

## Student–teacher connection in clinical nursing education

Mary Gillespie BSN MSN RN

Faculty, Critical Care Nursing Specialty, British Columbia Institute of Technology, Vancouver, British Columbia, Canada

Submitted for publication 12 March 2001

Accepted for publication 11 December 2001

Correspondence:

Mary Gillespie,  
Critical Care Nursing Specialty,  
British Columbia Institute of Technology,  
3700 Willingdon Ave,  
Burnaby, BC,  
Canada V5G 3H2.  
E-mail: mgillesp@bcit.ca

GILLESPIE M. (2002) *Journal of Advanced Nursing* 37(6), 566–576

**Student–teacher connection in clinical nursing education**

**Background.** The trend toward humanistic nursing education has called for a transformed student–teacher relationship that fosters learning and growth of students and teachers. Although such a relationship has been claimed to form the basis for student–teacher connection and to be a positive influence on students' learning outcomes, there is a paucity of research exploring these claims. Neither the nature of student–teacher connection nor the processes by which it occurs have been described.

**Aims.** A research study was undertaken to explore and describe undergraduate nursing students' experiences of connection within the student–teacher relationship and the effects of student–teacher connection on students' learning experiences in clinical nursing education.

**Research design.** The qualitative research approach of interpretive description was chosen for this study. Unstructured interviews and a focus group were used to collect data from eight undergraduate nursing students. Data were analysed using the process of constant comparative analysis, and revealed four interrelated major categories that formed a description of the students' experience of student–teacher connection.

**Findings.** This article presents part of the findings of this study. After describing the nature of student–teacher connection, the discussion focuses on the influence of teachers and other factors on the formation of student–teacher connection. Relevance is given to this discussion by describing the outcomes of connection for students' clinical learning experiences.

**Keywords:** clinical nursing education, student–teacher relationship, connection, student experiences, teachers, learning outcomes, environment

### Background

Over the last two decades there has been a trend in nursing education from a behaviourist base toward a process grounded in humanism. The philosophy of the humanistic paradigm is embodied in the constructs of caring, learning, participation and reflection (Bevis & Watson 1989, Diekelmann 1990, Tanner 1990, Paterson 1994a). Supported by this philosophy, the move toward a humanistic paradigm in education has resulted in a new emphasis on the centrality of a student–teacher relationship that is egalitarian and

liberating for both student and teacher. Within the resulting partnership, students and teachers become co-learners, engage in open dialogue and share responsibility for learning and growth (Tanner 1990). Central to this transformed relationship is the concept of connection between students and teachers (Diekelmann 1991).

Review of the nursing and education literature reveals a paucity of research examining the reconceptualized student–teacher relationship proposed within the humanistic paradigm. Connection as part of the relationship is reported in research exploring caring student–teacher interactions. In

these studies, connection has been included in a description of caring student-teacher interaction (Hanson & Smith 1996), and as a process within these interactions (Appleton 1990, Halldorsdottir 1990, Miller *et al.* 1990). With the exception of one study (Grigsby & Megel 1995), in which nursing educators described their experiences of caring in two themes: caring as connection and caring as a pattern of establishing and maintaining relationships, connection has remained an invisible and unexplored part of the practice of nurse educators.

In contrast, anecdotal literature reflects more frequent discussion of educational perspectives or teaching approaches that incorporate or support student-teacher connection. Gilligan (1993) offers a foundation for the feminist perspective by proposing that people define themselves in attachment and are concerned with maintaining connection in relationships. Hedin and Donovan (1989) view feminist education as 'concerned with relatedness, connectedness and wholeness...' (p. 9), while Graham (1992) suggests it is grounded in trust, caring, community and connection. Burge (1993) places wholeness and interconnectedness as central to holistic education. In a direct link to their research, Belenky *et al.* (1986) propose a model of connected teaching that emphasizes 'connection over separation, understanding and acceptance over assessment, and collaboration over debate' (p. 229). Finally, connection with the student-teacher relationship has been linked to sharing of narratives (Diekelmann 1991, Burge 1993, Kelly 1995).

Although the student-teacher relationship is central in humanistic nursing education (Bevis & Watson 1989), much of the nursing research exploring effective clinical teaching has focused on identifying characteristics that define an effective clinical teacher (Brown 1981, Knox & Mogan 1985, Pugh 1988, Nehring 1990, Reeve 1994, Sieh & Bell 1994, Benor & Leviyof 1997). Achieving a synthesized understanding of these studies is difficult for two reasons: first, the populations used in the studies are not consistent and second, there is a lack of clear and consistent definition of terms. With these limitations in mind, these studies together present interpersonal skills, nursing competence and evaluation practices as most important characteristics of effective clinical teachers, suggest that teaching ability is moderately important and that personal dimensions of teachers are the least important characteristics. Thus, these studies fail to capture the teacher-in-relationship with students.

