ABSTRACT

This article presents the development, design, implementation, and evaluation of the third-year course of a caring curriculum being developed for a 5-year associate degree nursing program in Taiwan. The course, titled Application of Caring Concepts, was taught to more than 800 students by 16 instructors recruited from various departments. The instructors attended workshops and seminars on caring and then developed the course materials and teaching strategies. Instructional strategies included role modeling, dialogue, discussions, journaling, simulations, readings, and projects that involved students’ applying caring skills outside of the classroom. Students were evaluated by patients in clinical practice using the Caring Behavior Measurement, developed in a previous study, and the course was evaluated by qualitative analysis of student feedback. Student responses to course content and instructional strategies were positive. Patients generally indicated that students always or normally performed caring behaviors. The study showed that with an appropriate curriculum and learning strategies, students can learn caring skills.

Until a few years ago, nursing students in a 5-year associate degree program located in southern Taiwan lacked formal training in caring, but in 2002, the researchers developed a professional caring curriculum tailored to the needs of the 16-year-old individuals who comprise the majority of the first-year students (Lee-Hsieh, Kuo, & Tsai, 2004). The curriculum consists of 6 credits of core coursework offered in the first, third, and fifth years; accompanying electives; and activities such as volunteer work and seminars.

This study, part of an ongoing action research project, describes the development of the third-year course, titled Application of Caring Concepts, the second of the core courses in the caring curriculum. This course has the following goals:

- To review and reinforce concepts taught in the first-year course, Introduction to Caring, which focuses on development and performance of interpersonal caring skills.
- To introduce caring at the social level by developing new skills in caring for adolescents, middle-aged adults, older adults, individuals who are socially disadvantaged, people from other cultures, and the natural environment.

In the development of this course, the researchers referenced the previously developed framework (Lee-Hsieh et al., 2004), along with the work of Noddings (1984, 1992) and Tronto (1993). The researchers took to heart Noddings’ suggestion that an educational curriculum ideally should be organized around themes of care and used her framework that begins with the care of self and expands outward to caring for close others, strangers, and the greater world. We also adopted the teaching methods of role modeling, dialogue, discussions, journaling, simulations, readings, and projects that involved students applying caring skills outside of the classroom.

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Address correspondence to Jane Lee-Hsieh, MSN, RN, Professor, Nursing Department, and Dean, Research and Development Affairs, Fooyin University, 151 Chin Hsueh Road, Ta-Liao, Kaohsiung 831, Taiwan; e-mail: jhsieh@mail.fy.edu.tw.
strategies Noddings (1984) called for: dialogue, role modeling, practice, and confirmation (termed recognition in our course). Tronto’s (1993) work emphasized caring as a social act, occurring in a social context and having social consequences. Another source for this caring course was the humanistic philosophy of Chinese culture, exemplified by the well-known saying usually attributed to Confucius: “Caring for old folks like my folks, caring for other kids like my own.”

The Application of Caring Concepts course uses a variety of strategies to engage and instruct the third-year students, including reading novels and stories about caring, viewing films, role modeling, engaging in dialogues and discussions with peers and instructors, performing caring actions, and recognizing, recording, and reflecting on caring through journaling. Each of these strategies is supported by the literature on instructional strategies.

LITERATURE REVIEW

Schoenhofer (2001) argued that nursing curricula should be infused with the literature on caring. In her view, such a move involves critical reading of significant materials, reflection on the reading, dialogue, and practice. Stowe and Igo (1996) used novels, drama, short stories, and poetry in their instruction of nursing students. They identified a number of advantages to using literary works in the classroom: literary works may increase students’ ability to empathize with others, as well as teach students about important social trends and changes, thus enhancing students’ understanding of themselves and their social world. An important plus is that reading literary works may increase students’ reading ability, which is beneficial in managing the complicated texts nursing students encounter in their training. Stowe and Igo (1996) emphasized that readings should be representative of reality and not too simple or abstract.

Video has become an important tool in teaching caring values in the nursing classroom. Fahrenwald et al. (2005) made extensive use of videos in a course on professional nursing core values, including using a series of videos prepared by the National Council of State Boards of Nursing to teach integrity and accountability in professional relationships, caring for various age groups, and establishing professional boundaries. Hussey and Hauck (1996) explained that one of the greatest difficulties facing nursing instructors is providing examples of both good and bad nursing behavior for students to recognize and reflect on. Video can fill that role.

