Nursing Student Teaching-Learning:
Resonances and Dissonances of Caring/Care

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Objective: To describe and analyze the resonances and dissonances of caring perceived by the student during the teaching-learning process. Method: A qualitative, descriptive study with a phenomenological and dialectical approach. The information was collected utilizing an in-depth interview, using thematic content analysis. Twenty-one nursing students from the ninth and tenth cycles of a private university took part in the study, and the setting was the nursing school in the city of Trujillo. Results: four categories emerged: resonances of care, dissonances, awareness in the practice of human values, and innovative strategies. Conclusion: Teaching-learning with resonances of humanized care is visualized when the teacher is open, attentive, and transmits values, trust, and empathy, generating a sensitive and humane environment. But students also perceive dissonance as teacher neglect generated by negative attitudes. The teaching-learning process requires constant innovation so that nursing care is transmitted in the best way from a humanistic, scientific, ethical, and technological point of view and is experienced by the actors involved: teachers and students.

Keywords: nursing care, caring, nursing students, learning, perception, nursing education

INTRODUCTION

Globally, one of the greatest challenges is being experienced due to the COVID-19 pandemic, which forced the authorities to make a rapid change from face-to-face teaching to remote teaching. During this new modality, cognitive learning continues to be linked to a job. collaborative between teacher and student, with a humanistic and comprehensive approach (Costa, et al., 2020).

The training of the students has the objective of building and strengthening the science of nursing and is related to clinical evaluation, in which practice is a challenging task in health care; therefore, nurses are

required to protect patients, promote and optimize their health, demonstrating advocacy in caring for people (Lewallen & Van, 2019). Therefore, it is vital importance the formation of the nursing care teaching process requires that be comprehensive with a humanizing approach, with values, holistic, and philosophical where empathy prevails, humanity, respect for human dignity, equality, communication, mutual support, understanding, essential spirit, authentic presence, and moral commitment that are part of humanization (Vialart, 2019; Gómez, et al., 2017; Tejada, et al., 2019, Wong, et al., 2020 and Morgan and Tello, 2015).

Boff (2002), expresses that during care, a change of energy is created between the caregiver and being cared for, allowing to demonstrate the resonances of care that represents the most important value of humanity, and the practice of this humanizes care. In such a way that care generates resonances such as love, caress, fair measure, cordiality, coexistence, tenderness, and compassion among others. According to Tejada, et al., (2019), it indicates that teachers are in charge of student care, and they learn care/care, since they become role models for the student, and are likely to imitate certain attitudes such as respect, trust, love, dialogue, and tenderness (Rivera and Medina, 2017).

On the other hand, Torralba (2011) points out that it is important to maintain a balance between caring for oneself and caring for others. When the teacher as a caregiver stops caring for himself and only thinks about caring for the other constantly and continuously, then he can present personal negligence, and when this happens, he no longer cares adequately. In this regard, Watson mentioned many years ago, the risk of dehumanization of care, which is why it is necessary to recover the human, spiritual aspects and moral commitment, in all the roles of the nursing profession, including the educational aspect (Castillo-Parra et al., 2020).

International studies show that nursing students perceive verbal and non-verbal harassment from their teachers, an education based on humiliation, and certain aggressive and abusive questioning techniques (Budden, et al., 2017; Scott, et al., 2015). In addition, students identify various situations of neglect on the part of teachers: loss of their essence, inconsistency between what they say and do, abandoning the student to their fate, lack of credibility, a certain practice of humiliation, mistreatment, and indifference to students, moving away from humanized care, as well as the commitment to students (Tejada, et al., 2019; Freitas, and Ferreira, 2016).

The education that the student receives is fundamental for human care, taking into account the reality that the world is going through based on remote education, it is where the fundamental task of the teacher not to become mechanistic before a large group of students, with activities synchronous and asynchronous to develop the different subjects, to understand that in front of a screen is a student with the illusion of wanting to be a professional willing to provide human care. However, nursing teachers consider that student training is with a humanized approach, considering that teachers are the mirror of care for patients and students (Castillo-Parra et al., 2020).

The COVID-19 pandemic has demonstrated the great challenge that teachers must assume in their work, due to the demands of the new modality of teaching and using technology and science. (1) In addition, having to integrate human care into teaching and even more so at this time, where nursing care is protocolized for security reasons (Gutiérrez and Marbella, 2020). During the –teaching-learning to the students, the teacher is the one who plays a main role in the educational quality, in the innovations of the institution, and in the pedagogy of human care. Therefore, the research aimed to analyze and describe the resonances and dissonances of care/care in the teaching-learning process perceived by nursing students.

