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Igniting the Mind: Engaging Nursing Students in the Process of Learning

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IGNITING THE MIND: ENGAGING NURSING STUDENTS

IN THE PROCESS OF LEARNING

by

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ABSTRACT

Igniting the Mind: Engaging Nursing Students

in the Process of Learning

Jo-Ann L. Rossitto

The purpose of this grounded theory study was to explore the perceptions of associate degree nursing faculty regarding their classroom teaching experiences. A purposive, convenience sample of twenty-one educators volunteered to participate in the study. Data were primarily obtained through semi-structured interviews over a period of six months. Data collection and analysis occurred simultaneously utilizing the constant comparative method.

Igniting the Mind emerged as the core category of the study. This category represented the methods nurse educators use to involve students in the process of learning. Igniting the Mind entails making a connection, letting go, getting buy-in, trying something new, pointing the way and, ultimately, seeing the changes exhibited by students. The educator's role is to create a learning environment that embraces challenge, support, engagement, and empowerment for all students.

The emergent theory provides the basis for future instrument development. The proposed instrument would assess the effectiveness of various teaching strategies on student success. In addition, the findings of this study will provide novice and expert teachers with the tools to actively engage students in the process of learning.

Diane C. Hatton, DNSc, RN, CS, Chairperson

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DEDICATION

To my mother,

. . . for creating multiple opportunities for me to pursue my educational and career goals.

To my father,

. . . for providing me with a sense of humor to cope with the realities of life.

To my teachers,

. . . for recognizing my talents and always believing in my abilities.

To my students,

. . . for enhancing my teaching skills, while allowing me to share in their self-discoveries.

And to my colleagues and friends,

. . . for supporting me through numerous challenges and inspiring me to persevere.

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ACKNOWLEDGMENTS

As I near completion of yet another educational adventure, I cannot help but realize a sense of relief and fulfillment. A sense of relief in knowing that the end is drawing near and fulfillment in the sense that I have made a contribution to the domain of nursing education.

Needless-to-say, I have uncovered an enormous amount of data regarding the teaching techniques that nurse educators use to promote students' success. However, I have uncovered much more about what it means to really care for and about students.

The educators I spoke to during the course of data collection were very eager to share their "teaching stories" with me. Each interview session was filled with episodes of laughter, compassion, and enthusiasm. The dialogue that occurred reinforced my desire to provide quality education for all students.

I would like to take this opportunity to thank my colleagues at San Diego City College who, by their very caring and supportive nature, enabled me to complete this research project while maintaining a full-time job. It is because of their lasting commitment to educational excellence and dedication to student success that I return to work each day.

Very special thanks go to Nancy Coffin-Romig, a friend and fellow doctoral candidate, who assisted me throughout

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the writing of this dissertation by motivating me when my momentum was decreasing and the pressure to complete increasing. I would also like to acknowledge Dr. Jerome Hunter, President of San Diego City College, whose wonderful listening skills and sage advice made the dissertation process much more bearable.

To Catherine Peterson, my confidant and personal cheerleader, whose superior work contributions made my job much easier. Her utmost faith in my abilities encouraged me to persevere. And, lastly, to my dissertation chairperson, Dr. Diane Hatton, and committee members Dr. Patricia Roth and Dr. Mary Scherr, who by their ongoing support, earnest critique, and penchant for detail made this dissertation study possible.

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Chapter I

AIM OF THE STUDY

> No surgeon can do her work without being observed
> by others who know what she is doing . . . . No
> trial lawyer can litigate without being observed
> and challenged by people who know the law. But
> professors conduct their practice as teachers in
> private. We walk into the classroom and close the
> door - figuratively and literally - on the daunting
> task of teaching. When we emerge, we rarely talk
> with each other about what we have done, or need to
> do. After all, what would we talk about? (Palmer,
> 1993, p. 8)

Phenomenon of Interest

The method of preparing individuals to enter the

profession of nursing has been greatly influenced by the

conditions and changes that have confronted society during

the past centuries. Consequently, nursing education has

progressed from an apprenticeship-type model, where service,

obedience, and discipline were the norms, to one that is

highly organized, technical, and theoretical. Despite the

movement toward a more sophisticated and structured

educational system, certain dilemmas continue to confront

educators, namely, the means by which teachers teach and

learners learn.

Kreisberg (1992) argues for the transformation of

educational institutions into learning communities where

both students and teachers engage in critical inquiry,

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typified by mutual support and respect, cooperative decision-making and synergistic learning. A conversion from the traditional, behaviorist paradigm of teaching and learning to a model that is more humanistic and empowering is of major necessity.

Purpose of the Study

The purpose of this qualitative study was to explore, describe, and analyze the pedagogical practices used by associate degree nursing faculty and develop a substantive theory of classroom instruction.

Lines of Inquiry

This study was undertaken to answer the following questions:

1. How do associate degree nursing faculty perceive their role in the teaching/learning process?

2. What pedagogical practices do associate degree nursing faculty use to promote students' learning? and,

3. To what extent do these pedagogical practices promote students' success?

Biases and Perceptions

The primary instrument in qualitative research is the investigator who arrives at the research situation with a wealth of knowledge and experience that is acquired from a variety of sources (Chenitz & Swanson, 1986; Merriam, 1988; Strauss & Corbin, 1990). This information provides the researcher with the sensitivity to recognize relevant

phenomena, to interpret what is observed and, ultimately, serves as a basis for making comparisons, discovering variations, and sampling on theoretical grounds (Chenitz, 1986; Glaser & Strauss, 1967). However, since all observations and analyses are filtered through the researcher's worldview, a cognizant effort must also be made to acknowledge any personal bias that might affect the direction and outcome of the current investigation.

As an educator and an administrator of an associate degree nursing program, the researcher has firsthand knowledge of the area under investigation. Moreover, it is because of the researcher's interests, values, and commitment to associate degree education that she chose to pursue this line of inquiry.

In order to ensure some degree of objectivity and sensitivity during the course of the study, the researcher disclosed the following biases prior to data collection:

1. Learning occurs best in an environment where creativity, caring, and dialogue are practiced and encouraged.

2. The more students become actively involved in the educational process, the more they will learn.

3. Learning occurs in an atmosphere of mutual trust and respect.

4. Pedagogical practices that are participatory in nature and encourage discourse and praxis can better meet the

needs of a changing student population.

5. All learning takes place within a social context.

6. Most educators teach as they were taught or in spite of the way they were taught.

Justification for Study

Current enrollment demographics demonstrate that the population of individuals entering many educational institutions, including nursing programs, has become increasingly diverse (Diekelmann, 1993; Ellis & Hartley, 1995; National League for Nursing (NLN), 1996). More often than not, students are classified as "nontraditional" or "high-risk", since they come to their instructional programs academically underprepared, culturally different, socioeconomically deprived, members of dysfunctional families, with varied ages, learning needs, and occupational experiences (Chickering, 1990; DeSimone, 1994; deTornyay, 1990; Noel, Levitz, Saluri & Associates, 1991; Seidl & Sauter, 1990).

Although, the number of diverse individuals entering nursing programs is multiplying, their retention, completion, and success rates continue to decline (NLN, 1995). The traditional teaching strategies, which once proved integral for the transmission of nursing knowledge, are no longer rendering satisfactory results (Bevis & Watson, 1989; DeSimone, 1994). Moreover, the contemporary learner is burdened with a plethora of life-change events

and personal responsibilities that frequently interfere with the learning process (Bevis & Watson, 1989; Cross, 1981; NLN, 1994). Therefore, conventional educational programs designed to satisfy the learning needs of a formerly homogeneous population will not be able to accommodate the contemporary learner (Sheckley, 1989).

In order to ensure satisfactory outcomes, educators are urged to consider the individual learning styles and unique differences of today's students as they develop new programs and curricula. Alternate instructional modalities must be employed to better cultivate the academic performance of this heterogeneous student group and provide them with the knowledge and skills necessary to function in a technologically advanced and complicated world.

There is also very little in the nursing literature regarding the use of qualitative research methods to explore how teachers teach and students learn. To date, the majority of nursing education studies have been quantitative, primarily exploratory, descriptive, and correlational. Moreover, the intent of these studies has centered on the assessment and improvement of program outcomes, rather than on examining the processes that give rise to these outcomes.

In addition, of the published studies, most have focused on the teaching of nursing at the baccalaureate level. Indeed, literature related specifically to the

teaching of nursing at the associate degree level is extremely limited. A possible explanation for this oversight might be embedded within the age-old controversy concerning "entry into practice".

Ever since the American Nurses' Association (ANA, 1965) recommended the baccalaureate degree as the minimal educational preparation for entry into professional nursing practice, there has been ongoing debate among nurse educators regarding the role of the associate degree nurse (ADN). Consequently, many investigators have tended to exclude this group (associate degree students, faculty, and practicing nurses) from participating in certain research ventures.

The paucity of published research using qualitative methods may be "grounded in nursing's desire for recognition as a scientific profession resulting in the adoption and use of the predominant research paradigm" (Streubert & Jenks, 1992, p. 69). What is vitally needed, therefore, is the use of qualitative designs to assess the context of teaching and learning, especially at the associate degree level.

Philosophical Perspective

In order to accomplish the purpose of this study, the researcher used a qualitative, grounded theory, methodological approach. Grounded theory research is aimed at understanding how a group of people define their reality, by uncovering particular patterns and processes regarding a

given phenomenon (Strauss & Corbin, 1990).

Grounded theory research has its roots in the symbolic interactionist tradition that focuses on the meanings that people attribute to events through experience or interaction (Blumer, 1969; Chenitz & Swanson, 1986; Morse & Field, 1995; Wuest, 1995). In as much as an individual's experience constantly changes, the meanings of these experiences also change. Hence, the study of meanings and actions as dynamic processes is integral to grounded theory research.

Consequently, the need exists for all behavior to be observed and interpreted in context, for it is the context of the experience that creates meaning. Since grounded theory is designed to identify and analyze complex interactional and social-psychological processes (Strauss & Corbin, 1990), it is well suited for this study.

Grounded theory "employs an inductive, from-the-ground-up approach using everyday behaviors or organizational patterns to generate theory" (Hutchinson, 1993, pp. 183-184). The resulting theory emerges as a unique means of understanding the experiences of all participants. Accordingly, the experiences and perceptions of associate degree nurse educators were used in this study to generate a theory of classroom instruction.

Relevance for Nursing

According to the latest research statistics, associate degree nurses comprise more than two-thirds of the current

RN workforce in the United States (NLN, 1994). Programs offering associate degrees, approximately 876, far exceed the number of baccalaureate or diploma programs nationwide (NLN, 1996). Moreover, associate degree programs remain the most popular in total number of student enrollments (NLN, 1996).

Since the number of associate degree nurses (ADNs) surpasses the number of nurses with baccalaureate degrees, educators need to focus more attention on assessing and improving the performance of this distinctive group. In addition, nursing researchers need to design studies that include representatives from associate degree programs (students, faculty, and graduates), rather than concentrating their efforts solely on baccalaureate faculty and students. It is also anticipated that this comprehensive research perspective will have considerable effects on the education and practice settings by promoting a greater understanding of the role of the associate degree nurse.

Therefore, it is envisioned that the information gleaned from associate degree nursing faculty will be used to better prepare, orient, and support future novice teachers. Similarly, expert teachers will be provided with supplementary tools to actively engage students in the process of learning. Based on this innovative approach to teaching, it is also expected that graduates of nursing

programs (nurses) will be better able to critically analyze clinical situations, make independent and accurate judgements, implement appropriate interventions, and demonstrate caring and compassionate behavior.

Chapter II

CONTEXT FOR INQUIRY

> Education for the new age is not about content, it
> is about soul, it is about process; education for
> the emerging order is not about either individuals
> or their worlds; it is about the relationships
> between the two. It is about uncovering the entire
> complexity of real connections between apparently
> unrelated phenomena, and in that uncovering it is
> the creating of new connections, new possibilities
> (Moccia, 1989, XI).

Consistent with the aims of grounded theory research,
the initial literature review is performed to identify the
scope, range, intent, and type of research that has been
done in the area under study and to discover any gaps and/or
bias in existing knowledge. After data collection, an
additional literature review is undertaken to uncover
scholarly works that support, illuminate, validate, or
extend the proposed theory (Chenitz & Swanson, 1986;
Hutchinson, 1993; Strauss & Corbin, 1990). During the
writing-up phase of the study, the literature is integrated
with the findings in an effort to establish a connection
between theory and reality (Hutchinson, 1993).

This particular literature analysis is divided into
seven parts. Part I examines teacher characteristics, part
II explores the perceptions of pedagogical caring, part III
investigates faculty-student interactions, part IV considers

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the lived experience of nursing students and faculty, part V
views the curriculum as product, part VI regards the
curriculum as process, and part VII envisions the curriculum
in revolt.

Teacher Characteristics

Previous research involving nursing faculty has focused
on identifying the characteristics of effective and
ineffective teachers (Barham 1965; Bergman & Gaitskill,
1990; Brown, 1981; Jacobson, 1966; Knox & Mogan, 1985, 1987;
Nehring, 1990; O'Shea & Parsons, 1979; Sieh & Bell, 1994).
Investigations, for the most part, have concentrated on the
effectiveness of the clinical instructor.

The critical incident technique was used to identify
effective behaviors of nursing instructors from 13 associate
degree programs (Barham, 1965). One-hundred-two students
and 64 instructors were sampled; 19 critical behaviors were
identified, 80% of which involved interpersonal skills or
relationship patterns. Effective teaching included those
actions, activities, and verbalizations that facilitated
student learning.

Subsequently, Jacobson (1966) studied a large sample of
nursing students from five universities to ascertain
effective and ineffective teaching incidents. An effective
teacher was available to students, had apparent knowledge
and professional competence, and maintained positive
interpersonal relationships and teaching practices.

In another study, students and faculty in a baccalaureate school of nursing were asked to describe their perceptions of effective and ineffective clinical teaching behaviors (O'Shea & Parsons, 1979). Positive feedback, honest feedback, faculty availability, and willingness to help were described as effective teacher qualities. Ineffective teacher characteristics included authoritarianism, intimidation, criticizing students in the presence of others, impersonality, having unrealistic expectations, meeting own needs first, and taking over the student's assignment.

The "Clinical Teacher Characteristics Instrument" was used to explore the perceptions of baccalaureate faculty and students regarding effective clinical instructors (Brown 1981). Effective teacher characteristics were classified into three categories: (a) professional competence, (b) relationships with students, and (c) personal attributes. It was further hypothesized that students and instructors would be similar in their descriptions of the effective clinical teacher. This hypothesis was not supported, since differences between the two groups became apparent; for example, students, unlike faculty, regarded the instructor's relationships with students as more important than professional competence.

Clinical teacher behaviors, as perceived by university nursing faculty, students, and practicing baccalaureate

graduates, were compared by Knox & Mogan (1985) using the "Nursing Clinical Teacher Effectiveness Inventory" (NCTEI). Five categories of clinical teacher behaviors emerged: (a) teaching ability, (b) interpersonal relationships, (c) personality, (d) nursing competence, and (e) evaluation.

Subsequently, the characteristics of "best" and "worst" clinical teachers were identified and compared (Knox & Mogan, 1987). "Being a good role model" was recognized as the highest rated characteristic for the "best" teacher and the lowest rated characteristic for the "worst" teacher.