Role modeling has long been recognized as an important method of moral instruction. Beck (1991, 1992) stressed the importance of role modeling in caring education. Beck argued that when students experience caring from peers and instructors, they learn how to care for others. Similarly, Lee-Hsieh (2003) and Lee-Hsieh et al. (2004) found that role modeling was a useful strategy in teaching caring. Role modeling in this context included not only literature and film that presented others as role models, but also performance of caring actions by instructors and peers.

Broadly speaking, classroom discussions stimulate students to connect what occurs in the classroom and what they experience in the outside world (Larson, 2000). Diekelmann (1990) and Noddings (1992) believed that dialogue creates the opportunity for instructors and students to seek understanding, empathy, appreciation, and support from one another, and make good decisions about the material studied in class. Qualitative analysis revealed that our previous caring course had used dialogue fruitfully in teaching caring to first-year students (Lee-Hsieh et al., 2004).

Johns (2000) considered reflection as a method that permits nursing professionals to examine themselves in relation to the conflicts between the ideals and the realities of nursing practice. Similarly, Freshwater (1999) identified reflection as a way for students to grapple with the contradictions they encounter as they learn to be nurses. Noveletsy-Rosenthal and Solomon (2001) believed students can use reflection to understand the way they interact with others and then strive to change their behavior. Reflection, described by Witmer (1997) as looking back, elaborating and describing, analyzing and revising, and trying again, is a key part of learning experiences. Hentz and Lauterbach (2005) viewed the teaching of reflection as guiding and modeling to foster the habit of reflection in students.

Writing reflective journals is generally identified as an important facilitator of reflection in nursing education. Zimmerman and Phillips (2000) used journaling to facilitate students’ reflection on and exploration of their experiences in clinical practice. Lauterbach and Hentz (2005) considered journaling a “critical nursing education strategy that makes explicit both knowing and the process of how nurses ‘come to know’” (p. 34).

METHOD

Design and Sample Instruments

This study used participant action research to develop an advanced-level nursing caring course titled Application of Caring Concepts. Participants included 4 of the article authors, along with 12 other instructors from various university departments.

Instruments

Qualitative data for this research included literature, interviews, curriculum documents (e.g., handouts, student assignments, tests), records of curriculum discussions, and open-ended questionnaires. Quantitative data were collected using the Caring Behavior Measurement (CBM) developed in a previous study (Lee-Hsieh, Kuo, Tseng, & Turton, 2005). The CBM is a 26-item, two-dimension survey using a 4-point Likert scale (4 = always, 3 = normally, 2 = seldom, 1 = never). Thirteen items measure sincerity, empathy, and respect, and 13 items measure professional caring behavior. The CBM originally contained 26 items,
but after the pilot study, 2 items were judged inapplicable to students in fundamental nursing practice and were removed.

Procedure
Sixteen instructors from the nursing (n = 9), psychology (n = 3), sociology (n = 2), biology (n = 1), and education (n = 1) fields were recruited for the course through postings on university bulletin boards and word of mouth. Nine of the 16 instructors had participated in the first-year caring course, and all 16 committed to teaching the course, which lasted one semester. Instructor participation in this study was voluntary, and informed consent was obtained. The study followed the stages of the curriculum development process: planning, design, implementation, and evaluation.

Planning Stage (June 2003 to June 2004). The researchers invited scholars from other institutions to present seminars and workshops on caring concepts and caring instruction. Based on this experience, feedback from the instructors, the literature review, and the caring curriculum framework (Lee-Hsieh et al., 2004), the Application of Caring Concepts course was developed.

Design Stage (June 2004 to January 2005). The 16 instructors each adopted one course unit based on their individual interests and developed a guidebook for that unit containing information and reference materials. (Some units were adopted by more than one instructor.) The resulting guidebooks were used as references for the course instructors in teaching the material. The guidebooks for each unit were then presented by the instructor(s) responsible to the entire group in a 2-day seminar. The presentations were audiotaped for further reference. (Written consent had been obtained for the taping.)

