeve, 1994; Sieh & Bell, 1994) and two literature reviews of research in clinical teaching in nursing (Oermann, 1996; Zimmerman & Waltmann, 1986).

Achieving a synthesized understanding of the research related to characteristics of effective clinical teachers was difficult for two reasons. First, the populations used in these studies are not consistent. While all studies except Benor and Leviyof (1997) include faculty and students in the sample, there is variation in the specifics of students included. For example, Mogan and Knox (1987) included second, third and forth year undergraduate students in their study; Nehring (1990) included only senior “generic” undergraduate students, as well as a small number of returning registered nurses; Sieh and Bell (1994) included students from an Associate degree program. Second, there is a lack of clear and consistent definitions of the terms used in these studies. For example, some researchers consider nursing competence and teaching ability as separate sets of characteristics (Mogan & Knox, 1987), while others use the term “professional competence” to include the teacher’s competence as a nurse and as a teacher (Brown, 1981). Additionally, because categories of characteristics of the effective clinical teacher are not defined in some studies, it is difficult to rule out overlap between categories, or even compare results of one study to another. I acknowledge these issues as I offer the following observations.

Nursing competence and interpersonal relationships are rated by faculty and students in most studies as a very important characteristics of an effective clinical teacher (Benor & Leviyof, 1997; Bergman & Gaitskill, 1999; Brown, 1981; Knox & Mogan, 1985; Mogan & Knox, 1987; Nehring, 1990, Pugh, 1988). Three studies specifically
include clinical competence as part of the effective teaching (Mogan & Knox; Nehring, Pugh). Within these studies, however, there is some variation in the relative importance assigned to the teacher's competence compared to the teacher's interpersonal characteristics. Overall, competence is rated as more important by faculty (Brown; Knox & Mogan; Mogan & Knox; Nehring), whereas students most often rate the teacher's interpersonal characteristics as more important (Bergman & Gaitskill; Brown; Knox & Mogan; Mogan & Knox).

Similarly, in this study, the student's perception of CNT's competence (based on the CNT's knowledge, skills and abilities as a teacher and as a nurse, and the currency of the CNT's clinical experience) and interpersonal skills were important influences on the formation of student-teacher connection. The processes of beginning, coming to know each other, trusting and respecting, communicating, and interpreting reflect the highly interactive nature of the connected relationship, and underscore the need for the teacher to be able to interact effectively with the student. Additionally, students described many factors related to the teacher as a person (e.g., open, approachable) and as an educator (e.g., providing opportunity for student-teacher dialogue, encouraging questions) that reflect the influence of the teacher's interpersonal skills on the formation and perpetuation of student-teacher connection. Students in this study appeared to find the teacher's interpersonal qualities more influential on their learning experience than the teacher's competence per se. To illustrate, several students described teacher's with whom they had not felt connected as knowledgeable and as "good teacher for skills," but noted that the teacher's tendency to respond to their lack of knowledge or mistakes by
belittling them or assuming they were inadequately prepared, was a pivotal influence in
the formation of a nonconnected student-teacher relationship. Interestingly, other
researchers have described these negative behaviors as characteristics of the “worst”
clinical teachers (Mogan & Knox, 1987; Nehring, 1990; Sieh & Bell, 1994).

In some previous studies, evaluation practices have been suggested to be the most
important characteristic of the effective clinical teacher (Benor & Leviyof, 1997; Brown,
1981; Knox & Mogan, 1985; Sieh & Bell, 1994). In Nehring’s study (1990), faculty and
students identified ineffective evaluation practices as characteristic of the “worst” clinical
teacher. Several students in this study cited the nature and timing of the CNT’s feedback
as a determining factor in the formation or absence of student-teacher connection.
Interestingly, the degree to which the students felt known and, therefore, the presence of
student-teacher connection, also influenced the credence the students assigned to
feedback they received from a CNT. Because students felt known in connected student-
teacher relationships, feedback from the connected CNT was considered credible. The
link between the student feeling known and the credibility of the CNT’s feedback has not
been reported elsewhere.

In previous research, teaching ability is generally rated by students as having low
to moderate importance as a characteristic of an effective clinical teacher (Benor &
Leviyof, 1997; Knox & Mogan, 1985; Mogan & Knox, 1987; Sieh & Bell, 1994). In this
study, specific aspects of the CNT’s teaching ability were an important influence in the
formation of student-teacher connection (e.g., the connected teacher having realistic,
negotiable, clearly conveyed expectations; the connected teacher assuming a predominant
role of guide, coach and helper). The teacher having and conveying realistic expectations has been previously noted as a characteristic of an effective clinical teacher (Bergman & Gaitskill, 1990; Brown, 1981; Knox & Mogan, 1985; Sieh & Bell, 1994). Students in one study included the failure to convey expectations as characteristic of the ‘worst’ clinical teacher (Nehring, 1990). The predominant role of the teacher in the clinical teaching process was not specifically considered in these studies related to characteristics of effective clinical teachers.

Students in this study identified many factors related to the teacher as a person that influenced their desire to seek connection and the formation and perpetuation of the connected student-teacher relationship. Many of these personal attributes (e.g., the teacher being enthusiastic about teaching and nursing, being available to the student) have been reported previously; however, the personal dimension of the teacher has been consistently rated by students and faculty as the least important dimension of an effective clinical teacher (Benor & Leviyof, 1997; Bergman & Gaitskill, 1990; Brown, 1981; Knox & Mogan, 1985; Mogan & Knox, 1987; Sieh & Bell, 1994). In contrast, personal attributes of the CNT appear very important to the students in this study. For example, the teacher’s personal attributes, such as being, open, accepting and nonjudgmental, contributed to what one student described as “an aura that invites the student to connect” and, thus, were critical to the formation of student-teacher connection. Further, with the exception of teaching and learning style match, personal attributes were most commonly described as the most influential factor in the “fit” between the teacher and the student. The link between personal attributes of the teacher and the formation of connection is
important, in light of the positive outcomes of student-teacher connection described in this study. Previous researchers have criticized the students’ tendency to rate the teacher on personal qualities and equated it with a popularity competition (Mogan & Knox, 1987). The findings in this study suggest that personal qualities of the teacher influence the students’ learning experience, and therefore should be considered as a legitimate and important part of effective clinical teaching.

In summary, the previous research related to effective clinical teaching presents a profile of the clinical teacher which, in spite of considering the interpersonal aspects of the teacher, fails to fully capture the essence of the teacher in the student-teacher relationship and in the teaching-learning process. The student is invisible in these studies; they fail to acknowledge the effect of student-related factors on the goals of effective teaching, the students’ learning outcomes. Further, because the teacher is considered in isolation, the reader of such research is asked to assume that the effect of the teacher attributes and behaviors on students’ learning is indeed positive. In contrast, this study has identified teacher attributes and behaviors in the context of the student-teacher relationship, thus conveying the teacher in an interactive, dynamic relationship with a visible student. Further, by linking the attributes and behaviors of the CNT with the formation of connection and describing student-teacher connection as a positive influence of students’ learning and professional socialization, this study provides a profile of effective clinical teaching that is directly linked to student outcomes. Thus, it offers direction for clinical nursing education.
Dimensions of the teacher in student-teacher connection

The similarity between student-teacher connection and caring has been described earlier in this chapter. It is not surprising, therefore, to note that the attributes and behaviors of the CNT that support connection can be captured in Roach’s (1987) conceptualization of professional caring, that is, within the concepts of competence, compassion, confidence, conscience and commitment. Although these dimensions provide direction for examining selected aspects of the CNT in student-teacher connection, it is in reality impossible to separate the CNT’s attributes in this manner. To illustrate, the teacher’s attributes related to conscience or moral awareness are also an essential part of the teacher’s competence. Similarly, attributes related to compassion are essential to competence, support the development of confidence or trust in the student-teacher relationship and are an integral part of the teacher’s commitment to the student’s learning.

Additionally, earlier discussion of the contribution of trust and respect to the essence of student-teacher connection alluded to teacher attributes related to the dimensions of confidence and conscience. For these reasons, the following discussion focuses primarily, but not entirely, on teacher attributes and behaviors that are noteworthy within the dimensions of teacher competence, compassion and commitment.

Competence

As noted in previous discussion, competence in nursing education has been variously defined. In this study, students incorporated several aspects of the CNT in their assessment of the CNT’s “credibility” and competence. They considered the teacher’s
knowledge, skills, abilities, and confidence as a teacher and as a nurse, and the currency of the teacher’s clinical nursing experience. Additionally, study findings suggest that the teacher knowing and being known by the student was an important part of competent clinical teaching practice in student-teacher connection. There are several points of interest within the conceptualization of competence present in this study.

While clinical expertise has been included as part of the clinical teacher’s competence in other studies (Grigsby & Megel, 1995; Halldorsdottir, 1990; Hanson & Smith, 1996; Mogan & Knox, 1987; Nehring, 1990; Paterson, 1991 cited in Paterson & Crawford, 1994; Pugh, 1988), as well as in the anecdotal literature related to effective clinical teaching (Hedin, 1989; Morgan, 1991), the emphasis the students in this study placed on the currency of the teacher’s clinical experience is noteworthy. Students appeared to value teachers with current clinical experience for two closely related reasons. First, they perceived the CNT with recent clinical experience as more knowledgeable, possessing a dimension of practical knowledge that was absent in teachers without recent or significant clinical experience. Secondly, they believed CNTs with current clinical experience were more familiar with the “real world” of nursing and because many students indicated that optimal clinical learning included learning how to nurse in the “real world,” were therefore more effective in helping the students learn about “real” nursing. This is not a completely new finding. Kramer, Polfroni and Organek (1986) reported that students perceive faculty who practice clinically as more credible and competent. Further, students in a study by Forrest, Brown and Pollock (1996) valued CNTs whose teaching reflected the work and demands of the clinical area. The debate
regarding current clinical experience as a part of clinical teacher competence has existed in the nursing literature for some time. In effect, this finding does little more than add to that debate.