In an effort to replicate and extend Brown's study, Bergman & Gaitskill (1990) included a comparison of findings among student grade levels. One-hundred-thirty-four students from three different levels and 23 faculty members of a baccalaureate nursing program were sampled. Both faculty and students valued articulate, knowledgeable, clinical instructors who were "objective and fair" in student evaluations. Moreover, faculty ranked relationships with students as more important than professional competence, contradicting Brown's earlier findings.

Baccalaureate nursing students and faculty were again asked to rate their "best" and "worst" clinical teachers (Nehring, 1990). The results indicated that for both groups the "best" clinical teachers enjoyed nursing and teaching, were good role models, and demonstrated effective clinical skills and judgement.

The NCTEI was recently used to examine students' and faculty's perceptions of important characteristics of effective clinical teachers (Sieh & Bell, 1994). One-hundred-ninety-nine associate degree students and 22 faculty from two Southwestern community colleges participated in the study. The highest rated characteristic of effective clinical teachers as perceived by students was - "corrects students' mistakes without belittling them"; the highest rated characteristics as perceived by faculty were - "encourages a climate of mutual respect, makes specific suggestions for improvement, and provides constructive feedback on students' performance". The lowest rated characteristic for both groups was - "directs students to useful literature in nursing".

Perceptions of Pedagogical Caring

A paucity of research also exists pertaining to the lived experience and meaning of caring for faculty and students within a nursing education program. Many investigators focused their attention on assessing and improving program outcomes, while overlooking the interpersonal processes that may influence these outcomes. It is only recently (within the last five to seven years) that qualitative methods have been used to explore this particular aspect of nursing education.

Several authors have identified specific concepts that constitute a model of a caring nursing instructor.

According to Bush (1988), the caring teacher exhibits:

(a) knowledge and love of self and others, (b) presence, (c) mutual respect, (d) sensitivity, (e) communication with the other, and (f) organization of the teaching-learning situation. Halldorsdottir (1989) explored the phenomena of caring and uncaring from the perspective of nine former Icelandic students - 4 BSN, 4 MSN, 1 PHd. A "caring" encounter consisted of the following: (a) the teacher's professional caring approach, (b) the resulting mutual trust, (c) a professional teacher-student working relationship and, finally, (d) positive student responses to the caring encounter.

A phenomenological study was conducted to ascertain the meaning of human care and the experience of caring as perceived by nursing students during doctoral education (Appleton, 1990). The findings revealed that the process of caring involved commitment, involvement, and belonging. In addition, Miller, Haber & Byrne (1990) explored the lived experience of a caring teacher-student interaction by interviewing six senior nursing students and six nursing faculty members from a small liberal arts college. The caring encounter was found to have four basic components: (a) a holistic concern for students, (b) the teacher's professional caring approach, (c) mutual trust, and (d) connectedness.

Students' perceptions of faculty caring were also

examined (Beck 1991). Forty-seven junior and senior nursing students, between the ages of 20 and 51, were asked to describe in writing a situation that they had had with a faculty member whom they felt was caring. The themes that emerged included: (a) attentive presence, (b) sharing of selves, and (c) the consequences associated with a caring interaction. The climate for caring was further depicted as one in which modeling, dialogue, the practice of caring behaviors and confirmation/affirmation took place (Hughes, 1992).

Faculty-Student Interactions

An area that has received some attention in the nursing education literature is the relationship between faculty and students (Clayton & Murray, 1989; Griffith & Bakanauskas, 1983; Kushnir, 1986; Stephenson, 1984). A number of qualitative approaches have been used to elicit meaningful data. According to the findings, most students benefit from a teaching-learning relationship that provides open and honest communication, based on trust and support.

Moreover, instructors who display caring attitudes and acknowledge students' strengths and weaknesses have profound influence on students' lives and learning. Ideally, the student-teacher relationship is built on mutual trust and respect, the proper amount of friendliness, and the competence of the instructor.

Most recently, Craig (1996) conducted a Heideggerian,

hermeneutical, phenomenological study to explore the everyday experience of "connecting with students". Nurse educators used the term connecting or connection to denote the intellectual and emotional relationship that transpires between teacher and student. Various pedagogical practices were described to promote effective and caring student-teacher relationships.

The Lived Experience of Nursing Students and Faculty

A number of studies have focused on the examination of students' lived experiences while attending a nursing education program. Van Dongen (1988) examined the lived experiences of seven full-time, first-year doctoral students. The conceptual categories that surfaced included: (a) impact, (b) changes, (c) losses, (d) uncertainty, (e) stressors, (f) vulnerability, (g) stress response, (h) coping mechanisms, (i) situation supports, (j) commitment, and (k) outcomes. The results indicated that doctoral education significantly impacts on the personal life of the student, resulting in stress, restriction of social life, and intense concentration on educational goals.

Seventeen nursing students in three levels of a generic baccalaureate nursing program at Georgia State University were interviewed to determine their perceptions of student life (Nelms, 1990). The following categories emerged as representative of each student's experience: (a) a life-

pervasive commitment to a personal goal, (b) the meaning of clinical, (c) personal knowledge experiences, (d) support systems, (e) feelings about self, and (f) the ideal teacher.

An interpretive study using hermeneutical inquiry, to describe the lived experiences of nursing students and faculty regarding testing and evaluating learning, was conducted by Diekelmann (1992). Forty-four students and teachers from ten schools of nursing representing the Midwestern region of the United States participated in the study. All levels of nursing were included (diploma, associate degree, baccalaureate, master's and doctoral).

The principal pattern that emerged from the data was "learning as testing", which recounted the preoccupation of students and teachers with "testing" as the evidence of learning. Three themes were also identified: (a) feeling overwhelmed: competition, isolation and testing, (b) getting the right answer: grading, testing and evaluation, and (c) testing as teacher-centered learning.

Nursing students' experiences of learning within the context of one clinical practice setting, caring for acutely ill infants, was explored and described by Wilson (1994). Participants included senior level students from a baccalaureate nursing program. Data collection involved the techniques of observation and ethnographic interviewing. Six major goals for the clinical practice experience as perceived by the students evolved from the data analysis:

(a) to cause no harm to patients, (b) to help patients,
(c) to integrate theory-based knowledge into clinical
practice, (d) to learn nursing clinical practice skills,
(e) to look good as a student, and (f) to look good as a
nurse.

More recently, a feminist framework was used to explore
the lived experiences, values, and behaviors of effective
female nursing faculty from baccalaureate and higher degree
programs (Morris, 1995). The following attributes of
effective female faculty were elicited: (a) hardworking,
(b) caring, (c) having a sense of humor, (d) connecting, and
(e) respecting the worth of others. It was further
determined that effective teachers demonstrated a positive
student orientation and created an environment that was
supportive of growth, empowerment, and learning.

Curriculum as Product

Historically, nursing education has employed a very
pedantic approach to teaching which emphasizes content,
rather than process, and objectivity, rather than
interpretation (Tanner, 1990a). Typically, the teacher
presents a body of "vital" information to the student, who
is expected to readily assimilate said knowledge and apply
it appropriately.

This "banking" approach to knowledge acquisition
delineates the instructor's role as merely a "depositor" of
facts or truths, allowing for little or no exchange of

information or dialogue (Belenky, Clinchy, Goldberger, & Tarule, 1986; Ferguson, 1980; Freire, 1990; Kreisberg, 1992; Merriam & Caffarella, 1991; Tanner, 1990b). Thus, the student's role is reduced to one of passivity and conformity and, ultimately, results in a trained dependency, characterized by a high predictability of behavior.

For the most part, the "didactic" teacher strives toward a teacher-defined goal, molding and reshaping students into preconceived specifications and standards. The end-product, the so-called educated person, evolves into a "faculty clone", forced to regurgitate specified content and display robot-like activity (Hawks & Hromek, 1992).

Many aspects of nursing education can also be likened to a military organization where orders are given and dutifully carried out (Chally, 1992). Knowledge is perceived, therefore, as a set of rules or unquestioned truths. Autonomy is repeatedly supplanted by passivity and subordination to power and authority. Freire (1990) describes this milieu as one of oppression, professing that "the teacher teaches and the students are taught; the teacher knows all and the student knows nothing; the teacher talks and the students listen; the teacher chooses the content and the students adapt to it" (p. 59). The behavior of the "oppressor" can be perceived as antidialogical, supporting the status quo, and limiting critical inquiry (Bevis, 1993; Bevis & Murray, 1990; Hedin, 1986).

These dominant or oppressive groups "impede the development of subordinates and block their freedom of expression and action" (Miller, 1986, p. 7). Hence, subordinates (students), seen as dependent and helpless, must rely on the dominant group (teachers) for wisdom and direction.

The traditional behaviorist paradigm has prescribed nursing curricula and the direction of educational thought for the last forty years (Bevis, 1988; Wilson, Siler, & Nelms, 1993). It is based on patriarchal ideals that espouse power, domination and control. All curricula contained within this behaviorist model address predetermined content and result in premeditated outcomes (Gould & Bevis, 1992). Some argue that this "allopathic approach to education produces the equivalent of iatrogenic illness, that is, teacher-caused learning disabilities or pedogenic illnesses" (Ferguson, 1980, p. 283).

Curriculum as Process

A transformation of the traditional paradigm of teaching and learning to a model that is more humanistic and empowering is of necessity (Middlemiss & Van Neste-Kenny, 1994; Roberts & Chandler, 1996). Learning can only transpire in an atmosphere of mutual trust and respect, where collegiality and collaboration are the rule, rather than the exception (Bevis & Murray, 1990; Bevis & Watson, 1989; Ferguson, 1980; King & Gerwig, 1981; Moccia, 1990).

This participative mode of education is classified as "transpersonal" and is described as pedagogy that "encourages the learner to be awake and autonomous, to question, to explore all the corners and crevices of conscious experience, to seek meaning, to test outer limits, to check out frontiers and depths of self" (Ferguson, 1980, p. 287). In essence, transpersonal education provides students with the foundation to maximize their cognitive and affective potential, thus enabling them to achieve self-actualization (King & Gerwig, 1981).

The teacher's primary objective in this type of educational setting is " . . . to provide the climate, the structure, and the dialogue to promote praxis" (Bevis & Watson, 1989, p. 173). In order for praxis to occur, a radical change in program philosophy, curriculum design and instructional methods is essential (Bevis, 1988; Bevis & Watson, 1989; Bevis & Murray, 1990; Hokanson-Hawks, 1992).

Transformed or "connected" teachers aspire to the empowerment and improvement of others by fostering an ambience of nurturance, dialogue (open communication), caring and development (Craig, 1996; Gilligan, 1982; Noddings, 1984). Belenky, Clinchy, Goldberger & Tarule (1986) also maintain that "connected" teachers support the evolution and transformation of their students' thinking, welcome diversity of opinion and class discussion, and facilitate the development of students' minds and spirits.

Caring, humanistic, or learner-centered education involves the implementation of a variety of teaching strategies or techniques that stimulate whole-brain or analytic thinking (Holbert & Thomas, 1988). A humanistic or caring pedagogy may be utilized by nursing faculty to establish a learning environment that fosters growth, not oppression; where students can be transformed into competent practitioners and "legitimate" knowers who, by their actions, will strengthen the profession of nursing, and where both students and teachers can be actively involved in the learning process (Bevis & Watson, 1989).

Curriculum in Revolt

A revolution may be defined as "those noncumulative developmental episodes in which an older paradigm is replaced in whole or in part by an incompatible new one" (Kuhn, 1970, p. 62). A major paradigm shift occurs, therefore, when there is apparent dissatisfaction with the dominant or prevailing world view.

A revolution is also imminent when there is an obvious malfunction within the conventional organizational structure. Hence, this malfunction or "anomaly" ultimately progresses to a state of crisis, which inevitably commands a solution (Kuhn, 1970). Currently, there is a crisis brewing in many educational institutions.

There exists a growing sense of malfunction in the continued use of the traditional or behaviorist model for

presenting instructional material (Bevis & Murray, 1990;

Gould & Bevis, 1992; Tanner, 1990b). Indeed, contemporary

nursing literature reflects the concerns and critiques of

behavioral approaches to education and advocates the

adoption of pedagogical alternatives (Allen, 1990; Bevis,

1993; Chally, 1992).

Nursing education is embroiled in a "revolution" of its

own. The catalyst for this movement originated from a

series of discussions in 1987 with nurse educators,

sponsored by the NLN, in response to the overwhelming

sentiment that the patriarchal or "power-over" paradigm was

no longer adequate or effective. Subsequently, educators

were charged to examine curricula, modernize teaching

methodologies, and create alternate means to educate nurses

(NLN, 1988, 1989, 1990, 1991).

The primary mission of nursing education is to develop

a pedagogical climate that chooses not to replicate a

paradigm of domination and control, but demands the

transformation of existing "power-over" relationships

(Allen, 1990; Bevis, 1990; Bevis & Watson, 1989; Chinn,

1989; Diekelmann, 1988; Moccia, 1990). This pedagogical

climate embodies physical and psychological comfort

(safety), mutual trust and respect, support and helpfulness,

freedom of expression and acceptance of differences (Hawks,

1992; Hezekiah, 1992; Merriam & Caffarella, 1991).

Summary

The major purpose of this literature review was to examine research findings associated with the teaching of nursing and uncover any gaps or bias in existing knowledge. To date, most nursing education studies have focused on the assessment and/or prediction of program outcomes, including the development of appropriate intervention strategies. Moreover, investigators interested in studying the teaching/learning milieu have concentrated their research efforts on baccalaureate programs, while seemingly discounting the value of associate degree education.

Of the qualitative studies that have been published, several have explored the characteristics of effective and ineffective teachers, the nature of the faculty-student relationship, the incidence of caring vs. noncaring behaviors, and the lived experiences of nursing students. Very few investigations, if any, have delved into the perceptions of associate degree nursing faculty regarding their teaching experiences and the use of innovative and creative pedagogical practices.

An exploration of the process of teaching, as perceived by associate degree nursing faculty, using a grounded theory method, is proposed to better address this gap in the literature. It is further envisioned that an understanding of this phenomenon will provide greater insight into the reality of associate degree nursing education.

Chapter III

THE METHOD OF INQUIRY

> By sharing stories about their classroom experience, teachers not only gain insight into their own practice, but they also contribute to the storehouse of knowledge about teaching (Jalongo, 1992, p. 68).

The methodologic approach used for this study was the descriptive mode of qualitative inquiry, more specifically grounded theory (Glaser & Strauss, 1967; Glaser, 1978; Strauss & Corbin, 1990). Since the intent of this study was to inquire into the perceptions of associate degree nursing faculty regarding their classroom teaching experiences, the grounded theory method seemed most appropriate to further explore the teaching/learning milieu. It also allowed for the generation of a substantive theory of classroom instruction. This chapter will provide a brief overview of the development, aims, and methods of grounded theory and the overall research design.

Grounded Theory

Grounded theory methodology was first described by Glaser and Strauss (1967) in an effort to justify the use of qualitative techniques in sociology and to identify a means for developing theory that was soundly grounded in the lived experiences of the participants. For this reason, the

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method was called "grounded theory".

Grounded theory research has its roots in the symbolic interactionist tradition of social psychology and sociology. The symbolic interactionist approach focuses on the meanings that people attribute to events through experience or interaction (Blumer, 1969; Chenitz & Swanson, 1986; Wuest, 1995).

While the ultimate goal of grounded theory is to produce theory, it also provides a means for studying the social realities of given situations or concepts. Indeed, Strauss and Corbin (1990) profess that grounded theory research is aimed at understanding how a group of people define, via social interactions, their reality by uncovering particular patterns and processes regarding a given phenomenon.

