

## ORIGINAL ARTICLE

# The experience of RN/BSN students participating in online caring groups

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## ABSTRACT

The purpose of this phenomenological study was to explore the lived experience of RN/BSN nursing students participating in online caring groups. Six RN/BSN nursing students participated in the research. The interviews were analyzed using a phenomenological methodology, based on a modified Colaizzi approach. The four patterns that emerged during the study were Confirmation of caring, Building caring relationships, Learning the role of the nurse manager and Appreciating diversity. Under the pattern of Confirmation of Caring were the themes caring groups as giving and receiving academic support and caring groups as giving and receiving personal support. Under the pattern of Building caring relationships were the themes of Getting to know people you might not have and The importance of bonding. Under pattern of Learning the role of the nurse manager were the themes of Struggle of giving and receiving criticism and Struggle of working together as a group. Under the pattern of Appreciating diversity were the themes of Diversity of culture and Diversity of points of View. Findings relate to the theory of Nursing as caring, offer insight into nursing students participating in online caring groups, and increase understanding of the reciprocal nature of caring online. Additional research is needed to more fully explore online caring groups within nursing education.

**Key Words:** Nursing education, Students, Online caring group

## 1. INTRODUCTION

The RN/BSN program at the University of West Georgia was delivered in a traditional classroom format for many years. However, the School of Nursing responded to the need for more widely available nursing education and transformed the program into a 100% online RN/BSN environment. Spencer reveals that “due to the complexity of healthcare, there is a significant need to increase the number of baccalaureate-prepared nurses”<sup>[1]</sup> and a 100% online RN/BSN program is one way to increase the number of BSN educated nurses.<sup>[1]</sup> The undergraduate program has been based on a philosophy of caring, with Caring Groups as an experiential teaching

learning strategy, for over 20 years. However, within the RN/BSN program Caring Groups previously did not exist.

The University of West Georgia (UWG) School of Nursing (SON) implemented Caring Groups within the traditional undergraduate program in 1992 to provide the opportunity for students to experience and learn caring through encouraging caring relationships between instructors and students. A review of the research on caring within nursing education provides evidence that caring between an instructor and student can create an environment for contagious caring or an environment in which instructors' caring perpetuates reciprocity from and amongst students. The use of caring groups empha-

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sizes caring between nursing instructors and students.<sup>[2-6]</sup> Because of the dialogue between nursing instructors and students within caring groups, a reciprocal caring relationship grounded in trust emerges and the power struggle in the “teaching/learning partnership” diminishes.<sup>[6]</sup> Notably, the caring behaviors previously studied dealt only with the students’ perception of caring from educators within traditional undergraduate face-to-face environments and not the students’ perception of caring within an online environment, nor a RN/BSN program.

Therefore, a commitment by the faculty of the UWG SON to implement Caring Groups in all programs, including undergraduate and graduate levels, was made. Because all graduate programs are 100% online, a pilot program was started to provide online caring groups within one RN/BSN cohort.

## 1.1 Literature review

### 1.1.1 Caring in nursing education

Research has demonstrated repeatedly that caring is a distinguishing characteristic of the nursing profession and the integration of caring theory and caring practice is essential in nursing education. Not only is the theoretical component of caring indispensable in nursing education, but nursing students need an understanding of the type of environment in which educators teach caring.<sup>[7]</sup> Evidence suggests that role modeling might promote the caring, educational environment necessary for the advancement of future nurses in the profession.<sup>[8,9]</sup> Furthermore, modeling professional values and goals interwoven with caring behavior in educational settings is transferred to future workplace settings.<sup>[8,9]</sup> Lastly, self-disclosure on the part of the student and faculty member is also integral to a caring educational environment.<sup>[10,11]</sup> For example, the use of storytelling as a vehicle for self-disclosure has the potential to create caring educational environments.