Implementation Stage (September 2004 to January 2005). A student-centered teaching strategy was adopted, which included lectures, role modeling, dialogues, caring groups, in-class practice of specific skills and actions, and performance of caring behaviors outside of school. Students were encouraged to reflect on their caring experiences and share them with their peers and instructors. At three points during the semester (i.e., the beginning, midterm, finals week), the instructors met to share their teaching experiences and ideas.

Evaluation Stage (September 2004 to July 2005). The evaluation stage focused on three areas of student achievement:
- Caring knowledge, evaluated by written tests, journaling, and group reports.
- Caring attitudes, evaluated by journaling and class participation.
- Caring behavior, evaluated by both qualitative and quantitative methods. Qualitative methods included journaling and small group project reports, analyzed by content analysis. Quantitative methods consisted of administering the CBM as a follow-up evaluation to the patients of five classes of nursing students during the students’ 3-week-long fundamental nursing practice in rotations from March to June 2005, following completion of the Application of Caring Concepts course. With written consent of the students, the CBM was administered by the clinical instructors to patients who had been cared for by a nursing student for at least 2 days. Of the 241 CBMs distributed, 157 were returned (65%), 147 (94%) of which were valid.

RESULTS
Developing the Course
The researchers arranged a series of nine invited speakers and three workshops for the instructors. Topics included caring for adolescents, caring for middle-aged adults, caring for older adults, caring for socially disadvantaged groups, humanistic caring, multicultural caring, caring for society, caring for human rights, and caring for the natural environment. The workshops taught instructors the skills of expressing caring through touching and massage.

The basic curriculum framework, developed for the previous course, recognizes that caring is the essence of nursing. It envisions strengthening students’ caring skills beginning with care of the self and then moving outward to care of friends and family, which is covered in the first-year required course. It then continues outward to care of others, care for the larger society, and care for the natural world (Figure 1). The model of caring used in this course was the Dynamic Caring Model (Figure 2), developed by Hsieh, Fang, and Chiang (1998). The model emphasizes the importance of reinforcing and restraining factors in motivating further caring behaviors.

Designing the Course
The Application of Caring Concepts course began with the introduction of the Dynamic Caring Model to provide students with a framework for understanding caring concepts and interactions. After the students absorbed this, the instructors began introducing specific caring skills, beginning with body language (e.g., expression, gestures, voice, posture, personal space, smiling) and progressing to touch, massage, and finally, empathy.

The next set of units taught specific caring themes. Because of the wide variety of materials and issues related to each caring theme, deciding what to include in the course was difficult, especially because this course was limited to 2 weeks for each theme. For example, care for middle-aged adults might include addressing physical issues (e.g., menopause), psychosocial issues (e.g., empty-nest syndrome), or social issues (e.g., unemployment, spousal abuse). After thorough discussion, six caring themes were selected: caring for adolescents, middle-aged adults, older adults, and disadvantaged groups; multicultural caring; and caring for the natural environment. The course design revolved around these six themes, and students were asked to practice their caring skills within and outside of the classroom in the context of one of the six themes. It is generally agreed that caring is the essence of nursing.
Body language, touch, massage, and empathy are important basic caring skills that permit nursing students to express caring even when they do not possess technical nursing skills and knowledge.

For each theme, students read a book relating to the theme, discussed it, and then completed a project that put into practice what they had learned in the reading. For example, students read a book about older adults and then volunteered in a local nursing home. In addition, many opportunities for reflective practice were built into the course activities, including discussions in which the instructor acted as facilitator, reflective journals, small group discussions and presentations, and book reports.

Implementing the Course

The Application of Caring Concepts course was taught for 2 hours each week during the entire 18-week semester. Teaching strategies included 30-minute to 50-minute lectures and classroom activities related to body language, massage, and empathy practice, as well as small group projects, book reports, journals, class discussions, and sharing. Outside activities included a class trip to a simulation room where, for the theme of caring for older adults, students wore earplugs, glasses, and gloves to compromise their sensory intake and used canes and wheelchairs to help them empathize with the challenges faced by older adults.

The students divided into six groups, one for each theme. As stated above, each group read a book pertinent to the theme and then completed a related activity. For example, the group focusing on care for older adults read a collection of stories about older adults, then selected, planned, and completed a project involving care for older adults, such as volunteering in a nursing home or caring for an older adult living alone. Planning for this activity involved setting goals, managing schedules, determining procedures, and describing expected outcomes. At the end of the course, a final oral and written report was presented.

