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RESEARCH ARTICLE

Nursing and Midwifery Students' Perspectives of Faculty Caring Behaviours: A Phenomenological Study

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Abstract:

Aims:

The study aimed at exploring faculty caring behaviours from the perspectives of university students enrolled in Nursing and Midwifery programme at one of the public universities in Malawi.

Background:

The concept of caring has to a larger extent been defined in the context of nursing practice and rarely in the context of nursing education. Caring for students and nurturing a caring attitude in nursing education is the first place for students to learn about the most significant values of their profession.

Objective:

The objective of this study was to describe faculty caring behaviours from the perspectives of university students who were studying for a degree in Nursing and Midwifery programmes at one of the public universities in Malawi.

Methods:

A qualitative approach utilising descriptive phenomenology as a study design was used in this study. Data was collected through semi-structured interviews at a public university in Malawi from ten (10) nursing and midwifery students who were purposively selected. All ethical considerations were followed. Data were analysed using Colaizzi's (1978) method.

Results:

Five themes emerged that defined faculty caring behaviours from the student's perspective: (1) Being available, (2) Being respectful, (3) Seeing the person in the student, (4) Being fair and (5) Communication.

Conclusion

Findings have shown that nursing and midwifery faculty display both caring and uncaring behaviours. The study recommends the establishment of a curriculum with caring as one of its defining philosophies; the establishment of educational faculty - student interactions based on moral and human caring principles, and advocating for faculty to embrace faculty caring to improve nursing and midwifery student's professional socialisation.

Key words: Faculty caring, Nursing education, Nursing students, Faculty, Nursing, Perspectives.

Article History

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1. INTRODUCTION

The concept of caring has to a greater extent been defined in the context of nursing practice and rarely in the context of

nursing education [1, 2]. According to Labrague [3], caring is the core foundation of nursing education, and is the core value of nurse educator – students relationship.

Research and education has focused on the benefits of using caring in practice and the development of caring behaviours in nursing students [4, 5]. Such being the case,

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efforts are made to equip students with knowledge, skills and positive attitudes to be able to effectively care for patients. However, it is believed that for one to care for another, care must be shown or demonstrated to that individual first [6]. Therefore, students need to experience caring first for them to care for ‘others’ including their patients.

Nursing and other health occupations have adapted caring as a central concept of their curriculum [7], arguing that including caring in the curriculum allows for caring to be carried on in the education process as well as after graduation [3, 8]. The caring curriculum described by Bevis and Watson in 1989 as a “new pedagogy for nursing”, provided an impulse for curriculum change in nursing [9]. This curriculum revolution called for an altered perception of how caring was taught and the role of nursing educators [2]. According to Beck [10], the revolution called for improving caring practices by means of relationships between faculty and students as well as between faculty. Regardless of how caring is integrated in the curriculum, nurse educators have agreed that faculty caring is an indispensable component in nursing education, which is transmitted directly to nursing practice [11]. Faculty need to exhibit caring behaviours to their students so as to create an environment that is conducive for learning, and also instil behaviours that will continue for the rest of their nurse’s life [10] and develop the competence of caring [6].

Caring in nursing education is a concept expressed through interactions among the nursing faculty, between the faculty and nursing students, among nursing students and between nursing students and patients [12]. Noddings [13] indicates that nurse educators should espouse caring student-teacher relationships as this enables students to implement caring practices. However, there appears to be no clear conceptualization of what this entails and what each of these areas could be, hence has been found worthy of investigation.

Successful development of students into a caring professional, largely depends on the quality of faculty-students’ relationships and the nursing education environment at large [5]. The reciprocal interaction that occurs between students and faculty helps students grow as caring individuals, thus making nursing education an ideal place for developing, enhancing, and promoting students’ caring behaviors [3].

Recently, nursing education is moving towards a caring paradigm based on humanistic framework where caring has the main impress in the teaching and learning process [14]. Nursing faculty are trying to incorporate caring as a valued basis in philosophical principles and educational programmes [14]. However, little is known about how students perceive caring behaviours. Therefore, there is a need to understand what faculty caring entails from the students’ perspective to incorporate such attributes into the curriculum.