The methods employed for the discovery of theory include data collection and constant comparative analysis. The primary data collection methods for grounded theory studies include participant observation, open-ended interviews, document analysis, and ongoing review of related literature to ensure data density (Glaser & Strauss, 1967; Sandelowski, 1986; Stern, 1980; Wilson & Hutchinson, 1991).

During the process of data collection, the researcher records all observations and interviews via field notes. Theoretical notes (TN), observational notes (ON), and methodological notes (MN) are used to structure the

recording of the data and the researcher's insights about the data (Schatzman & Strauss, 1973). As data sets are compared and analyzed, memos are written to record analytic progress. The memos are eventually sorted and used to write the theory (Glaser, 1992).

The constant comparative method of analysis requires that each data set be compared with other data sets for similarities and differences. This endeavor is accomplished through the process of coding. Three coding techniques commonly used are open coding, axial coding, and selective coding (Strauss & Corbin, 1990).

Open coding involves examining the data line by line and developing the initial list of in-vivo or substantive categories to explain the data. Axial coding requires the intense analysis of each category in order to delineate relationships between, among, and within the categories. Selective coding clusters the related categories into a central or core category.

The core category recurs frequently in the data; it links data together, and helps to explain variation in the data. It is this core category that provides the foundation for the theory (Glaser, 1978).

Data collection and coding continue until all categories are saturated (no new information is obtained) and the core category is confirmed. A substantive theory is then developed from the concepts identified in the core

category. This theory may be described through the use of a model that makes sense to the members of the group studied and provides testable hypotheses (Glaser & Strauss, 1967; Glaser, 1978; Schatzman & Strauss, 1973).

Research Strategies

Sample '

Principles of theoretical or purposive sampling were used to guide decisions regarding ongoing selection of informants as data collection, coding, and analysis proceeded. Theoretical sampling provides for the use of informants who can provide rich descriptions of the experiences under study (Morse, 1991; Wilson & Hutchinson, 1991).

Basic criteria for sample selection in this study included informants (faculty members) who were currently teaching in an associate degree nursing program and possessed varied teaching experiences, clinical preparation, tenure status, and educational backgrounds. Since many associate degree faculty maintain clinical expertise in more than one functional area of nursing (medical-surgical, gerontological, maternal-child, and/or mental health) and can teach in a variety of courses, this particular study focused on the experiences of the classroom instructor, regardless of the subject matter presented.

Research participants were recruited using purposive, convenience sampling. The final sample size was determined

by the principle of saturation or the point at which additional subjects failed to yield new information regarding the emerging theory. Saturation of information was reached after 15 interviews; 6 additional interviews were completed to test the preliminary findings and to identify areas of commonality and variation.

All in all, 21 nurse educators volunteered to participate in the study. Informed written consent was obtained from the participants after they were given details of the purposes of the study and protection of their confidentiality.

The participants ranged in age from 39 to 64 years, with a mean age of 48 years. All but one of the participants were female. From an ethnic/racial perspective, 19 participants were Caucasian, 1 was Latina, and 1 was African-American. Eighteen of the participants were employed full-time; three part-time. The number of years teaching nursing ranged from 1 year to 24 years; the majority had clinical expertise in medical-surgical nursing. Basic nursing preparation ranged from a diploma and associate degree to a baccalaureate degree; 17 possessed a master's degree in nursing, while 4 had advanced degrees in other disciplines; two participants reported an earned doctorate, three were doctoral candidates, and one had been formally accepted to a nurse practitioner program; four other participants voiced an interest in pursuing additional

coursework in the near future. For a more detailed account of the study participants, see Table 1.

Gaining Entree

A formal letter was sent to the deans/directors of six associate degree nursing programs located in Southern California, seeking their initial support of the research project (Appendix A). Once an official indication of support was received, a follow-up letter was forwarded to each program director that included packets of information to be distributed to interested faculty members. These packets contained a detailed description of the purposes of the project (Appendix B), a consent form (Appendix C), a list of possible interview questions (Appendix D), a form to be returned to the researcher confirming intent to participate in the study (Appendix E), and a self-addressed stamped envelope. After the intent to participate form was received, the researcher then contacted each participant to schedule the exact date, time, and location for the interview sessions.

Data Collection

Data were primarily gathered through semi-structured, audiotaped interviews that encouraged participants' willingness to share information regarding their classroom teaching experiences. Interviews with individual faculty members and data analysis took place over the summer recess and subsequent fall semester. Program brochures and college

catalogues supplied additional data.

Formal Interviews. Individual audiotaped interviews
with faculty members were conducted by the researcher in a
private location, usually free from interruptions. For the
most part, interviews took place in a conference room at the
researcher's place of business, in a participant's campus
office, or in a private home; one interview was conducted in
a restaurant during off-peak hours.

Data were collected using a semi-structured interview
guide (Appendix D). The funnel approach to questioning
(Gorden, 1975) was used to direct the course of the
interview. This method allowed the researcher to begin with
a broad, opening question such as: "Tell me what it is like
to teach nursing", followed by a more precise question:
"Describe a specific teaching technique that you use to
promote students' learning". This questioning strategy
enables the researcher to elicit a more detailed description
of events or situations from the participants.

Probes were also used as necessary to elucidate the
participants' descriptions of various teaching practices.
Moreover, as the study progressed, the interview guide was
modified to elicit data that would allow the emerging
categories to be further densified.

Interviews lasted from one to one-and-a-half hours and
were scheduled at times convenient for the participants,
preferably when they were not feeling rushed or pressured.

Demographic data were obtained at the conclusion of the interview and were used for descriptive purposes. Upon completion of the interview, each audiotape was assigned a code letter and number to ensure confidentiality of the participant. In addition, a transcriptionist and the researcher transcribed the interviews verbatim in preparation for data analysis.

Informal Interviews. According to Chenitz (1986), the informal interview is the use of everyday conversations for the purpose of collecting and validating data. Informal interviews were conducted throughout the course of the study. Opportune times for informal discussions were before and after scheduled interview sessions and/or business meetings, during social gatherings, and at other occasions when the researcher was on site. Since note-taking was normally not feasible, given the informal nature of such exchanges, field notes were recorded as soon as possible after the discussions to insure exactness of information.

Document Review. Background data about the field site were obtained from key participants, program brochures, and other relevant program materials. This information provided the researcher with a broader perspective of the field site and provided contextual richness to the phenomenon being investigated (Glaser & Strauss, 1967; Merriam, 1988). Archival data were also used to stimulate the researcher's thinking regarding significant questions to pursue through

more direct interviewing. Field notes were recorded as documents were reviewed.

Protection of Human Subjects

Approval of the study procedures was obtained from the Committee on the Protection of Human Subjects at the University of San Diego prior to commencement of the study (Appendix F). Letters of support from the participating schools of nursing were received by the researcher and submitted with approval documents.

Risk Management Procedures. Field site faculty were informed regarding the general purpose of the study and the need for the researcher to have access to school activities. Plans for maintaining confidentiality were shared with each informant. Faculty members who agreed to a formal interview signed a consent form prior to the interview. The consent form (Appendix C) described the purposes of the research, the right to confidentiality and anonymity, and the right to withdraw from the study. Each informant received a copy of the signed consent form. Interviews were held in a location where privacy was maintained. Recording and storage of data will be described in the data management section.

Potential Risks. There were no associated risks to the participants. Faculty from the researcher's place of employment were not utilized for this research project.

Potential Benefits. There were no overt benefits to the participants other than sharing their "teaching stories"

with the researcher. However, it is envisioned that the data collected through the interviews will provide nurse educators with supplementary information regarding classroom teaching experiences that may be useful in revising curricula, establishing orientation sessions for novice faculty, and in revitalizing existing professional development programs. A summary of the research findings will be provided to all study participants. In addition, research findings will be shared with other nurse educators via a department newsletter or a formal faculty meeting.

Data Management

Recording and Storage of Field Notes

Field notes from document review and transcriptions of interviews were recorded in separate spiral-bound notebooks. As soon as possible after each interview, the field notes were sorted and then transcribed. These transcribed notes were kept in a loose-leaf binder separated by dividers and identified by code letters and numbers. Observation data and recordings of informal interview notes were kept in a similar fashion. Data diskettes were stored at the researcher's home and in a locked file cabinet at the researcher's office.

Trustworthiness

Since quantitative research differs from qualitative research in its goals and methods, the conventional criteria of internal validity, external validity, reliability, and

objectivity for evaluating the rigor of a scientific study are inappropriate for qualitative endeavors (Lincoln & Guba, 1985; Sandelowski, 1986). According to Lincoln and Guba (1985), data collected in the naturalistic paradigm should meet the criteria for trustworthiness. This simply means that the researcher has taken the appropriate measures to insure the credibility, transferability, dependability and confirmability of the data (Corbin, 1986; Hutchinson, 1993; Krefting, 1991; Lincoln & Guba, 1985; Sandelowski, 1986).

Credibility. Credibility refers to the believability of the findings. A qualitative study is credible when it presents descriptions or interpretations of a human experience that individuals having a similar experience would immediately recognize (Lincoln & Guba, 1985; Sandelowski, 1986).

The following techniques, suggested by Lincoln and Guba (1985), were utilized by the researcher to insure credibility of this study. These methods included: (a) use of a panel of experts (dissertation committee members) to determine the degree of fit of the evolving theory; (b) use of the member-checking procedure in which the emerging concepts and theory were shared with participants for purposes of clarification, correction and/or confirmation; (c) comparison of analytical results with related empirical studies and professional literature; (d) use of a variety of data sources such as field notes, memos, interview

observations and document analysis; (e) examination of pertinent findings with professional colleagues to elicit feedback and agreement; and (f) use of a reflexive field journal to record personal feelings and potential biases.

Since a major threat to the truth value of a qualitative study lies in the relationship of the researcher to the phenomenon under investigation, the credibility of the research is enhanced when researchers examine their own preconceptions, values, and beliefs in relation to the preconceptions, values, and beliefs of the study's participants (Hutchinson, 1988; Sandelowski, 1986). In order to facilitate this self-awareness and offset the effects of "going native" (Miles & Huberman, 1994) or overidentifying with the group studied, the researcher included herself as a study participant. A colleague familiar with qualitative research conducted the interview and a transcriptionist transcribed the audiotape; data were coded and analyzed according to previously established criteria. It should be noted, however, that this particular interview occurred after 14 interviews were completed and the major categories identified.

The researcher also reacted to the comments and views expressed during this interview by making entries in a reflexive journal and reviewing them throughout the study. This introspective process allowed the researcher to remain "sensitive" to the perceptions verbalized by the

participants and "bracket" some of her own perceptions and experiences regarding the area under investigation.

Transferability. Transferability refers to the degree to which a study's findings can be applied to other contexts and settings or with other groups (Krefting, 1991). Lincoln & Guba (1985) maintain that fittingness should be the criterion against which the transferability of qualitative research is evaluated. A study meets the criterion of fittingness when its findings are well-grounded in the life experiences of the participants. In other words, the investigator has provided a thick description of information to enable others to make judgements of transferability possible.

In this study, theoretical or purposive sampling was used to satisfy this criterion. Participants were initially selected because they were able to "illuminate" the phenomenon under investigation by providing a rich, thick description of their classroom teaching experiences.

Dependability. Dependability refers to the consistency or stability of findings over time. A study and its findings are dependable or auditable when another researcher can follow the decision trail used by the researcher in the study and arrive at the same conclusions, given the researcher's data, perspective, and situation (Sandelowski, 1986).

To fulfill this criterion, the researcher established

an audit trail (Lincoln & Guba, 1985) whereby members of the dissertation committee were consulted from the development of the research proposal to the project's completion. The use of a methodological expert (dissertation chair) to verify the findings of the study and the resulting theory was another means of ensuring dependability.

A code-recode procedure (Krefting, 1991) was also used during the analysis phase of the study. After coding a segment of data, the researcher waited a period of two weeks to return to the data. The data were then recoded and the results compared. The researcher sought feedback on the emerging concepts and categories from a colleague familiar with qualitative research. Moreover, members of the Qualitative Research Interest Group at the University of San Diego, Philip Y. Hahn School of Nursing, were consulted in an effort to facilitate interpretation of the data and validation of the findings.

Confirmability. Confirmability is achieved when dependability, truth value, and transferability are established. Lincoln & Guba (1985) recommend that confirmability be the criterion for neutrality/objectivity in qualitative research.

Qualitative research values subjectivity and emphasizes the meaningfulness of findings. Sandelowski (1986) further asserts that "engagement with rather than detachment from the things to be known is sought in the interests of truth"

(p. 34).

This criterion was met by maintaining an ongoing dialogue with members of the dissertation committee who periodically examined the data coding and analysis results. To further ensure confirmability and thus prevent personal biases from interfering with data analysis, a field journal was kept by the researcher (Hutchinson, 1986). Prior to the commencement of the study, the assumptions and expectations of the research were also recorded. Over time, these comments were reviewed and compared with the field notes.

Data Analysis Strategies

Data were analyzed using the technique of constant comparison as described by Glaser & Strauss (1967), Glaser (1978), and Strauss & Corbin (1990). Comparative analysis involves concurrent data collection, coding, memoing, theoretical sampling and sorting. Comparisons are made between individuals based on the emerging conceptual categories (Loving, 1993). In addition, the researcher simultaneously reviews the literature to verify and elaborate upon the identified categories.

As the interviews were conducted, a verbatim transcription of each audiotape was typed and coded to correspond with the audiotape and then the tape was destroyed. Each transcription was read as a whole and compared with the original audiotape. This technique allowed the researcher to: (a) relive the interview in real

time; (b) gain a broad overview of the participants' responses to each question; (c) note any meaning-filled pauses on the transcript; (d) correct any errors in transcription; and (e) facilitate the transfer of information to field notes.

The transcriptions were then reread using a line by line approach to identify meaningful phrases, themes and/or patterns. As distinct categories and subcategories began to emerge, they were critically examined until no additional meanings became evident - the point of saturation (Strauss & Corbin, 1990). The subcategories were then collapsed to permit greater parsimony in the description of the phenomenon.

Preliminary classification of data was accomplished by collating the transcribed responses to each interview question. Data were transferred to 5 x 8 index cards for ease in sorting. A code word was assigned to the front of each card with verbatim statements from each participant; the back of the card contained the participant's identification code. As coding cards accumulated, they were organized into like categories and arranged according to the concepts they seemed to identify.

Categorization and recategorization of the data continued until consistencies in patterns were demonstrated. A preliminary theory grounded in the teaching experiences and perceptions of associate degree nursing faculty was

identified as a result of the analysis. The specifics of this theory will be presented in Chapter IV.

Summary

The grounded theory method, as described by Glaser & Strauss (1967) and Strauss and Corbin (1990), provides a means to develop a substantive theory that is grounded in empirical data. Symbolic interactionism provides the philosophical foundation for grounded theory and guides the research questions, the interview questions, data collection strategies and methods of data analysis (Hutchinson, 1993). Data are collected using field techniques and analyzed by the constant comparative method.

In this particular study, grounded theory methodology was used to elicit from associate degree nurse educators their perceptions of various classroom teaching experiences. Data were obtained through semi-structured interviews according to established qualitative criteria. Data collection and analysis occurred simultaneously utilizing constant comparative techniques.

Theory was generated through the processes of coding, memoing, theoretical sampling, and sorting as described by Strauss & Corbin (1990). Strategies for meeting the criteria of trustworthiness were also incorporated into the study.