Evaluating the Course

Qualitative Data. Content analysis of qualitative data from the journals and small group reports showed that the students came to understand that a variety of things in the world, not merely people, should be cared for. They also learned an array of caring skills to apply to diverse caring needs. One student said, “I learned that caring for different ages of people and different aspects of the world requires different caring skills.” Another student indicated in her journal that “Hugging and touching will let the recipient of care feel your concern.” One student, who read Crace’s (1998) The Second Half: Thoughts from a Male Mid-Life Crisis, articulated her new understanding of changes in middle-aged men, stating, “that’s why middle-
aged men are so hysterical about going bald!” Another student said, “After reading the book, I finally understood how my parents think.”

Students’ attitudes toward the course were very positive. One student suggested that “the course should not just be limited to nursing students, but should be taught to the whole university, including the administrative staff and other teachers.” Some students said they enjoyed this course more than the first-year course because it offered so many different activities, from videos to simulations to hands-on practice. Students also said that they were grateful to finally have a class in which they could express their own ideas. (Students rarely express themselves in Taiwanese classrooms.) Students also indicated in their journals and discussions that they appreciated learning from the personal experiences of their fellow students. One student wrote, “Journaling gave me the opportunity to sink deeply into what I am doing and why I have to do it.”

Caring behavior also changed. Students reported that they had been rewarded with trust, acceptance, enhanced self-esteem, and a sense of accomplishment. Many students said they would continue these activities during the summer. (Note: the researchers made no attempt to verify this.) One student shared an experience:

> Once when I was on the train, I saw someone who was pale and uncomfortable. I gave up my seat and massaged the pressure points on [his] hand. He felt much better.

*Quantitative Data.* The quantitative data supported the positive results of the qualitative data. On the questionnaires, 91% of the 147 patients reported that the students either *always* (4) or *normally* (3) provided caring behaviors. Items in this category (the dimension of sincerity, empathy, and respect) include behaviors such as “wear a genuine smile,” “address me properly and make me feel respected,” and “communicate with me in simple, clear language I can understand.” In the dimension of professional caring behavior, which includes behaviors such as “explain what my medicine is supposed to do and what side effects I might expect,” “help me take my medicine and perform therapy when I am supposed to,” and “explain my situation to my family and I, or find someone who can,” 81% of the patients reported that the nursing students *always* (4) or *normally* (3) exhibited these behaviors. Scores on the dimension of professional behavior were lower because the nursing students were just beginning their professional training.

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**Figure 2. The Dynamic Caring Model.**