Knowledge is accepted as an essential part of clinical teacher competence in nursing literature. The findings in this study, however, add an interesting perspective to the relationship between knowledge and clinical teacher competence. While students agreed that knowledge was an important part of the CNT’s credibility, they indicated that teachers in both connected and nonconnected relationships were knowledgeable. The key difference between the formation of a connected or nonconnected relationship lay in what the teacher “did with their knowledge.” When teachers used their more extensive knowledge base to emphasize the difference in roles and status of the student and teacher, students invariably described a lack of connection with the teacher. In contrast, when the teacher’s knowledge was an integral part of his or her role as a helper and supporter of the students’ learning, then student-teacher connection was supported. Thus, the findings in this study suggest that, while the CNT must possess a sound base of nursing knowledge, how that knowledge is used in the teaching-learning process is a key influence on the nature of the student-teacher relationship.

The findings of this study suggest that the teacher knowing and being known by the student is also a component of competence in connected clinical teaching. The teacher knowing the student has been described as part of caring student-teacher relationships (Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al., 1990), and is advocated in other research and anecdotal literature related to caring and nursing education (Buber,
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1968; Campbell, Larrivee, Field, Day, & Reutter, 1994; Diekelmann, 1992). The teacher knowing the student is important to student-teacher connection in two ways. First, as noted in earlier discussion, the student feeling known by the teacher is foundational to student-teacher connection as a place of possibility for the student. To this end, the competent CNT seeks to understand the student’s perspective and to acknowledge the student as a valued and unique individual. Further, knowledge of the student as a learner and a nurse and of the student’s learning needs, goals, strengths and limitations enables the CNT to provide appropriate help and support for students in their learning process. Finally, knowing the student prevents the CNT from forming and acting on assumptions regarding the student, an action which students in this study perceived as disrespectful and contrary to the meeting of their learning needs (Jacono & Jacono, 1995; Paterson & Groening, 1996). Thus, the competent clinical teacher needs to know the student as a person, a learner and as a nurse. The question that arises is, “How much knowing, particularly personal knowing, is appropriate?”

Traditionally nurses have been cautioned to refrain from becoming too involved with the patients for whom they provide care (Montgomery, 1992). Because the practice of nurse educators is influenced by who they are as nurses (Diekelmann, 1990) it is not surprising that this caution has been also present in nursing education. This study challenges that tradition and offers some insight into how much personal knowing and, therefore, involvement is appropriate in the student-teacher relationship. Further, the students’ experience of nonconnected relationships indicates that excessive distance in the relationship can be detrimental. The connected student-teacher relationship was
described as including a personal and professional component within which contextually influenced, flexible boundaries that determined the extent to which the individuals were revealed as persons in the relationship. The boundary between professional and personal components was sustained by two processes. First, the relationship was consistently focused on the student's learning experience. As well, the extent of personal information shared was governed by the relevance of the information to the student's learning experience. Thus, in some instances the student may reveal specific details of his or her personal life, while in other situations knowing the student included the acknowledgment of his or her personal life as part of who he or she is in the learning experience. This acknowledgment of the student as a person is one of the defining factors that sets the connected student-teacher relationship apart from a nonconnected relationship. The balance of professional and personal components within the connected relationship is similar to the idea of "professional intimacy" and "respectful distance" described by Halldorsdottir (1990) as part of the caring student-teacher relationship, and is a foundational aspect of an ethical student-teacher relationship (Smith, 1996; Wehrwein, 1996).

Knowing the teacher, an essential process in the formation of student-teacher connection, was a significant influence on the students' feelings of ease with the teacher and contributed to the egalitarian nature of the relationship. Feeling at ease with the teacher appeared to be a pivotal factor with respect to the outcomes of student-teacher connection described in this study. When students felt at ease their focus in the clinical setting was on learning; a sharp contrast to their preoccupation with "getting it right" and
“pleasing the teacher” that was associated with their fearfulness in nonconnected student-teacher relationships. The student knowing the teacher was dependent on the teacher’s willingness to reveal him or herself, and was supported by a variety of teacher actions (e.g., admitting own fallibility, engaging in dialogue with the student). In this way, the student came to know the teacher beyond his or her persona as a teacher; the teacher as person and nurse emerged. These findings concur with Diekelmann’s (1993) observation that teachers often make the most difference in students’ lives when they “look least like teachers” (p. 150). Thus, because of the influence it has on the formation of student-teacher connection and the students’ learning experience, the CNT’s facilitation of the student knowing the teacher is proposed as a part of teacher competence in the connected student-teacher relationship.

The teacher’s ability to recognize and respond to the students’ learning needs is another attribute of the connected teacher that emerged as part of teacher competence in this study. There are several factors relevant to the teacher’s ability to recognize and meet the students’ learning needs. First, knowing the student enables the teacher to recognize the students’ learning needs. Secondly, the teacher’s ability, skills and confidence as an educator and a nurse influence his or her ability to meet the students’ learning needs. In this study, the connected teacher was differentiated from the nonconnected teacher by his or her ability to teach “more than the technical aspects of nursing,” and to support the students’ development of process skills such as clinical judgment, organization and communication and, thus, their development as a nurse. This finding suggests that the
CNT's ability as an educator and a nurse may be more important than noted in the research related to effective clinical teaching.

The role of teacher confidence in clinical teaching has received scant attention in the existing literature (Crandall, 1993; Nehring, 1990). In this study, the teacher’s confidence as an educator and as a nurse was a significant factor, particularly for senior students, in the teacher’s ability to meet their learning needs. Students suggested that teachers created distance between themselves and students when they lacked confidence, thus inhibiting knowing and connection. Further, two senior students suggested that CNTs they perceived as lacking confidence did not have anything to “offer them” in their clinical learning experience. This perception appeared to be linked to the incongruence between the low confidence in these CNTs and the students’ developing vision of the nurse’s role. Thus, the teacher’s ability, skills and confidence appear to be a strong influence of the students’ development of an identity as a professional nurse and, consequently, are considered an important part of competent clinical teaching practice.

Finally, the observation of senior students that their learning needs and, therefore, what they required of the clinical teacher changed over the years of their program of study is a noteworthy finding. Describing their learning focus as junior students as “learning how and why to do things,” they noted their primary requirement of the CNT was for reassurance that their performance as a neophyte nurse was appropriate. In contrast, their learning focus as senior students was broader, reflecting an increasing awareness of the complexity of nursing practice and, correspondingly, they required a CNT who was able to help them explore and make sense of the issues that they
encountered in their care of individuals and families in a variety of settings. The difference between learning needs of senior and junior student has been noted by other authors (Pugh, 1988; Reeve, 1994; Reutter, Field, Campbell, & Day, 1997; Windsor, 1987); however, this finding highlights an assumption that has existed, and may still exist, in clinical nursing education; that is, that any clinical nursing teacher is able to work with any level of student. This finding raises questions regarding the processes by which CNTs are allocated clinical teaching assignments.

In summary, teacher competence in the connected student-teacher relationship is viewed as including attributes of the teacher as a person, educator and nurse. These findings confirm and add to other findings noted in the existing body of research. In particular, the inclusion of mutual knowing, the importance of the teacher’s confidence as a person, educator and nurse, and the recognition of the influence of the use of the teacher’s knowledge within the relationship expand the understanding of competence in clinical teaching.

**Compassion and commitment**

Student-teacher connection was revealed as a dynamic evolving relationship that was strongly influenced by the interaction between the student and teacher. The findings of this study indicate that the teacher’s way of being and way of teaching is critical to the nature of the student-teacher relationship. According to Roach (1987), compassion is a “way of living borne out of one’s awareness of one’s relationship to all living creatures” (p. 58), while commitment describes a “convergence between one’s desires and one’s obligations” (p. 66). The central elements of an awareness of and a responsiveness to the
student, as well as a commitment to understanding the students’ perspective, acknowledging the student as an individual, and supporting the students’ learning experience are present in the teacher’s way of being and way of teaching in a connected student-teacher relationship.

The student-teacher interactions in a connected relationship exemplify the CNTs awareness and responsiveness. For example, the CNT’s awareness of the student is evident in his or her acknowledgment of the expectations students bring to the learning experience, willingness to negotiate regarding these, and willingness to state his or her own expectations openly. It is important to note that the teacher’s awareness and responsiveness is in no way permissive. In fact, student-teacher connection is supported by the CNT having realistic but negotiable expectations, a finding that has been noted elsewhere as part of effective clinical teaching (Brown, 1981; Bergman & Gaitskill, 1990; Forrest, Brown & Pollock, 1996; Morgan, 1991; Nehring, 1990; Sieh & Bell, 1994). Further, students in this study clearly indicated a lack of desire to connect with a CNT whose expectations they perceived as too lenient. The connected CNT’s responsiveness is also evident in the students’ descriptions of the teacher attempting to adapt his or her way of teaching to fit with the expectations and needs of the student. The significance of this teacher behavior is highlighted by considering the nonconnected relationship where, as a result of the teacher’s inflexibility, the onus for adaptation appeared to be left with the student. The connected teacher’s response to the students’ mistakes or inability to answer a question also reflects the teacher’s sensitivity to the student. The connected teacher invariably responded in these situations in a manner that was accepting, nonjudgmental
and supportive of students' learning. These teacher actions contributed to the students' sense of ease with the CNT, their perception of the connected teacher as a helper and supporter of their learning, fostered the development of mutual trust and respect, promoted the egalitarian quality of the relationship and, as such, demonstrate their importance to student-teacher connection.