There has been much conjecture regarding the positive effect of the student-teacher relationship on students' learning experiences. The reconceptualized relationship has been suggested as supporting students' self-confidence (Diekelmann 1991), increasing their motivation to learn

(Reilly & Oermann 1992), and as being necessary to 'maximize positive student outcomes associated with clinical learning' (Paterson & Crawford 1994, p. 168). Researchers have reported caring student-teacher interactions as supporting personal and professional growth for students (Griffith & Bakanauskas 1983, Appleton 1990, Halldorsdottir 1990, Miller *et al.* 1990, Beck 1991, Hanson & Smith 1996). On a less positive note, however, students in Wilson's (1994) study described the teacher in a primarily evaluative role, although also in the roles of protecting the patient and being a role model. This perception resulted in them focusing on 'looking good as a nurse' and 'looking good as a student' (p. 84). These goals 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). These students described their interactions with the teacher in terms of a contest in which they tried to look good and the teacher tried to make them look bad.

There is, therefore, limited research to support claims regarding the positive effects of an optimal student-teacher relationship on learning outcomes. Moreover, in spite of the value assigned to the presence of connection in a student-teacher relationship (Appleton 1990, Miller *et al.* 1990, Grigsby & Megel 1995, Hanson & Smith 1996) there is scant confirmation of this connection as a positive influence in learning experiences. Neither has the nature or the process of student-teacher connection been examined. Accordingly, a qualitative research study sought to answer two questions: What is the undergraduate nursing student's experience of student-teacher connection in clinical nursing education? What is the effect of student-teacher connection on the undergraduate nursing student's learning experience in the clinical setting?

Based on part of the findings of this study, this article describes the influence of teachers and other factors on the formation of student-teacher connection. The discussion is opened by providing an understanding of the nature of connection and given relevance by describing the outcomes of connection for students in their clinical learning experiences.

## The study

### Research methods

In keeping with the intent to understand the way in which students experience, assign meaning to and ultimately define their relationships with the clinical nursing teacher (CNT), the qualitative research approach of interpretive description was chosen. This approach is grounded in, and appropriate

for, the generation of nursing knowledge (Thorne *et al.* 1997). Considered suitable for exploration of previously unexplored experiences, this design allows the researcher to move beyond descriptions of students' experience and engage in interpretation of the experience from students' perspective.

#### *Ethical considerations*

After gaining permission from the Director of a School of Nursing within a university in British Columbia, Canada, I invited undergraduate nursing students to participate in the study. Details of the proposed study were presented at the Nursing Undergraduate Student Council where representatives from each year of an undergraduate nursing programme agreed to convey the information about the study, and the invitation to participate to other students. Interested participants were provided with a letter explaining the study.

Rights of participants in this study were protected by several procedures. The study was approved by the relevant university research board, permission to recruit participants was obtained from the designated School of Nursing, and each participant was provided with written and verbal explanation of the study purpose and process, as well as an opportunity to ask questions. Written consent was obtained from each participant.

#### *The sample*

The eight individuals who participated in this study were enrolled in full or part-time study in a 4-year baccalaureate nursing programme. In this programme, clinical teachers are assigned a group of 8–10 students, who in turn may be placed on two or three nursing units. Clinical nursing teachers divide their time between the students, focusing on assisting them to plan and provide patient care, developing relevant nursing skills, and assessing their understanding of patient status. Each participant had completed at least one course that included clinical nursing experience. Nursing students who were already qualified as Registered Nurses were excluded from the study. A summary of the demographic data of the participant group is presented in Table 1. Sample design ensured the inclusion of students from each year of the undergraduate programme and, thus, addressed a gap noted in existing research regarding student–teacher interaction and relationship. Previously, most researchers have examined experiences of either junior or senior students exclusively and, consequently, have precluded a broad understanding of students' experiences.

#### *Data collection*

Each student participated in an unstructured interview (Burns & Grove 1993), approximately 1–1.5 hours in length, during

**Table 1** Summary of demographics of participants

Participant characteristic	Specifics
Age	18–24 years, mean 21 years
Gender	Female – 6 Male – 2
Year in programme	1st year – 1 2nd year – 3 (one male) 3rd year – 2 (one male) 4th year – 2
Education level prior to entering nursing	High School graduate – 5 College education – 1 University education – 2

which I sought to understand their experience of connection and lack of connection with a CNT. A series of trigger questions guided the interview. A subsequent focus group, in which six of the eight students participated, allowed me to confirm and expand my understanding of these experiences. Field notes detailing thoughts regarding the interview process and discussion, as well as contextual details, were completed as soon as possible following the interview and focus group. Paterson's (1994b) framework for assessing reactivity was used to consider the influence of the response of researcher and participants to each other during the data collection process.

#### *Data analysis*

The interviews and focus group were audio-taped and transcribed verbatim. Data analysis using the process of constant comparative analysis (Glaser & Strauss 1967) was conducted concurrently throughout the data collection and therefore guided the data collection process. An overall sense of each story was gained and then the analysis process worked 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). A comparison of similarities and differences within participants' stories culminated in identification of four interrelated major categories that formed a description of students' experience of connection in the student–teacher relationship: nature of connection, formation of connection, processes of connection, and outcomes of connection.

## Findings

### **Nature of the connected student–teacher relationship**

Participants' stories revealed that connected student–teacher relationships were comprised of personal and professional components. One student explained this as 'getting along as

people and getting along as teacher and student'. While students acknowledged the need for 'appropriate' boundaries to define the personal component of the relationship, these were flexible, contextually determined, and were guided by two principles. First, the connected student-teacher relationship remained focused on students' learning needs, and second, sharing of personal information by either student or teacher was appropriate when it was relevant to a learning experience. In this way, appropriate personal boundaries acknowledged 'that your personal life is part of your working life'. In contrast, students experienced nonconnected relationships as rigidly focused 'only on work' and lacking acknowledgement of personal aspects.