TABLE

Results of Student Small Group Projects

<table>
<thead>
<tr>
<th>Theme</th>
<th>Projects</th>
<th>Reflections from Student Journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for adolescents</td>
<td>Caring for younger students, caring for juveniles in prison</td>
<td>“My friend was jailed for attempted murder last year.... I regularly wrote letters to comfort him and brought books for him to read.... He said, ‘You are the only one who has encouraged me. I will work hard to improve myself!’... I believed that what I had done had real value.”</td>
</tr>
<tr>
<td>Caring for middle-aged adults</td>
<td>Caring for parents, volunteering at a health care facility</td>
<td>“I found out that my mother's problems stemmed from her interpersonal relationships.... She takes out her frustrations on me.... I used to think my mother was really bad, but now I understand her much better.... We made an agreement that every Sunday we would take a walk together.... I also take my mom to the doctor to get her diabetes checked.”</td>
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<tr>
<td>Caring for older adults</td>
<td>Volunteering in a nursing home, caring for older adults living at home alone</td>
<td>“This old man lives near my house. He has no children and no friends. He ekes out a living picking up garbage in the street.... The past few days I asked mom to cook some extra food, and I went to his house and sat with him and chatted as we ate.... He seemed so satisfied eating the hot soup that I brought to him, and I felt very happy.... I found that he didn't have a heavy coat, so I gave him my down jacket.”</td>
</tr>
<tr>
<td>Caring for disadvantaged individuals</td>
<td>Volunteering at an orphanage or at events for individuals with disabilities</td>
<td>“When we got to the orphanage, we helped them make arrangements for the activities.... We prepared a song to teach them.... Each of us was responsible for one to two kids. We read them a story...played hide and seek.... Although it was very tiring, when we saw how happy they were, we forgot our exhaustion.... Caring or helping others is something that does not require monetary reward. Instead, the reward is all in the heart.”</td>
</tr>
<tr>
<td>Multicultural caring</td>
<td>Caring for foreign spouses, studying aboriginal culture, studying Hakka culture</td>
<td>“My neighbor is a bride from Vietnam. She has many problems taking care of her newborn baby. I went to her house to teach her some stuff I had learned in pediatric nursing...at first she didn't understand what I was saying. I spoke very slowly.... I used a smile to show concern, and I listened attentively to what she was trying to say.... I found that my stereotype of what foreign brides were about changed.... Actually, when we want to care for people of other cultures, we needn't spend time looking for them because they are all around us.”</td>
</tr>
<tr>
<td>Caring for the natural environment</td>
<td>Engaging in campus and community recycling projects, cleaning the beach, planting trees</td>
<td>“At the beginning, we posted notices in our neighborhood that we would have a recycling project going on. Then we passed the word around to our neighbors and taught them how to do the recycling.... At first, everyone thought it was too much trouble and paid no attention to us.... We patiently communicated with them one household at a time.... Gradually more and more people came to understand and began recycling. Later, as I heard the idea of recycling [had] spread through the neighborhood, I was deeply touched.”</td>
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**DISCUSSION**

**Local Issues**

The Application of Caring Concepts course emphasized different aspects of caring for the larger society, which determined the practical skills the instructors taught (e.g., body language, touch, massage, empathy). These skills are important in reaching others outside of one's intimate circle, whose reactions one may not know and with whom one may not feel comfortable. It is easy to be empathic with someone close but difficult with a stranger from another socioeconomic background. Kleiman (2005) observed that caring touch is “the fundamental means to overcome separation between nurses and patients” (p. 13). According to Edvardsson, Sandman, and Rasmussen (2003), engaging in caring touch enables individuals to feel valuable not only as professionals, but also as people.

This view is important because these nursing students are primarily from working class backgrounds where overt and physical expressions of human caring are limited and stereotyped. One instructor asked the students whether any of them had not been hugged since babyhood; a couple of them raised their hands. She invited them forward and hugged them. Later, one of the students told the instructor that when she rode home on a motorcycle with her father, she wrapped her arms around her father's waist, something she had never done, instead of gripping the bar behind the rear seat. The student reported in class discussions that wrapping her arms around her father made her feel secure and loved.

Civic culture exists only in the most rudimentary form in Taiwan, and volunteerism is uncommon. Only a few of the more than 800 students had ever done volunteer work. For most of the students, caring for an aspect of the great-
er society—a stranger, the built environment, the natural world—was a new experience, which many found they enjoyed, and some found odious.

Taiwan is a multicultural country, the inhabitants of which typically divide themselves into four major “ethnic” groups: Taiwanese, mainlanders, Hakka, and aborigines. Recently, there has been an enormous influx of foreign wives from China, Vietnam, and Indonesia whose cultural backgrounds are different from those of Taiwan natives. There are also many foreign laborers working in the factories and a considerable population of foreigners teaching and living on the island.

During the years of martial law, Taiwan was presented both to its inhabitants and the outside world as an idealized Chinese society. Therefore, many people in Taiwan are not used to thinking of Taiwan as a diverse, multicultural society. With this in mind, the instructors required the students to develop sensitivity, respect, and acceptance for people from different cultural backgrounds. Similarly, the instructors sought to increase students’ awareness of, and caring for, people who were socially and physically disadvantaged. One student said, “Learning the lifestyles of other ethnic groups enabled me to learn that I was prejudiced. Now I won’t look down upon them ever again.”

Caring for the human and natural environment is a new value in Taiwan. During the peak of the high economic growth period, little attention was paid to the needs of the environment. With the advent of democracy, Taiwan’s citizens have become more aware of environmental issues. The instructors asked the students to use the “3 Rs” (reuse, reduce, recycle) and to ask themselves what they can do for the Earth. Students completing projects for this unit implemented campus clean-up programs and recycling projects both at home and on campus.