1.1. Nurse Education and Lecturers’ Roles in Malawi

Clinical teaching is an essential component in the education of undergraduate nursing/midwifery students as it helps in the transferring and actualization of theoretical knowledge into practice [15]. Clinical supervision and support of learners in the clinical area forms an optimal clinical

learning experience as learners should be satisfied with aspects of personalization in clinical learning [16]. The role of clinical teaching in Malawi lies in both the Clinical staff, Clinical instructors/preceptors and lecturers with training institutions relying more on registered nurses working on the ground to guide and assist students during their clinical experiences [15]. However, Malawi is among countries with the most strained health systems in sub-Saharan Africa [17, 18], affecting the nursing staff to teach students [19]. There is increased disease burden in Malawian hospitals in the face of the shortage of nursing staff, increased student intake in nursing colleges and inadequate faculty members [20].

There is evidence of adequate learning gains by students when clinical staff take charge of student learning [21]. However, it is noted that nurses could be experts in their clinical field but might not be able to transfer such expertise to students [19]. Bvumbwe *et al.* [19] reported strategies to build capacity of clinical staff through preceptorship and mentorship to impart clinical teaching skills on clinical staff. However, students teaching still remains a challenge due to shortage of staff [22]. As such, nurse educators in Malawi are expected to accompany student nurses to the clinical area [22] and support their learning [23]. This is also in line with the educational standards by the Nurses and Midwives Council of Malawi which stipulates that the ratio of Clinical instructors, lecturers, practice teacher to students in the clinical sites shall be maximum of 1: 10 and 1:5 for nursing and midwifery respectively [24]. However, this is often not possible in Malawi due to the shortage of academic staff in nursing training institutions [25].

There are a few nursing colleges that have employed clinical preceptors/clinical instructors but this is not adequate. Such being the case, lecturers are required to take part in clinical teaching. They therefore take the role of clinical instructors when in clinical settings. However, there is evidence that lecturers do not effectively support students during clinical placements and nursing students are commonly left unsupervised [26]. Mbakaya *et al.* [22] reported that there is lack of proper guidance and continuous supervision by lecturers leading to nursing students learning incorrect procedures, become incompetent and lose interest in the nursing profession as they feel frustrated. Literature reports negative impact of lack of supervision and clinical teaching by faculty members on students learning in Malawi. Msiska *et al.* [26] reported that lecturers visit the clinical setting occasionally and students feel abandoned regarding themselves as “lost sheep”. Chipeta *et al.* [27] reported that lack of clinical supervision and teaching by lecturers negatively influenced students learning as it did not just deprive them of the much needed knowledge and skills but they were also a risk to patients due to their incompetence and unskilful acts. On the other hand, literature shows that faculty’s availability for clinical teaching had a positive learning experience to students [19, 22, 23, 27, 28].

2. MATERIALS AND METHODS

2.1. Study Design

The study employed qualitative approach, utilising

descriptive phenomenology based on Edmund Husserl's philosophical ideas as a philosophy and research method [29]. In Phenomenological research, the researcher starts with choosing a phenomenon of interest which in this study was "faculty caring". Interest in "faculty caring" developed as a result of professional experience in working with students. The phenomenology method was chosen to describe nursing and midwifery students lived experiences of caring in nursing education. It is about the world as experienced in a particular phenomenon that is at the core of that experience [30]. It is believed that only those who live the experience can describe it [31]. Caring is a human experience and this justified the need for a phenomenological inquiry.

2.2. Participants and Data Collection

The study was conducted at a public university in Malawi. The study interviewed ten (10) participants, determined by the theory of data saturation. The participants were recruited by the first author through the support of class coordinators who played a role of identifying the students that met the criteria of the study in terms of age and ability to communicate. The participants were recruited through purposive sampling method in that only level 3 and level 4 students who had been part of the program for three (3) to four (4) years were interviewed. They have had adequate experience with faculty and could ably provide rich data.

Data were collected from January 2016 to March 2016 using a semi-structured interview guide because it allowed the participants to express themselves fully regarding their experience. Face to face in-depth interviews were conducted by the first author at a neutral and convenient place for the participants, and each interview lasted about forty-five (45) minutes. All data were recorded digitally. During interviews, the researcher had an exclusive dialogue with the participants who had shared the caring experiences as it has been lived. To achieve transcendental subjectivity, the researcher employed the concepts of bracketing, intuition and reflexivity throughout the study. Considering the relationship between the researcher and the participants (*i.e.*, lecturer and students), the researcher adopted a self-critical stance to the study, the participants, their role, relationships and assumptions in order for the study to be more credible and dependable [32].

