

EXPERIENCING NARRATIVE PEDAGOGY

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Submitted to the faculty of Indiana University Graduate School
in partial fulfillment of the requirements
for the degree
Doctor of Philosophy
in the School of Nursing,
Indiana University,
November 2014

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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Dedication

I would like to dedicate this dissertation to Dr. Sharon Sims. Dr. Sims retired from Indiana University at the time this dissertation study was being conducted and was committed to serve as the chair of the committee through the very end. Thank you Dr. Sims.

Acknowledgements

My pursuit of obtaining the doctoral degree at Indiana University Purdue University Indianapolis (IUPUI) has been a remarkable journey that would not have been possible without the faith and guidance from some amazing people. I would first like to acknowledge the members of the dissertation committee: Dr. Sharon Sims as the chair, Dr. Pamela Ironside, Dr. Melinda Swenson, and Dr. Joshua Smith. Their expert oversight and unwavering support throughout my time at IUPUI was truly what helped shape how I think about nursing education. I chose Dr. Sims, Dr. Ironside, and Dr. Swenson to serve on the committee when I realized how much their published life work resonated with me in nursing education from the very beginning.

I would like to take the time to especially thank Dr. Sims for her years of support, assistance, and perseverance with this work. I cannot express enough in words the gift she has provided me in my doctoral education and my own life work. I would not be where I am today without her insight into my educational endeavors. She helped tailor the doctoral program based on my educational needs and research interest. She took the time to listen to my educational notions and decided how to best shape the curriculum to meet those needs. Dr. Sims carefully guided my independent study of qualitative work based on my individual learning needs and together we intensely explored philosophical works that pertained to my research in hermeneutic phenomenology. I hope to carry on into nursing education the legacy she has bestowed upon me in this important work. I wish her all the best in retirement and feel privileged to have been her last doctoral student.

I do not even know where to begin with the amount of gratitude I have towards Dr. Ironside. Her work in Narrative Pedagogy has been inspirational beyond measure to me and her unconditional support as I grew to understand this work was incredible. Dr. Ironside agreed to serve on my committee from my first year at IUPUI and has been with me every step of the way since then. I am grateful for the independent study she taught at a time when it was vitally important to my studies and for the wonderful support from her when I attended several conferences over the years. More than anything, I cannot thank her enough for the ongoing feedback through revision after revision of my work. Towards the end of the dissertation when I was getting extremely weary, she recognized that and pushed me even further than I ever imagined I could go with the research and for that, I am eternally grateful.

I would like to thank Dr. Swenson for the much needed support and encouragement while serving on my committee. She has also been with me from the very beginning at IUPUI and over the years she always seemed to come through with great resources or encouraging words right when I needed it. She retired over a year before I had completed the dissertation and never even hesitated to stay on the committee to the very end. For that, I am extremely appreciative because her insight has been invaluable in the development of my thinking and this research study.

I am thankful for the ongoing support Dr. Smith has provided throughout the program at IUPUI. During course work development he was extremely helpful with coordinating the classes that would be beneficial as an educational psychology minor. Those courses were helpful in shaping the ways I view assessment of learning and

learning communities in education. I am thankful for his support and for staying on the committee even when moving away for another position.

In addition to the members of the committee, there are some very special people in my life who I would not have survived this experience without having their love and support. Who can forget the grasshoppers? Early in my career at IUPUI, I was blessed to attend and present at a Narrative Pedagogy and Hermeneutic conference in New Zealand. While I was there, I met two peers, Ruth Stoltzfus and Sue Owens. We became known as the grasshoppers amongst our community at that conference and our mentors were Dr. Ironside and Dr. Sims (the sansei). Over the years, we roomed together at conferences, kept in touch by phone, and participated in analyzing texts as we grew to understand hermeneutic phenomenology. Their support as both peers and mentors, considering they were ahead of me in the program at IUPUI, was invaluable as I developed an understanding of qualitative work. We had some great times along with wonderful conversations about our careers and research. I am so thankful to have met them at such an important time in my life!

Most of all, I would like to recognize my family and friends who have stuck with me through all of this work. It has been an incredible struggle to balance work, family, friends, and this intensive research and I would not have been able to do this without the support and love from my friends and family. First of all my husband, John and son JC were just as much a part of this work as I was. We learned how to work around schedules and find time to spend together while *Mom* was going to school. I am thankful they joined me in this journey as we were able to embrace it as a family and celebrate the accomplishments together. This dissertation is just as much theirs as it is mine.

I am especially grateful for my family who was always there for me through both the stressful times and the joyful experiences. Mom and Mike came through with hours of laughter when playing cards when my brain needed a break and to watch the kid when John and I could get away. You are absolutely amazing and I do not know what I would do without you. Love you.

To Dad, Julie, Brittany, and Mark; to all of you I am grateful for your ongoing support and fun times when I could finally break away. You have listened to me ramble and read through my work at times when I needed it the most. I love all of you and am thankful for all of your support.

To my friends who have been a part of lending a listening ear (over and over) and for providing much needed feedback in shaping my thinking, Amy and Jessica. Amy served as the peer reviewer for this research and provided much needed feedback as my thinking developed. Amy's insight as an incredible nurse educator has been invaluable to me and her ongoing support was profound. In addition to serving as a part of my work, she has been by my side to provide much needed fun times as well. I am incredibly grateful for our friendship and that you came into my life. Jessica has been with me for most of my life and during this time in my doctoral program has provided an immense amount of support. Jessica has seen me through all the ups and downs of this process and always had words of encouragement when I needed it or helped talk through the challenges while having long talks at the lake. Jessica has provided the much needed entertainment when I needed to shut off my brain for a while to relax and came up with some great sayings like *don't waste your space* as a play on spatiality. In addition to Amy and Jessica, I am eternally grateful for all my friends who helped me through this

process and they know who they are because they have never left my side. I love you all and I am indebted to you for sticking with me.

Finally, I would like to thank the funding sources for my program. I have been blessed with being awarded a few scholarships along the way. I was awarded the IUPUI Kristen Pettijohn scholarship, IUPUI travel scholarship, Hermeneutic Institute scholarship, and IUPUI Rodie Dissertation scholarship. This money was extremely appreciated at times that really benefitted my educational endeavors. The IUPUI Rodie Dissertation scholarship was used during the completion of the dissertation and a table is provided in the appendix with a description of the budget.