There is a rich heritage of caring in nursing and this tradition still prevails in nursing education.<sup>[12]</sup> Research has shown that educators hold the responsibility to teach and provide clinical situations that support and facilitate the concept of caring in nursing to preserve that heritage.<sup>[13]</sup> The significance of the dictum “Caring must become a way of being for both faculty and students”<sup>[14]</sup> was further reiterated by the widely known yet somewhat controversial concept that caring can be taught, as well as learned.<sup>[2,15,16]</sup>

The creation of caring groups in nursing programs was an additional example of a strategy to teach caring within nursing education, and these group experiences were declared effective in increasing students’ perception of caring behav-

iors from faculty.<sup>[2-6]</sup> A caring curriculum in Taiwan utilized caring groups as a way for teaching and learning caring.<sup>[4,5]</sup> Research related to these caring groups indicated that “the results showed that with appropriate curricula and learning strategies, caring skills may be learned”.<sup>[17]</sup> In addition, an “atmosphere of collegiality” was found between students and faculty who participated in the caring group experience.<sup>[18]</sup> Schaffer and Juarez maintained that in caring groups there was an increased sense of awareness, less conflict, deeper knowing, and lessened power struggles between the faculty and students.<sup>[6]</sup> They further contended that “Caring in nursing education is not merely the caring of the teacher for the student, but also involves the caring of the student for the teacher”.<sup>[6]</sup>

### 1.1.2 Virtual caring in nursing education

The emphasis on caring in nursing has been steadily growing for over 20 years. Despite the progress in infusing caring into caring in nursing education programs, only a few nursing studies have evaluated student perceptions of caring within online classroom environments.<sup>[19-22]</sup> Sitzman and Leners qualitative study focused on how RN to BSN nursing students perceived caring from their nursing instructor within an online environment.<sup>[21]</sup> Results revealed the following eight themes as important qualities that demonstrate caring from faculty: frequent feedback, timeliness, reciprocity of caring online, personal connection and empathy, clarity, multiple contact opportunities, second-fiddle worries, and teacher’s commitment to caring. Frequent feedback was described as “actually reading what was posted [by students] and responding”<sup>[21]</sup> while timeliness and multiple contact opportunities, prompt grading, postings, and email/phone replies conveyed caring. The reciprocity of caring online suggested that a relationship of co-learning emerged between the instructor and nursing students. The instructor and nursing students demonstrated reciprocity of caring online by respecting, trusting, and understanding what is expected of one another as a way to display their caring. Because the caring online was reciprocal, nursing students were able to maximize their scholarly potential as “both parties truly want to help each other succeed”.<sup>[21]</sup> This reciprocity of caring online also communicated a commitment to learning as instructors “care by responding to the online discussions”.<sup>[21]</sup> The participants also indicated that feelings of personal connection and empathy emerged within the online classroom environment because “the instructor is really interested in me as a student and as a person”.<sup>[21]</sup> In addition, participants also reported that it was “very helpful to make expectations known at the beginning of the semester . . . more than anything, clear expectations are helpful” as clarity of expectations offers caring among the instructor and nursing students.<sup>[21]</sup> The results of

this study point to evidence-based online education as an “effective way to convey caring to online nursing students”.<sup>[21]</sup> Thus, to support virtual caring in nursing education the nurse educator must also follow best practices in online education.

Leners and Sitzman replicated their RN to BSN study and conducted an additional study which explored how graduate nursing students ( $n = 39$ ) perceived caring from their nursing instructor within an online environment.<sup>[20]</sup> The themes representing caring from faculty that were uncovered included empathetic perspective, timeliness of communications, tone of appreciation, being the best I can be, finding a chord of harmony, and feeling the passion of caring online, which supports the findings in the previous study by Sitzman and Leners.<sup>[21]</sup> According to Sitzman and Leners, caring within an online environment is perceived by graduate nursing students when faculty engage in best practices for online nursing education and faculty establish a personal connection with students.<sup>[21]</sup>