A major difference in this approach was the emphasis on practice of learned skills. Traditionally in Taiwan, education is largely teacher centered and delivered by lecture. Students are expected to sit, listen, and take notes. The courses in the caring curriculum emphasized the concrete practice of new skills not only in the classroom, but also in the wider world.

**Instructor Issues**

Noddings (1984) argued that student learning of caring is facilitated when instructors increase caring interactions with the students. In this study, some of the instructors had the students for other subjects, which gave them greater opportunities to interact with the students and understand them. Student learning of caring was facilitated when the instructor acted as a caring role model.

Unfortunately, not all of the instructors were able to act as caring role models in their on-campus interactions with the students in the way originally envisioned for several reasons. First, many instructors had previously taught subjects in which caring was not a formal issue, such as biology or sociology. Experience with such non-nursing subjects did bring unusual and interesting perspectives on caring, however. Second, many had been employed at the university for years, with few publications or other indications of professional growth; they had taken the seed instructor position in part because Application of Caring Concepts is a required course. The ability to teach required courses implies job security in Taiwan’s increasingly competitive university system. For such instructors, learning caring attitudes, behavior, and teaching strategies in order to become a role model for students was challenging. But the researchers believe that training such instructors in caring was important not only for the success of this course, but also in creating a more caring atmosphere across the entire campus—a goal in the university’s formal mission statement: “professionalism, caring, vision, and elegance.”

Nevertheless, not all instructors were able to overcome entrenched attitudes about how instructors and students should interact and serve as caring role models. In the teaching discussions, one of the instructors shared her own experience with this problem. She reported that, originally, she was not used to talking to people in close proximity. Despite the training, the instructor had not changed her behavior. Finally, after she had taught the body language and touch units, a student came to her and told her that despite her teachings about how to overcome separation between people, the instructor herself was still distant from the students. That incident spurred the instructor to begin a process of personal change.

Yet the instructors’ various backgrounds also led to unexpected advantages. Four instructors had extensive formal and informal backgrounds in Chinese medicine, which emphasizes massage for relief of medical symptoms, with a well-developed alternative theory of human pain relief, as well as an alternative geography of the human body. Maa (2005) asserted that acupressure should be regarded as an acceptable nursing intervention because it is a non-invasive, low-cost, low-technology, easily learned method of controlling patient discomfort. In addition, patients can easily be taught to perform acupressure themselves. Consequently, the 4 instructors with a background in Chinese medicine spent 2 weeks (4 hours) on massage, whereas the remaining 12 teachers spent only 1 week (2 hours) on the same topic. The principles of massage taught in the course are similar to the theory of Chinese acupuncture. Massage is a kind of therapeutic touch that has become increasingly popular in Taiwanese society. The caring curriculum...
viewed massage as a form of caring touch, but the 4 instructors presented it as a therapeutic act and expanded the presentation of it to include topics such as pain relief through acupressure.

Students’ journals showed that they always received positive feedback when they used their acupressure and massage skills. One student noted in her journal that she had been able to awaken her roommate who had fainted and relieve her discomfort by applying pressure to a point under her roommate’s nose. Acupressure was so successful that based on our experience of it in this course, the researchers proposed that it become a required course for all nursing students. The university accepted this recommendation and will implement a required one-credit acupressure course for all nursing students.

Students’ off-campus projects were supposed to be evaluated by the instructors for both safety and practicality, but this created friction with some instructors because of safety and liability issues, and the instructors argued that it would be better to complete the projects on campus. In practice, instructor follow up varied greatly; some instructors personally visited the volunteer sites on several occasions, whereas others simply accepted students’ representation of their volunteer work. Because of the safety and liability issues involved in off-campus volunteer work, a more formal system of supervision is probably required.

Student Reactions

Qualitative data from the students’ journals and in-class discussions indicated the students enjoyed the design of the course due to the numerous activities (e.g., videos, readings, hands-on experience, concrete practice) other classes did not provide. The various teaching strategies not only gave students a chance to practice, but also appealed to the learning styles of individual students.