Chapter IV

FINDINGS OF THE INQUIRY

> The test of a good teacher is, do you regard
> learning as a noun or a verb? If a noun, as a
> thing to be possessed and passed along, then you
> present your truths, neatly packaged, to your
> students. But, if you see learning as a verb, the
> process is different. The good teacher has
> learning, but tries to instill in students the
> desire to learn, and demonstrates the ways one goes
> about learning (Schorske, cited in McCleery 1986,
> p. 106).

The outcome of grounded theory methodology is to

generate a theory to explain and predict the processes

through which individuals experience a particular aspect of

life. Therefore, the focus of this study was to explore the

perceptions of associate degree nursing faculty regarding

their classroom teaching experiences. As a result of the

data collection and analysis techniques set forth by Glaser

& Strauss (1967) and Strauss & Corbin (1990), "Igniting the

Mind" emerged as the core category of the study and

represented the methods nurse educators use to engage

students in the process of learning.

Igniting the Mind is a dynamic process that consists of

six interrelated subcategories. This chapter will describe

the evolution of Igniting the Mind and its relationship with

the designated subcategories and intervening conditions.

The Subcategories

Throughout the process of analysis, code words and memos were sorted and resorted into like groups. Gradually, patterns began to emerge that were conceptualized into distinct categories. These categories were further examined to determine the processes inherent in each of them, which resulted in the identification of six major subcategories. These subcategories included: (a) making a connection; (b) letting go; (c) getting buy-in; (d) trying something new; (e) pointing the way; and (f) seeing the changes.

Making a Connection

The first subcategory identified in this theory is "making a connection". Participants were asked to describe the most important thing that they could do to promote students' learning. As responses were coded and categorized, two properties of "connection" became apparent: (a) intellectual connection and (b) emotional connection.

Intellectual connection involved forming linkages between the theoretical content and real-life, practical examples, while emotional connection entailed establishing some type of rapport or relationship with a student or a group of students. In addition, "connection" seemed to occur on four levels: (a) between teacher and student; (b) between student and teacher; (c) between student and student; and (d) between student and content.

Intellectual Connection

Several participants spoke about "connecting" in terms of "teaching well":

> Connecting is a look in the students' eyes, it's sort of like we're dialoging together; I've sort of tapped into something that they've never thought about before and they're open and they're curious and they're listening; they're willing to take a look at something in a way that they've never looked at it before . . . . I can feel it and I can see it in the classroom . . . the less I talk, the more engaged we become.

> I can just feel it when I'm teaching well. It's like I'm on, there's a connection going, the discussion is really good, people are with me. It's just great, we're able to link things and we're on a roll. . .

Other participants described their role in the teaching/learning process as "bridging the gap" between the content presented in the classroom and its application to the practice setting:

> Our students have a lot of problems taking information from previous courses and tying it together. . . on making those relationships; they don't know how to make the leap.

> The essence of teaching nursing is to help students learn how to learn, to see the light bulbs go on, to make a connection, to see the students make the leap from theory to practice.

Emotional Connection

Making a connection can also be equated to promoting a positive teacher-student relationship. This involves "establishing a rapport with students" and "validating their life experiences":

> I think what works the best for me is if I first get to know the students a little bit, know where

they're at and recognize some of the things they
say and try to establish a rapport with them . . .
try to recognize what they say as being valid in
some form; try to relate it to what we're talking
about; more or less ground them so they feel
comfortable and once they feel comfortable,
they're more willing to share.

I make an effort to know what my students did in
their former life because I think they need some
validity that they are adults and they come in to
this setting and we end up treating them like
kids; we disempower them . . . they need to be
given lots of strokes . . . . Our educational
system in nursing sometimes turns them into what
we don't want them to become . . .

Letting Go

Many participants spoke about the need to "let go" as

tantamount to engaging students in the process of learning.

Letting go referred to abandoning antiquated teaching

methodologies, discontinuing the verbatim reading of lecture

notes, leaving the security of the podium, and surrendering

some "sacred cows".

Other examples included: allowing students the

opportunity to grow and "unfold", letting go of the "talking

head" phenomenon, relinquishing power and control, and

overcoming the "leader vs. follower mentality" or the

"belief that you {the teacher} are the total knowledge

base". One participant summed it up this way:

In the classroom, let them {students} do more of
the thinking on their own and come up with the
answers themselves; in clinical, I think that I
really differ from other people in that I think
the most important thing you can do is give them
confidence. Tell them what they're doing right
over and over again; they can slap themselves on
the hand, they can flagellate themselves just as
well as I can. . . . When they come to me in their

second semester, they are so afraid that they are
going to do something wrong and I just tell them
"relax" and I give them the confidence and it's so
neat because once they realize they can relax and
they know that I mean that and I'm not going to
bust their butt, then they do relax, and they just
unfold and blossom, and they start doing all these
things they didn't think they could do.

Needless-to-say, it is often very difficult for faculty
to shift from a structured and comfortable method of
teaching to one that is dialogogical and student-centered.
Despite the movement toward a more collaborative and
cooperative learning environment, faculty continue to
express a degree of apprehension regarding this new mode of
presenting information.

Several participants freely expressed their concerns
regarding the inclination toward a more engaging type of
teaching/learning environment:

Doing Students a Disservice

It's very hard to make the transition to let go;
you always think that you don't have enough time.
You always think that you've done them a
disservice if you don't teach them A through Z.
We need to let go and give the students credit
that they can learn some of that on their own. . .
they are adult learners.

Feeling Compelled to Cover Content

. . . we always get overwhelmed in the quantity we
have to give. It's really taken me a long time to
let loose of that and try not to give so much but
involve people more. And I don't have a lot of
expertise in that but I realize that it is a
better form of learning. I have tried to do it,
I've just been doing a little more each semester
until I'm comfortable with it.

Feeling Uncomfortable

> I'm trying to move away from just the rote
> lecture. It's like entering new, unchartered
> territory and I'm uncomfortable; I'm all in favor
> of it, I just don't feel skilled . . . .

Two participants reiterated the need for faculty to

reexamine their own philosophy of teaching and learning.

They felt that nursing faculty as a whole often placed

unreasonable expectations on students and needed to give

them more opportunities for independent thinking:

Letting Students Unfold

> When I was learning to be a teacher, we had to
> write our philosophy of teaching. And, actually,
> I took a piece from Zorba the Greek about letting
> a butterfly unfold . . . the larvae when it goes
> into a cocoon stage, letting it unfold and what
> happened he blew on it because he wanted it to
> unfold faster and he ended up destroying it from
> becoming a beautiful butterfly. So, for me,
> that's a really good metaphor. You have to let
> the person {student} unfold in the way and the
> time that they're supposed to unfold.

Examining Philosophies

> I would have to say the foremost and most
> important thing a teacher needs to do, she needs
> to evaluate what her underlying philosophy of
> teaching is, how does she see the student-teacher
> relationship, does she see it as this one-
> upmanship, does she believe in engaging and
> empowering the student. I think your underlying
> philosophy drives everything you do after that . .

Getting Buy-In

Many participants verbalized the need to obtain support

or "buy-in" from peers, students, and administrators before

using alternative/creative teaching methods:

Needing Approval

> I have colleagues that intimidate me. I feel that
> it doesn't mean that they want that to happen but
> that's my own sense, my perception . . . and I
> think we also want approval from our colleagues.
> Well, trust is the glue I think in any
> relationship and if you don't have trust, you have
> nothing.

In addition, dealing with feelings of resentment and

anger from colleagues and students was another area of

distress for faculty who were eager to change their current

style of teaching:

Overcoming Resentment

> It's very interesting to me because I have tried
> to be creative; I've tried to do some creative
> things and I find that there's some resentment.
> So, it's kind of disappointing in that regard. I
> don't know if they {colleagues} feel threatened by
> that because they don't want to do it. Some have
> said that I'm just running a popularity contest;
> some have been out and out resentful. 'She is too
> easy on them', I've had that leveled at me because
> I try to work with them {students} . . . .

> . . . in the classroom, it's really a struggle
> because they {students} have come preconditioned
> from elementary school to expect the 'talking
> head'. They expect me to feed them and when
> they're really tired that's really when they want
> to be fed . . . it takes so much work for me to
> pull together a collaborative learning experience
> that will ignite them, will ignite them into
> wanting to learn or that discovery process. And,
> I'll tell you what, being a talking head work-load
> wise is a lot easier, 'cause when you decide to
> change your teaching philosophy and you're going
> to move into this idea of discovery and igniting
> people, boy it really forces my creativity and
> sometimes it doesn't work and sometimes it does.
> The risk-taking is the really scary part to me.

Consequently, a proviso of "getting buy-in",

especially with regard to implementing creative teaching

practices, is "setting the stage" or "preparing the
audience" {students} for the upcoming activity. This
technique involves explaining the nature of the task,
its overall purpose, and expected results. One participant
verbalized her strategy for familiarizing students with a
critical thinking exercise:

> . . . this last group {students} bought in
> tremendously. They did, they bought in. I start
> with about 20 minutes putting up transparencies
> and talking to them about what critical thinking
> is . . . . I used to xerox the pages but now I put
> them up and I ask them what do they think critical
> thinking is. The reason I do this is to get the
> buy-in and to find out where my people are that
> are not going to buy-in so I have to work with
> them more.

Several participants expressed frustration over the
lack of dialogue that exists among faculty members regarding
their use of effective and ineffective teaching methods:

Sharing Successes

> . . . you know I think the problem with nursing as
> a whole and nursing faculty particularly is we
> don't give each other credit for what we do. . . .
> and I feel like instead of picking on each other,
> instead of being jealous of one another, I think
> we should share our successes.

> We're very reluctant to share what we do. We
> never do that. What do we do in faculty meetings?
> We talk about this protocol or this procedure or
> how this one student . . . we never talk about
> teaching. I think it's crazy. . . at least when
> you were a nurse you did share how you did
> something. But, here it's like, teaching? We do
> that? We seem to only do it for those hours we're
> in the classroom.

Trying Something New

"Trying something new" relates to the preparation and

utilization of alternative/creative teaching strategies to promote students' learning. Most participants expressed the need to change the way that information was currently being presented to students since it encouraged dependent thinking, promoted powerlessness, and reduced teaching to a pontificating activity:

Rationale for Change

Discourage Dependent Learning Activities. When I first started teaching, I taught the old, traditional way and what it did is it cut off communication between the students and me. They wouldn't talk to me, they wouldn't ask me questions or they would become very dependent on me to give them all the answers to everything and I got very uncomfortable with that and I thought, you know, I'm not the source of all knowledge. . .

Promote Zealous Thinkers. With the old technique of teaching, they {students} couldn't think on their feet. I want to instill in my students that when they hit an unfamiliar situation, they will be able to pull up what is priority for them.

Share the Word. . . . I had become really very disillusioned with teaching. I wasn't even sure if I wanted to teach anymore because I was finding myself going into the classroom and I was feeling like I was preaching the gospel but I didn't know what the gospel was . . . . I realized that I needed to change something about the way I was teaching but I didn't know what it was . . . .

Accordingly, all study participants recounted a variety of teaching techniques (successful and non-successful) that they had used to facilitate students' thinking and learning. Since the description of each teaching/learning exemplar would overwhelm the reader, only a select number will be presented here.

Building on Homework

Most participants expressed the need to assign homework to students in an effort to ensure readiness for the ensuing lesson and group activity.

> I give them homework, that's the key I feel. And it's usually one of the objectives in their syllabus that they need to come in and have written out in a paragraph, not that I'm going to grade it, but that they actually worked with the material. And then I give a little lecture; we do assessments and we talk a little bit and I do a lot of 'talk to your neighbor'. I throw out a question and then we bring that back . . . . And the other thing is scenarios. I have scenarios typed up with critical thinking questions. I put them in groups of four or five and sometimes they get to select. I ask them to mix it up so they are not always with the same people and then they come back. And sometimes they report out on transparencies, sometimes verbally, and sometimes on the white boards.

Making Learning Meaningful and Fun

The use of humor as a motivator for learning was described by a number of participants. This endeavor entailed playing games, dressing-up, utilizing props, writing and performing skits, telling stories and jokes, and singing songs.

> I have something called 'sniglets'. Sniglets are made-up words to describe things. Let me think of a good sniglet. . . they're wonderful, they're very quick and easy to use in class. You put up a word and you hide the definition and you say, 'well, what does this word mean?' There is one called pupsqueak . . . pupsqueak is when a puppy opens its mouth and yawns, there's that little squeak at the end. I usually start off the class like that, kind of like an icebreaker just to get them focused. In the past, I have made specific words to the class, made my own sniglets. Like if I was teaching a pacemaker class, I came up with one "paceroops" which is when the pacer misfires.

Asking Provocative Questions

Another technique recounted by participants was asking students complex and challenging questions during the course of an instructional session. The purpose of this activity was twofold: (a) to ensure students' reading of the assigned material and (b) to promote effective problem-solving.

> We problem solve in class using the Socratic method. The Socratic method comes from Socrates obviously and rather than giving you an answer, I ask you questions to lead you to the answer which involves that you have to not only have the knowledge but be able to analyze the knowledge in order to come up with a solution. That's called critical thinking. If you are not prepared and I ask you the question and there is enough time and if it's sort of a "gotta know right now" kind of thing, I'll find another student who can answer the question. If that second student doesn't know, then I'll find a third student.

Doing Unusual Things

There were several risk-takers among the study participants who had tried a variety of techniques to stimulate students' thinking. Two "innovators" shared the following mottos:

> Always keep them {students} slightly off balance. Do something that is just a little bit unusual. I have a box, sometimes I bring in the box . . . it's a brown box and then I open the box and pull something out and then ask them a question about it. I have a plaster sealion lung and I'll pull it out and I'll say, let's talk about this.

> I don't think any one technique works. I think you have to vary it for everybody. They {students} shouldn't know what to expect when they come into your classroom. You need to use a lot of hooks.

Using Group Testing Procedures

Many participants described the implementation of teaching methods that facilitated collaboration and cooperation among group members and a reward system for "being prepared and/or present":

> I've used group posttests. I put them {students} in small groups of five. I just say one, two, three, count off, otherwise you have the same people in the same group. And then I have a series of questions on an overhead and one spokesperson for the group and the question relates to the content being covered and then they get a minute to think about it and then they have to answer it and they get a prize or half a point.

> . . . . on the exam I always give them an extra credit question, and it's usually a silly question with no right answer so they always get an extra point. I've thought of putting an essay question or a multiple choice question where they choose the answer and the only way that they can get credit for that question is if they can explain their answer, why they chose it. Even if they have it wrong, if they can explain why they picked it and it really has validity to what their thinking is, I will give them the point.

Involving Students in Learning Activities

Actively involving and engaging students in the learning process was critical for the majority of participants. They cited a number of teaching examples to justify their views. Accordingly, one participant stated:

> A few of them {teaching techniques} are bubbling to the surface . . . there is a commonality that I think occurs in all of them and that is when students are actively involved in whatever it is that I'm trying to do. I would say that one of the ones that really worked well for me was in teaching math and conversions between apothecary, metric, and household. I had the students break into small groups and I gave them containers that would measure all of these things. Then, I gave

them a series of problems. I put them on a timer
to see how many they could get through and I told
them that it was non-stress related; it was just
let's see how efficiently we can do this and then
everybody got a prize at the end. We were then
able to talk about the problems that slowed them
down, the ones that were real easy to do. . . each
group had a reporter or a recorder, each one had a
leader and then they talked about their various
experiences. And it was really a lot of fun but I
think they were able to see what it meant when I
said there were five mls in a teaspoon and they
could pour it into the medicine cup and look at it
as five mls, not a teaspoon.