In addition, Gabbert reported nursing students’ perceptions of faculty-student caring interactions in online courses.<sup>[19]</sup> In this quantitative study nursing students’ perceptions ( $n = 227$ ) were measured by Hughes’ Organizational Climate for Caring Questionnaire which was administered to participants via an online format.<sup>[19]</sup> Overall findings from the study revealed that online students felt cared for by their nursing instructors. In particular, students in the older age group (46 to 60 years) felt more cared for online by their nursing instructors than younger age groups. Therefore, Gabbert suggested a positive correlation between higher levels of maturity and higher perceptions of caring online.<sup>[19]</sup> Also, post-RN licensure students and nursing students with years of experience in the nursing profession had elevated perceptions of caring from their nursing instructors within their online courses. While a lack of parallelism between number of online courses taken and perceptions of caring was found, this study did point to an overall nursing student familiarity with online learning and a perception of caring online that correlated with increased age and increased nursing experience. Consistent with Sitzman and Leners’ and also Leners and Sitzman’s work, the nursing instructor’s knowledge of evidence-based online learning conveyed caring to the nursing students.<sup>[20,21]</sup>

Lastly, Sitzman replicated earlier work by Sitzman and Leners to further identify online caring behaviors of faculty within an online environment.<sup>[21,22]</sup> With the previous student-preferred caring behaviors identified, undergraduate students ( $n = 122$ ) completed an online survey and one open-ended question to explore what caring means to them within an online environment. The top four caring practices for online nurse educators were developed based on analysis

of the survey results and pointed to clarity/expertise, timeliness, empathetic presence, and full engagement/accessibility. Narrative attributes from the one open-ended question were congruent with the survey results. In essence, the foremost student-preferred caring behavior suggested within the study was “an instructor who could manage online process and content/materials so that students easily and fully understood what was needed for successful learning and assessment activities”.<sup>[22]</sup> These findings are consistent with other virtual caring in nursing education literature.<sup>[19–21]</sup>

## 1.2 Theoretical context

A caring theory, Nursing as Caring, by Boykin and Schoenhofer provided the theoretical perspective for this phenomenological study that records the student experience of participating in a caring group within an online nursing course.<sup>[23]</sup> “Nursing as Caring” focuses on the phenomenon of caring.<sup>[23]</sup> This focus on caring outlines clarity, depth, and even beauty for the theory and is extremely accessible to nurses because of its everyday language. It also offers a foundation in “human science” that nurses can use to describe their work.

In “Nursing as Caring” Boykin & Schoenhofer pointed to a relational model of the “Dance of Caring Persons” to express caring in relationships, which was then demonstrated in person-to-person contact.<sup>[23]</sup> The primary goal of the relational model was for faculty and students to “dance together in the study of nursing”.<sup>[23]</sup> This dance relates to this study in that it involved students caring for one another “equally”.

As our relationship with others is important in nursing education, so is the necessity to know the self as caring in the discipline of nursing.<sup>[23]</sup> “Nursing as Caring” encourages nurses to strive for a greater knowledge of themselves. However, “time must be devoted to knowing and experiencing our humanness”.<sup>[23]</sup> The students within these online courses were in a constant pursuit to know themselves and other students as caring, which enabled a discovery of caring for another person (“knowing oneself”). “Nursing as Caring” supports this study because it is concerned with the “caring moment” and looks deeply at how individuals relate to one another online.<sup>[23]</sup>

## 1.3 Purpose of the study

Online caring groups were developed within a management and community health focused nursing course for RN/BSN students in an effort to infuse caring into this track within a school of nursing based on caring pedagogy. Although Caring Groups have been used in this program within a face-to-face format for many years in the generic BSN track, Caring Groups had not been extended to the RN/BSN co-

horts. Research supports Caring Groups as an effective teaching/learning strategy for caring.<sup>[2,24–26]</sup> However, it is not known whether online Caring Groups will impact the learning experience for RN/BSN students. Therefore, a phenomenological study to explore the experience of participating in online Caring Groups for RN/BSN students was conducted. A phenomenological approach was an excellent heuristic because the study conducted explored the lived experiences of people and each individual's interpretations of those experiences.