It is interesting to consider what underlies the connected teacher's attributes of responsiveness and awareness. The teacher's awareness of the student and the student's responses is understood to be a product of the CNT's attention to the student. Several authors have described attentiveness as a part of caring (Beck, 1991; Elbaz, 1992; Halldorsdottir, 1990; Hanson & Smith, 1996). Attentiveness, according to Elbaz, not only keeps CNTs "oriented in the present lives" of the students but also "prevents them from forgetting that those lives are of value in their own right" (p. 426). Attentiveness also supports the teacher's ability to recognize the students' readiness and need to learn (Titchen & Binnie, 1995). Further, the teacher's awareness and responsiveness appears to be grounded in their trust, patience and respect for the student. Mayeroff (1971) suggests that trusting the other includes trusting the other to learn from their mistakes, and to grow in their own time and in their own way. Further, he contends that patience, as an ingredient of caring, requires a "tolerance of a certain amount of confusion and floundering" (p. 13) and, further, that this tolerance expresses respect for the growth of the other. Finally, the CNT's responsiveness appears similar to Elbaz's notion of "holding," in which the teacher is simultaneously aware of the student and his or herself. Accordingly, it is argued that the connected teacher's responsiveness is grounded in a
strong sense of self, a willingness and ability to reflect in and on his or her practice, qualities that are advocated by other authors as essential to effective and caring teaching (Hedin, 1989; Mayeroff, 1971; Morrison, 1985).

The personal attributes of connected teachers support their compassionate and committed way of being in the student-teacher relationship. Students in this study described the connected CNT as emotionally and physically available. Many studies have included availability as a characteristic of effective teaching (Beck, 1991; Bergman & Gaitskill, 1990; Dillon & Stines, 1996; Grigsby & Megel, 1995; Halldorsdottir, 1990; Hanson & Smith, 1996; Miller et al., 1990; Reeve, 1994), but few specifically acknowledge the need for the CNT to be emotionally available (Grigsby & Megel; Halldorsdottir; Hanson & Smith; Miller et al.). The findings in this study indicate that, by being fully present and, thus, revealing him or herself as a genuine person, the CNT both acknowledges the wholeness of the student and facilitates the student being present in the relationship in the same manner. This mutual self-disclosure, in turn, not only supports the formation of student-teacher connection, but also fosters the students’ awareness of their potential as a person and as a nurse. The pattern of the teacher’s self-disclosure supporting students in revealing themselves has been described elsewhere as part of a caring relationship (Halldorsdottir, 1990; Martocchio, 1987). In addition, findings indicate that, when the CNT is open, approachable, patient, sensitive, accepting and nonjudgmental, spends time with students, encourages students, and is willing to talk with students about nursing and non-nursing topics, he or she conveys respect for students as individuals, and contributes to an environment in which they feel at ease with
the teacher, are motivated to learn and gain confidence in themselves. Thus, the link between the teacher’s way of being and the student learning outcomes is apparent.

Thus, compassion and commitment, exemplified by the teachers’ sensitivity and responsiveness to the student, their intent to understand the student as a whole person, and their commitment to students’ learning, are seen as essential dimensions of the teacher in the connected student-teacher relationship. The centrality of these dimensions challenges all CNTs to reflect on their attributes and practice, to examine their way of being and teaching.

Competence and compassion in the role of the connected teacher

Roach (1987) and Halldorsdottir (1997) suggest that competence and compassion are, by necessity, interrelated. Roach contends that competence without compassion “can be brutal and inhumane,” while compassion in the absence of competence may become a “meaningless, if not harmful, intrusion into the life of a person ...” (p. 61). In student-teacher connection, the integration of compassion and competence are clearly evident in the role assumed by the teacher. The connected teacher is present as a coach and guide, whose primary intent is to understand the students’ perspective and to help and support students’ learning in the clinical setting. Within this role, the teacher’s compassion, exemplified by his or her authentic, accepting and patient presence, comes together with the teacher’s knowledge, abilities and skills as an educator and nurse. From this basis, the connected teacher supports the students’ learning in a variety of ways and creates a learning environment in which the student is motivated to learn, is able to synthesize
knowledge and, consequently, develop skills and abilities related to clinical nursing practice.

The role assumed by the connected teacher encompasses qualities of facilitation. According to Burrows (1997), facilitation is a process of guiding, in which the teacher provides support for the students' learning within a climate of mutual respect and partnership. Significantly, Rogers (1968) contends that facilitation of learning rests on the personal relationship between the teacher and student, emphasizing the need for the teacher to be genuine, to acknowledge the students' worth, to seek to share the students' perspective, and to encourage the release of their potential. In direct similarity to process of the student knowing the teacher described in this study, the teacher as a facilitator is open, not in a cathartic way, but in the sense of sharing opinions and insights, and acknowledging strengths and limitations (Burrows). The role of connected CNT also reflects the moral responsibility perspective of clinical teaching described by Paterson (1994c) in which the CNT acts as a catalyst for the students' learning, seeks to make the students feel worthwhile and competent, views errors as opportunities for learning and endeavors to support the students' personal and professional growth.

The full significance of the connected CNT as coach and guide becomes apparent when it is compared to the predominant role described in this study with respect to the nonconnected CNT. Because students perceived the nonconnected CNT primarily as an evaluator, the focus within their clinical learning experience was on the teacher, rather than their own learning. Their preoccupation with "pleasing the teacher" and "getting it right," along with the nonconnected CNT's way of teaching, not only tended to narrow
their vision of a nurse to one in which doing and empiric knowing predominate and, thus, limited their learning and their professional socialization. The preoccupation of students with pleasing the teacher in clinical learning has been previously described in nursing literature. Diekelmann (1992) attributes this, at least in part, to a prevalent focus in nursing education on learning-as-testing and suggests, “The focus on testing so prevalent in our practices leads students albeit inadvertently into a constricted mode of learning and thinking about what is meaningful to them. Students are focused on the concerns and priorities of instructors” (p. 76). Similarly, students in Wilson’s (1994) study described two roles in their clinical learning experience: looking good as a student and looking good as a nurse. Because “looking good as student” required looking good in the eyes of the teacher, students were continually engaged in determining what the teacher wanted. Consequently, looking good as a student did not necessarily imply learning. Thus, previous research and the findings in this study link learning-as-testing and nonconnected student-teacher relationships. By extension, a connected student-teacher relationship is illuminated as supporting clinical nursing education in which the focus is on learning and development as a professional nurse.

In summary, these study findings regarding the connected teacher confirm the importance of the clinical teacher’s competence as an educator and a nurse, and add to understanding of competent clinical teaching. Additionally, the findings depict the CNT as a compassionate presence in the student-teacher relationship whose intent is to understand the students’ perspective, and to foster a trusting, respectful relationship, with
the ultimate aim of supporting the students' learning and development as a professional nurse.

The "fit"

This study revealed many factors related to the teacher and student that influenced the fit between the student and the teacher in their relationship and, thus, the formation of connection. In particular, the fit between personal aspects of the teacher and student, (e.g., personality, humor, shared experiences) was significant. This finding highlights the influence of the personal dimensions of the student and teacher on the students' learning experience and differs from previous research in which the personal dimensions of the CNT have not been considered important to effective clinical teaching. Further, the findings in this study qualify previous research which has described the teacher's humor as a characteristic of an effective clinical teacher. It is apparent, in this study, that the teacher's use of humor exerts a positive influence on student-teacher connection only when the style and focus of the humor is appreciated by both the teacher and the student. Thus, it is suggested that CNTs use humor judiciously within student-teacher relationships.

All students in this study described a match between the CNT's teaching style and the students preferred style of learning in the connected relationship. The meaning of this finding is not clear. On the basis of the consistency of this finding and the students' descriptions of the teacher's way of teaching, it is possible that the connected CNT has an ability to match students learning styles that is not present in nonconnected teachers. This ability is assumed to include recognition of the students' learning preferences and needs,
a broad repertoire of teaching strategies, and flexibility in his or her teaching practices. However, given that students described negotiating their learning experiences in connected student-teacher relationships, it is also possible that this match may have been facilitated by the achievement of mutually agreeable expectations regarding the learning experience and, possibly, by the students’ adapting to the teacher’s teaching style. Significantly, Thompson and Crutchlow (1993) suggest that matching teaching and learning styles is not necessarily desirable in the learning process, rather that negotiating expectations and encouraging students to expand their style of learning is more appropriate.

The teacher’s role in adjusting the fit between the teacher and student is particularly important in the formation of student-teacher connection. The teacher’s adaptation to the student is made explicit in the process of student and teacher sharing expectations and negotiating the learning experience, and the teacher’s efforts to accommodate the students’ learning preferences. Some students in this study described unsuccessful attempts to adapt to the teacher, others related actively resisting a perceived expectation to adapt to the CNT’s style. Importantly, these instances were invariably described in the context of a nonconnected student-teacher relationship and appeared to be associated with an absence of adaptation on the part of the CNT. It is not clear from the findings if students also adapted to the CNT in connected relationships. It is possible that they may have adapted but, because it was an easy and comfortable process, did not feel compelled to remark upon it. The process of the teacher and student adjusting the fit within the student-teacher relationship requires further exploration.
This study adds to understanding of the student-teacher relationship by highlighting student-related factors that influence the relationship and the fit between the student and teacher. Students enter the student-teacher relationship with beliefs and expectations about themselves, the teacher, the learning process, and the student-teacher relationship, as well as previous learning experiences that influence the likelihood of the formation of student-teacher connection. The influence of the student on the nature of student-teacher relationship has received scant attention in nursing literature.