Listening to Music

The incorporation of right and left-brain activities

into classroom presentations was another strategy expressed

by some participants. One participant described the use of

music as a teaching technique:

I like music and I know a little bit about music
therapy through my work in oncology. So, I
decided to do this music therapy class and it was
exceptionally successful. I took them out of
their seats and I put them in a circle. They all
moaned and groaned, all 37, they humored me. I
played a tape of Mozart and it kind of relaxed
them and settled them down and then they had to do
a free write on what they thought of during that
time. And after that, I discussed some of the
things like how did it make you feel, how did it
make you think. Then, I told them about the
research on music therapy, that it reduces the
amount of pain medication that people need, that
it reduces stress, that it is something that can
get people together. It's a way of communicating
when there is no communication going on. Then, I
put them in their little groups again and they had
to create a song that had something to do with
their peers, their teachers, whatever they wanted.
And they came back with beautiful creations and
presented them to the group . . . and at the end I
gave them little tapes of classical music as
prizes and I told them about the theory out of
UCSF that you really do learn faster and better if
you play classical music as you study.

Pointing the Way

"Pointing the way" includes those actions or behaviors exhibited by educators that influence students to seek out additional learning opportunities. Many participants confirmed that the role of a faculty member involves much more than teaching in the classroom. Three participants metaphorically expressed what these roles were:

Guiding the Younger Generation

> You {the instructor} guide the younger generation
> to gain the knowledge and to gain the belief and
> to gain the enthusiasm I think for a profession
> and to learn the in's and out's that you don't get
> from the textbook or anything else.

Modeling Expectations

> I'm a role model and a mentor . . . . I relate,
> not only in words, I portray what nursing is all
> about, my beliefs in nursing, how I talk about
> nursing, how I belittle nursing or not belittle
> nursing . . . . You don't learn only from words,
> you learn by watching other people.

Coaching the Players

> I'm their coach and they are my players. In
> clinical, I would say, these are the players for
> today. That's how I see myself and I see them
> coaching each other. I'll teach them once, I'll
> review it, you need to show two other people this,
> you need to coach two other people how to do it.

Pointing the way also refers to "passing knowledge on" through a variety of means, such as sharing experiences with students, imparting vital information, and building confidence. A few participants also mentioned that "passing knowledge on" can be a reciprocal process between students and teacher:

Sharing of Myself

> . . . because I'm a learning teacher, it taught me
> not to be afraid to share parts of myself that
> I've kept hidden from students. Not that I would
> really tell them everything about me. But, when
> there are things that I've learned that I can pass
> on to them, it doesn't have to be only nursing.
> It can be things about life.

Giving and Receiving Information

> What you give out is obviously knowledge and
> experience to students. You've been there, you've
> done that, you can show them the way, you can help
> them work through the processes, the negative
> processes of nursing and also the positive but
> what you get back, I think, is a thousandfold if
> you are doing your job well. You get the
> satisfaction of knowing that the students are
> learning something. If you motivate them, they
> motivate you. It's a reciprocal kind of learning.

Building Confidence

> My role is to help them to have confidence in
> themselves; help them to feel that they believe in
> themselves. Praising them when they make the
> connections, finding opportunities for them to
> make the connections . . . making students reach
> beyond their capacities.

Seeing the Changes

"Seeing the changes" consists of the consequences or

outcomes of "Igniting the Mind". This subcategory

delineates the expected behaviors of students and faculty

who are directly involved in the teaching/learning

experience. Although this study concentrated on the role of

the classroom instructor, it was exceedingly difficult to

isolate classroom dialogue from clinical dialogue. These

concepts are so interrelated that the consequences of one

clearly affect the outcomes of the other. Therefore, many

participants described consequences as indicators of theoretical and clinical learning.

Student Consequences

Several participants described these changes in terms of "thinking", "being", and "performing":

> Changes in Thinking. I get very excited by watching the light bulbs go on when somebody learns something and it changes their way of thinking. I get very excited about that. You see people grow, grow in their knowledge, grow in their self-awareness . . . grow in their ability to be caring, compassionate people, being able to reach out to people who are ill.

> Changes in Being. I love seeing the changes. It occurs on so many different levels; it's just amazing what happens when people begin to learn; they go from a very timid, frightened person into someone who is really able to walk in and give an injection and come out again and do it well. Someone who couldn't fill out the first page of an assessment sheet and then see them go in there and boom, boom, boom. I love that. I am nourished by that. I love to see that change. I once had an instructor who said, "Teaching doesn't really exist. Teaching only exists to the degree that somebody learns". I think in our own way we have these finite rules about teaching that work probably pretty well. But that's only one part of it . . . it's the learning, because the learning far exceeds what goes into the teaching, if you do it right.

> Changes in Performing. I think the actual test of learning for nursing students is the practicum. In the classroom, you can say they're learning well if they're answering your questions intelligently; that they're able to respond to a Socratic questioning kind of presentation that you give. If you can see the light bulbs go on, maybe then they're learning. But the real test, I think, is if they can put all the pieces together out there in the clinical area and they are caring practitioners; that they can problem-solve if they're faced with a situation; they know how to problem-solve it through, whether that means asking you for assistance or asking someone else.

Faculty Consequences

Faculty consequences were described in relation to the educator's overall performance in the classroom or clinical setting. Most participants gauged their teaching effectiveness/ineffectiveness by the dynamics observed in the classroom:

> Creating Dialogue. In the classroom, when dialogue erupts, discussion erupts between us, then I know that I'm teaching well. They're thinking, they're wondering what's going on, they're challenging me, questioning a statement I've made which causes me to backtrack and say whoa, I need to reframe that, you're right, that's a good point. . . when that happens in the classroom, there's noise in the classroom, there's talking, there's laughing, that tells me it's going well.

> Being on a Roll. Looking for nonverbal clues in the students. Seeing if they have eye contact, seeing if the questions they ask are relevant. Sometimes it really flows, sometimes you just feel like you're on a roll. I think there is a lot of showbiz in teaching and you hear performers talk and they'll say, I really knew it was happening, the audience was with me. And, sometimes, you get a sense of that in the class, sometimes you can really, really feel that.

> Seeing the Light Bulbs Go On. I know when I'm teaching well when there is a lot of interaction and discourse in the classroom; when people contribute to the content that's being presented, when there is an aha experience and the light bulbs go on; when students get involved in the process . . . that it's not just me standing up in front of the class imparting this knowledge with a rote kind of presentation, spoon-feeding them.

Intervening Conditions

The intervening conditions identified in this study are elements that can either assist or impede the core category. An intervening condition may be an internal

characteristic unique to the educator (personality, years of
teaching experience, educational preparation, etc.) or a
component of the external environment (the student
population and/or classroom setting). Table 2 delineates
the principal intervening conditions that were uncovered in
this study.

External Conditions

Most, if not all, participants commented on a variety
of external conditions or "hindering factors" that
influenced their use of alternative/creative teaching
techniques. These ranged from "not enough class time for
the activity" to the "restrictions imposed by accrediting
bodies". However, a "lack of support" from colleagues,
students, and administrators was a major reason for some
participants to curtail their inventive teaching methods.

> Lack of Support. Sometimes you get ridiculed by your
> colleagues when you get too cutesy or chummy with
> your approach to teaching. If you use cartoons or
> visuals or just say, "there is no lecture today,
> we're just going to dialogue about what's going on
> here". You sometimes get chastised by your
> students for doing the same thing because they
> don't see the benefit of what you are trying to
> do. Sometimes, administration isn't too happy
> when you do something out of the ordinary,
> especially when students run to the dean's office
> when they don't like what you're making them do in
> the classroom.

> Not Enough Time. Time, time is the biggest one. The
> time to sit down to think it through, to research
> it. I know there's stuff out there in Nurse
> Educator and other nursing journals and to do that
> stuff and to be able to really sit down and look
> at some of these ideas, then take them and
> translate them and figure out how you want to use
> them and the timing and when it would be

appropriate, making all these linkages takes a lot of time.

Other participants spoke about external conditions that "contributed to" or "encouraged" their use of alternative/creative teaching methodologies. These included the heterogeneity of the current student population as well as the changing dynamics of nursing and health care. All participants echoed the need for educators to change their teaching approaches to foster students' critical thinking abilities.

> The Changing Student Population. We have a very
> diverse student population. I have some students
> who are very prepared, very motivated. They don't
> have anything going on in their life except their
> educational process and other students who are
> very hampered . . . they have a lot of educational
> needs and weaknesses as well as a lot of social
> responsibilities. Tying the two together, being
> able to challenge the really prepared,
> academically interested student and being able to
> bring along the student who is immature,
> unsophisticated, maybe not as bright, if I can use
> that term, although it is a poor term, is a real
> challenge. So, challenging the ones at the top of
> the scale and yet supporting the others I think is
> very important.

> The Changing Dynamics of Nursing and Health Care. I
> think the greatest challenge is to be clear on
> where nursing is going so we can educate our
> students to be future practitioners. I really
> think that's one of our greatest challenges; to
> maintain our creativity so we can find our way in
> the future, so we can outline it so students can
> be happy practitioners rather than frustrated
> practitioners because I sometimes don't know where
> we're going and I would really like to know from
> people who know more about what's going on, from
> people who have political influence. How do you
> teach a profession to someone and teach what it's
> all about when we don't know where we're going?

Internal Conditions

Participants also described numerous internal conditions that either hindered or encouraged their use of alternative/creative teaching approaches. For the most part, these included a familiarity with the theoretical content, the degree of skill/comfort with audiovisual and multimedia equipment and collaborative learning techniques, and the educator's overall philosophy of teaching and learning. However, one's willingness to take risks or to follow through on newly acquired teaching/learning strategies appeared to be a significant motivator for "trying something new".

> Lack of Skill/Comfort. I don't have that much experience with more cooperative types of learning so I'm uncomfortable with that, although I would like to be more skilled in that. I'm not at all uncomfortable with people asking questions . . . it doesn't bother me a bit and I feel very confident with my clinical background that I can usually field about anything they're going to ask me. I'm comfortable with that. It's the 'I must cover all this' and the quickest way is by just lecturing, even though I realize that they may walk out with only 10% of what I said.

> Willingness To Take Risks. . . . everyone in first year is fairly new and more innovative, willing to do different things. Everyone in second year pretty much has been there a while and kind of set in their ways and they just want to come in and go home and they're all tenured and I think that makes a difference . . . .

> I'm always on to how can I do it {teaching} better. I like to take a risk. I like to walk into the classroom and say, what's going to happen today? And you know, sometimes, I have a cooperative or critical thinking activity that bombs. But then that excites me again, how can I do that better? And, I'm always looking towards

how can I be the very best teacher possible . . .

An instructor's personality, educational background, and personal reward systems also influence the way that they perform in the classroom. A few participants described themselves as either "introverts" or "extroverts" and, as such, their style of teaching reflected certain characteristics.

Instructor Characteristics and Background. Personality and style definitely influence your approach in the classroom but also how you were taught. For the most part, many teachers teach as they were taught; some of us teach in spite of the way that we were taught. I think the other issue that comes into play is your level of comfort and confidence in your own abilities. In order to try something new, you have to take some risks and my feeling over time is that the didactic approach to teaching really doesn't give the student the skills that they need to be successful as a professional nurse. I can stand up there in the classroom and just give you all the information that you need to know and you can regurgitate it back to me but it doesn't make a difference once you leave my classroom.

Personal Rewards. It gives me joy and so I find that sometimes I feel somewhat isolated from some of my colleagues. But, it brings me happiness so I do it but I've learned to moderate it. I've learned not to talk about it too much because then it's sort of like, 'oh, look what wonderful thing I did', when you don't really mean it in that way. I guess we know where our strengths are and we don't want to go beyond our comfort zones.

I really like a dynamic classroom. I think that if they're just sitting there taking notes that they're bored and I'm bored. And so I don't like to see the tops of their heads. I like to see their faces and I like to see them smiling. I think that if people laugh that they learn better.

The Process of Igniting the Mind

As major categories and subcategories emerged from the

data, it became necessary to answer the following questions: (1) what was actually going on in each of the designated action/interactional sequences? and, (2) what linked these sequences together? Within the first few interviews, it became apparent that the primary reason nurse educators chose for using multiple teaching techniques was to encourage students to critically think, rather than merely memorize and regurgitate factual information.

This assumption emanated from such phrases as: "stretching their minds", "challenging their intelligence", "making them reach beyond their capacity", and "watching the light bulbs go on". With the emergence of action verbs such as "empowering", "challenging", "sparking", "supporting", and "engaging", it was evident that what guided each participant's performance in the classroom was the need to provide students with the necessary skills to solve problems frequently encountered in the practice arena.

Since the intent of these teaching endeavors was to "excite", "stir up", or "inflame" students' thinking, "Igniting the Mind" was selected as the core category of the theory. "Igniting the Mind" involves the facilitation of student success by challenging, empowering, and engaging students in the process of learning, while maintaining a climate of support and encouragement. An analytic and integrative scheme was generated to conceptually explain the core category at a more abstract level and to depict the

interactional linkages of the theory (see Figure 1).

Although the patterns of action/interaction between and among the subcategories account for change over time, the length of time between each subcategory is not fixed. Similarly, the subcategories may overlap or be repeated; an individual may undergo the process of "ignition" in a relatively short period of time or over an extended period of time, depending on their facility as an educator or their profiency as a student. Indeed, most participants regarded teaching and learning as dynamic and life-long processes that extended far beyond the realm of a two-year nursing program.

Moreover, not all participants articulated the subtle intricacies of each and every subcategory; many participants confirmed the occurrence of at least four. The majority of participants verified that in order to "try something new", they needed to obtain support or "buy-in" from their constituencies. All participants acknowledged that "making an intellectual and emotional connection" for and with students was a requisite for "Igniting the Mind". In addition, student success was viewed as more than passing a multiple choice exam. Success was equated with competent clinical performance and effective problem-solving abilities.

It should also be noted that many of the intervening conditions previously described in this study could

intersect at any point on the integrative diagram. Hence, if an educator were confronted with a class size of 85 students, a time frame of 90 minutes, never-before-taught-content, and possessed a "controlling" type of personality, their ability to connect with students, let go of traditional teaching approaches, and try something new would definitely be thwarted.

Accordingly, the degree of preparedness and diversity of the student population could also have a dramatic affect on the consequences of "Igniting the Mind". For example, many participants expressed frustration with teaching students who possessed limited English proficiency or who couldn't afford to purchase the required textbooks. Needless-to-say, some faculty encountered greater challenges than others secondary to their institution's locale, admission criteria, and available support systems.

Summary

This particular study utilized grounded theory methodology to identify, describe, and analyze the perceptions of associate degree nursing faculty regarding their classroom teaching experiences. A purposive, convenience sample of twenty-one nurse educators volunteered to participate in the study. Data collection and analysis occurred simultaneously using the constant comparative technique.

"Igniting the Mind" emerged as the core category of the

study. This category represented the methods nurse
educators use to involve students in the process of
learning. A number of intervening conditions were also
identified as having a potential influence on the
consequences of "Igniting the Mind".

"Igniting the Mind" entails making a connection,
letting go, getting buy-in, trying something new, pointing
the way and, ultimately, seeing the changes exhibited by
students. The faculty member's role is to create a learning
environment that embraces challenge, support, empowerment,
and engagement for all students. Indeed, a variety of
techniques used by nurse educators to accomplish these goals
were herein described.