## 2. METHODS

### 2.1 Participants

A convenience sample was chosen from students enrolled in a management/community focused course in an RN/BSN program who were willing to share their stories of participating in caring groups. There were six participants; one male and five females. Five of the participants were Caucasian and one participant was African-American. The participants ranged in age from 26-52.

### 2.2 Design

Interpretive phenomenology, based on a modified Colaizzi approach, was used to understand the experience of RN/BSN students participating in online Caring Groups within a course focused on management and community concepts.<sup>[27]</sup> Phenomenology was chosen because it provides a framework for the study of the lived experiences of human beings.<sup>[28]</sup> The aim of phenomenology is to extract the meaning and understanding from human experience.<sup>[29]</sup> A phenomenological approach will aid in uncovering the meaning of participating in online Caring Groups for RNs in a BSN completion program.

Approval for the study was obtained through the Institutional Review Boards at the university where the study was conducted. Volunteers were recruited from students who were in the class. The purposes and procedures of the proposed research were fully explained both verbally and through written informed consent at the beginning of the interviews.

### 2.3 Data generation

Data generation occurred through audio-taped, semi-structured individual interviews, conducted by a member of the research team, until redundancy in data was achieved. Six interviews were conducted and began with: "Tell me your experience as a student nurse participating in Caring Groups as a component of the management and community health focused course." The interviews were transcribed verbatim. Steps taken to ensure anonymity and confidentiality included measures to secure the tapes and transcripts in a secure lo-

cation, accessible only to the research team members. In addition, participants were provided the opportunity to read the transcripts and remove any information they perceived as threatening. Finally, participants were asked to choose a pseudonym for use in reporting of findings. To ensure credibility, member checking occurred through sharing the findings with participations for validation of representation of their stories.

### 2.4 Data analysis

Colaizzi's seven-step process for data analysis in phenomenological inquiry was chosen as a framework for approaching the data.<sup>[27]</sup> Data analysis began with multiple readings of the transcripts and the creation of summaries for each interview. Multiple team meetings were held to discuss the summaries. Significant statements were identified that described the participants' stories of participating in online Caring Groups as a component of a course within a RN/BSN program. The researchers then reviewed the statements and began to group the common statements. From these, themes and patterns emerged as prolonged discussions among the research team members occurred. An exhaustive description of the phenomena, participating in online Caring Groups for RN/BSN students, was created.

## 3. RESULT

The experience of RN/BSN students participating in online caring groups is described through four major patterns: Confirmation of Caring, Building Caring Relationships, Learning the Role of the Nurse Manager and Appreciating Diversity. These patterns describe a story of how participation in online Caring Groups helps to create a context of caring. The stories confirm that the opportunity for students to learn to give and receive caring through academic and personal support is helpful to students in an online RN/BSN program. The online Caring Group environment leads to building caring relationships with group members that help them to appreciate aspects of cultural diversity as well as diversity in points of view. As a result of this process, students begin to learn to appreciate the complexity of learning the role of nurse manager, which includes giving and receiving critique as well as managing a group to completion of a task.

### 3.1 Confirmation of caring

The first pattern, Confirmation of Caring, shares the experiences of students as they learn about and experience caring through online Caring Groups. Two themes emerged to describe this pattern, Caring Groups as giving and receiving academic support and Caring Groups as giving and receiving personal support. Addison's words exemplify Confirmation of Caring: "We got closer than you normally would in the

classroom if you didn't have the caring". A common story related to the need for online caring groups was described by Hope as, "it definitely has its place in online classes because it does help you form a group" and by Chelsea as, "it should be implemented in all nursing programs". For these participants, caring was perceived as giving and receiving personal and academic support from group members.