The connected student-teacher relationship was egalitarian and, as one student explained: 'It's not like a hierarchy. You're on equal grounds. They (the CNT) are just someone who is more knowledgeable and you're the one who is learning'. Students have reported feeling accepted as equals in research exploring caring student-teacher interactions (Halldorsdottir 1990, Beck 1991, Dillon & Stines 1996); however, this study expands the understanding of egalitarian student-teacher relationships. In student-teacher connection, it was evident that the egalitarian nature of the relationship arose from an equality as people and, notably, that this personal equality coexists with an inequality of knowledge and skills, or a functional inequality. The coexistence of personal equality and a mutually accepted functional inequality has been proposed by Paterson (1998) in a discussion of student-teacher partnership, and is important to the outcomes of such a relationship.

The connected relationship supported coparticipation 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 connected relationships. Their feelings of 'ease', feeling valued and respected, and experiencing positive self-regard, reflect the connected student-teacher relationship as a safe environment that affirmed them as people, learners and nurses, and supported their learning experience.

### Forming student-teacher connection

For participants in this study, student-teacher connection emerged as a highly interactive, evolving relationship. This was influenced by multiple teacher and student-related factors. In addition, several processes embedded in student-teacher interaction within the relationship influenced the formation of student-teacher connection. Although extensive discussion of these processes is beyond the scope of this

paper, it is important to note that mutual knowing, trusting and respecting, and communicating were essential to the formation of connection, while the processes of 'beginning' the relationship and 'interpreting' exerted a significant influence on the nature of the evolving relationship. All processes were circular in nature, in that they both influenced the formation of connection and were supported by the presence of connection. Aspects of knowing, beginning and communicating offer fresh insight into formation of effective teaching-learning relationships and, consequently, are highlighted in the following discussion.

### Dimensions of the teacher in student-teacher connection

Research exploring effective clinical teaching has focused on identifying characteristics that define an effective CNT (Brown 1981, Knox & Mogan 1985, Pugh 1988, Bergman & Gaitskill 1990, Nehring 1990, Reeve 1994, Sieh & Bell 1994, Benor & Levinyof 1997). These studies present a limited profile of an effective clinical teacher, failing to capture fully the teacher engaged in an interactive teaching-learning process. Further, the student is invisible in these studies; they do not acknowledge the effect of student-related factors on the goals of effective teaching, the students' learning outcomes. Finally, because the teacher is considered in isolation, the reader is asked to assume that the effect of teacher attributes and behaviours is positive for students' learning experiences.

This study presents a profile of the clinical teacher that is not only more encompassing than that previously described in research but, importantly, describes the teacher in the context of the student-teacher relationship. Further, by describing teacher attributes and behaviours along with the specific effects they exerted on students' learning experiences, a direct link is established between the nature of clinical teaching and student learning outcomes.

The attributes and behaviours of the teacher that support student-teacher connection can be captured in Roach's (1987) conceptualization of professional caring, that is within the concepts of competence, compassion, confidence, conscience and commitment. However, it must be acknowledged that, although the dimensions of professional caring provide direction for examining selected aspects of a teacher in student-teacher connection, in reality, CNTs' attributes defy isolated categorization. To illustrate, teachers' attributes related to conscience or moral awareness are also an essential part of their 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 teachers' commitment

to learning. The following discussion will focus on teachers' competence, compassion and commitment.

### Competence

Teacher competence in nursing education has been variously defined (Brown 1981, Knox & Mogan 1985, Bergman & Gaitskill 1990, Fong & McCauley 1993, Barnes *et al.* 1994, Reeve 1994). This study revealed aspects of the teacher as a person, educator and nurse that contributed to teacher competence and, as such, presents a broadly based perspective of clinical teacher competence. Of specific interest are the inclusion of mutual knowing, teachers' personal and professional confidence, and the influence of knowledge within the student-teacher relationship as a part of teacher competence.

Mutual knowing emerged as an essential process in the formation of student-teacher connection. In the focus group, all students agreed that 'knowing is the basis of connection. You can know without being connected but you cannot be connected without knowing'. Accordingly, knowing is proposed as a component of teacher competence in connected clinical teaching. Knowing, in this study, encompassed the process of seeking to understand the other beyond their immediate role as student, teacher or nurse. The teacher knowing the student has been described as part of caring student-teacher relationships (Miller *et al.* 1990, Halldorsdottir 1990, Hanson & Smith 1996), is advocated as part of caring in education (Buber 1968, Diekelmann 1992, Campbell *et al.* 1994), and is suggested as supporting effective student-teacher relationships (Grigsby & Megel 1995). When teachers recognized students' lives outside of school, acknowledged their nursing knowledge and contribution to patient care, and recognized their individual learning needs, students in this study felt known, valued and respected as individuals. Feeling known increased their self-confidence and motivation to learn. One student reflected, 'It's nice to have that bond, and that affects my learning. It (motivation) just skyrockets right after I make that connection'. Feeling known therefore affirmed the student as person, learner and as a nurse. From that space, students were able to begin to develop their potential as nurses.