Wendy S. Bowles

EXPERIENCING NARRATIVE PEDAGOGY

The role of the nurse has changed dramatically in the past twenty years with increasing complexity of patient care and a rapidly changing health care environment. In addition to the challenges noted regarding patient care, problems with increasing medical errors were noted in the literature specific to graduates in their first year as a nurse. Research in particular to nursing education provides a way for nurse educators to become more astute at addressing problems pervading the role of the new nursing graduate. Narrative Pedagogy was identified as a research-based nursing pedagogy and has been researched and enacted for more than a decade. Out of the Narrative Pedagogy research, the Concernful Practices emerged identifying what was considered meaningful to nursing education by teachers, students, and clinicians. Listening was one of the Concernful Practices and became the focus of this study. The research question addressed the “How do nurse educators who enable Narrative Pedagogy experience Listening: knowing and connecting?” This was a hermeneutic phenomenological study in which ten nurse educators shared their experiences. The two themes that emerged from the study included: Listening as Dialogue and Listening as Attunement. The findings of this study provided a different way of thinking about teaching and learning that encompasses so much more than merely a strategy or outcome-based approach. The implications of this study offer nurse educators insight about opening a dialogue that draws attention to the realities of the role of the nurse responding to multiple patients with complex health conditions.

Sharon L. Sims, PhD, RN, FAANP, ANEF, Chair

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Introduction

Narrative Pedagogy offers the first research-based pedagogy used in nursing education. For more than fifteen years nurse educators have been enabling it as a part of their own teaching practices (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). Educators both within nursing and in other disciplines became excited about the possibilities found with Narrative Pedagogy and made changes to their own teaching practices (Brown, Kirkpatrick, Avery, & Mangum, 2008; Brykczynski, 2012; Burke & Williams, 2011; Capone, 2010; Ewing & Hayden-Miles, 2011; Gazarian, 2010; Gilkison, 2011; Ironside, 2003; Kawashima, 2005; Rogge, 2001; Swenson & Sims, 2000; Vandermause & Townsend, 2010). Narrative Pedagogy research was unique because it was specific to the experiences of students, teachers, and clinicians in nursing education (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). The findings from the Narrative Pedagogy study provided a resource for nurse educators desiring to incorporate new pedagogies into their teaching practices.

In the following study I researched the experiences teachers had with enabling Narrative Pedagogy in teaching and learning. I focused on one particular aspect of Narrative Pedagogy known as the Concernful Practice of *listening*. This first chapter provides an overview of how healthcare and the role of the nurse has changed and what this means for nursing education. In the second chapter, I expand on the pedagogical literature in nursing education and the research that has been published on Narrative Pedagogy. In chapter three I provide the methodology used in the study and in the fourth and fifth chapters, I present the data analysis and a discussion of those results.

Chapter 1

According to the *Future of Nursing* report from the Institute of Medicine (IOM), nurse educators were challenged with graduating students who were able to meet the diverse needs of patients, work collaboratively, and deliver safe, competent care in a rapidly changing health care system (2011). The scholars from the IOM and other accrediting bodies have emphasized reform in the existing health care system to include nursing education (Benner, Sutphen, Leonard, & Day, 2010; IOM, 2011; NLN, 2012). The literature reflects a need for nurse educators to use pedagogies that improve clinical reasoning in a variety of patient care contexts (Benner et al., 2010; IOM, 2011; Lavizzo-Mourey, 2012; NLN, 2012). With changes in the health care system, the way nursing students are educated needs to match what will be expected in their role as nurses in the twenty-first century.

The landscape of health care delivery systems in the United States has changed and will continue to evolve in the next few years, directly affecting the role of nurses and nurse educators (Benner et al., 2010; Lavizzo-Mourey, 2012). Part of this change in healthcare includes how nurses care for patients with more chronic rather than acute care needs (IOM, 2011). The number of patients with multiple morbidities, which includes two or more medical conditions, has increased from 58% in 1998 to 70% in 2002 (Schoenberg, Kim, Edwards, & Fleming, 2007). A patient with multiple morbidities, for example, may have a diagnosis of diabetes while also experiencing renal failure and depression at the same time. The number of people with multiple morbidities will also continue to rise as the United States baby boomer population ages (Vincent & Velkoff, 2010). Patients with complex health conditions who were cared for on the intensive care

unit in the past are now treated on the general medical surgical floor (Benner et al., 2010). Nurses, as the largest sector of health professionals (IOM, 2011), play a pivotal role in addressing the increasing complexity of patient care in the twenty-first century.

The literature reflected that new nursing graduates were deficient in several areas of nursing including the ability to prioritize care, balance multiple patients, and make effective clinical decisions (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009; Hickey, 2009; Li & Kenward, 2006). A study by Hickey (2009) found the students were not adequately prepared for the reality of the professional nursing role, which ultimately lead to an increased risk for medical errors in the first year of nursing (NCSBN, 2013). More than 40% of recent graduate nurses reported making medication errors in their first year of nursing (NCSBN, 2013). Fero et al. (2009) found that nurses in their first year of practice were struggling with problem identification and initiating independent nursing interventions for patient care. The transition to practice is also adversely affected when approximately 25% of recent graduate nurses leave a position in the first year of practice, which negatively impacts patient outcomes (NCSBN, 2013).

Nurse educators can explore how students understand managing patients with complex health conditions through investigating the pedagogical practices employed in teaching and learning. Pedagogy can be described as a particular approach to teaching and learning (Diekelmann, 2001). Ironside (2001) described it as a way of thinking about and comportment within education, which is more than just about teaching. Pedagogies used in higher education may include conventional, feminist, critical, phenomenological, and postmodern views (Ironside, 2001). Brown, Kirkpatrick, Greer, Matthias, and Swanson (2009) found that research was needed surrounding innovative pedagogical

approaches to teaching and learning in nursing education. Nurse educators can address the concern of increased medical errors in new nursing graduates through having an improved understanding of pedagogies used in nursing education.

Conventional pedagogy was identified as the predominant pedagogy currently used in nursing education (Benner et al., 2010; Brown et al., 2009). The language belonging to conventional pedagogy includes objectives, teacher-centered strategies, competencies, and outcomes (Diekelmann & Diekelmann, 2009; Ironside, 2001). Conventional pedagogy draws attention to reaching one particular teacher-centered outcome rather than exploring multiple perspectives of both students and teachers. Many scholars have identified there was a problem with nurse educators continuing to use teacher-centered pedagogies to cover all the content in nursing programs (Candela, Dalley, & Benzel-Lindley, 2006; Diekelmann & Smythe, 2004; Giddens & Brady, 2007; Ironside, 2004; Schaefer & Zygmunt, 2003). In addition to teachers feeling pressure to cover more content, nursing students are also overwhelmed with the level of academic challenge in nursing courses (Popkess & McDaniel, 2011). Forbes and Hickey (2009) identified the importance of moving away from content laden curricula in exchange for the use of alternative pedagogies when re-structuring baccalaureate nursing programs. A part of effective clinical decision-making relates to nursing students' ability to apply theoretical knowledge to patient care situations (Benner et al., 2010; Hatlevik, 2012; Landers, 2000; Romyn et al., 2009). It is impossible to include all the content the student needs to know for every aspect of nursing within a nursing program (IOM, 2011). Nurse educators need to explore pedagogies that move away from saturating the curriculum with more content and focus more on alternative approaches to teaching and learning

(Brown et al., 2009; Forbes & Hickey, 2009). Conventional pedagogy has served nursing education well in the past; however, the complexity of health care has changed and nurse educators need to think differently about teaching and learning.