METHODOLOGY

Research Design

A study was carried out with a phenomenological and dialectical approach, of a descriptive, qualitative type, carried out at the Nursing School of Trujillo located in the north of Peru, in a private university. The data was collected in April 2021, IX and X cycle nursing students participated, who voluntarily agreed to participate in the study, students from other professional schools, and students from other study cycles were excluded.

Data Collection

The sampling procedure, was carried out by saturation of the information, made up of 21 nursing students who agreed to participate voluntarily. To collect the information, an in-depth interview was carried out with a duration of 45 minutes, their participation was scheduled by phone call and the schedule was coordinated according to the availability of the participants.

Analysis Data

The interviews were carried out through the virtual platform Zoom, in three groups, the first group had 8 participants, the second group 8, and the third 5. They were informed about the objectives of the research, and the development of the study, they were made aware that the investigation does not cause emotional, physical, or economic risk, and that their identity would remain anonymous, then they were asked to sign the informed consent, and they proceeded to record it in the same virtual tool. Subsequently, the transcription was made as each interviewee commented.

The interview guide was structured in the first part, general data such as surnames and first names, sex, and age; the second part was made up of 04 questions referring to the teaching of care/care, resonances and dissonances of the learning process, repercussions of resonances and dissonances, and strategies for the teaching process of care/care. After carrying out the transcription and carrying out an exhaustive reading of the testimonies, the numbering and its respective name of each idea were assigned, then the thematic unit was obtained; A correlative numbering was assigned to the right side, according to the speeches of the students under study. If there was redundancy in the names (thematic units) a number and letter were placed as appropriate, so each new piece of information followed the numbering. The fractions related to the resonances and dissonances of the nursing student's training were selected and joined. The thematic units were organized into units of analysis, later they were grouped by similarity criteria, emerging a total of 4 categories, and subcategories were identified from them.

The study was reviewed by the Ethics Committee of the school issued approval, taking into account the standards of the researchers with living beings and the informed consent, which to maintain the anonymity of the study participants was placed in the letter " E" followed by the order of the interview conducted.

RESULTS

Twenty-one nursing students participated in the study, the majority were women (19), and 02 men aged 21 to 33 years (21) from the IX (13) and X (8) cycles. Four categories emerged from the analysis of the discourses.

In the first category of perception of resonances of care in teaching-learning; responds to the perceptions of the students about the resonance in the dimension of the love provided by the teacher in the process of caring and learning, as a value of caring for the patient as a human being, not as a strange person, making the patient mentally well. [...] Teachers have taught me to be empathic, to love the patient, and to treat people kindly as we would like to be treated (E10, E11). The vocation that teachers show during their professional performance, their way of reaching and interacting with the patient; [...] In addition, the teachers told us that when we care for patients, we must be optimistic, with a smile on our faces, be creative,

Students also perceive the resonance of care in the caress dimension provided by the teacher during their training through tenderness, affection, and physical contact that is evidenced by the laying on of hands, as well as a smile and a hug to the student and patient. [...] Teachers have always taught us with dedication, and affection that was observed in their humane treatment, when one felt that one could no longer move forward they put their hand on our shoulders and told me, go ahead, you can, don't give up, they were always with a smile; and the therapeutic touch that also as a nurse has to offer the patient (E1, E14).

The students also perceive the resonance in the dimension of cordiality, which is manifested through cordial treatment by the teachers, they saw them as friends, they addressed each other by name, and an atmosphere of trust was shown.[...] In the training there was always cordial treatment from my teachers, they showed confidence and told us that we should see them as friends at all times when they referred to us it was with our name and that made us feel good, good communication with the teachers who taught us

because they clarified concerns, doubts that were had during academic activities (E6). [...] Teachers have taught me to provide confidence and thus one can reach the disease and achieve recovery of the patient (E10). I remember all the good things about my teachers, they spoke to me in a friendly, warm way, and they were empathetic. [..

Likewise, within this category, students perceived compassion (empathy) as a resonance of care by knowing how to reach the student through affection and general feelings. [...] My teachers understand me in various academic aspects, and I also had support in my personal life, they also showed empathy with the student and also with the patient (E10). [...] I rescue the good treatment, empathy, and trust that my teachers reinforced and to be able to replicate it in the care and be attentive to the patients so that they can be more expressive (E17).

The second category that emerged was the perception of dissonances in the care environment; It arises from the perception of the students within their care environment, evidencing itself as careless behaviors, behaviors that reflect inattention that could negatively influence the professional training process; students perceive lateness on the part of the teacher in their care practices, causing stress for those who arrive late and for those who wait; as well as delays in the start of care for patients or activities assigned to their care.[...] I observed a lack of commitment on one occasion I had to do a shift at the hospital with a teacher, she did not warn me that she would be late and she sent me to practice with a nurse I didn't know, while she arrived (E6, E7).