All students expressed a need to know the teacher: 'They're not just a teacher. They're a person too, and you want to learn more about them because they're teaching you. Then you can relate to them better if you know them better'. This finding has been reported as part of caring student-teacher relationships (Halldorsdottir 1990, Miller *et al.* 1990, Grigsby & Megel 1995). Knowing the teacher had a positive influence on students' trust and ease with the teacher, the

nature of their communication, and their perception of the relationship as egalitarian and coparticipative. These factors facilitated students' 'focus on learning', clearly illustrating the positive influence of knowing the teacher on students' outcomes.

Interestingly, students did not require extensive knowledge of teachers in order to feel they knew them. Some sought personal information, while others desired to know the teacher as a nurse. In essence, the extent of mutual disclosure in student-teacher connection facilitated 'removing the mask of anonymity' (Halldorsdottir 1990, p. 99).

The actual process by which students come to know teachers has not been described in the research literature. In this study, the student knowing the teacher was dependent, to a degree, on teachers' willingness to reveal themselves, and was supported by actions such as admitting fallibility and engaging in dialogue. Students described coming to know teachers through 'casual, everyday' conversations about nursing and non-nursing topics, by observing teachers' interactions with others, and listening to their practice-related stories. In these ways, the teacher emerged as a person and a nurse.

Notably, mutual knowing was achieved within a relatively short time frame. Students felt they knew, and were known by the teacher within a few weeks of starting a clinical rotation of 1-2 days a week. This finding is encouraging in light of concerns expressed in literature regarding time constraints as a limiting factor on the teacher knowing the student (Paterson & Crawford 1994).

The teacher's ability to recognize and respond to students' learning needs emerged as part of teacher competence in this study and is supported by the teacher knowing the student. Knowledge of students' learning needs, goals, strengths and limitations enables the teacher to provide appropriate help and support in the learning process. Further, knowing the student prevents teachers from forming and acting on assumptions regarding them, an action which students perceived as disrespectful and contrary to meeting their learning needs, and invariably resulted in a lack of connection.

Additionally, teachers' ability, skills and confidence as an educator and nurse influenced their ability to meet students' learning needs. Connected teachers were differentiated from nonconnected teachers by their ability to teach 'more than the technical aspects of nursing', and to support students in developing process skills such as clinical judgement, organization and communication and, consequently, developing as a nurse. Students emphasized the importance of teachers having recent clinical experience, indicating that practical knowledge led them to be more effective in helping students to learn to nurse in the 'real world'.

The role of teacher confidence in clinical teaching has received scant attention in the literature (Nehring 1990, Crandall 1993). For senior students in particular, teachers' confidence as an educator and nurse was a significant factor in their assessment of teachers' ability to meet their learning needs. They suggested that teachers created distance between themselves and students when they lacked confidence, thus inhibiting knowing and connection. Further, it appeared that the incongruence between teachers whom students perceived as lacking confidence, and students' developing vision of a nurse's role, resulted in some students feeling that these teachers did not have 'anything to offer them' in their clinical learning experience. Teachers' ability, skills, clinical currency and confidence are, therefore, a strong influence on students' development of an identity as a professional nurse and, consequently, are proposed as part of competent clinical teaching practice.

Knowledge is accepted in nursing literature as an essential part of clinical teacher competence (Brown 1981, Knox & Mogan 1985, Mogan & Knox 1987, Windsor 1987, Bergman & Gaitskill 1990, Nehring 1990). This study adds to this understanding by highlighting the relationship between knowledge and the student-teacher relationship. While students agreed that knowledge was an important part of teachers' competence, they indicated that teachers in both connected and nonconnected relationships were knowledgeable. A key difference between the formation of a connected or nonconnected relationship lay in what teachers 'did with their knowledge.' When they 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. In contrast, when teachers' knowledge was an integral part of their role as a helper and supporter of learning, then student-teacher connection was supported:

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.

Overall, teacher competence in the connected student-teacher relationship included attributes of the teacher as a person, educator and nurse. These findings confirm and add to others in existing research. Particularly significant was the inclusion of mutual knowing, the importance of the teacher's confidence as a person, educator and nurse, and recognition of the influence of teacher's knowledge in the relationship.

#### *Compassion and commitment*

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 compassion and commitment of connected teachers was evident in their awareness of and responsiveness to students, and their intent to understand students' perspectives, acknowledge students as individuals, and support learning experiences.

The teacher's awareness and responsiveness were exemplified in the process of 'beginning'. In this process, the student and teacher negotiated expectations regarding the clinical learning experience. Negotiating in a connected relationship included the teacher adapting to or accommodating the student's learning needs and preferences. The willingness of connected teachers to hear and, importantly, negotiate learning-related expectations, and to adapt their way of teaching to fit the expectations and needs of students, set them apart from those with whom students experienced a lack of connection. When a teacher's expectations were inflexible and non-negotiable, the onus for adaptation was left with the student. Some students reported unsuccessful attempts to adapt, describing efforts to 'get along' with the teacher, or match their demeanour and communication style, while others actively resisted the perceived expectation to adapt. Invariably, a nonconnected relationship resulted.