Acknowledging the influence of the student in the relationship raises several relevant points. First, it confirms the importance of the teacher knowing the student as a person, learner and nurse, as an essential part of establishing the student-teacher relationship.

Further, it draws attention to the role and responsibility of the student in the formation and perpetuation of a connected student-teacher relationship. Student-teacher connection clearly requires the participation of both persons. In this light, it must be acknowledged that, if one person does not desire connection, even if the other seeks to connect, student-teacher connection may not occur. Similarly, if one or other person lacks the necessary interpersonal skills and abilities to form a connection, then the development of student-teacher connection will be inhibited. This raises a question regarding the degree to which the CNT can influence the formation of student-teacher connection. As suggested in the earlier discussion regarding mutuality in the connected relationship, the teacher may assume the role of "senior partner" in establishing the relationship and, for example, assist the student in developing the interpersonal skills and abilities needed to form a
connected relationship. It must be acknowledged, however, that student-teacher connection may not always be possible.

Finally, the findings in this study indicate that there were differences between the senior and junior students’ experiences of student-teacher connection. Specifically, variation was noted with respect to the aspects of the CNT that were significant to the students and, consequently, what they expected of the student-teacher relationship. In general, junior students tended to comment on the positive aspects of the connected student-teacher relationship, while senior students remarked on the negative aspects of nonconnected relationships. It is possible that students enter nursing education with an assumption that the teacher will hold more power in the relationship and, consequently, when junior students experience an egalitarian relationship, they find it remarkable. As the students progress through the years of their program they may become more accustomed to, or even expect, an egalitarian relationship with their teachers, so that the absence of this becomes the noteworthy situation for them. Additionally, in comparison to junior students, senior students’ appear to be hold a more encompassing view of the teacher as a person and as a nurse. It is possible that the newness of the junior students’ nursing experience detracts them from noticing the more subtle aspects of their CNTs. The difference between the aspects of the CNT that junior and senior students found salient and their expectations of the student-teacher relationship needs to be considered in any attempt to optimize the fit between the teacher and student in the relationship.

In summary, the findings of this study add to the existing body of research by making the student a visible influence in the student-teacher relationship. Further, the fit
between many student-related and teacher-related factors has been shown to influence the nature of the student-teacher relationship. Awareness of these factors as both potential supporters and inhibitors of connection, offers the CNT direction that is useful in the formation of a connected student-teacher relationship.

**The influence of student-teacher connection on students’ clinical learning**

Throughout this chapter student-teacher connection has been linked with positive outcomes in students’ learning and their professional socialization. Earlier discussion has described how the qualities of caring, knowing, trusting, respecting, and mutuality inherent in student-teacher connection, and how the CNT’s compassionate competence and commitment contribute to an environment in which the student is affirmed in who they are and supported in realizing their potential as a person, learner and nurse. The outcomes related to students’ learning confirm those described in the previous research related to caring student-teacher relationships. Further, the findings support Reilly and Oermann’s (1992) contention that developing rapport between the student and teacher is critical to the students’ motivation to learn. The effect of student-teacher connection on the scope and nature of the students’ learning revealed in this study is important. Although the majority of students acknowledge that they did learn in nonconnected student-teacher relationships, they invariably described “learning more” in a connected relationship. In the presence of student-teacher connection, students learned how to be a nurse, to understand and integrate the ways of knowing, being and doing that are essential to professional nursing practice. In contrast, their learning in the absence of connection was limited to learning, in the words of the students, “skills and physiology.” Student-
teacher connection, therefore, is understood to support learning and, because of the breadth of the learning, the students' development of an identity as a professional nurse. Connected CNTs influenced the development of the students professional identity in three ways; as a result of specific attributes and behaviors, by their influence on students' attitudes about themselves and nursing, and by creating an environment that supported the students' learning. These findings confirm those reported by Campbell et al. (1994) in their study examining students' socialization into nursing.

The study findings indicate that the connected CNTs shaped the students' attitude regarding themselves and nursing. First, the nature of student-teacher connection affirmed the students and promoted their self-esteem as persons and nurses. Through specific actions, CNTs also shaped students attitudes regarding themselves as learners and nurses, for example, by acknowledging the students' knowledge and by framing their mistakes as part of learning. Additionally, by virtue of their enthusiasm about nursing and learning, the connected CNTs promoted nursing as a worthwhile profession. Andersson (1993) views the teacher's promotion as a positive image of nursing as critical, contending that when teachers do not do this, they allow misconceptions to be perpetuated. Teacher enthusiasm has been previously noted as a characteristic of effective clinical teachers (Mogan & Knox, 1987; Nehring, 1990) and has been identified as a positive influence in students' socialization by Campbell et al. (1994).

The study findings indicate several processes within the student-teacher relationship by which the CNT's practical and theoretical nursing knowledge were shared with the student and, therefore, influenced the students' professional socialization. Junior
students described learning about how to “be” with their patients, the nature of acceptable nurse-patient communication, and different ways of comforting patients as a result of observing the CNT providing nursing care. Most students noted that when they sought the CNTs assistance during the provision of patient care, connected teachers responded by working with the students and including them as equal partners in the caregiving process. In contrast, nonconnected teachers invariably to “took over patient care” from the student, an action that diminished the students’ confidence as a person and as a nurse. Titchen and Binnie (1995) propose that when clinical teachers nurse with students, their practical knowledge is made accessible to students. The open communication that characterized the connected student-teacher relationship also allowed the student to access the teacher’s practical and theoretical knowledge. Dialogue between the student and teacher about patients and other nursing topics both affirmed and supplemented the students’ knowledge and vision of nursing. Additionally, students reported using information they had gained from listening to the teacher’s stories of his or her nursing experience in their clinical decision making. These findings not only exemplify the influence of the connected CNT’s embedded nursing knowledge but also illustrate how students learned the art of nursing in a connected relationship with CNTs. Previously, Davies (1993) noted that role modeling by staff nurses and CNTs was useful in allowing students to uncover embedded nursing knowledge; role modeling has been described as a characteristic of effective clinical teachers (Dillon & Stines, 1996; Knox & Mogan, 1985; Mogan & Knox, 1987; Nehring, 1990; Pugh, 1988; Reeve, 1994; Wiseman, 1994). Interestingly, Davies also suggested that “knowledge discovered through observation of
clinical role models relates to the artistic, rather than scientific aspect of nursing knowledge” (p. 625). It is important to note that these findings do not necessarily validate the benefit of the CNT’s deliberate intention to role model nursing care. Because of the focus of the study, it is not known if the aspects of the CNT’s practice that most influenced the students were related to an intentional process on the part of the CNT or if students were influenced by what they found meaningful in the specific situation. Paterson (1991, cited in Paterson & Crawford, 1994) reported that students were not always aware when faculty were role modeling nursing practice.

Students described processes by which they judged their performance in the clinical area and, therefore, their evolution as a nurse. All students relied on the CNTs feedback as a source of judging their progress; however, they noted that they needed to feel known by the CNT in order for the feedback to be considered credible. Thus knowing, as an essential process in student-teacher connection, is shown to support the students’ development as a nurse. Additionally, students interpreted the teacher’s behavior or responses in specific situations and assigned meaning relevant to their status as an evolving nurse. Although not made explicit by the study findings, it is assumed that the CNT’s sensitivity and responsiveness to the student were important influences on the positive nature of the process of interpreting for the students in this study.

Interestingly, students in this study suggested that student-teacher connection enabled them to be aware of the patient as a whole person and, correspondingly, supported ‘better’ nurse-patient relationships. It appears that when the students experienced the teacher as a compassionate being, as a whole person, they were more able
to see the patient in the same way. This process appears similar to the premise that students learn to establish caring relationships with patients when they experience caring in the student-teacher relationship (Forrest, 1989; Hughes, 1992; Nelms, Jones & Gray, 1993). In this study, the translation of being known and cared for into knowing and caring appears to be indirect. It is assumed that, because of the environment inherent in the connected student-teacher relationship, the student is sufficiently at ease to be able to take a mental step back from what they are doing in their clinical experience and consider the meaning attached to the situation. Thus, in stepping away from the patient they are able to see them as a person, rather than as the site of a dressing change, or the teller of a story of an illness experience. In recognizing the patient as a person, their own experience of being acknowledged as an individual guides their response of compassion and caring. This process requires further investigation.

Other influences on the students' clinical learning and socialization as a professional nurse which have been described in the nursing literature were not noted in this study. Campbell et al. (1994) note that peer support was an important influence on the students' clinical learning. With one exception, students in this study did not describe receiving significant support from other students in a clinical group; however, it is important to note that the intended purpose of this study did not include exploring the influence of student-teacher connection on student-student connection. Further research in this area is needed. Some authors suggest that the staff nurses in the clinical setting also influence the students' learning and socialization. Students in this study described seeking alternate resources, such as staff nurses, to support their learning in nonconnected
student-teacher relationships; however, they did not describe seeking help from staff nurses in the context of connected student-teacher relationships. Other studies have noted that junior and senior students choose persons in different roles as a resource (Campbell et al., 1994; Morgan, 1991; Reutter et al., 1997). This variation was not noted in this study. However, because the relationship between CNTs, students and staff nurses was not included in the focus of this study, further research is required to understand if student-staff nurse interaction is altered by the nature of the student-teacher relationship.