In addition, nursing students in this study perceive that in the teaching-learning process, some teachers present inadequate attitudes towards students, privilege procedures, and prioritize work and the product rather than the care/care process itself, causing inconsistencies with the theory of care. human care, as well as insecurity in the process. [...] Some teachers did not have patience, and their classmates did not learn in the same way and called them out in front of everyone and embarrassed them, sometimes without knowing the reasons. (E3). [...]Some were apathetic, they did not like to explain, and they came angry because the time is up, and the shift is over (E17). [...] When the teacher put us into practice, well, I especially did not observe that human care that he spoke of in theory and did not apply in practice. (E7)

The student perceives superficial nursing care with the patient and family in times of pandemic, with little interaction and lack of empathy, creating an environment separate from professional work. [...] Now in reality due to covid-19, patients need to be listened to and care is left very superficial (E5). [...] In some teachers, empathy was not seen in the treatment of patients, especially during the pandemic, better treatment is required since the patient could not see his family member and the nurse must be that family. (E16)

In the third category awareness in the practice of human values; It is evident that the resonances of care have had a positive impact on the student's training, in the sense of knowing how to identify and practice the typology of care values, visualized in practice with punctuality, responsibility, respect, honesty, solidarity, and patience. [...] They instill in us respect for the patient, teachers, and colleagues. [...] What I liked the most was when they congratulated us for our good attitudes and that motivated us to be better (E1). [...] Teachers have always encouraged punctuality, honesty, and respect, because a nurse must have these fundamental characteristics (E21). [...]I highlight the responsibility of my teachers, they arrived much earlier to the classroom and the hospitals (E3). [...

In the last category, innovative strategies for teaching-learning; The student requires innovative methodologies on the part of the teachers, to apply the theory in practice with a focus on human care and achieve equal learning; as well as providing pedagogical support with an emphasis on applying soft skills and providing security to the student in the achievement of competencies. [...] New methodological strategies because we do not all learn in the same way. (E3, E10). I believe that the teacher should be accompanied, especially those students who have a low academic level, and see what the reason for their performance is and in which subjects to reinforce (E2, E4). I think that more work should be done on soft skills, both students and teachers, that would help us a lot for the good of care (E9).

DISCUSSION

The results show that students perceive care resonances in teaching-learning, which implies that the teacher is aware of a caring environment that is vital for teaching. On the other hand, also for some students perceive a certain neglect in the same teaching environment, they do not feel the presence of the teacher as a caregiver. It is important to learn without harming since during the teaching-learning process for care/care, the student must receive adequate treatment from the teacher, which will manifest itself in their cognitive, affective, and behavioral learning. To be a teacher is to have responsibility, qualities, and skills to exercise their role competently; caring for the student with affection, courtesy, love, and commitment are key to modifying behaviors and attitudes.

The highest expression of care is love, it is what enhances our ability to care; love is a decision, a commitment, it is biological and universal, and if essential care is not present then the assemblage of love does not happen, it does not stay, it does not spread, nor does it allow the relationship between human beings (Boff, 2002). That is to say that love allows experiencing biological reactions that are activated in the organism, which leads to maintaining human relationships, coexistence, and caring, they persist as long as love exists. Care is what allows expressing the deep feeling of love, and will, and sharing this is what effectively humanizes the person. In a study carried out by Sánchez (2019) on the resonances of nursing care,

It is important to take care of the teaching-learning environment, which is why Morgan and Tello (2015) point out that when teaching care, it must be done in positive environments, with values and empathy. University nursing training is the means to develop change and adaptation to the demands and transformations that occur in the world regarding health care and also in personal life. In a study carried out by Castillo-Parra et al., (2020), they considered proposing support strategies for the teacher and student during training to optimize a culture of humanized care, and good treatment and a healthy student life.

In education with a focus on care in the different teaching spaces, each human being is valued in an environment where ethics, love, respect, commitment, and responsibility to care for oneself and others are present. It is important to consider the resonance of love as a value, being fundamental in the development of the human being, where the nurse as a teacher can transmit a more humanized care to the student, and therefore the essential resonance of care can be evidenced during caring for love. . For nursing, the person as a being with qualities is the center of care, the main driving force and the raison d'être of the profession; During the process, it provides care with a vocation for service, holistically and in all human dimensions, taking care of the emotional (affective), physical, spiritual, aesthetic, communicative,

Currently, nursing must adapt to this new reality due to the pandemic in all areas, and therefore must assume responsibility for a new way of teaching during training for students (Souza et al., 2020). To promote the art of care, during her work, the nurse must seek a means to access care and transcend in an encounter of filial love with the patient, understanding that not only Covid-19 is the disease that awakens the sensitivity of the unknown. , but also the emergencies of everything new that generates confusion in listening, respecting, uniting, socializing, familiarizing, humanizing, educating and above all caring (Izal, et al., 2020).