The responsiveness of connected teachers is not permissive. In fact, students indicated a lack of desire to connect with teachers whose expectations they perceived as too lenient. Similar to previous findings, student-teacher connection was supported by the teacher having realistic but negotiable expectations (Brown 1981, Bergman & Gaitskill 1990, Nehring 1990, Morgan 1991, Sieh & Bell 1994, Forrest *et al.* 1996).

The personal attributes of connected teachers support their compassionate and committed way of being in the student-teacher relationship. Students described connected teachers as emotionally and physically available; for example, having 'an aura that invites the student to connect', being genuine, spending time with students, and providing opportunities for students to talk. Availability has been identified as a characteristic of effective teaching (Bergman & Gaitskill 1990, Halldorsdottir 1990, Miller *et al.* 1990, Beck 1991, Reeve 1994, Grigsby & Megel 1995, Dillon & Stines 1996, Hanson & Smith 1996), but few authors specifically acknowledge the need for the teacher to be emotionally available (Miller *et al.* 1990, Halldorsdottir 1990, Grigsby & Megel 1995, Hanson & Smith 1996). Findings in this study indicate that, by being genuine and present as a person as well as a teacher, connected teachers both acknowledge the wholeness of the student and facilitate the student being present in the relationship in the same manner. This mutual self-disclosure

not only supports the formation of student–teacher connection, but also fosters students’ awareness of their potential as a person and as a nurse.

### Role of the connected teacher

Competence and compassion are, by necessity, interrelated (Roach 1987, Halldorsdottir 1997). 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). The connected teacher was present as a coach and guide. In this role, compassion, exemplified by an authentic, accepting and patient presence, came together with their knowledge, abilities and skills as educator and nurse. From this basis, connected teachers supported learning in a variety of ways.

Students emphasized the extent to which connected teachers supported their learning: the teacher was ‘always willing to help’, offered help to ‘shy students’, and was an advocate for students by ‘being there’ for them. One linked the teacher as helper with her perception of the relationship: ‘I felt she was there to help me and more on an equal level as people, rather than as ‘teacher’, and ‘student’. As coach and guide, connected teachers ‘walked’ students through psychomotor skills, provided gradually less structured learning experiences and, according to students, provided more learning opportunities by being willing to ‘teach as needed’ according to their learning needs.

The integration of connected teachers’ compassion and competence was evident in their communication in the student–teacher relationship. In relating their experiences of connection and lack of connection, students consistently commented on the content and process of feedback received from the teacher. The connected teacher’s sensitivity was evident in their respect for students’ privacy when providing feedback, and in their ability to convey ‘negative’ feedback as opportunities for students to develop their nursing practice rather than as deficits in their present performance. While providing feedback that is appropriate in content and timing has been acknowledged as a component of effective clinical teaching (Windsor 1987, Pugh 1988, Bergman & Gaitskill 1990, Nehring 1990, Sieh & Bell 1994), this study extends this understanding by linking the nature of the student–teacher relationship with students’ perceptions of the feedback provided. Notably, the credence students assigned to feedback was strongly influenced by the degree to which they felt the teacher knew them. Because students felt known by the teacher in the connected relationship, they perceived the feedback as valuable and valid.

The full significance of the connected teacher as coach and guide becomes apparent when it is compared with the predominant role of teachers with whom students experienced a lack of connection. This was primarily as an evaluator, a perception reinforced by the nonconnected teacher’s tendency to ‘grill’ them with questions, offer only ‘negative’ feedback, to ‘constantly critique’, and ‘watch them like a hawk’. In nonconnected relationships, students’ focus within their clinical learning experience was on the teacher, rather than on their own learning:

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

Their preoccupation with ‘pleasing the teacher’ and ‘getting it right’, along with the nonconnected teacher’s way of teaching, tended to narrow their vision of a nurse to one in which doing and empirical knowing predominated and, thus, limited their learning and professional socialization.

### The ‘fit’

While these teacher-related factors were highly influential in the formation of student–teacher connection, student-related factors also played a primary role. Although the influence of the student on the student–teacher relationship has received scant attention in nursing literature, in this study multiple factors related to the student as a person, learner and nurse emerged as significant. Students entered the student–teacher relationship with beliefs and expectations about themselves, the teacher (for example, should be able to ‘present information logically and clearly’), learning process (for example, ‘learning includes making mistakes’, ‘teaching and learning goes both ways’), and student–teacher relationship (for example, ‘teacher and student share the responsibility for initiating the relationship’). These beliefs and expectations, as well as their previous learning experiences, were important influences on the formation of student–teacher connection. Notably, this study revealed that the ‘fit’ between these multiple student-related and teacher-related factors influenced the formation of a connected relationship. Students’ stories revealed that, while the ‘fit’ between teaching and learning styles was important, the fit between personal aspects, such as personality, interests, communication styles, background and values was also important to the formation of connection. In examining students’ stories of connection, it was often difficult to isolate any one factor as a key influence in the formation of a connected relationship. Rather, the effect of influencing factors appears to be a result

of a complex interaction of aspects that comprise and influence the individuals who come together in the relationship. By implication therefore it appears that 'fit' can be adjusted in a student-teacher relationship by modifying any of these variables.

As part of understanding and adjusting the 'fit' to support the formation of connection, the teacher must be able to assist students to reflect on themselves as persons, learners and nurses, and support them 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 may need the CNT to assume the initiative in establishing the relationship. In essence, the CNT acts as senior partner, with the student as limited partner (Paterson 1998).