One participant summarized the relevance of this
study's findings by paraphrasing the Roman orator Cicero:

> "The mind is not a vessel to be filled but a fire
> to be ignited." She went on to say: I believe
> that we are all capable of doing more than what
> somebody teaches us and I think the teacher is a
> facilitator to ignite the mind and then let that
> mind go in whatever way it can. If we do not
> challenge students, the fire never gets lit or the
> fire kind of bumbles along but it never flames.

Many commonalities were also uncovered among the study
participants and one especially deserves recognition and
that is their endless regard for student success. No matter
what types of teaching strategies they employed, these nurse
educators shared a genuine concern for and commitment to
their students. The theoretical and practical implications
of these findings will be discussed in Chapter V.

Chapter V

REFLECTIONS ON THE FINDINGS

> Like guides, we walk at times ahead of our
> students, at times beside them, and at times we
> follow their lead. In sensing where to walk lies
> our art. For as we support our students in their
> struggle, challenge them toward their best, and
> cast light on the path ahead, we do so in the name
> of our respect for their potential and our care for
> their growth. As Dante's Virgil knew, to teach is
> to point the way through the fire (Daloz, 1986, p.
> 237).

The intent of this final chapter is to (a) briefly

summarize the substantive theory developed in the study and

its relationship to the existing literature; (b) discuss the

strengths of the study; (c) outline the concerns associated

with qualitative methodology; and (d) describe the study's

implications for nursing education and continued research.

Integration of Theoretical Findings

This grounded theory study examined the processes of

teaching and learning in an associate degree nursing program

by exploring the perceptions of faculty regarding their

classroom experiences. Twenty-one participants were

recruited through a purposive, theoretical sampling

approach. "Igniting the Mind" emerged as the core category

of the theory. Igniting the Mind is a dynamic process that

consists of six interrelated subcategories.

These subcategories outline the methods nurse educators

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use to engage students in the process of learning.
"Igniting the Mind" entails making a connection, letting go,
getting buy-in, trying something new, pointing the way and,
ultimately, seeing the changes exhibited by students. In
addition, the educator's role is to create a learning
environment that embraces challenge, support, empowerment,
and engagement for all students.

After a careful review of the literature, it was
determined that this study reinforces the work of Dunkin &
Biddle (1974), who constructed a model of teaching that was
based on four classes of variables. These variables were
designated as: presage, context, process, and product.

Presage variables include specific characteristics of
teachers which may affect the teaching process (teaching
skills, personality traits, educational experiences, age,
and gender); context variables consist of conditions or
characteristics of the environment (students' abilities,
knowledge, attitudes, age, gender, and classroom climate,
class size, grade level, and subject matter); process
variables involve the actual mechanics of teaching which
affect the behaviors of students; and product variables deal
with the outcomes or changes that arise in students as a
result of their involvement in classroom activities
(learning and growth). This particular model depicts a
causal relationship whereby each variable has a direct
effect on the other variables.

Additional process-product research traditions examined the relationship of teacher performances to subsequent student competence. Schulman (1986) studied the determinants of teaching and learning in the classroom. He noted that there were three significant attributes of the principal actors (teachers and students):

1. Capacities: the characteristics of ability, talent, or knowledge inherent in the actors that are capable of change through learning or development;

2. Actions: the activities, performances, or behaviors of the actors; and,

3. Thoughts: the cognitions, metacognitions, emotions and purposes that precede, accompany, or follow the observable actions.

The previous studies do indeed support the process of "Igniting the Mind". Many of the variables and attributes described by Dunkin & Biddle (1974) and Schulman (1986) are analogous to the action/interactional sequences identified in this study. It was also confirmed that certain characteristics of the teacher, the students, and the surrounding environment do interrelate and have a dramatic influence on student outcomes.

The leadership and communications literature might also prove beneficial in understanding the findings of this study. According to Rogers & Shoemaker (1971), an innovation may be defined as "an idea, practice, or object

perceived as new by an individual" (p. 19) and diffusion, "the process by which innovation spreads or is communicated to members of a social system" (p. 12).

In this study, nurse educators described a variety of teaching strategies that they had used to motivate, inspire, and engage students in the process of learning. Many participants spoke of the need for taking risks, letting go of the traditional mode of presenting information, and trying innovative techniques despite some ridicule by students or a lack of support from peers and/or administrators.

Advocates for change are often referred to as "innovators" or "learners" and opponents of change as "laggards" or "entrenched" (Noer, 1997; Rogers & Shoemaker, 1971; von Oech, 1986). Many of the nurse educators who participated in this study (ADN faculty who possessed varied teaching experiences) were already using alternative teaching methods to enhance students' learning. Hence, they could be identified as the "innovators". Conversely, those faculty members who, according to the study participants, "complained" or preferred to "maintain the status quo" could be recognized as the "laggards".

Currently, the higher education literature is abounding with pleas to educators to actively involve and engage students in the process of learning (Meyers & Jones, 1993). Research has shown that the more college students become

involved in the educational process, the more they learn (Bonwell & Eison, 1991; Hokanson-Hawks, 1992; Knowles, 1984). Active learning requires educators to learn new skills, to take more risks, and to experiment with alternative approaches to instruction (Case, 1996; Elliott, 1996; Felder & Brent 1996; Johnson, Johnson, & Smith, 1991; King, 1993; MacIntosh & McGinnis, 1997; McKeachie, 1994).

Since the use of active learning techniques deviates from well-established norms, one always runs the risk that such behavior will not be viewed as "good teaching" (Bonwell & Eison, 1991). In fact, "the most innovative member of a system is often perceived as a deviant from the social system, and is accorded a somewhat dubious status of low credibility by the average members of the system" (E. M. Rogers, 1983, p. 27).

In this study, several faculty members recounted the negative evaluations or side comments that they had received from peers and students when they ventured out of the traditional, didactic mode of presenting information and began incorporating collaborative learning techniques into their classroom teaching sessions. Indeed, one participant conceded to "cut back" on the use of creative teaching methods because her peers told her that she was "a little too informal" with students.

Contemporary literature has given considerable attention to the teacher establishing relationships or a

sense of "connection" in the teaching/learning milieu
(Craig, 1996; Cross & Steadman, 1996; Johnson & Guenter,
1996; MacIntosh & McGinnis, 1997). Many authors have
posited the need for the instructor to develop linkages
between the material presented in the classroom and the
students' everyday experiences, as well as establishing a
connection between and among students (Belenky et al, 1986;
Case, 1996; King, 1993; Palmer, 1994; Pollio & Humphreys,
1996; C. Rogers, 1983; Smith 1990; Svinicki, 1991; Timpson &
Bendel-Simso, 1996).

In this study, all participants spoke of the need to
create some type of a "connection" with their students.
This relationship was characterized as both emotional and
intellectual and entailed a considerable amount of caring
and concern for student success.

The literature related to the concepts of empowerment
and mentorship also has a definite correlation with the
findings of this study. Ample education research, nursing
and non-nursing, has characterized the role of the educator
{teacher} as one that promotes learner engagement and
empowerment (Case, 1996; Chally, 1992; Cranton, 1994;
Hokanson-Hawks, 1992; Roberts & Chandler, 1996; C. Rogers,
1983; Timpson & Bendel-Simso, 1996).

Moreover, the educator in this learner-centered or
constructivist paradigm is seen as a facilitator of
learning, as opposed to a mere transmitter of factual

information (Brookfield, 1990; King, 1993; Reinsmith, 1994;

Schon, 1988; Svinicki, 1991). Case (1996) further describes

this unique method of teaching as "mind-building, rather

than mind-stuffing" (p. 150).

A critical component of this transformative or

innovative teaching model is to challenge the way students

think. This goal can be achieved by designing and

implementing teaching/learning techniques that will engage,

yet support, students in self-discovery. The participants

in this study were very forthright in their descriptions of

teaching techniques that they used to ignite students'

imaginations, challenge students' thinking, and promote

students' learning.

Subsequently, a plethora of metapohoric expressions

were used to illustrate the educator's role in the teaching-

learning process. These roles ranged from that of coach,

facilitator, guide, and gardener to jungle-cruise director

and cheerleader. Needless-to-say, all participants had a

story to tell regarding their classroom teaching

experiences.

Strengths of the Study

One of the strengths of this study was the methodology

used. Grounded theory research is aimed at understanding

how a group of people define their reality regarding a given

phenomenon. By virtue of their background as nurse

educators, the participants in this study were able to

articulate their classroom teaching experiences in response to the researcher's questions. Moreover, the participants shared a common purpose, namely, to provide students with a variety of learning activities that would ignite their imaginations and allow them to critically think.

Secondly, this study delineated an interrelated process for associate degree nursing faculty that was validated as accurately representing their teaching experiences. Each participant interviewed echoed a myriad of stories rich with descriptions of teaching/learning exemplars that demonstrated a commitment to student success. Individuals spoke of their role as facilitators of learning in terms of challenging and supporting students throughout their educational program.

Thirdly, this study contributed to the body of nursing knowledge by: (a) illuminating the processes associated with the teaching of nursing, rather than solely focusing on the quantitative outcomes of instructional endeavors; (b) confirming the proclivity toward a more learner-centered approach to teaching, while relinquishing the behaviorist model that has typified educational settings for the last forty years; (c) exploring the domain of associate degree nursing education in lieu of research efforts that have centered on baccalaureate and higher degree programs; and (d) providing an opportunity to dialogue with experts regarding their classroom teaching experiences.

Concerns Associated with Qualitative Methodology

Qualitative research has become an increasingly attractive method of inquiry in advancing nursing science. However, it remains a relatively novel investigative technique within the realm of nursing education. The philosophical bases for most qualitative designs, including grounded theory, have not been explored by many nurse researchers and, hence, could be considered barriers to acceptance of the method's trustworthiness. Some scientists may be reluctant to accept findings from qualitative research believing the empirical data from quantitative methods to have greater truth.

The element of researcher involvement can be another criticism of qualitative methodology. In qualitative research, the investigator is a participant, not merely an observer. The investigator must analyze herself in the context of the research and, as such, must continuously reflect on her own characteristics (personal values, beliefs, assumptions, and biases) and examine how they influence data gathering and analysis.

The depth of data analysis depends on the researcher's sensitivity, perceptivity, value judgements, insight and knowledge. In order to facilitate the researcher's self-awareness, a conscious effort must be made to reduce and/or eliminate any preconceived ideas regarding the phenomenon under study. The data must be allowed to dictate the

identification of specific concepts and the ensuing formulation of a substantive theory.

In the current study, the researcher used theoretical notes, memos, and a reflexive journal to address the aforementioned concerns. Moreover, given the fact that the researcher was directly involved in the phenomenon under investigation (ADN education), she chose to include herself as a study participant. This strategy was undertaken primarily to enhance self-awareness, clarify any assumptions or biases, and refine/reframe the interview guide. In addition, the researcher did not include any direct quotations from this interview in the write-up of the study's findings.

Another concern involves the informants themselves. The credibility of the data is dependent on their willingness and ability to respond to the interview questions with as much self-insight and specificity as possible. Furthermore, the information obtained through interviewing is contingent upon the rapport established between the researcher and the participant. In this study, many of the participants were well known to the researcher secondary to her affiliation with the nursing education community. This association provided the researcher with the means to pursue candid dialogue with designated participants.

This study was also confined to one discipline

(nursing), one educational level (associate degree) and one locale (Southern California), which restricts its generalizability to other populations. Needless-to-say, it is not generalizability that the qualitative investigator seeks, but rather transferability, which is the degree of similarity among contexts (Lincoln & Guba, 1985).

Furthermore, the use of the results of this grounded theory study are limited by several factors related to sampling, data collection, and analysis. In grounded theory research, the researcher specifies the conditions and context of the emerging theory. While the theory, which describes the methods teachers use to ignite students' minds, should apply to all educators within similar contexts and conditions, it may not be representative of all nurse educators who work with students in academic settings. Besides, the small sample size probably does not allow for every possible variation that may occur within this group (Strauss & Corbin, 1990).

Sampling in the grounded theory tradition is based upon theoretical representativeness. Therefore, the researcher must use his or her judgement, based on the best available evidence, that the sample does indeed possess the characteristics needed for the study. In this particular study, the sample was purposively selected by the researcher because it reflected the area under investigation (teaching in an ADN program). Most individuals who took part in the

study did so secondary to their interest in the topic or because they were already using alternative and creative teaching techniques in their everyday practice.

Implications for Nursing Research

The emergent theory raises issues central to the educational milieu, namely, the means by which teachers teach and students learn. The substantive theory herein described provides the basis for instrument development. The proposed instrument would assess the effectiveness of various teaching strategies on student success.

The results of this study could also serve as justification for further research in other educational institutions and possibly other disciplines. Future studies could include observations of classroom teaching sessions and clinical experiences, interviews with select students and/or graduates, and a more extensive review of program documents (nursing curricula and accreditation reports). Accordingly, the findings of this study could act as a stimulus for generating a formal theory of nursing education.

While the results of this study provide greater insight into the process of teaching nursing at the associate degree level, they also generate additional questions. It is anticipated that these questions will stimulate subsequent research to confirm the current findings and extend the developing theory.

In addition to verifying the components of "Igniting the Mind" and the conditions that affect movement through it, future research should address the following concerns:

1. Is the process of "Igniting the Mind" the same for baccalaureate nursing faculty as opposed to associate degree nursing faculty?

2. Do faculty in other disciplines and other institutions experience a similar process?

3. Do nursing students and/or graduates perceive the same type of process as occurring during their educational program?

4. How can faculty be supported and encouraged to teach nursing in new and creative ways?

5. What influences nursing faculty to remain in teaching?

6. How can nursing faculty be encouraged to exchange their "teaching stories" with others? and,

7. What are the benefits and/or consequences of teaching nursing in new and creative ways?

Implications for Nursing Education

The results of this study have significant implications for administrators and faculties of associate degree nursing programs. Educators must be willing to find replacements for antiquated teaching methods that foster thinking in a preidentified and linear fashion. Likewise, administrators must not blanketly criticize educators' use of innovative and creative teaching practices.

In addition, information gleaned from associate degree nursing faculty regarding their classroom teaching experiences could be used to prepare, orient, and support future novice teachers. Similarly, expert teachers could be provided with supplementary tools to actively engage students in the process of learning. It is also envisioned that graduates of nursing programs would be better able to critically analyze clinical situations, make independent and accurate judgements, and implement appropriate client-care activities.

It is imperative, therefore, that educational leaders and administrators nurture an environment where independent thinking can flourish. Teachers must be encouraged and supported in their efforts to develop and implement alternatives to traditional lecture methods. Professional development activities should include sessions on classroom assessment techniques, criticial thinking and collaborative learning methods, and ways to foster collegial dialogue and exchange effective teaching/learning strategies.

Conclusions and Recommendations

This particular study was undertaken for the following reasons: (a) to explore the perceptions of ADN faculty regarding their role in the teaching/learning process; (b) to examine the pedagogical practices used by ADN faculty to promote students' learning; and (c) to determine the outcomes of these pedagogical practices on students'

success. As a result of this investigation, it was determined that most nurse educators perceive themselves as facilitators of learning rather than omnipotent and infallibile demagogues; use a variety of classroom teaching techniques to motivate students to "learn how to learn"; and define student success in terms of competent clinical performance and effective problem-solving abilities.

The findings of this study confirm the results of other education-related inquiries and, therefore, contribute to the domain of associate degree nursing education. Moreover, it was concluded that in order for students to better retain and apply theoretical knowledge their minds must be "ignited" into action. The process identified in this study outlines the means by which this ignition occurs and the consequences of its implementation.