The idea of educators in higher education moving away from conventional practices in teaching and learning and towards alternative approaches was supported in the literature (Kanthan & Mills, 2007; Pinheiro & Simoes, 2012; Tapscott & Williams, 2010). Recently, educational researchers have drawn attention towards a more interactive style of teaching and learning presented in collaborative learning (Pinheiro & Simoes, 2012; Tapscott & Williams, 2010) and cooperative learning models (Kanthan & Mills, 2007). Cooperative learning is a teaching strategy that encourages students to work together in groups while exploring multiple perspectives to problems (Kanthan & Mills, 2007). These new learning models encourage collaborative participation in the class (Kanthan & Mills, 2007; Tapscott & Williams, 2010) and online (Brown & Adler, 2008; Pinheiro & Simoes, 2012) and represent a change in the relationships between student and teacher rather than teacher-focused strategies (Tapscott & Williams, 2010). Narrative Pedagogy was similar to various alternative pedagogies, but uniquely derived specific to nursing education. Narrative Pedagogy research emphasized how multiple perspectives are collectively pooled as students and teachers publicly share their experiences (Diekelmann & Diekelmann, 2009).

In the next part of this chapter, I will further describe Narrative Pedagogy as it relates to the phenomenon of concern in this research study. First, a definition of terms used to guide this study is presented based on the philosophical perspectives of the

philosophers, Heidegger and Gadamer, as an integral part of those perspectives. These terms are used to describe or imply meaning in a way that guides the research.

Definitions of Terms

Always already. We have understanding because we are already familiar with our world, our background practices, and surroundings (Benner, 1994). When we are already in that world of our own presuppositions, we can lose sight of the practical way of being in the world (Heidegger, 1962). For example, Gadamer (2004) states a person who is making moral decisions has always already been informed by prior knowledge before making that decision.

Being. Beings are always already in the world and that presupposes understanding (Benner, 1994). The idea of being is not about individual beings or human beings, but is considered in a more general sense of understanding. Heidegger (1962) discusses being as the most universal concept, is indefinable, and is self-evident.

Communal. A communal experience is how the participants come to understand meaning of a matter of concern (Lawn & Keane, 2011). The communal experience is not about coming to a consensus, but rather coming to an understanding together with others through questioning and responding (Lawn & Keane, 2011). Gadamer (2004) discusses a communal world, which is Being-with other people in that world.

Dasein. Heidegger calls Dasein the Being-there of human existence in the world (Svenaesus, 2000). Heidegger (1962) posits “This entity which each of us is himself and which includes inquiring as one of the possibilities of being, we shall denote by the term Dasein” (p. H.7). Heidegger (1962) often uses the term to stand for any person who has a being, but can be used for any kind of being or existence that something has.

Matters of Concern. Matters of concern are “the play of matters, topics, things, beings, and entities...Heidegger has shown that there can be no such thing as isolated matters or entities” (Diekelmann & Diekelmann, 2009, p. xlvii). Matters of concern are neither positive nor negative.

Ontic. Ontic inquiry pertains to various entities and facts about those entities (Heidegger, 1962). Ontic can be understood in terms of Dasein when it is thought of as an entity whose being has characteristics to its existence (Heidegger, 1962). Often times, the expression understanding something is used when talking about expressing something ontically (Heidegger, 1962).

Ontological. The being is the primary focus of ontological inquiry (Heidegger, 1962). Ontological phenomena are not perceived by the senses (Diekelmann & Diekelmann, 2009). It can be considered an invisible entity, but is just as real if it was visible or seen and heard (Diekelmann & Diekelmann, 2009).

World. World is an ontological term that is characteristic of Dasein itself (Heidegger, 1962). It is considered a phenomenon that include entities within-the-world and the being they possess (Heidegger, 1962).

Phenomenon of Concern

Narrative Pedagogy was based on a hermeneutic study of the lived experiences of teachers, students, and clinicians in nursing education (Diekelmann, 2001). It is a nursing pedagogy because the research was developed specific to nursing education (Diekelmann & Diekelmann, 2009). Narrative Pedagogy allows educators to draw attention to meaningful aspects of nursing education that are always already present in a nursing program. Narrative Pedagogy encompasses much more than just a teaching

strategy. It provides a way to co-create conversations in nursing alongside other strategies or pedagogies (conventional, feminist, critical, phenomenological, and postmodern). When Narrative Pedagogy is enabled it provides a way for nurse educators and students to (a) attend to the Concernful Practices; (b) publicly share and interpret experiences; (c) engender community interpretive practices (Ironsides, 2013). Educators may enable Narrative Pedagogy in different ways, thus it is considered site specific, but it is always already present in some way.

The Concernful Practices emerged out of the Narrative Pedagogy study as what were considered meaningful in nursing education to teachers, students, and clinicians and are listed in Table 1 (Diekelmann & Diekelmann, 2009). The Concernful Practices are considered neutral, are dynamic in nature, and provide an easily understood language for nursing education (Diekelmann & Diekelmann, 2009). The Concernful Practices are always already present in a nursing program. For example, nurse educators can attend to whether they are gathering and welcoming students into an environment that closes off conversation, or through an open, welcoming environment that invites a dialogue where diverse points of view are encouraged. When teachers and students attend to the Concernful Practices, a shift is made away from the teacher-centered lecture and towards a communal experience in teaching and learning (Diekelmann & Diekelmann, 2009). Just as the language of outcomes and objectives belongs to conventional pedagogy, the Concernful Practices form the language that belongs to Narrative Pedagogy.

Table 1
Concernful Practices

Title	Description
Presencing	Attending and Being Open
Assembling	Constructing and Cultivating
Gathering	Welcoming and Calling Forth
Caring	Engendering of Community
Listening	Knowing and Connecting
Interpreting	Unlearning and Becoming
Inviting	Waiting and Letting Be
Questioning	Sense and Making Meanings Visible
Retrieving Places	Keeping Open a Future of Possibilities
Preserving	Reading, Writing, Thinking-Saying, and Dialogue

(Diekelmann & Diekelmann, 2009, p. 360)

Listening: knowing and connecting was the Concernful Practice I was particularly interested in exploring for this research study. Listening is not merely an aural experience of being heard, but also includes a co-responding (Diekelmann & Diekelmann, 2009). Listening was considered a way to engage in situations that created meaning and learning. The literature suggests there was a connection between the Concernful Practice of Listening and learning (Diekelmann & Diekelmann, 2009; Swenson & Sims, 2003). Diekelmann and Diekelmann (2009) state, “Coming into learning is presupposed by listening and understanding...” (p. 419). This was not a direct cause and effect of events, but rather a way that listening and learning belong together (Diekelmann & Diekelmann, 2009). By exploring how listening was experienced by the teachers will provide an enhanced understanding of this Concernful Practice.