Neutrality in qualitative research is analogous to objectivity in quantitative research [33, 34]. It is a way to ensure that the data and interpretation are based on reality, not the imagination or biases of the researcher. Researcher reflexivity is a way to improve neutrality in qualitative research. Reflexivity involves the researcher's self-disclosure of her entering assumptions, beliefs, and biases, which she is required to set aside throughout the study. This process is also known as bracketing [35]. The researcher engaged in bracketing and reflective activities throughout the process of data collection. This included disclosing previous assumptions, beliefs and biases early in the research and journaling soon after each interview. The researcher also used reflection to analyse participant responses, and to identify and isolate preconceptions brought to the process. The researcher then compared the participants' responses with her own personal

experiences as a student. She returned frequently to the research questions to check if they were consistent and not missing out on what the participants were responding.

2.3. Methodological Rigour

In the study, methodological rigour was achieved in the following way: Firstly, in order to ensure credibility, a member checking was done whereby the researcher returned to the participants to validate the findings. Secondly, dependability was achieved by maintaining consistency in the process of data collection specifically by using the same main questions in the interview guide to all participants in order to maintain consistency of the data findings. Thirdly, conformability was achieved by incorporating participant's expressive language, presented as direct quotes from the transcribed data to provide evidence of the research findings in the report. Finally, the researcher had provided a dense description of the research methodology and the research context to enable anyone interested in the findings and conclusions of this study make an informed decision about their transferability and generalizability under their contexts.

2.4. Data Analysis

Data analysis progressed following a step by step approach as guided by Colaizzi's process for phenomenological data analysis [36]. The first step was to transcribe verbatim the interviews that were done. The next step was to listen to the interviews as well as to read each transcription several times in order to obtain a general sense about the whole context. As the researcher listened and read through the narratives, she provided her personal-research reflections drawn from her bracketing journal. The researcher recorded her research bias activities in a journal which represented not merely reflections but also evidence of the manner in which she had set aside biases and assumptions surrounding the phenomenon. Disclosing previous assumptions, beliefs and biases early in the research process allows readers to understand the researcher's position and thus make their own judgment of the researcher's findings and interpretations [35]. A log of the personal reflections and experiences throughout the study enabled the researcher to isolate (bracket) any biases and provided useful insight during analysis and discussion.

This step was followed by identifying significant statements that pertained to the phenomena under study. The other step was to formulate meanings from these significant statements, and then sorting them into themes, subthemes and subcategories. Through bracketing, the essential themes reported by all participants described the phenomenon in a manner that would conceivably be recognisable by anyone experiencing the same phenomenon [37].

The findings were then integrated into an exhaustive description of the phenomenon, caring. Finally, the researcher validated the findings by returning to the participants to compare the researcher's descriptive results with their experience. In this case, the researcher engaged participants in reviewing transcripts and interview summaries as a safeguard against misrepresentation of their experiences and to correct biases that may have been missed during bracketing activities.

3. RESULTS

The purpose of this study was to explore how university students, in the Nursing and Midwifery programmes, perceive faculty caring. The following subthemes emerged: being available, being respectful, seeing the person in the student, being fair and communication.

3.1. Being Available

Being available entails to be at the disposal of participants to assist and support them in their learning and personal issues. The majority of the participants indicated that caring is reflected in the faculty's presence during clinical placement to provide clinical teaching through supportive supervision and demonstration of clinical skills. The following account of the participants' experience illustrates this:

"I remember in my first year, at gynaecological ward, (Name of lecturer) came to demonstrate to us how to take vital signs, and he taught me how to record vital signs.... It was easy to do these procedures next time because we could remember how it was done because it was on a live individual not a doll."(04-F-4-26).

Being available also meant that the faculty should be approachable to participants when they had issues to discuss with faculty that affected their learning:

"There was this other time whereby I had problems with my girlfriend; it was more of a personal issue but I was able to approach one of the lecturers in the department and he assisted me very well, and I was able to have some solutions to the problems that affected my academic life.... "(10-M-3-23).

Likewise another participant said:

"I felt like the lecturer was more open with me, he was able to talk to me like he was talking to a friend not to a student, and he was more open that I was able to express myself too. I think if lecturers are open enough to us so that we should not fear them as it looks like with other lecturers, learning would go on well.... "(08-M-3-24).