Recommendations

Nursing education is now faced with a number of shifts in learning needs secondary to: (a) student characteristics, (b) the rapid growth of technology and information systems, (c) changes in workplaces, and (d) health care reform. In order to meet the challenges of the twenty-first century, nurses will require additional learning strategies and critical thinking skills.

Nurse educators can and must address these issues through research efforts that involve creative, reflective, and engaging teaching/learning paradigms. Consequently,

existing curricula must be revised and/or new curricula developed to ensure that graduates can function effectively in the rapidly changing healthcare delivery system. Curricula must address issues relating to collaborative practice, community-focused care, escalating healthcare costs, conflict resolution, and diminishing access to healthcare services.

Furthermore, educators must focus increased attention on the processes of teaching and learning rather than solely concentrating on the mastery of theoretical content. Students must be provided with the fundamental knowledge and skills that they will need to function in a highly technical and fluid work environment. Outcome measures must incorporate both quantitative and qualitative components to better assess the effectiveness of teaching and learning endeavors.

One study participant succinctly expressed her thoughts on the preceding remarks by stating that:

> We can't teach them {students} everything they
> need to learn, so we {teachers} have to teach them
> the process of how to learn it.

Lastly, educators should establish an informal community of colleagues or "teaching circles" in which personal and professional ideas, issues, and innovations are presented, discussed, and debated (Beamon, 1996; Brookfield, 1995; Johnson, Johnson, & Smith, 1991; Roberts, 1996). Instituting something as simple as "brown-bag" seminars

could provide a teaching/learning forum in which camraderie
and shared success occur and are celebrated. For "teaching
is far too important to not talk about" (Beamon, 1996, p.
52).

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References

Allen, D. G. (1990). The curriculum revolution: Radical re-visioning of nursing education. Journal of Nursing Education, 29(7), 312-316.

American Nurses' Association (1965). Educational preparation for nurse practitioners and assistants to nurses. Kansas City, MO: Author.

Appleton, C. (1990). The meaning of human care and the experience of caring in a university school of nursing. In M. Leininger and J. Watson (Eds.), The caring imperative in education, (pp. 77-93). New York: NLN.

Barham, V. A. (1965). Identifying effective behaviors of the nursing instructor through critical incidents. Nursing Research, 14, 65-69.

Beamon, R. (1996). Total quality teaching. In H. Anderson and S. Weinberg (Eds.), Issues and inquiry in college learning and teaching, 17/18(3), 47-58.

Beck, C. T. (1991). How students perceive faculty caring: A phenomenological study. Nurse Educator, 16(5), 18-22.

Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). Women's ways of knowing: The development of self, voice, and mind. New York: Basic Books.

Bergman, K. & Gaitskill, T. (1990). Faculty and student perceptions of effective clinical teachers: An extension study. Journal of Professional Nursing, 6, 33-44.

Bevis, E. O. (1988). New directions for a new age. In *Curriculum revolution: Mandate for change* (pp. 27-52). New York: National League for Nursing (NLN).

Bevis, E. O. & Watson, J. (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York: NLN.

Bevis, E. O. (1990). Has the revolution become the new religion? In *Curriculum revolution: Redefining the student-teacher relationship* (pp. 57-66). New York: NLN.

Bevis, E. O. & Murray, J. P. (1990). The essence of the curriculum revolution: Emancipatory teaching. *Journal of Nursing Education, 29*(7), 326-331.

Bevis, E. O. (1993). All in all, it was a pretty good funeral. *Journal of Nursing Education, 32*(3), 101-105.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice-Hall.

Bonwell, C. & Eison, J. (1991). *Active learning: Creating excitement in the classroom* (ASHE-ERIC Higher Education Report No. 1). Washington, DC: The George Washington University, School of Education and Human Development.

Brookfield, S. (1990). *The skillful teacher: On technique, trust, and responsiveness in the classroom*. San Francisco: Jossey-Bass.

Brookfield, S. (1995). *Becoming a critically reflective teacher*. San Francisco: Jossey-Bass.

Brown, S. (1981). Faculty and student perceptions of effective clinical teachers. Journal of Nursing Education, 20(9), 4-15.

Bush, H. A. (1988). The caring teacher of nursing. In M. Leininger (Ed.), Care: Discovery and uses in clinical and community nursing. Detroit: Wayne State University Press.

Case, B. (1996). Breathing AIR into adult learning. The Journal of Continuing Education in Nursing, 27(4), 148-158.

Chally, P. S. (1992). Empowerment through teaching. Journal of Nursing Education, 31(3), 117-120.

Chenitz, W. C. (1986). The informal interview. In Chenitz and Swanson (Eds.), From practice to grounded theory: Qualitative research in nursing (pp. 79-90). Menlo Park, CA: Addison-Wesley.

Chenitz, W. C. & Swanson, J. M. (1986). From practice to grounded theory: Qualitative research in nursing. Menlo Park, CA: Addison-Wesley.

Chickering, A. W. & Associates. (1990). The modern american college. San Francisco: Jossey-Bass.

Chinn, P. L. (1989). Feminist pedagogy in nursing education. In Curriculum revolution: Reconceptualizing nursing education (pp. 9-24). New York: NLN.

Clayton, G. M. & Murray, J. P. (1989). Faculty-Student relationships: Catalytic connection. In Curriculum

Revolution: Reconceptualizing nursing education (pp. 43-53).
New York: NLN.

Corbin, J. (1986). Qualitative data analysis for
grounded theory. In Chenitz and Swanson (Eds.), From
practice to grounded theory: Qualitative research in nursing
(pp. 91-101). Menlo Park, CA: Addison-Wesley.

Craig, D. I. (1996). Nursing faculty connecting with
students: A heideggerian hermeneutical study. Unpublished
doctoral dissertation, University of San Diego.

Cranton, P. (1994). Understanding and promoting
transformative learning: A guide for educators of adults.
San Francisco: Jossey-Bass.

Cross, K. P. (1981). Adults as learners: Increasing
participation and facilitating learning. San Francisco:
Jossey Bass.

Cross, K. P. & Steadman, M. H. (1996). Classroom
research: Implementing the scholarship of teaching. San
Francisco: Jossey-Bass.

Daloz, L. A. (1986). Effective teaching and
mentoring: Realizing the transformational power of adult
learning experiences. San Francisco: Jossey-Bass.

DeSimone, B. B. (1994). Reinforcing communication
skills while RN's simultaneously learn course content: A
response to learning needs. Journal of Professional
Nursing, 10(3), 164-176.

deTornyay, R. (1990). Editorial: The curriculum

revolution. _Journal of Nursing Education, 29_(7), 292-294.

Diekelmann, N. (1988). Curriculum revolution: A theoretical and philosophical mandate for change. In _Curriculum revolution: Mandate for change_ (pp. 137-157). New York: NLN.

Diekelmann, N. L. (1992). Learning as testing: A Heideggerian hermeneutical analysis of the lived experience of students and teachers in nursing. _Advances in Nursing Science, 14_(3), 72-83.

Diekelmann, N. L. (1993). Behavioral pedagogy: A heideggerian hermeneutical analysis of the lived experiences of students and teachers in baccaluareate nursing education. _Journal of Nursing Education, 32_(6), 245-250.

Dunkin, M. J. & Biddle, B. J. (1974). _The study of teaching_. Washington, DC: Holt, Rinehart, and Winston.

Elliott, D. D. (1996). Promoting critical thinking in the classroom. _Nurse Educator, 21_(2), 49-52.

Ellis, J. R. & Hartley, C. L. (1995). _Nursing in today's world: Challenges, issues and trends_. Philadelphia: Lippincott.

Felder, R. M. & Brent, R. (1996). Navigating the bumpy road to student-centered instruction. _College Teaching, 44_(2), 43-47.

Ferguson, M. (1980). _The aquarian conspiracy: Personal & social transformation in our time_. New York: St. Martin's Press.

Freire, P. (1990). Pedagogy of the oppressed. New York: Continuum.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Glaser, B. G. (1978). Theoretical sensitivity. Mill Valley, CA: Sociology Press.

Glaser, B. G. (1992). Basics of grounded theory analysis. Mill Valley, CA: Sociology Press.

Glaser, B. G. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine Publishing Co.

Gorden, R. L. (1975). Interviewing: Strategy, techniques and tactics. Homewood, Illinois: The Dorsey Press.

Gould, J. E. & Bevis, E. O. (1992). Here there be dragons: Departing the behaviorist paradigm for state board regulation. Nursing and Health Care, 13(3), 126-133.

Griffith, T. W. & Bakanauskas, A. J. (1983). Student-instructor relationships in nursing education. Journal of Nursing Education, 22(3), 104-107.

Halldorsdottir, S. (1990). The essential structure of a caring and an uncaring encounter with a teacher: The perspective of the nursing student. In Leininger & Watson (Eds.), The caring imperative in education (pp. 95-108). New York: NLN.

Hawks, J. H. (1992). Empowerment in nursing education: Concept analysis & application to philosophy, learning and instruction. Journal of Advanced Nursing, 17, 609-618.

Hawks, J. H. & Hromek, C. (1992). Nursing practicum: empowering strategies. Nursing Outlook, 40(5), 231-234.

Hedin, B. A. (1986). A case study of oppressed group behavior in nurses. IMAGE, 18(2), 53-57.

Hezekiah, J. (1993). Feminist pedagogy: A framework for nursing education? Journal of Nursing Education, 32(2), 53-57.

Hokanson-Hawks, J. (1992). Empowerment in nursing educagion: Concept analysis and application to philosophy, learning and instruction. Journal of Advanced Nursing, 17, 609-618.

Holbert, C. M. & Thomas, K. J. (1988). Toward whole-brain education in nursing. Nurse Educator, 13(1), 30-34.

Hughes, L. (1992). Faculty-Student interactions and the student-perceived climate for caring. Advances in Nursing Science, 14(3), 60-71.

Hutchinson, S. A. (1993). Grounded theory: The method. In P. L. Munhall & C. J. Oiler (Eds.), Nursing research: A qualitative perspective (pp. 180-212). New York: NLN Press.

Jacobson, M. D. (1966). Effective and ineffective behaviors of teachers of nursing as determined by their students. Nursing Research, 15, 218-224.

Jalongo, M. R. (1992). Teachers' stories: Our ways of knowing. Educational Leadership, 49(7), 68-74.

Johnson, B. & Guenter, C. (1996). Making leaps with metaphors. In H. Anderson & S. Weinberg (Eds.), Issues and inquiry in college learning and teaching (Vol. 17/18, pp. 25-32).

Johnson, D. W., Johnson, R. T., & Smith, K. A. (1991). Active learning: Cooperation in the college classroom. Edina, Minnesota: Interaction Book Company.

King, A. (1993). From sage on the stage to guide on the side. College Teaching, 41(1): 30-35.

King, V. G. & Gerwig, N. A. (1981). Humanizing nursing education: A confluent approach through group process. Wakefield, MA: Nursing Resources.

Knox, J. E. & Mogan, J. (1985). Important clinical teacher behaviors as perceived by university nursing faculty, students and graduates. Journal of Advanced Nursing, 10, 25-30.

Knox, J. E. & Mogan, J. (1987). Characteristics of "best" and "worst" clinical teachers as perceived by university nursing faculty and students. Journal of Advanced Nursing, 12, 331-337.

Knowles, M. (1984). The adult learner: A neglected species. Houston: Gulf Publishing.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. The American Journal of

Occupational Therapy, 45(3), 214-222.

Kreisberg, S. (1992). Transforming power: Domination, empowerment, and education. Albany: State University of New York Press.

Kuhn, T. S. (1970). The structure of scientific revolutions (2nd ed.). Chicago: The University of Chicago Press.

Kushnir, T. (1986). Stress and social facilitation: The effects of the presence of an instructor on student nurses' behavior. Journal of Advanced Nursing, 11, 13-19.

Lincoln, Y. & Guba, E. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Loving, G. (1993). Competence validation and cognitive flexibility: A theoretical model grounded in nursing education. Journal of Nursing Education, 32(9), 415-421.

MacIntosh, J. A. & McGinnis, M. E. (1997). Teaching becomes learning: Our lived experience. Nurse Educator, 22(1), 45-49.

McCleery, W. (1986). Conversations on the character of princeton. Princeton, NJ: Princeton University Press.

McKeachie, W. (1994). Teaching tips: A guidebook for the beginning teacher(9th ed.). Lexington, MASS: Heath.

Merriam, S. (1988). Case study research in education: A qualitative approach. San Francisco: Jossey-Bass.

Merriam, S. B. & Caffarella, R. S. (1991). Learning in adulthood. San Francisco: Jossey-Bass.

Meyers, C. & Jones, T. B. (1993). Promoting active learning: Strategies for the college classroom. San Francisco: Jossey-Bass.

Middlemiss, M. A. & Van Neste-Kenny, J. (1994). Curriculum revolution: Reflective minds and empowering relationships. Nursing and Health Care, 15(7), 350-353.

Miles, M. B. & Huberman, A. M. (1994). Qualitative Data Analysis. Thousand Oaks, CA: Sage.

Miller, J. B. (1986). Toward a new psychology of women (2nd ed.). Boston: Beacon Press.

Miller, B., Haber, J., & Byrne, M. (1990). The experience of caring in the teaching-learning process of nursing education: Student and teacher perspectives. In Leininger & Watson (Eds.), The caring imperative in education (pp. 125-135). New York: NLN.

Moccia, P. (1989). Preface. In Bevis, E. & Watson, J. (Eds.), Toward a caring curriculum: A new pedagogy for nursing. New York: NLN.

Moccia, P. (1990). No sire, it's a revolution. Journal of Nursing Education, 29(7), 307-311.

Morris, M. S. (1995). Lived Experiences, values, and behavior of effective nurse faculty. Journal of Professional Nursing, 11(5), 290-298.

Morse, J. M. (1991). Strategies for sampling. In

Qualitative nursing: A contemporary dialogue (pp. 127-145).

Newbury Park, CA: Sage.

Morse, J. M. & Field, P. A. (1995). Qualitative

research methods for health professionals (2nd ed.).

Thousand Oaks, CA: Sage.

National League for Nursing (Ed.) (1988). Curriculum

revolution: Mandate for change. New York: Author.

National League for Nursing (Ed.) (1989). Curriculum

revolution: Reconceptualizing nursing education. New York:

Author.

National League for Nursing (Ed.). (1990). Curriculum

revolution: Redefining the student-teacher relationship.

New York: Author.

National League for Nursing (Ed.). (1991). Curriculum

revolution: Community building and activism. New York:

Author.

National League for Nursing (1995). Nursing data

review. New York: Author.

Nehring, V. (1990). Nursing clinical teacher

effectiveness inventory: A replication study of the

characteristics of "best" and "worst" clinical teachers as

perceived by nursing faculty and students. Journal of

Advanced Nursing, 15, 934-940.

Nelms, T. P. (1990). The lived experience of nursing

education: A phenomenological study. In M. Leininger and J.

Watson (Eds.), The caring imperative in education (pp. 285-

297). New York: NLN.

Noddings, N. (1984). Caring: A feminine approach to ethics and moral education. Berkeley, CA: University of California Press.

Noel, L., Levitz, R., Saluri, D. & Associates. (1991). Increasing student retention: Effective programs & practices for reducing the dropout rate. San Francisco: Jossey-Bass.

Noer, D. M. (1997). Breaking free: A prescription for personal and organizational change. San Francisco: Jossey-Bass.

Nursing Datasource (1996). Volume I: Trends in contemporary nursing education (Publication No. 19-6932). New York: NLN Press.