It is clear from the study findings that student-teacher connection supports the students in learning the art and science of nursing and, further, that the CNTs presence as an educator and a nurse is a positive and significant influence in their professional socialization. From this basis, the formation of student-teacher connection is proposed as a valuable and worthwhile pursuit for all CNTs.

Summary

In this chapter, selected findings have been discussed. The findings related to student-teacher connection confirm those described in the existing body of research related to caring student-teacher interactions and go beyond the findings reported in research related to effective clinical teaching. Specifically, this study provides a profile of the connected CNT that is not only more encompassing than those described in the existing body of research but describes the teacher in the context of the student-teacher relationship. Further, this study adds to knowledge of effective clinical teaching by not only revealing student-teacher connection as a positive influence of students’ learning
and professional socialization, but also by linking the profile of the connected clinical teacher to those student outcomes.

I have proposed that student-teacher connection has a value in and of itself, a value arising for the qualities of the relationship. The qualities of caring, knowing, trusting, respecting, and mutuality integral to student-teacher connection together make it a place of possibility for the student. The connected student-teacher relationship provides an environment in which students are affirmed in whom they are and in which they can realize their potential as persons, learners and nurses. Thus, there is value for the student in the connected relationship that is distinct from the positive influence student-teacher connection has on the students' learning experience.

Not surprisingly, the CNT is a significant influence on the students' experience of connection. I have suggested that the attributes of the connected CNT are encompassed by Roach's (1987) conceptualization of professional caring: competence, compassion, commitment, conscience, and confidence. From this perspective, I explored the influence of the CNT's competence, compassion and commitment on student-teacher connection. The view of teacher competence in this study goes beyond the existing body of research by including mutual knowing as part of CNT competence. In this study, the teacher knowing the student as a person, learner and nurse has been shown to be a positive influence on the students' self-regard, sense of being valued and accepted, and motivation to learn. Further, by knowing the student, the CNT is able to understand the students' learning needs and expectations and, thus, support the students' learning effectively. In this respect, this study challenges the existing tradition in which CNTs are cautioned to
refrain from becoming “involved” with their students. CNTs are challenged to foster a student-teacher relationship that incorporates a balance of personal and professional qualities that is acceptable to both individuals, and that supports the students’ learning. Because of the influence on the egalitarian and co-participative qualities of the connected relationship, and on the development of the students’ sense of trust and ease with the CNT, the CNT’s facilitating the student knowing the teacher is proposed as part of teacher competence. Study findings also confirm previous research that has placed teacher confidence, the CNT’s use of his or her knowledge in the relationship, and current clinical experience as part of teacher competence.

In student-teacher connection, the connected teacher is present as a coach and helper, with a primary intent of understanding the students as whole persons and supporting their learning. Within this role, the teacher’s compassion, exemplified by his or her authentic, respectful and patient presence and his or her sensitivity and responsiveness to the student, is integrated with the CNT’s knowledge, skills and abilities as an educator and nurse. In this way, the connected CNT supports the students’ learning in a variety of ways and creates a learning environment in which the student is motivated to learn, is able to synthesize knowledge, begins to see the patient as a whole person and, correspondingly, begins to understand and integrate the ways of knowing, being and doing that comprise clinical nursing practice. Accordingly, I proposed that the CNT exerts a positive influence on the students’ socialization as professional nurses in three ways: (1) as a result of specific attributes and behaviors, particularly those that enables the students to access the CNTs embedded knowledge; (2) by promoting a positive image
of nursing and the student as nurse; and (3) by creating a learning environment that affirms and motivates the students and, thus, fosters the students’ learning. These findings go beyond previous research by linking the influence of the teacher as a person, an educator, and as a nurse, to students’ learning and professional socialization and, in doing so, provide direction for clinical nursing education.

This study expands understanding of student-teacher relationships in the clinical setting by illuminating many factors related to the student as a person, learner and nurse that influence the formation student-teacher connection. The existing body of research related to effective clinical teaching considers the student-teacher relationship solely from the perspective of the CNT and, in doing so, implies that the CNT is not only responsible for, but is also able to singlehandedly establish and maintain the student-teacher relationship. The recognition of the many student-related factors that affect this relationship demands the acknowledgment of the role and responsibility of the student in the formation of the student-teacher relationship. From this basis, and in light of the potential complexity of the fit between the teacher and student in the relationship, I have acknowledged that student-teacher connection, although desirable, may not always be possible.

The study findings clearly indicate that student-teacher connection supports students’ learning the art and science of nursing and, further, that the connected CNT is a significant positive influence on the development of their identity as professional nurses; therefore, student-teacher connection is proposed as an effective student-teacher relationship and, thus, a worthwhile goal for all clinical nurse teachers.
CHAPTER SIX: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Summary

The purpose of this study was to explore and describe undergraduate nursing students’ experiences of student-teacher connection and the influence of student-teacher connection on their learning experiences in the clinical area. The trend toward humanistic education has placed the student-teacher relationship at the heart of nursing education, calling for a transformed relationship that is egalitarian and fosters learning and growth for the teacher and the student. Although such a transformed relationship has been purported to form the basis for student-teacher connection and some researchers have linked connection to caring student-teacher interactions, the literature reviewed revealed an absence of research that specifically explored student-teacher connection. A variety of perspectives of teaching and learning that supported or incorporated student-teacher connection were located in anecdotal literature and, within these perspectives, much conjecture was noted regarding the positive effect of an optimal student-teacher relationship on students’ learning experiences and outcomes. These claims are largely untested. Thus, this study sought to answer the questions: What is the undergraduate nursing student’s experience of student-teacher connection in the clinical area? What is the effect of student-teacher connection on the undergraduate nursing student’s learning experience in the clinical area?

In keeping with my intent to understand the way in which the students experience, assign meaning to and therefore define their relationships with the clinical nursing teacher, the theory of symbolic interactionism provided direction for the study. The
qualitative research method of interpretive description was chosen as the research design for this study. Considered suitable for exploration of previously unexplored experiences, this design allowed me to move beyond descriptions of the students' experience and engage in interpretation of the experience from the students' perspective.

Eight undergraduate nursing students participated in this study. I sought to understand the students' experiences of connection and nonconnection with a CNT in individual unstructured interviews. During a subsequent focus group in which six of the eight students participated, I confirmed and expanded my understanding of their experience of connection with teachers in the clinical setting. The interviews and focus group were audio-taped and transcribed verbatim. Data analysis using the process of constant comparative analysis was conducted concurrently throughout the data collection and, therefore, guided the data collection process. By comparing similarities and differences between the transcripts, I ultimately identified four interrelated major categories that form a description of the students' experience of connection in the student-teacher relationship: nature of connection, formation of connection, processes of connection, and outcomes of connection.

The findings indicate that student-teacher connection is a significant and positive experience for the students in this study. It is apparent that, as well as having a positive influence on the students' learning and socialization as professional nurses, student-teacher connection held a value in and of itself. The qualities of caring, knowing, trusting, respecting, and mutuality that are inherent in the connected student-teacher relationship
contribute to a learning environment in which the students are affirmed and in which they begin to realize their potential as persons, learners and nurses.

The connected CNT, whose attributes are encompassed by Roach's (1987) conceptualization of professional caring, emerged as a significant influence on the students' experience of connection. In student-teacher connection, the connected CNT is present as a coach and a helper, with a primary intent of understanding the students as whole persons and supporting their learning. Within this role, the teacher's compassion, exemplified by his or her authentic, respectful and patient presence and his or her sensitivity and responsiveness to the student, is integrated with the CNT's knowledge, skills and abilities as an educator and nurse. From a basis of compassionate competence and commitment, the connected CNT supports the students' learning in a variety of ways that contribute to their sense of ease with the CNT, their feeling of being known, valued, respected and trusted. As well, the connected CNT strengthens the students' perception of the connected relationship as egalitarian and co-participative. Within a connected student-teacher relationship, students are able to focus on learning, are highly motivated and enjoy their learning experience. Further, the students are able to synthesize nursing knowledge, develop an awareness of the patient as a whole person, and begin to understand and integrate the ways of knowing, being and doing that comprise the art and science of nursing. Thus, the connected CNT is as a positive influence on the students' learning and their socialization as professional nurses.

Study findings reveal that, in addition to factors related to the teacher as a person, educator and nurse, the formation of student-teacher connection is influenced by multiple
student-related factors. Students enter the student-teacher relationship with beliefs and expectations about themselves, the teacher, learning, the student-teacher relationship, as well as previous clinical learning experiences that influence the formation and perpetuation of a connected student-teacher relationship. Further, because the student-teacher relationship requires that the student and teacher work together toward a common goal of the students’ learning, the “fit” between the two individuals is a critical influence in the formation of student-teacher connection.

Several processes that are embedded in the student-teacher interaction within the relationship, emerged as influencing the formation of student-teacher connection. Among these, mutual knowing, trust and respect are essential, while student-teacher interaction integral to the process of beginning the relationship and interpreting exert a significant influence on the nature of the relationship.