Listening co-occurs as an intra-related phenomenon with the other Concernful Practices, as they may be invisible and silent entities, but are just as real as if they were seen and heard (Diekelmann & Diekelmann, 2009). Even though the emphasis for this

study was on listening, I still show ways the other Concernful Practices are co-occurring with listening. Listening was considered a meaningful aspect of teaching and learning, but it was more than just an expression of hearing and responding. Listening may have been expressed through the language of the Concernful Practices, but there was an unexplored phenomenon in relation to the experience of listening for teachers.

“Knowing and connecting” were identified as a description of listening within the Concernful Practices (Diekelmann & Diekelmann, 2009, p. 300). Listening was a way teachers may know and connect with students (Diekelmann & Diekelmann, 2009).

Knowing and connecting, as separate entities, appeared in the literature in various ways (Diekelmann, 2001; Diekelmann & Diekelmann, 2009; Diekelmann & Mendias, 2005; Diekelmann & Smythe, 2004). Knowing and connecting can be identified as a teacher providing a supportive presence to the students (Diekelmann & Mendias, 2005) and can be reflected in small acts of conversation (Diekelmann & Diekelmann, 2009).

Diekelmann and Smythe (2004) discussed the importance of making a connection between the student and the teacher in the classroom setting and identified that learning was not merely student learning, but also included the teacher. In this understanding, the teacher and students co-created a learning experience, meaning they both learned from the experience. The co-creating understanding of knowing and connecting extends to more than merely a presence.

Diekelmann & Diekelmann (2009) also discuss the sense of not knowing as wondering about something. When one knows something, a connection was made to learning. What happens when students or teachers think they know something? Does that assumption stop the wondering, thinking, and questioning? An important part of

Narrative Pedagogy involves interpretation and the sense of uncovering multiple possibilities to patient care situations. When experiences are shared and interpreted publicly, the dialogue remains open and problematic in an effort to foster further exploration. The dialogue was viewed as a way to explore various perspectives through the problematic nature of the discussion, thus avoiding just one particular right answer. Ironside, Diekelmann, and Hirschmann (2005a) discussed the importance of knowing and connecting with patients for students during clinical experiences. Cases arose in the literature about how nursing students respond to the call of the patient by listening to what their patient needed at that time (Ironside et al., 2005a), and knowing and connecting was emphasized as important in patient care, yet was often overlooked in a nursing curriculum (Ironside, Diekelmann, & Hirschmann, 2005b). This study in particular focused on the teacher's experiences of Listening: knowing and connecting and how this impacts nursing education.

Even when there is silence, listening is still present. "If everything were merely heard there could be no listening" (Diekelmann & Diekelmann, 2009, p. 121). When a student or teacher is listening, this will beckon (call) upon a need to co-respond with questioning and answering as a rejoining. The questioning was brought forth as a way for thinking to appear (Diekelmann & Diekelmann, 2009). The rejoining offers a give and take of questioning between the student and the teacher (Diekelmann & Diekelmann, 2009). Even if a student is not responding to the teacher, this was still considered a co-responding because the student was responding through silence. By attending to each other, students and teachers co-respond about matters of concern (Diekelmann & Diekelmann, 2009) and become learners together. Listening: knowing and connecting

shows up as part of this co-responding and rejoining and also indicated when different worlds are revealed.

When teachers and students co-respond to each other about matters of concern, it was a way to gain understanding. In the book, *The Other Side of Language: A Philosophy of Listening*, Fiumara (1990) describes listening and various points of view in relation to interpretation:

One of the first 'cognitive' effects of listening suggests that there is not much that can really be seen from one point of view, and that parallel perspectives on the same 'object' may actually reveal different worlds; in the listening approach there is no one direction of interpretive choice that can claim better results. (p. 43)

Fiumara (1990) draws attention to how different worlds were revealed about the same object. Another view of listening was in the perspective of being in the world, which was discussed in *Schooling Learning Teaching* by Diekelmann & Diekelmann (2009):

...it is the listening that arrives with being in the world, attending to matters of concern. To be human is to inhabit a world in which things are always already matters of concern. Schooling as a phenomenon is being in attendance with these matters of concern, and teaching shows itself as co-responding to these matters of concern. (p. 460)

This excerpt emphasizes the world-view where the student and teacher co-respond about matters of concern through listening and being responsive to these concerns. The matters of concern can vary about what was important at that time, but the important part was that the teacher was aware and responsive about the concerns in a way to gain understanding of the others' world-view.

The Concernful Practices were considered always already part of teaching and learning. Nurse educators can become aware of how to attend to the Concernful Practices in an effort to co-respond with students. An example of how the Concernful

Practices were embraced was presented in the literature through an event called the Commitment to Care celebration that occurred at Blessing-Rieman College of Nursing (Burke & Williams, 2011). The purpose of the celebration was a way to build on the community of learning at their school. During the Commitment to Care celebration, students, faculty, and staff at the college shared stories as they sat in face-to-face groups. Teachers and students were demonstrating presencing by attending to each other through listening to the stories each had to share (Burke & Williams, 2011). The gathering was demonstrated in this celebration with open invitations, and a commitment to care about one another was emphasized (Burke & Williams, 2011). The assembling part of this celebration was reflected in the construction of the venue with each group consisting of students, staff, and faculty from all educational levels within the nursing program (Burke & Williams, 2011). The Concernful Practices of listening, presencing, assembling, caring, and gathering were co-occurring during the celebration. When educators attend to the Concernful Practices, they draw attention to what researchers have found to be meaningful in nursing education.

Purpose of the Study

The research question I found to be most important was ‘How do teachers who enable Narrative Pedagogy experience Listening: knowing and connecting?’ The purpose of this research explored those experiences of Listening: knowing and connecting that were meaningful in nursing education. The pedagogical practices nurse educators use directly impacts how well students learn how to safely care for chronically ill patients. The findings of the study will increase research-based pedagogical perspectives needed in nursing education.

I have chosen *hermeneutic phenomenology* as the method of study. This study explicated the lived experience of the participants in relation to Listening. Adapting hermeneutic tradition, I left myself open to the possibilities for what may have presented through the interviews. I knew the importance of this phenomenon because it had been identified as important in the literature and this study will provide better understanding of the phenomenon of interest. The work by Heidegger and Gadamer became predominantly integrated when I interpreted the data. The methodology and those philosophical perspectives pertaining to my study are described in chapter 3 and throughout chapters 4 and 5.