### Outcomes of student-teacher connection

Student-teacher connection emerged as a strongly positive influence on clinical learning experiences. The inherent qualities of the connected relationship (caring, knowing, trusting, respecting, and mutuality) and the connected teacher's way of being and teaching, resulted in an environment in which students were affirmed and supported in recognizing and growing toward their potential as a person, learner and nurse. Specifically, student-teacher connection influenced the focus and scope of learning and, consequently, development of professional identity as a nurse.

In connected student-teacher relationships, students described being able to 'focus on learning'. One commented: 'It (the connected student-teacher relationship) makes me more comfortable, and I feel more open to take things in. I'm not on guard, I'm not defensive...You can focus more on learning things'. In contrast, their focus in a nonconnected relationship was on 'getting it right' and 'pleasing the teacher'. They consistently described 'learning more' in connected relationships. Their stories reflected increasing ability to recognize and respond to patients' needs, the development of organization and communication abilities, and the development of clinical nursing judgement. One student explained:

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.

Another commented:

I feel like with the (connected) instructor...I learned how to maybe put it all together a bit more...I learned how to be organized. I think

she gave me space just to sort of work on, to learn the stuff that's not in the textbooks. To learn how to talk to a patient...Just to have a broader look at things.

Students descriptions of being able to 'put it all together', or to 'see the bigger picture' convey their developing ability to synthesize nursing knowledge.

Notably, nonconnected student-teacher relationships did not negate learning. Students acknowledged that they did learn in nonconnected student-teacher relationships, but described their learning as limited to 'skills and physiology', 'cognitive and rote memory stuff', and 'lab values and technical aspects of nursing'. The predominant focus on 'getting it right' and 'pleasing the teacher' appeared to eclipse the possibility of synthesizing knowledge related to clinical nursing practice. One student explained:

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.

Preoccupation with pleasing the teacher in clinical learning has been previously described in nursing literature. Diekelmann (1992) states:

The focus on testing so prevalent in our practices (in nursing education) leads students albeit inadvertently into a constricted mode of learning...Students are focused on concerns and priorities of instructors (p. 76).

Similarly, Wilson (1994) noted that, for nursing students in her study, 'looking good as student' (p. 84) required looking good in the eyes of the teacher. Because students were continually engaged in determining what the teacher wanted, looking good as a student did not necessarily imply learning.

In connected student-teacher relationships, specific teacher actions such as acknowledging students' knowledge, their contributions to patient care, and framing their mistakes as learning, shaped students' attitudes about themselves as learners and nurses. Perhaps the strongest influence of connected CNTs on students' professional socialization was the various ways in which teachers made their theoretical and practical nursing knowledge accessible. When students sought CNTs' assistance during provision of patient care, connected teachers responded by working with them and including them as equal partners in the caregiving process. Students described this as 'feeling like a nurse'. One elaborated:

With my (connected) instructors I feel perfectly at ease with patients...I feel like they are my patients, not her's.

In contrast, nonconnected teachers invariably 'took over patient care', an action that diminished students' professional



and personal confidence and, importantly, limited their access to the teacher's knowledge. The open communication that characterized the connected student-teacher relationship supported dialogue. Clinical nursing teachers' stories of their nursing experiences supplemented and confirmed students' knowledge and vision of nursing, and provided information which they reported using in their own clinical decision-making. One student explained it this way:

You can think, OK, my instructor had this experience and this what she did. My experience is 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.

By making their embedded nursing knowledge accessible in these ways, CNTs were instrumental in students learning the art of nursing.

Other authors exploring caring student-teacher interactions have noted the influence of student-teacher relationship on students as people. Specifically, increases in self-worth, self-esteem and self-confidence (Griffith & Bakanauskas 1983, Halldorsdottir 1990, Miller *et al.* 1990, Hanson & Smith 1996), being respected, recognized, and accepted as an individual (Halldorsdottir 1990, Beck 1991, Dillon & Stines 1996) reflect moves toward self-actualization. However, evidence of student-teacher interaction influencing learning and professional development has been restricted to increased motivation to learn (Halldorsdottir 1990, Hanson & Smith 1996) and development of a positive sense of self as a nurse (Hughes 1992, Hanson & Smith 1996). This study moves beyond existing understanding by clearly linking a connected student-teacher relationship to an increased scope of learning outcomes: students' stories clearly reflected their development of the ways of knowing, being and doing that comprise clinical nursing practice. Further, this broad scope of learning, combined with the influence of teachers and accessibility of their nursing knowledge, facilitated the evolution of students' professional identity.

### Study limitations

This study has described students' experiences of student-teacher connection in clinical nursing education. In presenting findings, methodological limitations must be acknowledged. Although theoretical sampling was used in an attempt to provide data that encompassed multiple realities of the experience in question, the small sample size and the fact that students interested in connection were most likely to volunteer to participate, limited the degree to which this was achieved. Transferability (Sandelowski 1986) is also limited by having drawn all participants from one location.