However, some participants indicated that the faculty is not available to supervise students and demonstrate skills in the clinical area as expected. The participants felt uncared for due to inadequate supervision and demonstration. The following excerpt captures concerns which were expressed by most of the participants.

"Mainly when we learn in class and go for clinical allocation, we expect that our lecturers would visit us to demonstrate more on what we had learnt just like all other schools,.... and that is really lacking in our department. ...They would say I went for supervision, when one would ask what I have learnt, I would say nothing because they never demonstrated anything".(04-F-4-26).

Likewise, other participants stated that the faculty would come in the first week and never come back:

"Most of the time, they come in the first week and when they come for the first time, it takes a long time for them to come again ... they would just tell us they are coming back but they don't come".(02-F-4-28).

The participants also felt that lecturers were not really available as they would spend very few minutes in the ward, and then only focused on telling the students to do case studies but not for clinical teaching. Another participant made the following comment.

"They say do ABCD, but they are not there to help you...they come talk for two (2) to three (3) minutes, do case studies, and off they go and seriously to me... if I have learnt then it is that pimping learning not seriously being equipped with the knowledge and skills that I desired because the lecturers were not there for me".(04-F-4-26).

The participant also noted that sometimes lecturers combined their clinical supervision trips with personal objectives, and ended up only achieving their objectives without teaching them. One had this to say:

"For example, during high risk midwifery practice, we were in the ward for about eight weeks, but had only seen one lecturer coming, and the lecturer was not coming to the ward for practice or to teach us what to do, rather he was coming for his research data collection."(03-F-4-27).

3.2. Being Respectful

Caring behaviours were reflected in the faculty's ability to respect students both in the classroom and clinical area. Participants felt respected when a lecturer observes a student doing something, and then makes corrections in a humble and respectful way.

"I had an experience where a lecturer came in and explained, that I want to see you doing this procedure and explained what was to be done in that procedure. To me, I saw it to be caring because whatever mistakes that I did on that procedure... she didn't tell me right away there as that could have affected my feelings; but she called me aside and told me what I was supposed to do That was caring,"(07-F-3-30).

However, some participants felt that there was lack of respect to participants when faculty shouted at them in the presence of patients on something that is not life threatening. It was observed that some faculty, whenever they went for supervision, focused on observing mistakes and ignored the good things students were doing. This was demotivating for the participants. Another participant emotionally stated that:

"...I had made some mistakes during a certain procedure in the clinical area, and it was not life threatening and that the lecturer's comments would have been discussed privately without the patient... Yet the lecturer decided to talk to me in a tone that was more like shouting... and then I looked like somebody who did not know what I was doing in front of the patient... which really demotivated me a lot."(08-M-3-24).

Another participant added:

"Some lecturers when they have come for clinical practice, they don't teach you, they simply observe mistakes and then from those mistakes, they will shout at you."(10-M-3-23).

In another incident, another participant felt un-respected being discussed in the presence of fellow students. And sometimes, they were used as examples in class, based on the

wrongs they did in the ward. They felt there was breach of confidentiality which was embarrassing to the students as well making them lose concentration in that class.

One participant said this whilst crying:

"I could not understand why she came up with those words, and she was talking in the presence of some students... I could not understand how a professional lecturer could utter those words in the presence of other students..."(06-F-3-34).

She added,

"Because even when I went to the classroom, the same lecturer was giving examples of what had happened in that session... and I failed to concentrate in class."

3.3. Seeing the Person in the Student

Seeing the person in the student in this context refers to the faculty's ability to take the student not just as an academic being but as a human being as well; lecturers should get to know the students better by being involved in their lives and not just being concerned with classroom and clinical performance. The following excerpts illustrate this.

"I had some problems of which one lecturer noticed that I was really going through some problems, and he approached me and we discussed what was going on... if it were other lecturers, when you are not concentrating in class, they will just shout at you ...But this particular lecturer took it to another level to say we are all humans; we all have our problems in life and maybe this particular person cannot just choose not to be concentrating in class...."(01-F-4- 26).

Another said:

"The way the lecturer talked to me made me realise that there are people in the faculty that really care for us; people that are concerned with our wellbeing as people too, and then they are ready to help."(05-M-4-26).

Participants felt that lecturers should get to know their students better by being involved in the students' lives, and not just being concerned with classroom and clinical performance. One participant had this to say.

"... what I have seen so far with our department is that our lecturers don't really know us... they just know that we are students and we are doing nursing... they are much concerned with our academic performance but they don't know more about the problems that we face individually."(08-M-3-24).