Pre-understandings

As a researcher, I already had pre-understandings, hermeneutically known as fore-structure. It was impossible to separate myself from those pre-understandings and so by acknowledging them up front, they became a part of the research. Here are my pre-understandings:

1. My demographic background: white, educated, female with twenty years' experience in nursing.
2. I have had experience teaching nursing students for over eight years.
3. I am proud of the relationships I have with students and work diligently to create an open environment with them.
4. I work in an environment in which listening is valued in relationships with other nurse faculty and with the students.
5. I believe there is a connection between listening and how well students learn.

6. I believe I am learning along with the students and embrace Narrative Pedagogy in my teaching practices.

Summary

I discussed the growing complexity of patient needs in the twenty-first century. In their first year after graduating, nurses need to be better prepared to meet the needs of complex patient situations in a rapidly changing healthcare environment (Benner et al., 2010; IOM, 2011; NCSBN, 2013). To meet those demands, the way nurses are educated needs to be reformed to address the needs of transitioning nurses into practice and preventing patient errors (Hickey, 2009; NCSBN, 2013). Narrative Pedagogy offers a research-based nursing pedagogy that meets the emerging needs in nursing education. The ways nurse educators enable Narrative Pedagogy are to attend to the Concernful Practices, share and interpret stories publicly, and engender Community Interpretive Practices. I decided to focus on Listening: knowing and connecting as a Concernful Practice because there were important implications for this in advancing nursing education. By focusing on listening as a Concernful Practice, it helped address the need to expand on the research-based pedagogies needed in nursing education. Transformation of healthcare begins with adopting the best practices in nursing education. My research will add to the literature through the meaningful exploration of the most significant aspects of teaching and learning in nursing education.

Chapter 2

Narrative Pedagogy is a research- based pedagogy specific to nursing education. Educators nationally and internationally have embraced Narrative Pedagogy in their nursing programs (Burke & Williams, 2011; Ewing & Hayden-Miles, 2011; Gilkison, 2011; Swenson & Sims, 2000) and even in programs outside of nursing (Capone, 2010). As discussed in the first chapter, Narrative Pedagogy is enabled by the way students and teachers (a) attend to the Concernful Practices; (b) publicly share and interpret stories; (c) engendering community interpretive practices (Ironside, 2013). As I present the literature review related to this study in the following pages, I have reviewed each aspect of enabling Narrative Pedagogy while being mindful of the research question I chose to address pertaining to the Concernful Practice of Listening: knowing and connecting. In this chapter I will discuss the literature related to Narrative Pedagogy, offering insight into the phenomenon of Listening: knowing and connecting, literature in disciplines outside of nursing education, and challenges discovered related to researching Narrative Pedagogy.

Narrative Pedagogy in Curriculum

Narrative Pedagogy was based on research from all types of nursing programs nationally and internationally using multiple types of pedagogies (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). When teachers enable Narrative Pedagogy in their teaching practices, how it appeared was considered site-specific due to the multiple ways it may be enabled (Diekelmann & Diekelmann, 2009). Nurse educators may enable Narrative Pedagogy within an entire curriculum (Gilkison, 2011; Swenson & Sims, 2000) or in their individual teaching practices (Diekelmann & Scheckel, 2003). Narrative

Pedagogy was always present in nursing programs in some way, but when it was attended to or enabled, then nurse educators become aware of how it appeared in teaching and learning.

The programs that have enabled Narrative Pedagogy throughout their curriculum were more commonly referred to as narrative centered curriculums in the literature and the authors have reported interesting discoveries (Capone, 2010; Gilkison, 2011; Swenson & Sims, 2003; Swenson & Sims, 2000). Capone (2010) reported about the experiences of dental hygiene students when incorporating a narrative centered curriculum into their program. Findings from the research by Capone (2010) indicated: “listening to and interpreting their classmates’ stories were important elements that influenced learning” (p. 66) and “narrative exercises elicited empathy and compassion for their patient” (p. 70). These findings support the idea that narrative curriculum emphasized listening to stories as central to the learning experience and connections (empathy) found in the context of patient care. The importance of listening was found again when a narrative centered curriculum was implemented into the family nurse practitioner program (Swenson & Sims, 2003). Swenson and Sims (2003) identified how students learned to listen to the meanings of their patients’ stories. When they learned to listen in this way, it helped lead them to the differential diagnoses. The students in both of these programs acknowledged through the use of narratives, they were able to make important connections with how they cared for patients.

Gilkison (2011) studied a midwifery program in New Zealand and reported that although there were multiple benefits to narratives within a curriculum, there was a struggle between the prefigured world of education and implementing a narrative

centered curriculum. Some of the struggles she identified with the prefigured world of education included the traditional teacher-driven objectives, economic factors, and content-laden curricula (Gilkison, 2011). These objectives were different than the language used in a narrative centered curriculum which was more like that of the Concernful Practices. The dichotomy between what was traditionally considered educational practices with teacher-driven objectives towards inviting in sharing multiple perspectives through the work of narratives included a change in the way teachers and students thought about teaching and learning.

Attending to Concernful Practices

The Concernful Practices were considered meaningful to students and teachers as they gather in learning and are an integral part of enabling Narrative Pedagogy (Diekelmann & Diekelmann, 2009). My research study emphasized the Concernful Practice of Listening: knowing and connecting, but the other Concernful Practices were still intra-related because they were always already a part of nursing education. For example, the type of gathering as a Concernful Practice, affected the other Concernful Practices, such as listening. In this example, if students and teachers were gathered in a competitive way, they may not listen in a way that provides understanding, but rather respond by arguing.

The Concernful Practices are considered neutral, which is neither positive nor negative (Diekelmann & Diekelmann, 2009) and educators can attend to them in various ways. Ironside (2014) discussed how teachers who enable Narrative Pedagogy explicate the Concernful Practice of inviting. Ironside (2014) discussed that “silence can invite teachers and students to practice being resolutely and steadfastly open to new

understandings or to jump in and take over” (p. 217). Inviting was attended to by teachers through the use of silence (waiting for a response) or by asking a question and remaining open to a dialogue. Through understanding this way of looking at the Concernful Practice of inviting, nurse educators can shift the way they think about nursing education away from just being content focused towards the philosophical ways of Being-with students in learning.

The way the Concernful Practices are attended to, may or may not make a difference in how they are experienced. For example, even if nurse educators do everything they can to create an open, welcoming environment in attending to *gathering* that does not necessarily guarantee a positive effect on *gathering* or any of the Concernful Practices. There is not a direct cause and effect created by attending to the Concernful Practices, rather identifying how they were considered meaningful in nursing education allows nurse educators to become more aware of how they reveal themselves in teaching and learning. The literature provided a way to extend understanding of the Concernful Practices as a phenomenon. One way *gathering* was supported in the literature was through how students prefer to participate when they are in a supportive environment and feel respected by the teachers and peers (Alkandari, 2012; Rocca, 2010). Researchers also identified the importance of cultivating a supportive environment by making eye contact, showing interest, and not cold-calling on students (Alkandari, 2012; Rocca, 2010).