### **3.1.1 Caring Groups as a giving and receiving academic support**

Academic support was definitely perceived as caring. For Frank, there was a sense that within the caring group, members should "offer assistance if you a group member need it and ask for assistance if you personally need it". Miranda echoed this view as she described "asking for assistance and receiving it, usually within 4-6 hours". For Addison, assistance included "if it was something that we didn't get we would try to talk to each other about it and try to understand what that person was saying".

### **3.1.2 Caring groups as giving and receiving personal support**

Caring was also defined as giving and receiving personal support to and from members. Hope indicated that from her caring group members "we would get that 'you can do it, we are almost there and we will be so glad when it is over'". She also said "I really did feel cared for and supported and I think that I enjoyed that part more than other parts". This participant described support as "an instant support system". For Chelsea, support was described as "I had a group of people that I can go to" and "the support was definitely there, which is the whole point". For Miranda, support was provided for "things that weren't academic . . . that were related to what we were going through was helpful as well". Addison's view of support included "we even got personal" and she describes sharing information among group members about personal issues such as family illnesses. She also describes support from comments such as "good luck, call if you need it". For China, support was reaching out to the group for "some personal support", "a shoulder to lean on" or a "celebratory exclamation" for a birthday.

## **3.2 Building caring relationships**

The second pattern, Building Caring Relationships, describes the stories of students as they developed relationships with each other which may not have transpired outside of the Caring Groups. There are two themes within this pattern: getting to know people you might not have and the importance of bonding. The online Caring Groups brought people together who might not have naturally drifted toward each other and created a context for bonding, which was seen as essential to the group. For Frank, an online caring group "allows the

four people to have a relationship built between them" and this relationship is "a little more interactive, trusting" than usual relationships which transpire in an online course.

### **3.2.1 Getting to know people you might not have**

For participants in this study, Caring Groups offered opportunities to know other students they ordinarily would not have known within a traditional online course. Addison confirmed: "we got closer than you normally would in the classroom if you didn't have the caring groups. I probably wouldn't have known them really". China confirms this as "I wouldn't have known their names" and "it made us work together and get to know each other". Lastly, China states "it took three or four strangers and made us work together". Coming together as strangers and learning to work together was important in building caring relationships.

### **3.2.2 The importance of bonding**

The findings from this study suggest that bonding as a small group within an online course was important. Miranda's view is that "you have a smaller group to depend on and you actually get to know each other" and further stated that caring groups in an online course "help people build relationships that allow them to care and it is better in a small group than in a large group where you don't know anybody". For China, "you develop new relationships and bonds and I think it was a good experience overall". Chelsea described bonding as: "I think with the Caring Group . . . you form a professional friendship with these students, you have a relationship that is more personal . . . share yourself a little more". Bonding within a small group was perceived as important to building caring relationships.

## **3.3 Learning the role of the manager**

The third pattern, Learning the Role of the Manager, describes the difficulties in learning how to work together as a cohesive group, which is an important managerial skill. The two themes which create this pattern include: struggle of giving and receiving criticism and struggle of working together as a group. This included working together as a group to successfully complete a group assignment as well as critiquing each other's work. These two aspects of participating in Caring Groups created a significant amount of struggle. As Frank stated: "the theoretical aspect of it Caring Group could work . . . it was just a matter of finding everyone's personalities". Chelsea's story provides an example of Learning the Role of the Manager: "I had a wonderful experience; it was probably one of the best in my academic career. I left that class feeling confident. I felt as though I was ready to take on a leadership role".

### 3.3.1 *Struggle of giving and receiving criticism*

The first struggle was the difficulty for the participants in accepting critique and critiquing each other's work. Chelsea struggled with the critique issue: "I think our biggest problem was grading each other. Nobody wanted to hurt anybody else's feelings". For Frank, this was expressed as receiving critique and how he learned to "accept criticism and learn from it and change", which he saw as a "struggle". China's view was related to giving critique: "I know that we were all very nervous about grading each other. No one wanted to offend each other by giving each other less than a perfect score."