Some differences are apparent in the senior and junior students’ experiences of connection. In general, junior students appear to find the positive qualities such as the egalitarian nature of the connected relationship remarkable, whereas senior students commented on the absence of the egalitarian quality in the context of a nonconnected student-teacher relationship. Further, senior students appear to have a perception of the CNT that was more encompassing than that of the junior students who tended to focus on aspects of the teacher that relate to the power distribution within the relationship. Senior students referred to the manner in which the CNT is present in the relationship and the tone of the CNT’s interactions with the student. No differences are evident between the
two groups of students in the process of the formation or the outcomes of student-connection.

In summary, all students in this study experienced student-teacher connection as a positive and affirming relationship. Further, student-teacher connection was perceived as a positive influence on the students' clinical learning experiences and socialization as professional nurses.

Conclusions

The study findings suggest the following conclusions:

1. Student-connection has a value in and of itself that arises from the qualities of caring, knowing, trusting, respecting, and mutuality that are inherent in the connected student-teacher relationship. Accordingly, the connected student-teacher relationship provides a learning environment in which students are affirmed as individuals and in which they are able to realize their potential as persons, learners, and nurses.

2. The connected student-teacher relationship is an interactive, evolving relationship. The formation of student-teacher connection is influenced by factors related to the student and teacher as persons, learner and educator, and nurses. Thus, because the student-teacher relationship requires that the teacher and student work together toward the common goal of the students’ learning, the fit between the two individuals is also important in the formation of a connected student-teacher relationship.

3. The formation of student-teacher connection, as well as the nature of the relationship, are influenced by processes embedded in the student-teacher interaction within the
relationship. In particular, mutual knowing, trust and respect are essential to the presence of student-teacher connection.

4. The clinical nursing teacher is a significant influence in the students’ experience of student-teacher connection. From a basis of compassionate competence and commitment to understanding students as whole persons and supporting their learning, the connected CNT works with students in their learning experiences as a helper, advocate and coach. Drawing on knowledge, skills and abilities as an educator and nurse, as well as current clinical experience, the CNT supports the students’ learning in a variety of ways and creates an environment in which the student is able to focus on learning, is highly motivated to learn and enjoys learning. In connected student-teacher relationships students are able to synthesize nursing knowledge, to develop the processes of clinical judgment, organization and communication integral to their role as nurses, and begin to be aware of the patient as whole person.

5. Student-teacher connection is a positive influence on students’ clinical learning experiences and their socialization as professional nurses. The influence of the CNT and the learning environment inherent in the connected student-teacher relationship, supports students in learning the ways of knowing, being and doing that comprise the art and science of nursing.

**Implications for Nursing**

The findings of this study carry implications for nursing research and clinical nursing education. Within clinical nursing education, there are implications for the practice and preparation of clinical nurse educators.
**Clinical nursing education practice**

Study findings revealed that factors arising from the teacher as a person, an educator and a nurse exerted an influence on the formation student-teacher connection and the students' learning experience of student-teacher connection. Accordingly, it is suggested that the CNT must be self-reflexive concerning the self as a person, educator and nurse. Without self-awareness the CNT's traits, both positive and negative, tend to be automatic responses and, because of this, may not always be the most useful or appropriate response to enhance students' learning and professional growth. In light of the centrality of responsiveness to the connected teachers way of being, mindful responsiveness is considered important. Hedin (1989) suggests that, “Our consciousness is the ceiling of our potential” (p. 85). This statement highlights the need for CNTs to be willing and able to reflect on what they bring to the student-teacher relationship and their way of being in the relationship. The positive attributes of the teacher that support connection have been discussed elsewhere in this study and will not be reiterated. Rather, CNTs are alerted to the influence of negative characteristics on the formation of student-teacher connection; for example, vanity, perfectionism, interference, and insensitivity (Jacono & Jacono, 1995). To illustrate, perfectionism can result in the CNT failing to trust the student, imposing unrealistically high standards on the student, limiting feedback to criticism, and focusing on perfection rather than excellence in nursing practice. All of these behaviors have been noted to inhibit student-teacher connection.

This study suggests several aspects relevant to the CNT's way of being in the relationship that serve as a focus for reflection. First, CNTs need to consider the balance
of power within the relationship. Findings in this study indicated that the teacher’s use of their knowledge within the relationship was an important influence on the formation of student-teacher connection. Given the power inherent in the inevitable evaluation component of the CNT’s role, students are unlikely to challenge a CNT who they perceive as using his or her more extensive nursing knowledge to establish status or to maintain distance within the relationship. Study findings suggest that students will either attempt to adapt to the CNT’s expectations or avoid the CNT. Thus, the onus is placed with CNTs to use their knowledge to support the students’ learning. Secondly, the role assumed by the CNT in the student-teacher relationship was revealed as important to student-teacher connection; in particular, the degree to which students perceived the CNT’s primary intent as one of helping and supporting their learning rather than evaluating their performance. To this end, CNTs must reflect on their responses to students’ errors and lack of knowledge, and to examine the nature and timing of their feedback to students. Finally, because the CNT emerged as a positive influence on the students’ professional socialization, CNTs need to consciously create opportunities in which students can access the CNTs’ embedded knowledge. For example, nursing with students (as opposed to taking over patient care), sharing stories of his or her nursing experience, and engaging in dialogue with students regarding nursing management of their patients has been shown in this study to support the CNT sharing his or her practical and theoretical knowledge with the student. Thus, CNTs are challenged to reflect on what they bring to the student-teacher relationship, their actions within the relationship, the
effect those actions have on the student and, finally, what assumptions and beliefs underlie their interactions with the student.

In this study, mutual knowing emerged as being essential to the formation of student-teacher connection. Further, the process of knowing and being known by the CNT was a positive influence on the student as a person, learner and nurse. Accordingly, these findings have several implications for the CNT. First, because knowing the teacher influenced the students’ sense of ease and trust with CNT and their perception of the power balance within the relationship, CNTs must consciously seek to facilitate the student knowing them. This study provides direction for this process by revealing that students came to know the teacher in a subtle, incremental process which was supported by CNTs sharing information regarding their background and credentials, engaging in casual conversations with students regarding non-nursing and nursing topics, sharing stories of their experience as a nurse, and being willing to admit their fallibility. In this way, the students’ need to know the teacher as a nurse and, to a lesser extent, as a person was met. Secondly, the findings in this study challenge the existing tradition in which the CNT avoids becoming involved with the student. Because the teacher knowing the student affirms students, fosters their personal and professional growth, and enables the CNT to understand the students’ expectations, learning preferences, and needs, it is imperative that CNTs seek to know the students as whole persons. The contention that teachers come to know the student by “experiencing the other side” provides direction for CNTs in this process. In “experiencing the other side” however, it is important that CNTs maintain a clear sense of self in the relationship, such that they are able to understand the
students' perspective but not take it on as their own. Further, by using the students' learning as the primary focus in the relationship, CNTs must endeavor to find a balance between the personal and professional aspects of the relationship that is acceptable to both persons. Finally, it is useful to consider to what degree the vision of the teacher knowing all students as whole persons is realistic. Paterson and Crawford (1994) suggest several constraints to knowing the student including the amount of time the CNT has to spend with a student, short clinical rotations, the lack of preparation teacher for the CNT role, and the influence of the evaluation component of the CNT's role. This study indicates that a variety student-related factors may also inhibit the CNT knowing the student.

Traditionally, consideration of the interface between the student and teacher in the relationship has focused on the compatibility of the teacher's teaching style and the learners' preferred style of learning. The findings in this study indicate that CNTs need to consider factors related to the student as a person, learner and nurse when assessing the fit between the student and teacher. As part of understanding and adjusting the fit, the CNT must be able to assist the students to reflect on themselves as persons, learners and nurses, and support students in developing the skills they require to be able to contribute to the formation of student-teacher connection. For example, students may need support in developing interpersonal skills necessary to effective communication and conflict resolution, or assistance in expanding their learning style. Similarly, students who lack self-confidence will likely need the CNT to assume the initiative in establishing the relationship. In essence, these teacher actions involve the CNT acting as senior partner...
with the student as limited partner in the relationship, and are consistent with the
mutuality that characterized the connected student-teacher relationship. Within this
process, however, CNTs need to be aware of their own strengths and limitations in
adjusting the fit within the relationship. Additionally, CNTs must acknowledge that all
students may not wish to connect with the CNT.

Preparation of clinical nurse teachers

This study carries implications relevant to the preparation of CNTs. The findings
confirm that CNTs need to be competent as educators and as nurses and, in doing so,
suggest a need for CNTs to have current clinical experience. It is difficult to add anything
new to the existing ideas in nursing literature regarding how, if at all, CNTs might
maintain currency in clinical experience. Accordingly, it is reiterated that, if CNTs are to
maintain currency in clinical practice, then colleges and universities must acknowledge
the time required by faculty to do this as a legitimate part of the teacher's workload.
Fundamental to this issue is the need for the profession of nursing to accord equal value
to the roles of nurses as practitioners, scholars, specialists, administrators and researchers
(Barnes, Duldt, & Green, 1994).