Additional research indicated academic benefits (Rocca, 2010) through how teachers support students and those practices that may also inform the Concernful Practice of listening. For example, the study by Alkandari (2012) indicated the

importance of listening carefully to students when they are speaking. In order for the students to feel comfortable speaking, they need to be in that supportive environment emphasized by how they are gathering. This research by Rocca (2010) emphasizes academic benefits related to the environmental aspects of teaching and learning or to the learning community, which is always already a part of a nursing program. That supportive environment resonates in both educational literature and also found to be meaningful within the Concernful Practices.

Engendering Community Interpretive Practices

The experience of engendering community interpretive practices was important to enabling Narrative Pedagogy. Schooling, learning, and teaching were considered intra-related phenomenon, meaning they co-occur in a nursing program (Diekelmann & Diekelmann, 2009). As a co-occurring phenomenon, they occur together in the sense that teaching was a part of learning along with schooling. Rossetti and Fox (2009) showed in their study how characteristics of successful teachers were those that continue to learn along with the students. This research indicated that professors learn both from their students and by continuously refreshing their knowledge of content, even if they have taught the same course for years (Rossetti & Fox, 2009). When learning was considered a communal experience within the community of a nursing program, it was neither student-centered nor teacher-centered; they were co-learners together.

Within this communal experience it was identified how “in Narrative Pedagogy, it is the between that matters” (Diekelmann & Diekelmann, 2009, p. 496). What “the between” means is that neither the teacher nor the student are in the center of teaching and learning, but rather relinquish those roles in an effort to attend to learning together

(Diekelmann & Diekelmann, 2009). Through this research study, I am capturing the experiences of the phenomenon of interest, Listening: knowing and connecting, which provided insight into what was arising in “the between” of this communal experience of teaching and learning. A teacher expresses in the following how he or she knows and connects as listening with students in Diekelmann & Diekelmann (2009):

With each group you have to develop a sense of what they like and how they listen...but this is real hard because it isn't like they can tell you. In fact, sometimes when you ask students what they like, they give you the wrong answer because it isn't quite an answer to a question you're after. It's not like, do you like PowerPoint, yes or no? It's more like, what does learning look like in you? (p. 357)

The teacher tries to listen to his or her students each semester and each class to adjust his or her teaching based on their learning needs. The teacher becomes acclimated with students in a way that helps him or her *know and connect* and modify or adapt to what they need. Conventional pedagogies remain teacher-centered and discount the individual learning needs of students. This teacher was listening to his or her students when Narrative Pedagogy was attended to and connecting with them in a communal experience.

The literature in various disciplines outside of nursing offers some perspective on this common pedagogical concern of learning and how it relates to listening (Chew, 2014; Daniel & Chew, 2013; Fink, 2003). Chew (2014) discussed how learning was a shared responsibility between the teacher and student. When teaching and learning was considered a mutual responsibility, listening provided an avenue to attend to the student and understand their concerns about learning. Chew (2014) identified common student misconceptions about learning to include (a) learning was fast; (b) knowledge was composed of facts; (c) being good at a subject was due to innate ability; (d) multi-tasking

did not interfere with learning. When students envision the myth that learning is fast, then they may think that memorizing something equates to learning it. In some instances memorization may be considered necessary to learning, but memorizing facts was much different than learning to think through, and critically analyze a situation. When nurse educators have an increased understanding of these misconceptions about learning, it can provide a different perspective about incorporating alternative pedagogies as a communal experience.

As teachers and students share in this communal experience, it cultivates interpretation from multiple perspectives (Ironside, 2006; McAllister et al., 2009). When teachers invite multiple perspectives it gives students an opportunity to understand patient care in a different way. The understanding from multiple perspectives was also identified in the literature in terms of the social construction of knowledge and learning from each other (Brown & Adler, 2008; Bruning, Schraw, & Norby, 2011; Felix, 2005). Social constructivism focuses on how individuals co-construct knowledge with other individuals to construct meaning (Felix, 2005). The social construction of knowledge is based on the premise of learning from each other. Wenger (1998) described four components of the social theory of learning to include: community (social configurations), identity (learning changes who we are), practice (frameworks that sustain mutual engagement), and meaning (ways to experience life as meaningful). Through integrating these four components, social participation occurs as a process of learning and knowing (Wenger, 1998). The social theory of learning captured a different way of thinking about teaching and learning. Once again, the components of the social theory allowed educators to shift the focus away from the teacher-centered methodologies and

towards a communal experience of learning that emphasized learning from others to create meaningful experiences. This idea of the social construction of knowledge was correlated with the community interpretive practices of Narrative Pedagogy. The communal experience emphasized the social configurations formed within a nursing program and through interpretation, the experience was made meaningful. Wenger (1998) emphasized in social theory that knowledge was socially constructed and this complements the community interpretive practices of Narrative Pedagogy, enhancing the way students and teachers learn from multiple perspectives.

This social construction of knowledge is often emphasized in the educational literature through collaborative and cooperative learning models. The cooperative and collaborative models focused on the use of teamwork in teaching and learning (Goold, Craig, & Coldwell, 2008; Kanthan & Mills, 2007). In a study of ninety-five first year students Sarobol (2012) recognized that they liked and actually preferred the cooperative learning style over traditional methods when writing a paper for an English foundational course. This study by Sarobol (2012) was conducted with students collaborating in groups of four to six students each. The use of teamwork in cooperative learning was emphasized in the ways the team utilizes five key elements including: face to face interaction, individual accountability, group processing, positive interdependence, and interpersonal skills (Kanthan & Mills, 2007). The study by Kanthan and Mills (2007) also found the students acknowledged benefits to learning in this way and improved content assimilation.

Even though there were benefits recognized with cooperative and collaborative learning models, there were also challenges identified in the literature. Kanthan and

Mills (2007) identified challenges in implementing a cooperative learning model with students and teachers who have been socially enculturated with a traditional reward system recognizing individual achievements. A challenge they noted with a cooperative and collaborative learning environment included how these new pedagogical practices may require a new way of thinking about teaching and learning for both teachers and students (Kanthan & Mills, 2007). Gilkison (2011) also found challenges in her study with implementation of a narrative centered curriculum and the pre-configured role of education. The alternative pedagogies and the communal type of experience in Narrative Pedagogy were ways of thinking about teaching and learning that were different than the individual outcome and objective approach in traditional teaching methods. The collaborative methods acknowledge that all team members need to actively contribute and have clear directions from the teacher when they were working on their own (Capdeferro & Romero, 2012; Goold et al., 2008; Pinheiro & Simoes, 2012).