### Conclusion

The centrality of both the personal and professional dimensions of teachers in the formation of student-teacher connection suggests several aspects of the teacher-in-relationship that serve as a focus for reflection. First, teachers are urged to reflect on 'who' they are in a student-teacher relationship. Do they step out from behind the mask of the ubiquitous teacher and let themselves be known? Assuming that they aspire to be excellent teachers, on what is that excellence founded? Tanner (1999) reminds us '...how little great teaching has to do with technique and how much it has to do with the teacher as a person' (p. 339). Second, teachers are encouraged to consider the balance of power within student-teacher relationships. Many factors, including teachers' use of their knowledge within the relationship, their willingness to be known as a person and nurse, and their predominant role, have been noted to influence the nature of the student-teacher relationship. Further, because connected teachers are a positive influence on students' professional socialization, they need consciously to create opportunities in which students can access their embedded knowledge.

These findings challenge the traditional idea that CNTs should avoid being 'involved' with students. Because knowing the student fostered their professional and personal growth, enabled the teacher to understand students' expectations, learning needs and preferences, and was essential to understanding and adjusting the 'fit' in the student-teacher relationship, it is imperative that teachers seek to know students as whole persons.

The move toward a humanistic paradigm in nursing education requires a transformed student-teacher relationship that is egalitarian and supports growth for both partners. From a basis of compassionate competence and commitment to understanding students as whole persons and supporting their learning, connected teachers worked with students in their learning experiences as a coach, guide, helper and advocate. Within the connected student-teacher relationship students were able to focus on learning, to synthesize knowledge, and to integrate the ways of knowing, being and doing that comprise clinical nursing practice.

There is a need for more research to support a more comprehensive understanding of student-teacher connection. Student-related factors warrant further exploration: Do all students desire student-teacher connection? If not, how does the learning process of a student who does not desire connection compare with that of students who have described learning most effectively in a connected relationship? Teacher response to students' lack of knowledge and errors was noted to be important in influencing the formation of connection:

can connection be established and sustained with a student who is at risk of failing a clinical course? The influence of contextual factors in this study is not clear, and requires exploration. What is the influence of clinical unit nursing staff, of other faculty, or culture of the school of nursing on student-teacher connection? Does the credibility of a CNT with clinical unit nursing staff influence the formation of connection? Does the work environment of CNTs (for example, collegial relationships, perception of support from administration) influence their desire and ability to connect with students?

## Acknowledgements

The author wishes to acknowledge Dr B. Paterson, Dr S. Thorne, and Ms. M. Dewis for their support and thoughtful direction during the completion of this research study, and Dr G. Hartrick, without whose affirmation and guidance this article would not have been written.

## References

- Appleton C. (1990) The meaning of human care and the experience of caring in a University school of nursing. In *The Caring Imperative in Education* (Leininger M. & Watson J. eds), National League for Nursing, New York, pp. 77-94.
- Barnes N.I., Duldt B.W. & Green P.L. (1994) Perspectives of faculty practice and clinical competence. *Nurse Educator* 19, 13-17.
- Beck C.T. (1991) How students perceive faculty caring: a phenomenological study. *Nurse Educator* 16, 18-22.
- Belenky M.F., Clinchy B.M., Goldberger N.R. & Tarule J.M. (1986) *Women's Ways of Knowing: The Development of Self, Voice and Mind*. Basic Books, New York.
- Benor D.E. & Leviyof I. (1997) The development of students' perceptions of effective teaching: the ideal, best and poorest clinical teacher in nursing. *Journal of Nursing Education* 36, 206-211.
- Bergman K. & Gaitskill T. (1990) Faculty and student perceptions of effective clinical teachers: an extension study. *Journal of Professional Nursing* 6, 33-44.
- Bevis E.O. & Watson J. (1989) *Toward a Caring Curriculum: A New Pedagogy for Nursing*. National League for Nursing, New York.
- Brown S.T. (1981) Faculty and student perceptions of effective clinical teachers. *Journal of Nursing Education* 20, 4-13.
- Buber M. (1968) *Between Man and Man* (R.G. Smith, Trans.). MacMillan, New York.
- Burge E.J. (1993) *Connectiveness and Responsiveness*. Paper presented for the Feminist Pedagogy and Women-friendly Perspectives in Distance Education International Working Conference, Umea, Sweden.
- Burns N. & Grove S.K. (1993) *The Practice of Nursing Research*, 2nd edn. W.B. Saunders, Philadelphia, PA.
- Campbell I.E., Larrivee L., Field P.A., Day R.A. & Reutter L. (1994) Learning to nurse in the clinical setting. *Journal of Advanced Nursing* 20, 1125-1131.
- Crandall S. (1993) How expert clinical educators teach what they know. *Journal of Continuing Education in the Health Professions* 13, 85-98.
- Diekelmann N. (1990) Nursing education: caring, dialogue and practice. *Journal of Nursing Education* 29, 300-305.
- Diekelmann N. (1991) The emancipatory power of the narrative. In *Curriculum Revolution: Community Building and Activism* (National League for Nursing ed.), National League for Nursing, New York, pp. 41-62.
- Diekelmann N. (1992) Learning-as-testing: a Heideggerian hermeneutical analysis of the lived experience of students and teacher in nursing. *Advances in Nursing Science* 14, 72-83.
- Dillon R.S. & Stines P.W. (1996) A phenomenological study of faculty-student caring interactions. *Journal of Nursing Education* 35, 113-118.
- Fong C.M. & McCauley G.T. (1993) Measuring the nursing, teaching, and interpersonal effectiveness of clinical instructors. *Journal of Nursing Education* 32, 325-328.
- Forrest S., Brown N. & Pollock L. (1996) The clinical role of the nurse teacher: an exploratory study of the nurse teacher's present and ideal role in the clinical area. *Journal of Advanced Nursing* 24, 1257-1264.
- Gilligan C. (1993) *In A Different Voice: Psychological Theory and Women's Development*, 3rd edn. Harvard University, Cambridge.
- Glaser B. & Strauss A. (1967) *The Discovery of Grounded Theory*. Aldine, Chicago, IL.
- Graham K. (1992) *Connection, Trust and Social Responsibility: A Feminist Pedagogy*. Paper Presented at the Annual Meeting of the Conference on College Composition and Communication, Cincinnati, OH.
- Griffith J.W. & Bakanauskas A.J. (1983) Student-instructor relationships in nursing education. *Journal of Nursing Education* 22, 104-107.
- Grigsby K.A. & Megel M.E. (1995) Caring experiences of nurse educators. *Journal of Nursing Education* 34, 411-418.
- Halldorsdottir S. (1990) The essential structure of a caring and an uncaring encounter with a teacher: The perspective of the nursing student. In *The Caring Imperative in Education* (Leininger M. & Watson, J. eds), National League for Nursing, New York, pp. 95-108.
- Halldorsdottir S. (1997) Implications of the caring/competence dichotomy. In *Nursing Praxis: Knowledge and Action* (Thorne S.E. & Hayes V.E. eds), Sage, Thousand Oaks, CA, pp. 105-124.
- Hanson L. & Smith M.J. (1996) Nursing students' perspectives: experiences of caring and not-so-caring interactions with faculty. *Journal of Nursing Education* 35, 105-112.
- Hedin B.A. & Donovan J. (1989) A feminist perspective on nursing education. *Nurse Educator* 14, 8-13.
- Hughes L. (1992) Faculty-student interactions and student-perceived climate for caring. *Advances in Nursing Science* 14, 60-71.
- Kelly B. (1995) Storytelling: a way of connecting. *Nursing Connections* 8, 5-11.
- Knafel K.A. & Webster D.C. (1988) Managing and analyzing qualitative data: a description of tasks, techniques and materials. *Western Journal of Nursing Research* 10, 195-218.
- Knox J.E. & Mogan J. (1985) Important clinical teacher behaviours as perceived by University faculty, students and graduates. *Journal of Advanced Nursing* 10, 25-30.