One indicator of the success of the course design was students’ attitudes toward the books. Each group was assigned one book to read and present to the class; therefore, each student was required to read only one book for the course. Nevertheless, on many occasions, the researchers observed students reading other group’s books outside of class. The memoirs of an aborigine doctor who had worked with the aborigines of Orchid Island, read for the theme of multicultural caring, was especially popular.

Two films were used in the course, *Pay It Forward* (McLaglen, Treisman, & Leder, 2000) and *Chi Yi Guo Yue Tuan* (Kaohsiung City Government Department of Information & Lan, 1998). *Pay It Forward* shows how caring actions can effect large-scale change in society, whereas *Chi Yi Guo Yue Tuan* is a documentary of a boy with multiple disabilities who becomes a drummer for a band composed of individuals with disabilities. *Chi Yi Guo Yue Tuan* was viewed to sensitize the nursing students to problems experienced by individuals with disabilities and enable them to empathize with the challenges these individuals face.

Fahrenwald et al. (2005) used videos in a similar manner to stimulate students to ask questions and search for more examples of individuals who embody the values being taught in class. In this study, the students reported in their journals that the films had stimulated them to pay more attention to individuals with disabilities. For example, one student reported that she now shops at a bakery chain owned by a person with a disability. Other students said they had begun volunteering at events for individuals with disabilities and were delighted by an encounter with the band from *Chi Yi Guo Yue Tuan* and its drummer star.

Student reflection was built into the course through journaling, instructor-student dialogues, and small group discussions. Several students mentioned in written and oral feedback that journaling forced them to really think about what they had experienced in class and in practicing their new caring skills.

**RECOMMENDATIONS**

The purpose of this study was to design and implement a caring course in a Taiwanese university, as part of a larger research project to design and implement a caring curriculum in Taiwan. The results of this study suggest the following for course planning and instructor training:

- Instructor motivations and capabilities are factors influencing the effectiveness of the caring course. The researchers suggest that the instructor selection process involve careful examination of each instructor’s personal characteristics. In addition, systematic training, inservice education, and support in the new curriculum (e.g., literature, workshops, seminars, support groups), as well as instruction in new teaching methods, course themes, and caring concepts would be beneficial.

- Caring education is a kind of affective teaching. Students must have opportunities to encounter caring in many forms. Therefore, the researchers recommend using a variety of teaching strategies in any caring course. Further, caring should not be limited to a single course but should be taught in a series of courses that emphasize different aspects of caring and pace the students’ growing maturity as nurses and human beings. Finally, students’ experience of caring should move beyond the caring curriculum to the nursing school and entire campus.

- This study found that the various instructional strategies used in the course facilitated student-student and instructor-student interactions. Other departments may wish to implement such strategies in their own courses.

- Caring is an attitude expressed as behavior. Caring courses should focus on teaching concrete methods for expressing caring (i.e., not just the *what*, but also the *how*).

- Although action research results are generally not generalizable, the principles and approaches used in this study may be useful in other curriculum development projects.

**LIMITATIONS**

Some instructors in this project had never before participated in nursing course design, and the course was...
limited to third-year associate degree nursing students. In addition, independent observation of students’ caring behavior outside of class was not possible. Consequently, the researchers relied on students’ descriptions of their behaviors and were unable to verify whether they had reported in good faith. Caring behavior is affected by many factors, and this course was only one influence among many. A final limitation is that no pretest of student or instructor caring knowledge, attitudes, or behavior was performed.

CONCLUSION

This action research project brought together instructors from various professional backgrounds to develop, design, implement, and evaluate the Application of Caring Concepts course. This was part of a 5-year, ongoing research project aimed at creating a caring curriculum, the first formal caring curriculum in Taiwan.

In this study, the third-year Application of Caring Concepts course was developed, designed, implemented, and evaluated. Students had a positive attitude toward the course and its teaching strategies. Student feedback in class discussions, journals, and reports indicated they had learned the concepts taught in the course, as well as the concrete application of those concepts, including body language, touch, massage, and empathy.

The results also showed that with appropriate curricula and learning strategies, caring skills may be learned. It suggests that instructors should receive systematic training in teaching and providing caring. This will not only reduce instructor stress, but also increase instructor internalization of caring, so they can act as role models for students. Future research will continue during the entire 5-year caring curriculum planning cycle, including the development, design, implementation, and evaluation of the fifth-year course, titled Professional Caring.

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