In efforts to engender community practices, the way listening was experienced can make a difference in these alternative approaches discussed above. Teachers enabled Narrative Pedagogy through engendering community and created a space for students and teachers to work together to interpret situations as they shared their experiences publicly. When nurse educators enabled this change, there was a shift in teaching and learning away from a competitive environment towards one of working together as seen in cooperative learning recognized by Kanthan and Mills (2007). When students and teachers collaborate, they pooled their knowledge and explore situations from multiple perspectives, rather than just one correct answer (Ironside, 2006). When students were able to think through the situation from multiple perspectives, it can help address their

need in facing the care of patients in a complex health care environment. The Concernful Practice of Listening: knowing and connecting can impact how the community practices are engendered.

Publicly Sharing and Interpreting Stories

Narratives may be defined as stories (Baumann, 2008; Charon, 2006), but they can also be referred to as an external representation of thought, a mental construct, or a text genre (Hazel, 2008). When nurse educators begin enabling Narrative Pedagogy, they may start by inviting a student to present a narrative in the classroom (Andrews et al., 2001; Ironside, 2004). One example from the literature about how narratives were used in the classroom was when a student shared a narrative and then other students were asked to pick out what stood out for them from what they heard (Ewing & Hayden-Miles, 2011). The teacher and students had a dialogue discussing various interpretations and offered multiple perspectives about the narrative. The fact they were able to dialogue about multiple perspectives was important to the use of narratives in teaching and learning. Sharing narratives in the classroom helps draw out the multiple ways of addressing situations that translate into patient care.

Narratives are being used in various ways for educational purposes both in nursing and other health professions as a way to gain a better understanding of patients' experiences with their health concerns (Charon, 2006; Law, 2011; Swenson & Sims, 2000). One of the ways narratives were being used in other health professions was through a program called Narrative Medicine. Narrative medicine was considered a specific type of educational practice, and Columbia University offers this program to any type of health professional as a Masters in Science degree (Columbia University, 2013).

“Narrative Medicine” was described as “medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness” (Charon, 2006, p. 3). Through the work of narrative medicine in the educational setting, Charon (2006) proposes health care professionals can become more attuned to understanding patient experiences. Narrative medicine was similar to Narrative Pedagogy in the way the teachers were encouraging a conversation between the teacher and student through narratives (Charon, 2006; Ironside, 2006). Narrative medicine was also similar to Narrative Pedagogy where narratives may be used in the classroom as a teaching strategy, but Narrative Pedagogy actually encompasses more than just an expression of stories (Young, 2004).

The literature supports the use of narratives to transform thinking (Glonek & King, 2014; Kumagai, 2008; Nicholson, 2010). Glonek and King (2014) found the use of narratives in a communications course helped students retain more information than when the same information was presented by traditional lecture. The study by Glonek and King (2014) used a narrative that was not compelling, but rather mundane in nature. The researchers did this as not to detract from the other measurements of lecture within the study. Glonek and King (2014) also found the use of narratives may vary in efficacy depending on the type of content discussed. For example, content presented in the upper level classes requiring more synthesis, may be best served from a different type of teaching strategy. This finding was important to my study as well given the fact Narrative Pedagogy was not merely about presenting a narrative. Narrative Pedagogy research emphasized coming together in teaching and learning and how students and teachers connect in that communal experience.

Nicholson (2010) found when using simulation combined with Narrative Pedagogy, nursing students scored higher on their first performance scores when compared to the two other teaching strategies that did not use Narrative Pedagogy. The authors in the study by Nicholson (2010) described Narrative Pedagogy in terms of using narratives mid-simulation and at the end as a teaching strategy, which does not necessarily fully encompass the pedagogical practice of Narrative Pedagogy. The narrative helps create a dialogue about the experience between students and teachers and there is something more to the experience than just the narrative. Much of the literature focuses on a description of how narratives were used in higher education as a strategy, rather than on the shared experience associated with the narratives and the impact it makes on learning. When students and teachers publicly share their experiences through the use of narratives, this engages them in a communal experience (Ironside, 2003; Ironside, 2006; Scheckel & Ironside, 2006). The use of narratives as a strategy helps educators enable Narrative Pedagogy in various ways while attending to publicly sharing and interpreting experiences, but it is not merely about the strategic use of narratives.

The Challenges of Narrative Pedagogy Research

Some of the literature reflected Narrative Pedagogy research where it was reduced to one particular outcome or through a class where the teacher used narrative as a teaching strategy (Beard & Morote, 2010; Evans & Bendel, 2004). Beard and Morote (2010) used a narrative teaching strategy during a class and a podcast before the class. They used a survey before and after the class to see if students were meeting learning objectives. This study was based on one class at one time and the study indicated students did meet learning objectives after the thirty minute class. The study was not

measuring Narrative Pedagogy, but rather a narrative strategy and a podcast. Outcomes can be somewhat reductive in nature and may not encompass all aspects of the phenomenon. Narrative Pedagogy encompasses more than just a teaching strategy, which causes difficulty when trying to reduce it to one measureable outcome.

Another study by Evans and Bendel (2004) tried to measure cognitive and ethical maturity with Narrative Pedagogy. Cognitive and ethical maturities were not concepts associated with Narrative Pedagogy research. Evans and Bendel (2004) used constructs that were developed out of a quantitative paradigm not specific to Narrative Pedagogy. According to Shadish, Cook, and Campbell (2001), in order to make inferences about the sample participants applicable to the higher order constructs they represent, the researcher must choose a construct that will adequately reflect what is being measured. Evans and Bendel (2004) went further on in their study to state, “the study could not pinpoint Narrative Pedagogy as a ‘best practice’ in nursing education” (p. 194). The leap made in this study, using measurements from a different paradigm, and trying to determine if they would be generalizable as best practice was poorly conceived by the researchers. These challenges identified provide a way to inform future research of Narrative Pedagogy.

In a multi-method study of Narrative Pedagogy, Ironside (2003) identified a mismatch between her findings on a quantitative survey used to measure classroom environment and the qualitative results. An example of this from the Ironside (2003) multi-method study indicated on the quantitative portion a statistically significant response that students were not able to get to know one another, but on the qualitative result, the students talked about how well they get along and their shared excitement for

nursing. The survey she used was the College Classroom Environment Scale (CCES), traditionally used with measurement in conventional pedagogical settings (Ironside, 2003). She discovered many of the conventional pedagogies measure cognitive gain and this was not an effective way to measure the alternative pedagogies arising from a different paradigm (Ironside, 2003).