3.4. Being Fair

Being fair in this context is described in terms of fair allocation of marks as well as giving students the grades they deserve. The following comment confirms this.

"There are other lecturers who really don't give marks which you think you are supposed to get. Sometimes, you know that what you wrote was not that perfect but sometimes, you say that I think I did well, and when you see the marks that came out of there, you say maybe the lecturer was not generous enough".(01-F-4-26).

During conflicts between clinical staff and students, the

students felt it was fair when faculty did not just take what the nurses said but rather hear the student's side of the story before making conclusions. One of the participants said:

"It was a caring experience because in other cases, the lecturer would just take what the nurse in-charge said, and then they punish us without hearing from our side because somebody would not expect an in-charge to be lying..."(01-F-4-26).

However, there were other participants who indicated that sometimes students were not given a chance to explain their side of the story, and the lecturers made decisions based on what the clinical nurses had said. They thought that sometimes nurses can exaggerate issues because they are not on good terms with the students. One participant expressed it this way:

"I have one experience when we were located at (name of hospital), there were a lot of bad reports from the nurses, so what happened was that the lecturers got all the reports and called for a meeting here at school. They called one student at a time to explain why they were misbehaving; yet they never gave us a chance to explain our side. So I felt that it was uncaring..." (laughed) (10-M-3-23).

As a result of not hearing students' side of the story, the students felt that they all seemed to be troublemakers, and this created fears in those students who were not part of the wrong things that happened. One participant made the following comment:

"When lecturers come for supervision and hear the bad reports about the students, they do not really know the root cause of the problem... neither the student(s) who started the whole thing because as students we cannot reveal our fellow students.... As a result, all students in that allocation are labelled as bad students when it's not always the case"(08-M-3-24).

3.5. Communication

Communication as a caring behaviour, in this context, entailed the faculty's ability to communicate in advance issues pertaining to classes, assessments and personal welfare of students. One participant made the following comment:

"I don't know what the problem is with the department but communication is poor, even when we are having classes, sometimes you have to call, to ask if the lecturer is coming for his lesson... and not the faculty who was supposed to teach communicating to us". (07-F-3-30).

Another participant added:

"Most of the times, there are issues of communication failure...we thought it could have been better if we were told earlier about a thing but it was delayed, and there was a little misunderstanding and disagreements between the students and the lecturers".(08-M-3-24).

4. DISCUSSION AND RECOMMENDATIONS

Students perceived caring as the faculty's availability to students in the clinical setting during clinical supervision to meet educational needs, and also the availability of faculty to

counsel, guide and provide advice when they had personal problems. Labrague *et al.* [6] showed that faculty's availability and provision of a supportive learning environment were important components of caring interaction. In one study, Madhavanpraphakaran *et al.* [38] examined the perceptions of effective clinical instructors in Omani students, and the majority of the nursing students viewed qualities such as being approachable, begin supportive, and helpful as some of the most important faculty characteristics.

Supportive supervision and demonstration of clinical skills in the clinical area were seen as caring to students. This is in relation to studies that have described support, instruction and guidance as caring [1, 39]. According to Begum and Slavin [1], caring within the context of nursing education was a display of a helpful attitude by nurse educators towards the students, which they did through guiding, advising, instructing and encouraging. Students become confident and motivated to learn, and they attach great significance to such clinical learning encounters when the faculty engages clinical teaching through direct patient care, and this is consistent with the findings by Msiska *et al.* [26]. On the other hand, Corlett [40] found out that clinical teaching, through direct patient care, is disruptive, unrealistic and frustrating, arguing that this is meant for clinical nurses and not faculty members. According to Corlett [40], students and preceptors did not regard faculty as clinically credible arguing that the 'hands on' teaching of clinical skills was meant for the preceptors. However, since Malawi is faced with shortage of clinical nurses [26], this poses a challenge to nurses as they have to balance between patients care and teaching students [25] and hence the need for faculty to partake into the role of clinical teaching. To this end, there is need to train clinical preceptors who should sorely take the role of clinical teaching as it has universally been accepted as an approach to strengthen students' clinical learning.

The study revealed caring as respectful when students were talked to by the faculty in a respectful manner, and not being shouted at, in the presence of patients, nurses and fellow students. The findings under this theme are similar to those findings in the previous studies [41, 42]. These studies rated "respect" higher than other caring characteristics.