- Miller B.K., Haber J. & Byrne M.W. (1990) The experience of caring in the teaching-learning process of nursing education: Student and teacher perspectives. In *The Caring Imperative in Education* (Leininger M. & Watson J. eds), National League for Nursing, New York, pp. 125–136.
- Mogan J. & Knox J.E. (1987) Characteristics of 'best' and 'worst' clinical teachers as perceived by University faculty and students. *Journal of Advanced Nursing* 12, 331–337.
- Morgan S.A. (1991) Teaching activities of clinical instructors during the direct client care period: a qualitative investigation. *Journal of Advanced Nursing* 16, 1238–1246.
- Nehring V. (1990) Nursing clinical teacher effectiveness inventory: a replication study of the characteristics of 'best' and 'worst' clinical teachers as perceived by nursing faculty and students. *Journal of Advanced Nursing* 15, 934–940.
- Paterson B. (1994a) *Making a Paradigm Shift: A Nightmare or an Opportunity?* Unpublished manuscript. University of British Columbia, Vancouver, BC.
- Paterson B. (1994b) A framework to identify reactivity in qualitative research. *Western Journal of Nursing Research* 16, 301–316.
- Paterson B. (1998) Partnership in nursing education: a vision or a fantasy? *Nursing Outlook* 46, 284–289.
- Paterson B. & Crawford M. (1994) Caring in nursing education: an analysis. *Journal of Advanced Nursing* 19, 164–173.
- Pugh E.J. (1988) Soliciting student input to improve clinical teaching. *Nurse Educator* 13, 28–33.
- Reeve M.M. (1994) Development of an instrument to measure effectiveness of clinical instructors. *Journal of Nursing Education* 33, 15–20.
- Reilly D.E. & Oermann M.H. (1992) *Clinical Teaching in Nursing Education*, 2nd edn. National League of Nursing, New York.
- Roach M.S. (1987) *The Human Act of Caring*. Canadian Hospital Association, Ottawa.
- Sandelowski M. (1986) The problem of rigor in qualitative research. *Advances in Nursing Science* 8, 27–37.
- Sieh S. & Bell S.K. (1994) Perceptions of effective clinical teachers in associate degree programs. *Journal of Nursing Education* 33, 389–394.
- Tanner C. (1990) Reflections on the curriculum revolution. *Journal of Nursing Education* 29, 295–304.
- Tanner C.A. (1999) Teaching: beyond technique. *Journal of Nursing Education* 38, 339.
- Thorne S., Reimer Kirkham S. & MacDonald-Emes J. (1997) Interpretive description: a noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health* 20, 169–177.
- Wilson M. (1994) Nursing student perspective of learning in a clinical setting. *Journal of Nursing Education* 33, 81–86.
- Windsor A. (1987) Nursing students' perceptions of clinical experience. *Journal of Nursing Education* 26, 150–154.