### 3.3.2 *Struggle of working together as a group*

A second struggle in Learning the Role of the Nurse Manager focused on the difficulties of working as a cohesive group. China expressed this as: "I think that caring groups are very positive because they teach you how to work with other people". Miranda describes the struggle of working together as a group: "When we talk about caring groups, instead of that huge group you have that smaller group to depend on, and you actually get to know each other whether you like it or not". Chelsea relates her story to her future practice as a nurse: "I think it set a foundation also for working as a professional nurse because you are going to disagree with your fellow nurse or manager and you learn how to deal with that within that caring group. You kind of learn when someone tells you something that you do not necessarily agree with how to approach a situation to get a positive outcome for the sake of the patient or the sake of the organization that you are working for. I think it was a great experience and I would not change it."

## 3.4 *Appreciating diversity*

Appreciating Diversity, the fourth pattern, illuminates the participants' appreciation of the diversity of their caring group members from a number of perspectives. Diversity is described within two themes: diversity of culture, including ethnicity, age, background and personal experiences, as well as diversity of viewpoints of members. Miranda's explains Appreciating Diversity as, "one thing, the people that were in my caring group may not have been people that I gravitated to, so it pulled me out of my comfort zone instead of people that I would normally hang around with. So in that respect it helped me see from different points of view". For Hope, Appreciating Diversity was described as how she enjoyed "getting to know that different options and experiences from their work environment and having people chosen for me that I would not have chosen myself". Chelsea's appreciation of diversity indicated that "within the caring group I worked with an array of students from different backgrounds

and some different experiences in the field of nursing". The stories of the participants in this study clearly reflect their views of diversity.

### 3.4.1 *Diversity of culture*

Diversity of culture, within this context, referred to ethnic, racial, age, gender, and personal experience differences. For Hope, diversity was about personal experience: "they all brought to the table different aspects of their career". She believed that "diversity was nice, you were able to share different backgrounds and where people were coming from". Chelsea's Caring Group consisted of "an array of students from different backgrounds" which helped her get "the whole picture of the community that we care for in nursing, which is multicultural". Miranda also recognized the value of the "differences within the group and the diversity that they brought".

### 3.4.2 *Diversity of points of view*

Within diversity of points of view, participants found that engaging in online caring groups with others helped them to "*see someone else's viewpoint from a different angle than you might have . . . and gives you a better perspective*". Chelsea described this as "*professional disagreement . . . I show my care this way and you show your care that way, but this is just the way you chose to do it*". She also described how she learned to look at things differently: "*what did you think about that . . . then they would elaborate and I would get a different perspective and say 'that makes sense now' and we would laugh*". Addison confirmed Chelsea's perception: "a lot of times we didn't agree, so I got to see the other side of people's thoughts and it was nice". For Miranda, being in the caring group put her with people who "helped me see from different points of view". Seeing "someone else's viewpoint from a different angle than you might have" was China's perception of diversity of points of view.

## 4. *DISCUSSION AND SUMMARY*

The participants in this study were enrolled in a RN/BSN program in a university school of nursing and were the first cohort of students to experience online Caring Groups. While face to face Caring Groups have been in place at this school for many years in the traditional BSN program, they were implemented within the RN/BSN program in 2012 as part of an initiative to provide this experience for all students in all programs of the school of nursing.

This research utilized an interpretive phenomenological methodology to describe and analyze the experiences of RN/BSN students participating in online Caring Groups, an experiential teaching-learning strategy related to caring. Analysis of data revealed four major patterns: Confirma-

tion of Caring, Building Caring Relationships, Learning the Role of the Nurse Manager and Appreciating Diversity. Through these patterns, a story of participation in online Caring Groups reveals how this teaching/learning strategy helps to create a context for learning caring. Within Confirmation of Caring, stories reveal the perceptions of participants regarding caring through Caring Groups as giving and receiving academic support and Caring Groups as giving and receiving personal support. Building Caring Relationships occurred through working together as a small group and understanding the relationship between bonding and caring. Stories about building relationships included getting to know people you might not have and the importance of bonding. Learning the Role of the Nurse Manager reveals how participants learned to appreciate the roles of the nurse manager, including the struggle of giving and receiving criticism and struggle of working together as a group. For these participants, Appreciating Diversity included learning to work with others from not only diverse backgrounds, but also those with diverse viewpoints. These stories are described as diversity of culture, including ethnicity, age, background and personal experiences, as well as diversity of viewpoints of members.