Coyle - Rodgers [7] explored caring from both the perspectives of students and instructors, and the theme "respect as caring" emerged from the perspectives of instructors. They described their general approach to interaction with students in the clinical areas. Coyle - Rogers' [7] findings indicated that the instructors acknowledged that students make errors but it is one thing to be aggressive and intervene in errors and another thing to be just aggressive so that it sounds like you are just wrenching at people.

The findings also emphasised the need for a caring faculty not to only focus on impartation of knowledge and skills but also to take into consideration that student are humans too. Relative to this, Walters [43] established that students felt cared for by the instructor who is concerned and interested in the students as people who may have other life responsibilities. Apart from academic pressures, students face personal problems resulting from family issues affecting their learning. This is the reason, Jones [44] stated that nursing is a

demanding course and students may have issues in their personal life that can impact their ability to cope with such challenges hence they would need support from faculty. Such students may approach faculty advisors or instructors to assist in dealing with such personal problems, but in many cases, they simply struggle and flounder [45]. In contrast, the current study found out that students require a faculty member who is able to identify those students that seem to be having problems, arguing that most faculty members are unapproachable and hence posing difficulties for the student to take the first step, and this was regarded as uncaring. These findings are consistent with the findings from the study by Coyle - Rogers [7] who studied faculty perception of caring. Interestingly, though looking from another perspective, faculty also found out that they are caring enough when they recognise in the student the need for supportive assistance.

Students in the study claimed that faculty know them as students who are pursuing nursing and midwifery education, and that is an academic relationship, but not knowing them as human beings who have other personal needs. According to Bacon [46], honestly knowing your students becomes a clear intention of looking beyond the surface of the students.

Being fair in this context entailed fair grading and being non-judgmental when resolving conflicts between students and clinical nurses in the clinical area. These findings concur with the findings by Bacon [46] who argued that caring faculty should not be judgmental but have an open mind and take the information, analyse, make a decision for your own and not just based on what others have said.

Poor interpersonal relationships amongst the ward sisters and students as well as negative attitude of the ward sisters towards student nurses, are a cause of concern to student nurses [39]. Malawi is no exception to such poor interpersonal relationship as reported by Msiska *et al.* [26] that some of the nurses do display dismissive attitudes towards students, and in some clinical settings, the atmosphere is hostile and oppressive. Conflicts between students and nurses could be related to the different academic levels of student nurses and clinical nurses [26]. University nursing and midwifery students are being trained at Bachelors' degree level which is higher than what most of the nurses in Malawi working in the practice area have, and this has often resulted in frustration among the older nurses resulting in hatred against the students- nurses. This then calls for faculty members to be open-minded and seek to resolve conflicts between nurses and students objectively [46].

The findings also showed that students were of the view that a caring faculty should give grades that they deserve after assessments. Fair assessments are important because they drive students' motivation toward learning [47]. Unfair assessments may make nursing students disappointed and unmotivated [48]. For Moreno [49] assessments and feedback in education context should be regarded as crucial to improve knowledge and skill acquisition. It is not just a matter of giving the students the grades for them to calculate their marks, and see how much they should get in the end of semester, but rather benchmark feedback which can assist students to learn and understand the areas that were assessed. The authors therefore suggest that faculty should have feedback mechanisms in place

in order to promote students' understanding of their grades.

The students were also of the view that faculty should actively communicate in advance on issues that concern their learning, and/or if they are to be late for classes or assessments and/or when classes have been cancelled, at least to show that they care. While communication, as in an interpersonal relationship, has been cited by others as a caring behaviour, little has been documented on this attribute as a caring behaviour [1]. It has been revealed in the current study that if lecturers communicate to students about their availability for classes or assessments, it prepares the students well. Like with other class interactions, students need to know what to expect next. Advance communication implies a proactive role in informing students what is expected of them, and it helps the students to take an active role in their learning, while also denoting faculty's remorse and concern for students. This is the very same experience students had at the Manchester Metropolitan University (MMU). At the MMU, for example, most students admitted that, while they had in many occasion been late for classes, they made sure that they communicate in advance to their lecturers [50].

4.1. Implication to Nursing Education, Practice and Research

The students' perceptions are worth considering as a viable means for nurturing caring in student nurses. It is in this view that these findings will help faculty to develop and strengthen caring attributes as perceived by their students. More research would be required to understand faculty caring from the perspective of nursing students and faculty in Malawi and Africa to improve nursing education. The findings have an impact on faculty-students relationships and a better approach is required to look into students counselling on personal problems.