The study findings indicate that CNTs need to be aware of, and able to respond to,
the changing focus of the students' learning as they move through the program. This
requires that the CNT both knows the student as a learner and has a wide range of
facilitative teaching skills suitable to a variety of student learning needs. The need for the
CNT to have a range of facilitative teaching skills, and to enact these within the complex
clinical learning environment, highlights an existing debate regarding appropriate clinical
preparation for CNTs. Although there is a long-standing assumption that a skilled classroom teacher will automatically be a skilled clinical teacher, it is apparent that the teaching-learning environments of classroom and clinical teaching environments are quite different and, as such, demand different skills of teachers (Karuhije, 1997). Given that the different environments require different skills from the CNT, how then do CNTs develop expertise as clinical educators? A focus on clinical teaching within a graduate nursing program offers one method of nurses acquiring skills and education necessary to begin practice as a CNT. Another possible solution would be to partner experienced CNTs with novice CNTs. This would not only provide an opportunity for the novice CNT to access the experienced CNT’s embedded knowledge but would also diminish the isolation that characterizes clinical teaching. Finally, the changing needs of the student over the years in the program calls to question an assumption that exists in clinical nursing education, namely that any CNT can teach any group of students, regardless of their year in the program. In light of the findings in this study it seems prudent to consider the CNT’s previous clinical teaching experience in determining his or her clinical teaching assignment.

Finally, the profile of the connected CNT that was described in this study suggests a need to examine the focus in evaluation of clinical teachers. It is suggested that an appropriate evaluation tool should address the CNT in the context of the student-teacher relationship. Such a tool could consider the teacher’s interpersonal style in transmitting knowledge, teaching strategies that recognize existing knowledge and facilitate learning,
the teachers style of communication (including feedback), and the use of own experience (Kirschling, Fields, Imle, Mowery, Tanner, Perrin, & Stewart, 1995).

Nursing research

The findings of this study suggest the need for further research to support a more comprehensive understanding of student-teacher connection. First, there are student-related factors that warrant further exploration. While it is clear that all participants in this study valued student-teacher connection, it is not known if all students desire student-teacher connection. If some students do not desire student-teacher connection, how does the learning process of these students compare to students such as the participants in this study who learned most effectively in a connected relationship? Additionally, although findings indicate that student-teacher connection is fostered when CNT’s respond to students’ lack of knowledge in an accepting and supportive manner, it is not known if student-teacher connection can be established and sustained with a student who is at risk of failing in a clinical course. Is there a limit to the positive effect of the CNT’s nonjudgmental and supportive response? What are the outcomes of sustaining or not sustaining a connected relationship with a failing student in a clinical course?

The teacher knowing the student emerged as an essential process in the formation of student-teacher connection. The findings, however, do not indicate if it is possible for a CNT to know all students within a clinical group in a manner that supports student-teacher connection. Other authors have noted time-related constraints relevant to the teacher knowing the student (Paterson & Crawford, 1994) but these concerns have not
been explored in research. Further research aimed at illuminating contextual and personal factors that influence the teacher knowing the student would be useful.

The findings related to student-related factors that influence the student-teacher relationship and the influence of the fit on student-teacher connection have not been previously reported. Accordingly, examining these aspects in future studies would build understanding of the student-teacher relationship.

The effect of contextual factors on student-teacher connection is not clear in this study. It would be useful to examine the influence of the clinical unit staff and the administration and faculty of the school of nursing on the formation of student-teacher connection. Some questions for further research in this regard include: is the student’s perception of the CNT influenced by the staff-nurses in the clinical area, the other faculty or the culture of the school of nursing?; does the CNT’s credibility with clinical unit staff make a difference to the formation of student-teacher connection?; does the work environment of the CNT (e.g. faculty-faculty relationships, faculty’s perception of support from their administration) influence the CNT’s desire and ability to connect with students?; what influence, if any, does the teacher’s experience as a CNT have on the formation of connection?

Similarly, the effect of culture and ethnicity on student-teacher connection needs to be evaluated. This seems important in light of the influence of personal beliefs, expectations and attributes of the student and the teacher on the formation of student-teacher connection.
In recognizing the influence of connected student-teacher relationships on student-patient relationships, this study suggested there may be effects of student-teacher connection that go beyond the relationship. Further research aimed at understanding the effect of student-teacher connection on student-patient relationships, student-student relationships and student-staff-nurse relationships would provide a greater understanding of the students’ learning processes.

In conclusion, this study has explored students’ descriptions of the experience of student-teacher connection in their clinical learning experience. The findings illuminate the many factors and processes that support the formation of student-teacher connection and present student-teacher connection as a positive influence on students learning and professional socialization. The study, thus provides direction for clinical nursing education and nursing research.
REFERENCES


# APPENDIX A

Summary of research
Research related to caring student-teacher interactions

<table>
<thead>
<tr>
<th>RESEARCHER(S)</th>
<th>SAMPLE</th>
<th>METHODOLOGY</th>
<th>KEY FINDINGS</th>
</tr>
</thead>
</table>
| Halldorsdottir (1990) | 9 former nursing students | Phenomenological interviews | Essential elements of a caring encounter:  
1. Teacher’s professional caring approach  
   * professionally competent  
   * genuine concern for student,  
   * positive personality  
2. Mutual trust  
3. Professional student-teacher working relationship  
   * develop a student-teacher relationship  
   * keeping a respectful distance  
4. Positive student responses to professional caring  
   * sense of acceptance and self worth  
   * personal and professional growth and motivation  
   * appreciation and role modeling  
   * long term gratitude and respect.  

Essential structure of uncaring encounter:  
1. Teachers lack of professional caring  
2. Lack of trust  
3. Detachment with total distance  
4. Student responses  
   * included hoping for the best, disbelief, anger, resentment |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Methodology</th>
<th>Experiences of Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appleton (1990)</td>
<td>2 doctoral</td>
<td>phenomenological</td>
<td>described as:</td>
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<td></td>
<td>nursing</td>
<td>interviews</td>
<td>1. expressive</td>
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<td>students,</td>
<td></td>
<td>* treating</td>
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<td>volunteers</td>
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<td>* understanding</td>
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<td>* helping</td>
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<td>* letting</td>
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<td>2. a process</td>
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<td>* commitment</td>
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<td>- potential, reciprocal, genuine</td>
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<td>* involvement</td>
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<td>- personal, spiritual, holistic, freedom</td>
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<td>* belonging</td>
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<td>- reassuring, comforting, knowing, connected</td>
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<td>3. having an environmental</td>
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<td>dimension</td>
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<td></td>
<td></td>
<td></td>
<td>* time, place &amp; space</td>
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<tr>
<td>Miller, Haber,</td>
<td>6 senior</td>
<td>phenomenological</td>
<td>Four major themes of faculty and student experiences of caring:</td>
</tr>
<tr>
<td>Byrne (1990)</td>
<td>nursing</td>
<td>interviews</td>
<td>1. holistic concern or philosophy</td>
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<td></td>
<td>students</td>
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<td>2. mutual simultaneous dimensions</td>
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<td></td>
<td>* caring as ongoing, interactive process involving trust, sharing and respect</td>
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<td>* connectedness, intimacy (students only)</td>
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<td>* reciprocity, openness (faculty only)</td>
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<td>3. teacher’s ways of being</td>
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<td>4. student’s ways of being</td>
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</tbody>
</table>
| Beck (1991) | 47 undergraduate nursing students | phenomenological approach, written description | Three major themes in a nursing-student faculty caring experience:  
* attentive presence  
  - focused attention on student  
  - sensitive to student  
* sharing of selves  
  - spend time  
  - share emotion and experiences  
  - nonjudgmental manner, student feels safe in expressing thoughts  
* consequences (student)  
  - felt respected and valued as individual  
  - encouraged to reach out to other through caring  
  - rejuvenated when recalling caring experiences |
|---|---|---|---|
| Hughes (1992) | 10 junior nursing students | qualitative description, interviews | Student perceived climate of caring:  
Faculty  
* acknowledge and respond to student’s feelings of stress and anxiety  
* provide opportunity for students to express opinions without fear of reprisal  
* place high priority on meeting student’s needs  
Faculty-student caring interactions included  
* modeling  
  - enacting behaviors that showed self as caring  
* dialogue  
  - students initiated dialogue with faculty who modeled caring  
* practice  
  - desire to emulate faculty who role modeled caring  
  - empowerment of student  
* confirmation / affirmation |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Research Design</th>
<th>Themes of Caring Interaction</th>
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</thead>
<tbody>
<tr>
<td>Grigsby &amp; Megel (1995)</td>
<td>7 nurse educators</td>
<td>phenomenological interviews</td>
<td>Two main themes of nurse educators experience of caring are: 1. Caring is connection 2. Caring is a pattern of establishing and maintaining relationships</td>
</tr>
<tr>
<td>Hanson &amp; Smith (1996)</td>
<td>32 BSN students</td>
<td>phenomenological interviews</td>
<td>Three categories of caring interactions: 1. Recognition * attending * initiating * responding 2. Connection * connecting * empathizing 3. Confirmation * affirming * motivating Provides a general description of a caring student-teacher interaction and a general description of a not-so-caring student-teacher interaction</td>
</tr>
<tr>
<td>Dillon &amp; Stines (1996)</td>
<td>49 LPN students &amp; 32 nurse’s aide student</td>
<td>phenomenological approach, written narrative</td>
<td>Themes of caring faculty-student interactions are: * Sharing and giving of self (faculty) * Respecting the student as unique individual * Role-modeling (faculty)</td>
</tr>
</tbody>
</table>
## Research related to Student-Teacher Interactions