However, there are elements that in one way or another affect the process of teaching and learning care/care that put the dehumanization of care at risk, there is the stigma of lack of care, lack of courtesy, and lack of affection, among others. during student training. (Garcia, 2016). For Tejada, et al., (2019), regarding the pedagogical practices of training for nursing care, consider that during student training there are care relationships where the teacher provides them with security, a positive energy relationship to face their problems, is the guide, facilitator, and on many occasions their confidant, allowing them to develop sensitivity and humanity during the care relationship. But also in their results, they found careless actions,

Negative or careless attitudes are evident during the relationship with students in their training process, they absorb what they have received and often feel that the care is superficial and end up repeating what was provided. At present, we live in an environment of anti-values where it is not common to speak or practice love towards the others, where it is very little valued, this is likely a consequence of the

dehumanization of care, and nursing care is no stranger to it since the human being carries these attitudes in his actions.

Care in teaching is a philosophical, disciplinary, and curricular reference that requires human care and its processes to be prioritized in pedagogical practice, for this purpose innovative strategies are needed, such as the use of narrative methodologies of nursing situations for teaching care. , accompaniment in the process of caring for the student, and management of soft skills in the interaction with the other. Complementing the Escobar-Castellanos and Jara-Concha (2019) pedagogy, they suggest that teaching strategies must be taken into account, focused on attending to each student individually to ensure that they develop continuous, reflective, creative, critical learning. and with a mentality willing to learn nursing phenomena to develop it in clinical practice autonomously and innovatively. Concerning the limitations, it is emphasized that the information for the study was obtained virtually, interfering in direct communication with the student.

CONCLUSION

The study findings made it possible to describe and analyze the resonances and dissonances of caring/care in teaching from the perception of the nursing student. The testimony showed that the training of nursing students is a process that requires constant innovation for care to be transmitted in the best way from the humanistic, scientific, ethical, and technological point of view and be lived by the actors involved in it such as teachers and students. Based on the results found and the emerging categories, a teaching-learning approach is visualized with a focus on human care when the teacher is open, attentive to student learning, transmits values, trust, empathetic, etc.; therefore, it generates a sensitive and human environment. But a category of a careless relationship is also displayed, which occurs when the teacher loses the essence of the profession, generating negative attitudes in teaching-learning. Teachers are wanted to not only repeat the word care but to demonstrate it with actions through self-reflection and self-care of the student. The findings allow us to say that the students perceive their training with resonances, but it also rescues dissonances that should be reflected on since they are challenging results for improvement because they reveal harsh realities that are experienced during the teaching of caring/care. but demonstrate it with actions through self-reflection and self-care of the student. The findings allow us to say that the students perceive their training with resonances, but it also rescues dissonances that should be reflected on since they are challenging results for improvement because they reveal harsh realities that are experienced during the teaching of caring/care. but demonstrate it with actions through self-reflection and self-care of the student. The findings allow us to say that the students perceive their training with resonances, but it also rescues dissonances that should be reflected on since they are challenging results for improvement because they reveal harsh realities that are experienced during the teaching of caring/care.

It is essential to strengthen and prioritize teaching practice, including a critical analysis of their performance, which allows for identifying weaknesses (dissonances) that they have and proposing solution alternatives in such a way that teaching care/care and the student can be achieved. can increase new forms of care. The dissonances in the teaching-learning process create separate professional relationships, generating an unhealthy teaching environment, indifference to the other, lack of identity, gestures of discomfort, lack of information and communication, insensitivity to the feelings of the other. These negative or careless attitudes are evident during the relationship with students in their training process.

For this purpose, innovative strategies are needed, such as methodologies of narratives of nursing situations for the teaching of care; This narrative methodology of situations makes it possible to understand the person as a whole, in addition to strengthening the competencies in the student, as well as in the strategy of pedagogical accompaniment, since the student needs the teacher to be present in the care environment both in the classroom, laboratory and clinical practice. And finally soft skills, it is a characteristic of the profession to provide humanized care, it allows the student to feel understood, and supported, and have emotional tools for their personal and professional growth.

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