O'Shea, H. S. & Parsons, M. K. (1979). Clinical instruction: Effective/and ineffective teacher behaviors. Nursing Outlook, 27(6), 411-415.

Palmer, P. J. (1993). Good talk about good teaching: Improving teaching through conversation and community. Change, pp. 8- 13.

Palmer, P. J. (1994). The loom of teaching: A letter from Parker Palmer. The National Teaching and Learning Forum, 3(3), 1-3.

Pollio, H. R. & Humphreys, W. L. (1996). What award-winning lecturers say about their teaching: It's all about connection. College Teaching, 44(3), 101-106.

Reinsmith, W. A. (1994). Archetypal forms in teaching. College Teaching, 42(4), 131-136.

Roberts, D. A. (1996). Epistemic authority for teacher knowledge: The potential role of teacher communities. Curriculum Inquiry, 26(4), 417-431.

Roberts, S. J. & Chandler, G. (1996). Empowerment of graduate nursing students: A dialogue toward change. Journal of Professional Nursing, 12(4), 233-239.

Rogers, C. R. (1983). Freedom to learn for the 80's. Columbus, Ohio: Charles E. Merrill Publishing Co.

Rogers, E. M. (1983). Diffusion of innovations. New York: Free Press.

Rogers, E. M. & Shoemaker, F. F. (1971). Communication of innovations: A cross-cultural approach. New York: Free Press

Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8(3), 27-37.

Schatzman, L. & Strauss, A. L. (1973). Field research. Englewood Cliffs, NJ: Prentice-Hall.

Schon, D. A. (1988). Educating the reflective practitioner. San Francisco: Jossey-Bass.

Schulman, L. (1986). Paradigms and research programs in the study of teaching: A contemporary perspective. In M. C. Wittrock (Ed.), Handbook of Research on Teaching (pp. 3-36). New York: Simon & Schuster Macmillan.

Seidl, A. H. & Sauter, D. (1990). The new non-traditional student in nursing. Journal of Nursing Education, 29(1), 13-19.

Sheckley, B. G. (1989). The adult as learner: A case for making higher education more responsive to the individual learner. In The adult learner in higher education: A resource and planning guide (pp. 21-29). Long Beach: California State University, Center for Innovative Programs.

Sieh, S. & Bell, S. K. (1994). Perceptions of effective clinical teachers in associate degree programs. Journal of Nursing Education, 33(9): 389-394.

Smith, P. (1990). Killing the spirit: Higher education in america. New York: Viking.

Stephenson, P. M. (1984). Aspects of the nurse tutor-student nurse relationship. Journal of Advanced Nursing, 9, 283-290.

Stern, P. N. (1980). Grounded theory methodology: Its uses and processes. IMAGE, 12(1), 20-23.

Strauss, A. (1987). Qualitative analysis for social scientists. Cambridge, England: Harvard University Press.

Strauss, A. & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage.

Streubert, H. J. & Jenks, J. M. (1992). Qualitative research in nursing education. In L. R. Allen (Ed.), Review

of research in nursing education (Vol. V, pp. 45-74). New York: NLN.

Svinicki, M. D. (1991). Practical implications of cognitive theories. In Menges and Svinicki (Eds.), New Directions for Teaching and Learning #45 (pp. 27-37). San Francisco: Jossey-Bass.

Tanner, C. A. (1990a). Caring as a value in nursing education. Nursing Outlook, 38(2), 70-72.

Tanner, C. A. (1990b). Reflections on the curriculum revolution. Journal of Nursing Education, 29(7), 295-299.

Timpson, W. M. & Bendel-Simso, P. (1996). Concepts and choices for teaching: Meeting the challenges in higher education. Madision, Wisconsin: Magna Publications, Inc.

Van Dongen, C. J. (1988). The life experience of the first-year doctoral student. Nurse Educator, 13, 19-24.

von Oech, R. (1986). A whack on the side of the head: How to unlock your mind for innovation. New York: Warner.

Wilson, M. E. (1994). Nursing student perspective of learning in a clinical setting. Journal of Nursing Education, 33(2), 81-86.

Wilson, H. S. & Hutchinson, S. A. (1991). Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. Qualitative Health Research, 1(2), 263-276.

Wilson, C. B., Siler, B., & Nelms, T. (1993). NLN Accreditation as a marriage of strangers. Nursing and

Health Care, 14(9), 458-461.

Wuest, J. (1995). Feminist grounded theory: An exploration of the congruency and tensions between two traditions in knowledge discovery. Qualitative Health Research, 5(1), 125-137.

Table 1.

Profile of Study Participants

Age	n
30 - 39	1
40 - 49	11
50 - 59	7
60 - 65	2

Gender	
Female	20
Male	1

Ethnicity	
Caucasian	19
African-American	1
Latina	1

Basic Nursing Education	
Diploma	6
Associate Degree	6
BSN	9

Advanced Degrees	
MSN *	16
MED	3
M Education Technology *	1
MS Health Care Administration	1
MA Nursing Education	1

Doctorates	
DNSc	1
EdD	1
DNSc(c)	2
EdD(c)	1

* = Dual Master's Degree

Table 1.

Profile of Study Participants (continued)

Years Experience in Nursing Education

1 - 5	3
6 - 10	4
11 - 14 ·	1
15 - 19	8
20 - 24	4
25 →	1

Employment Status

Full-Time	18
Part-Time	3

Tenure Status

Tenured	14
Non-Tenured	4
Not Applicable	3

Specialty Area

Medical-Surgical	15
Maternal-Child **	4
Mental-Health **	2

** = Dual Specialty Areas

Table 2.

INTERVENING CONDITIONS

External	Internal
Lack of Collegial Support	Philosophy of Teaching/Learning
Lack of Student Support	Comfort with Content
Not Enough Time	Willingness to Take Risks
Compelled to Cover A-Z	Lack of Skill
Restrictions By Accrediting Bodies	Personality of Instructor
Lack of Administrative Support	Educational Background
Class Size & Setting	Mentor's Influence
Changing Dynamics of Nursing & Health Care	# of Years Teaching
Tenure Status	Seeing the Need to Change
Changing Student Population	Commitment to Student Success
Lack of Resources	Stress or Fatigue

Figure 1.

Process of Igniting the Mind
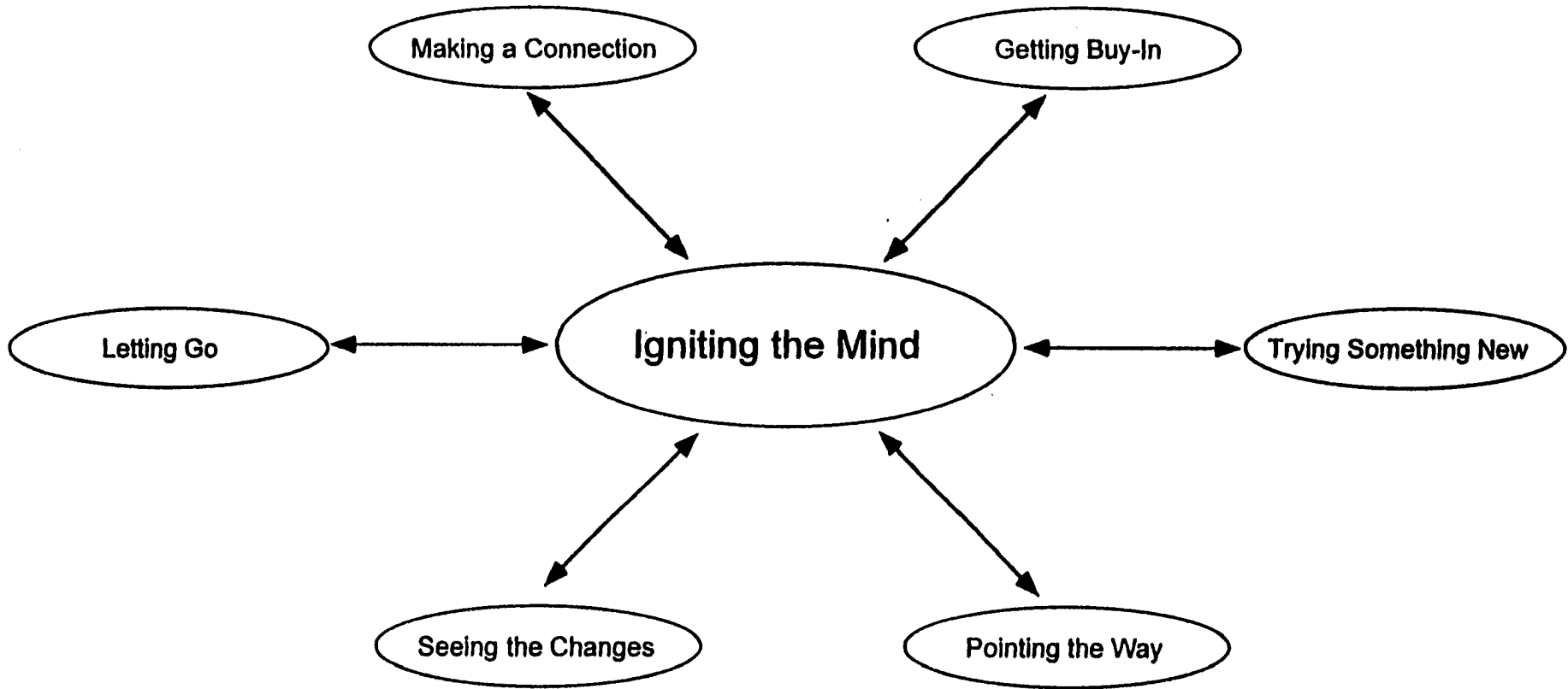
APPENDIX A: INITIAL QUERY LETTER

June 15, 1995

Dear Nursing Program Director:

As part of the doctoral program in Nursing Science at the University of San Diego, I am undertaking a research study to explore the perceptions of associate degree nursing faculty regarding effective teaching/learning practices. Therefore, I am seeking your permission to pursue this dissertation topic with members of your nursing faculty.

As participants, faculty members will be asked a series of questions concerning their experiences as nurse educators. The project would involve my conducting a 60-90 minute interview with selected faculty and reviewing related program documents (syllabi, program brochures, etc.).

If you feel that this investigation would be of interest to members of your nursing faculty, I would appreciate you sending a letter of support to my home address, listed below. This letter will be forwarded to the Committee on Human Subjects at the University of San Diego.

Your assistance in this worthwhile study would be greatly appreciated.

Sincerely,

Jo-Ann L. Rossitto, RN, MA, DNSc(C)
7152 Caminito Zabala
San Diego, CA 92122

APPENDIX B: FOLLOW-UP LETTER TO FACULTY

November 7, 1996

Dear Faculty Member:

As part of the doctoral program in Nursing Science at the University of San Diego, I am undertaking a research study to explore the pedagogical practices used by associate degree nursing faculty.

Since you currently teach nursing at the associate degree level, I am seeking your participation in this project. Your experiences will be used to illuminate the art of teaching and assist nurse educators to expand their teaching paradigm to include a variety of pedagogical techniques.

This project will involve my conducting a 60-90 minute interview with you at a time and location of your choice. During the interview, you will be asked a series of questions concerning your classroom teaching experiences.

For your convenience, I have enclosed a sample consent form, an interview guide, intent to participate form, and a self-addressed, stamped envelope. Should you choose to take part in this study, please return the intent to participate form to me ASAP. I will then contact you to schedule a date and time for the interview. If you decide not to participate, please share the information packet with a colleague.

Your assistance in this project is greatly appreciated. Looking forward to meeting with you very soon.

Sincerely,

Jo-Ann L. Rossitto, RN, MA
Doctoral Candidate
University of San Diego
Philip Y. Hahn School of Nursing
230-2439

APPENDIX C: CONSENT FORM

UNIVERSITY OF SAN DIEGO
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Jo-Ann Rossitto, a doctoral student in the School of Nursing at the University of San Diego, is conducting a research study to explore the perceptions of associate degree nursing faculty regarding their classroom teaching experiences. As a selected participant in this study, I understand that I will be asked a series of questions regarding my experiences as a teacher of nursing.

I understand that my participation in this study will consist of at least one interview that will last approximately 60-90 minutes. I further understand that my responses will be tape recorded and that the tapes will be destroyed upon completion of the study. A follow-up interview may be necessary in order to clarify or expand upon the points raised initially. I understand that the researcher may also visit the classroom to observe my engaging in the various duties associated with the nurse educator role.

I understand that participation in this study is completely voluntary and that I may withdraw my consent at any time. Moreover, my decision not to participate will in no way jeopardize my status or membership in any organization in which I am currently involved or may choose to be involved in the near future. I am also aware that there are no known risks or personal benefits to me and that my only involvement will be the time required for the interview and data collection.

I understand that all information obtained in connection with this study will be kept completely confidential and in a locked file cabinet and that my identity will not be disclosed without consent as required by law. I further understand that to preserve anonymity my name and other identifying data will not be used in reporting the results of this study.

Jo-Ann Rossitto has explained this study to me and answered all of my questions. If I have additional questions or concerns, I can contact her at (619) 230-2439.

There is no agreement, written or verbal, beyond that expressed in this consent form.

CONSENT
Page 2

I, the undersigned, understand the above explanations and, on that basis, I give consent to my voluntary participation in this research. I have read and received a copy of this consent form.

SIGNATURE OF PARTICIPANT   DATE

LOCATION

SIGNATURE OF RESEARCHER   DATE

SIGNATURE OF WITNESS   DATE

APPENDIX D: INTERVIEW GUIDE

INTERVIEW GUIDE

1. What types of teaching techniques do you use to promote students' learning? What factors contribute to or hinder your utilization of alternative/creative teaching techniques? Tell me about your most successful classroom teaching experiences. Tell me about your least successful classroom teaching experiences.

2. Tell me what it is like to teach nursing. What is it about teaching that excites and even inspires you? Have there been occasions when you went above and beyond the call of duty to help a student understand a concept, develop a certain skill, or clarify a particular concern? Explain.

3. Reflect upon your own experiences as a nursing instructor. Tell me about a time, one that you will never forget because it reminds you of what it means to be a teacher or to teach nursing.

4. How do you know when you are teaching well? How do you know that your students are learning? From your perspective, what is the most important thing that nursing faculty can do to help students learn?

5. Is there anything else that you would like to share regarding your teaching experiences?

6. Demographic Data: age, gender, ethnic background, basic nursing education, advanced education (completed or in progress), years teaching nursing, years teaching at present institution, tenure status, nursing specialty, professional development activities, etc.?

APPENDIX E: INTENT TO PARTICIPATE FORM

INTENT TO PARTICIPATE

Thank you for agreeing to participate in my research study which explores the classroom teaching experiences of associate degree nursing faculty. In order to facilitate the process, I would appreciate your responses to the information requested below.

Please place the completed form in the enclosed self-addressed stamped envelope. Upon receipt, I will contact you to schedule an interview. At that time, you will have the opportunity to ask questions regarding any aspect of the study. A copy of the consent form and interview guide are attached for your perusal.

Thanks again for your support of this project. Looking forward to sharing in your teaching experiences.

Sincerely,

Jo-Ann L. Rossitto, RN, MA
Doctoral Candidate
University of San Diego
Philip Y. Hahn School of Nursing

NAME:_____
                        (Please print)

COLLEGE:_____

TELEPHONE NUMBERS:

     WORK:_____ HOME:_____

BEST TIMES FOR ME TO CONTACT YOU:

_____

_____

Like a trusted lamp, you light the way
that students explore every day.
You set their curiosity burning, and
stoke their love of life-long learning.

The Master Teacher Awards Catalog
1997
Author Unknown