<table>
<thead>
<tr>
<th>RESEARCHER(S)</th>
<th>SAMPLE</th>
<th>METHODOLOGY</th>
<th>KEY FINDINGS</th>
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</thead>
<tbody>
<tr>
<td>Wang &amp; Blumberg</td>
<td>44 undergraduate nursing</td>
<td>quantitative, descriptive</td>
<td>Main characteristics of interaction techniques used by faculty with students in the clinical setting:</td>
</tr>
</tbody>
</table>
| (1983)           | faculty                    | observation                | 1. Initiation and duration  
* most interactions were 1:1  
* slightly more than half were initiated by faculty  
* 1/3 of interactions lasted a minute or less; 2/3 lasted 5 minutes or less; 1/3 lasted 20 minutes or less. | 2. Interaction techniques:  
* leading or direct questions, information giving used most frequently.  
* demonstration, hypothetical situations, summarizing statements and negative feedback used least frequently. |
| Craig (1991) Dissertation abstract only | 179 senior and junior nursing students | quantitative, descriptive survey questionnaire follow up interviews (13 students) | 1. Students’ perceptions of interpersonal relationships with clinical instructors:  
* instructors viewed respectful and genuine rather than empathetic  
2. Empathy, genuiness, respect perceived to be indicative of caring.  
3. Most common interpersonal characteristics enacted by clinical instructors:  
* kindness  
* encouraging questions  
* displaying confidence & respect for student abilities  
4. Most prevalent negative characteristics:  
* behaviors that increased student anxiety  
* avoiding admission of own limitations  
* intimidating students  
5. Clinical instructors were perceived as a source of stress |
| Schaffer & Juarez (1993) | 22 college nursing students | design not described appears descriptive | Predominant ethical perspective present in students’ descriptions of student-teacher interactions were:  
* justice - 10 interactions  
* beneficence - 7 interactions  
* autonomy - 6 interactions  
* caring - 3 interactions |
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<tr>
<th>RESEARCHER(S)</th>
<th>SAMPLE</th>
<th>METHODOLOGY</th>
<th>KEY FINDINGS</th>
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<tbody>
<tr>
<td>Nehring (1990)</td>
<td>63 nursing teachers and 121 nursing students</td>
<td>quantitative survey using Nursing Clinical Teacher Effectiveness Inventory (NCTEI)</td>
<td>Characteristics that describe the best clinical teachers:</td>
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<td>1. Faculty &amp; students said top 5 characteristics:</td>
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<td>* good role models</td>
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<td>* enjoy nursing</td>
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<td>* enjoy teaching</td>
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<td>* responsible for own actions</td>
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<td>2. Faculty &amp; students said top 10 characteristics:</td>
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<td>* encouraging</td>
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<td>* mutual respect</td>
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<td>* providing support</td>
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<td>3. Students said best teachers</td>
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<td>* are prepared</td>
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<td>* have clinical skills &amp; judgment</td>
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<td>* are approachable, self confident</td>
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<td>4. Faculty said best teachers</td>
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<td>* have strong communication skills</td>
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<td>* listen attentively</td>
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<td>* promote student independence</td>
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<td>Comments:</td>
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<td>* most of the top ranked characteristics are from competency and interpersonal subscale of NCTEI</td>
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<td>* high degree of agreement between students and faculty regarding best clinical teacher characteristics.</td>
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<td>Characteristics that describe the worst clinical nursing teachers:</td>
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<td>1. Students &amp; faculty said the worst clinical teachers rarely</td>
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<td>* are role models</td>
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<td></td>
<td>* encourage mutual respect</td>
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<td></td>
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<td>* demonstrate empathy</td>
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</tbody>
</table>
2. Students said worst teachers lack:
* careful precise answers
* clear expectations
* stimulating student’s interest

3. Faculty said worst teachers lack ability to correct students without belittling them
* are not open minded, non judgmental
* do not offer positive reinforcement
* are not approachable

Comments:
Most of the characteristics for worst teachers are from evaluation and interpersonal subscales of NCTEI.

Characteristics that distinguish the best teachers from the worst teachers are:
* good role model, encouraging mutual respect, providing support and encouragement, communicates clear expectations (faculty and students)
## Research related to learning perspectives

<table>
<thead>
<tr>
<th>RESEARCHER(S)</th>
<th>SAMPLE</th>
<th>METHODOLOGY</th>
<th>KEY FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelms (1990)</td>
<td>17 nursing students</td>
<td>phenomenological interview</td>
<td>Main themes in the students’ lived experience of nursing education: 1. a life pervasive commitment 2. clinical experience most meaningful aspect of experience 3. nursing knowledge becomes personal knowledge 4. support systems very important 5. positive feelings about self related to sense of purpose and growth 6. expectations of teachers * to be recognized as a person and as a human being * to be allowed to see personhood of the teacher * recognition of the amount of knowledge to be acquired * that teachers make an effort to know how their learning is progressing * that teachers value nursing knowledge and competency, but not more than their value as a person * expect teachers to try to be authentic, centered persons who also look for the center of the student</td>
</tr>
<tr>
<td>Wilson (1994)</td>
<td>12 groups of students with two different instructors. Actual ‘n’ not stated</td>
<td>qualitative observation and interviews</td>
<td>Students perspective of clinical learning expressed as six goals: 1. to do no harm to patient 2. to help patient 3. to integrate theory-based knowledge into clinical practice 4. to learn nursing practice skills 5. to look good as a student 6. to look good as a nurse</td>
</tr>
<tr>
<td>Study</td>
<td>Sample Details</td>
<td>Methodology</td>
<td>Findings</td>
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<td>----------------------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kosowski (1995)</td>
<td>18 female junior and senior baccalaureate nursing students</td>
<td>Phenomenology unstructured interviews</td>
<td>Constitutive patterns in how students learned professional nurse caring:</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>1. Creating caring</td>
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<td>* connecting</td>
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<td>* sharing</td>
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<td>* being holistic</td>
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<td>* touching</td>
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<td>* being competent</td>
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<td>* feeling good</td>
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<td>2. Learning caring</td>
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<td>* role modeling</td>
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<td>In order to describe how they learned to care, students had to</td>
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<td>describe how they created caring with their patients.</td>
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<td>Paterson, Crawford, Saydak,</td>
<td>20 male undergraduate nursing students</td>
<td>Phenomenology paradigm analysis and</td>
<td>Major themes of the category “Learning to care” included:</td>
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<td>Venkatech, Tschikotas &amp;</td>
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<td>interview</td>
<td>1. learning as evolution</td>
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<td>Aronowitz (1995)</td>
<td></td>
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<td>2. the nature of clinical experience</td>
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<td>3. learning strategies</td>
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<td>* storytelling</td>
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<td>* observing and giving care</td>
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<td>* ‘Aha’ encounter</td>
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<td>* being cared for</td>
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<td>Students stressed that although caring as a nurse could be learned,</td>
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<td>teachers could not teach it; but they could</td>
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<td>facilitate it.</td>
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</table>
4. The transcriber will have access to audiotapes, but my anonymity will be protected by identifying the audiotape by code number only. The audiotapes and transcripts will be destroyed after 7 years.

5. Transcripts will also be available to the three persons who comprise the researcher's thesis committee, however, the committee members will not be aware of my identity.

I understand that I may choose not to participate in this study, may refuse to answer any questions, or may withdraw my participation at any point during the study, without any effect on my current academic standing or my future employment. I understand that there are no risks to me in participating in this study. If I have concerns regarding my rights in this study, I may contact the Director of the Office of Research Services and Administration at the University of British Columbia. I understand that, in the event that there are more volunteers than are needed for this study, the researcher will select the first six to eight volunteers.

My signature below indicates that I have agreed to participate in this study, that I have received a copy of this consent form and an information letter about the study.

_________________________ Signature of Participant

_________________________ Signature of Witness

_________________________ Date
APPENDIX D

Demographic Data

Name ___________________________ Code # ______________

Age ______

Gender: Male _____ Female _____

Year in undergraduate nursing program: ______________________

Educational background prior to entry into Nursing School:
APPENDIX E

Trigger questions

1. Tell me about how you came to enter nursing.

2. In general, how would you describe your learning experiences since you have entered nursing school? in the clinical area?

3. Have you ever felt connected to your clinical nursing teacher? Please describe this experience.

Possible probing questions
• Tell me more about what it was about your clinical nursing teacher that influenced your feeling of connection and/or your desire to connect with him or her.

• Have you ever felt connected to a clinical teacher whom other students have not felt connected to? Why do you think you had a different experience?

4. What, if any, effects did the experience of connection with your teacher, have on your learning experience?

5. Have you ever had an experience where you have not felt connected to your clinical nursing teacher? Please describe this experience.

Possible probing questions
• Tell me more about what it was about your clinical nursing teacher that influenced your feeling of a lack of connection and/or your lack of desire to connect with him or her.

• Have you ever felt a lack of connection to a clinical teacher to whom other students felt connection? Why do you think you had different experience?

6. What, if any, effects did the experience of not connecting with your teacher, have on your learning experience?

7. Are there degrees of connection between clinical teachers and students? Give me some examples?
APPENDIX F

Schematic representation of student-teacher connection

Teacher as person
- approachable, open, accepting, nonauthoritarian, patient, sensitive, respectful and genuine

Teacher as educator
- competent, able teacher, confident, realistic expectations, helper & advocate

Teacher as nurse
- Confident, clinically current

Student as person, learner and nurse
- reasons for seeking connection
- beliefs
- expectations
- preferences
- previous learning experiences

THE
- * FIT

THE FORMATION OF

STUDENT-TEACHER CONNECTION

Which, by nature, is
- egalitarian
- personal & professional and incorporates
- co-participation
- mutual understanding, growth, respect and valuing

In which the student feels
- at ease
- valued, respected, accepted
- positive self-regard & increased self-confidence and experiences the teacher as
- available as helper & advocate
- a coach and guide
- able to meet the student’s learning needs
- a teacher of the art & science of nursing

is a positive influence on the student’s

Learning the art and science of nursing

Socialization as a professional nurse