CONCLUSION

The main focus of this study was to explore faculty caring from the perspective of university students doing nursing and midwifery degree programme in Malawi. The findings will make significant contribution to nursing education. The findings also availed relevant information regarding the behaviours of university lecturers in the Nursing and Midwifery degree programme at one of the public universities in Malawi. The findings thus provide these faculty/lecturers with important insights into student's perceptions of how such students have perceived and experienced caring behaviours from them (lecturers). Their statements suggest the best way to demonstrate "care for them," which may defer from any other. If nursing faculty members know the behaviours students view as "caring behaviours", then they can incorporate these behaviours into their day-to-day interactions with the students and make caring more visible and humanly.

LIMITATIONS OF THE STUDY

The limitations of this study must be acknowledged. Firstly, the use of purposive sampling, which enrolled only 10 participants and on the criterion of level of experience (level 3 and level 4 students) and ability to articulate their experience,

does not guarantee that all voices were sufficiently heard. The findings and recommendations therefore ought to be interpreted very cautiously. Secondly, the nature of the relationship between the interviewers and the interviewee (lecturer and student), may have influenced the students' responses.

AUTHORS' CONTRIBUTIONS

MC and BG designed the study design, while MC also collected and analysed the data as well as drafting the manuscript. BG and TB made critical revisions for important intellectual content.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval to conduct the study was obtained from the College of Medicine Research and Ethics Committee (COMREC), with reference number P.04/15/1714. Permission was sought from the University administration.

HUMAN AND ANIMAL RIGHTS

No animals were used in this research, but human rights were respected by maintaining anonymity, confidentiality, veracity and non-discrimination throughout the study. Respondents signed a written informed consent before participating in the study. They were free to withdraw from the study at any time.

CONSENT FOR PUBLICATION

All participants gave informed consent.

AVAILABILITY OF DATA AND MATERIALS

The authors only used the primary data that was collected from participants for the purpose of this research.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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APPENDIX 1: INTERVIEW GUIDE

Interview Guide

Participants _____	code _____
Date _____	

Introduction and purpose of the interview

My name is Mep Coretta Chipeta, currently pursuing a Master's Degree program in nursing and midwifery education at Kamuzu College of Nursing (one of the constituents of the University of Malawi). As part of program requirement, I am

carrying out a study on “Faculty Caring: Perspectives from Mzuzu University Nursing and Midwifery Students”. As indicated in the participants’ information, the purpose of this interview is to get information from you as one of the students regarding your perception of faculty caring. The information you will provide will help promote a caring learning environment which will in turn promote the profession of nursing by graduating nurses who will effectively care for their patients.

Demographic data

1. Gender _____
2. Age of student _____
3. Level of study _____

Questions and Probes

1. How would you describe caring in nursing education from you own experience and understanding?
2. How do you relate your understanding of caring to your experience at the institution (MZUNI)? (*Thoughts, feelings and concerns regarding faculty caring at MZUNI*).

3. Would you describe any experience or situation you have with faculty you would term a caring interaction? (*Thoughts, feelings and perceptions about the experience*).

4. What impact did that caring experience have on you as a student, both positive and negative impact? *Probe for examples of the effects or impact of that caring behaviour; feelings during that incidence; feelings now*.

5. Would you describe any experience or situation you have with faculty you would term an uncaring interaction? (*Thoughts, feelings and perceptions about the experience*).

6. What impact did that uncaring experience have on you as a student? *Probe for examples of the effects of that uncaring behaviour; feelings during that experience; feelings now; how you would have loved to be treated*.

Closing remarks

That concludes our interview. Thank you so much for coming and sharing your thoughts and opinions with me. If you have additional information that you did not get to say in the interview, please feel free to contact me any time.

APPENDIX 2: TRANSCRIPTION SYMBOL

Transcription Symbol	What it Symbolises
No-Sex-L-Age	<p>No: stands for a number assigned chronologically indicating number of the interview session.</p> <p>Sex is represented by F or M depending on whether the participant was female or male respectively.</p> <p>L: stands for level of study and is represented by 3 or 4 depending on whether the participant is in Level 3 or 4.</p> <p>Age: stands for age of the participants</p> <p>An example of a code using this speaker identifier is 1-M-3-30.</p>

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