Boykin and Schoenhofer's theory of Nursing as Caring supports this study.<sup>[23]</sup> "Nursing as Caring" uses the model of the "Dance of Caring Persons" to express caring in relationships, which is described as person-to-person contact. Within this study, students learn to work together in groups as they build caring relationships and provide support to each other, demonstrating the "dance of caring persons".

Findings from this study related to the experience of RN/BSN students participating in online Caring Groups and are consistent with previous research on the traditional BSN Caring Groups.<sup>[2,3,25,30,31]</sup> The story of the importance of bonding and giving and receiving support from caring group members remains an important piece of the Caring Group experience. For example, previous research revealed an important component of the Caring Group experience as giving and receiving personal and academic support,<sup>[2]</sup> which is also evident in this study. Also, findings support earlier studies of caring in relationship to learning to appreciate diversity.<sup>[23-25]</sup>

Study findings are also congruent with current literature related to nursing student's perceptions of caring behaviors in online courses. In this study, the development of a caring relationship online was shown to be reciprocal. The findings of this study support the research of Sitzman and Leners, Leners and Sitzman, and Sitzman in that the confirmation of caring transcends to a mutual relationship of caring from both parties involved within online nursing education.<sup>[20-22]</sup>

Sitzman and Leners, Leners and Sitzman, and Sitzman specif-

ically addressed the necessity of frequent feedback, personal connection, empathy, and a commitment to caring as essential to support the caring relationship, which is also evident in this study.<sup>[20-22]</sup> This research also recognizes the connection between multiple contact opportunities and timeliness of communication in the online setting as building the caring relationship.<sup>[20-22]</sup> Lastly, the study finding of appreciating diversity supports the research of Gabbert as non-traditional nursing students with maturity and professional experience had positive perceptions of caring within the online environment.<sup>[19]</sup>

The participants in this study openly described their experiences of caring within an online environment. Confirmation of caring in online nursing education was possible; however, the literature reviewed describes students' perceptions of caring received from faculty and not students' perceptions of caring from peers within the online environment. This study will provide data related to caring among peers. Findings from this study will provide data related to the implementation of online Caring Groups and provide guidance for the online graduate programs at this university and other educational programs which may wish to implement this strategy as a way to teach and learn caring.

### Recommendations for further study

Further research is needed to understand the experience of online Caring Groups for nursing students. RN/BSN and graduate nursing education programs are being offered primarily online. Evidence indicates the need to infuse educational programs with caring in order to promote caring in nursing practice.<sup>[2,32,33]</sup> This is important as evidence to support the link between caring and quality patient outcomes, while a relatively new area in nursing knowledge development, is gaining significance. Duffy's Quality Caring Model could be used for further research to determine the link between caring in nursing education, caring in nursing practice, and quality patient outcomes.<sup>[34]</sup>

Additional research regarding the topic of Caring Groups within online nursing education is necessary as nursing education transcends to the online environment. The experience of participating in online Caring Groups for RN/BSN students has been addressed in this study. Further research about the experience of participating in online Caring Groups at this university, as well as in other nursing programs will yield knowledge of how to create a caring learning environment within online nursing education. Also, research exploring the student's experience of caring from students online within a non-caring curriculum program versus a caring curriculum program may reveal possible differences that evidence a definite need for curriculum revision. Such research might

ask whether a fostering and supportive environment has an influence on perceptions of caring within online nursing education. Research on caring curriculum nursing program

characteristics may provide useful data that could influence how online nursing curriculums are developed and maintained.

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