Quantitative studies in higher education were often limited in what they added to the understanding of teaching and learning. A literature review by Behar-Horenstein and Niu (2011) examined the protocols and measurements of critical thinking assessment in college students and differences among those studies. It was identified through this review how both qualitative and quantitative measures were important in assessing critical thinking skills and that the generalizability of these studies were often confounded by multiple variables (Behar-Horenstein & Niu, 2011). I also found through reviewing the quantitative studies of Narrative Pedagogy that they were often limited in generalizability in respect to threats to validity or provided a misrepresentation of Narrative Pedagogy. The threats to validity in the studies revealed how they were either small in number of participants (Beard & Morote, 2010) producing low power, or there was an incongruity between the number of participants in the control group compared to the intervention group (Evans & Bendel, 2004). Maturation was also a threat to validity considering the multiple variables that contributed to the effects of treatments with these studies attempting to quantitatively measure Narrative Pedagogy (Beard & Morote, 2010; Evans & Bendel, 2004). There could have been multiple variables that were not controlled in the designs of these studies. The challenges discovered through this literature review helped provide insight into how this study was designed.

Summary

Narrative Pedagogy is site specific and is always already in a nursing program. For nurse educators to enable Narrative Pedagogy they (a) attend to the Concernful Practices; (b) publicly share and interpret stories; (c) engender community. I identified in the literature certain aspects of incorporating narratives in a curriculum. Important findings were reported in the literature about a narrative centered curriculum, such as: importance of listening to each other and their patients, learning empathy through narratives (Capone, 2010), and how there may be a mismatch between incorporating a narrative centered approach and the prefigured world of education with a traditional objective-based curriculum (Gilkison, 2011). In addition to the research surrounding a narrative centered curriculum, the use of narratives in general was also explored. Much of what was discovered in the literature about narratives was more about the strategy of incorporating a narrative. There were several descriptions of how to use a narrative as a teaching strategy, but minimal research about how the narratives impact the communal experience. The literature supporting information about the communal experience related to collaborative and cooperative learning models encouraging teamwork. Connections between what was important for collaborative and cooperative experiences and some of the challenges were identified. Insights were identified with the communal experience of education and how this aids in interpretation from multiple perspectives. When students and teachers collectively share their thoughts, this can extend to how students learn to balance complex patient care situations. When group work was elicited, students and teachers collaborate and discuss multiple perspectives instead of just one right answer.

The literature provided insights into the communal experience which extends to teaching and learning when enabling Narrative Pedagogy.

Finally, a discussion was presented about the challenges of Narrative Pedagogy research. Narrative Pedagogy was based on a qualitative paradigm developed from hermeneutic phenomenology. The methodology used to research Narrative Pedagogy should match what was being proposed to be studied. Alternative pedagogies do not lend themselves to be studied in the same way as conventional pedagogies. Constructs should match the paradigm being investigated by researchers. With Narrative Pedagogy, it was clear there was a mismatch in some studies with the constructs used and what was intended with Narrative Pedagogy.

The findings of this literature review led me to the research question: “How do teachers who enable Narrative Pedagogy experience Listening: knowing and connecting?” This question will provide much needed insight into the literature as an extension of Narrative Pedagogy research and will expand how Listening: knowing and connecting were considered meaningful to nursing education for teachers. The methodology I chose to study this phenomenon was hermeneutic phenomenology which emphasizes the lived experiences of the phenomenon of listening. Set in hermeneutic tradition, I remained open to the possibilities of what would be found from the data analysis. The next section further explains my methodology and how the data was analyzed.

Chapter 3

I am particularly interested in the Concernful Practice of Listening: knowing and connecting as a phenomenon that is considered meaningful in nursing education. The research question I addressed was “how do teachers who enable Narrative Pedagogy experience Listening: knowing and connecting?” This phenomenon was not one that can be reduced to a mere list of outcomes defined as commonly seen in quantitative studies. Through interpretation of the interviews, I provided an analysis of what I learned about how teachers have experienced Listening: knowing and connecting when enabling Narrative Pedagogy.

My research question was best studied using the qualitative method of *hermeneutic phenomenology*. Hermeneutics is a type of phenomenology in which the goal is to gain understanding of the lived experience and being in the world (Speziale & Carpenter, 2011). Edmund Husserl was the founder of phenomenology in the 1800’s, and, over time, varying types of qualitative research expanded and changed upon his idea of phenomenology. Benner (1994) describes hermeneutics as the science of interpretation, dating back as far as the seventeenth century. Benner (1994) further proposed that hermeneutics helps the researcher gain understanding rather than explaining phenomena as indicated in other research paradigms. A phenomenon is an entity that shows itself as something (Heidegger, 2008).

I am studying the phenomenon of Listening: knowing and connecting. This phenomenon is not something that just shows itself as merely the ontic expression of hearing the verbal language or making eye contact, but rather a phenomenon that needs to be interpreted in order to be understood. Phenomenology can be described as the how of

research (Heidegger, 2008; Mitchell, 2013). At the Institute for Hermeneutic Phenomenology (IHP), Mitchell (2013) distinguished between phenomenon, phenomenology, ontology, facticity, and hermeneutics, which I will refer to throughout this section to further the understanding of hermeneutic phenomenology.

Phenomenology allows the researcher to get to ontology (Mitchell, 2013). Ontology was the doctrine or study of beings (Heidegger, 2008; Mitchell, 2013). Being was not necessarily defined as a human, but rather how humans interact with their world. Various philosophical perspectives were used to inform hermeneutic phenomenology, including key philosophers: Heidegger, Gadamer, Ricoeur, Merleau-Ponty, and van Manen. The work by Heidegger and Gadamer has primarily informed my interpretations of the interviews in this study. I will further explain the use of this philosophical terminology and basic understandings of the philosophy in the following paragraphs and throughout the data analysis.

Such thinking represents a shift from an epistemological concern of what it is to know something, to an ontological question about how we know something (Benner, 1994). In order for a researcher to get to the ontological sense of listening, hermeneutic phenomenology can be used. The ontological sense of listening includes those everyday experiences that teachers may not always recognize in nursing education. This can also be described as facticity or our own way of being at a particular time (Heidegger, 2008; Mitchell, 2013). When the facticity was understood in terms of hermeneutic phenomenology, the phenomenon discussed was based in temporal situatedness, which means experiences were uncovered by the researcher at that particular time. Hermeneutics, in this sense, was always historically situated because it was based on that

time and place. Hermeneutics has been defined as the science of interpretation (Benner, 1994), a way of existence (Mitchell, 2013), and making known how being is in relation to something else (Heidegger, 2008). Hermeneutics may also be considered an interpretation of facticity in which investigators attempt to articulate how facticity is encountered (Heidegger, 2008). Hermeneutics allows a researcher to get to the everyday, taken-for-granted experiences of *listening* through interpretation. Hermeneutics that is derived in the human sciences today is primarily based on these early writings of Heidegger (Benner, 1994).

As a researcher in this field, I have pre-understandings which Heidegger referred to as “fore-structure” of understanding (Benner, 1994; Grondin, 1994). These pre-understandings were part of the world which I have experienced. The world according to Heidegger means our personal world, not necessarily the structure of our environment or our geographical location (Palmer, 1969). What I brought into this research can further be delineated by the tripartite of *fore-having* as practical familiarity, *fore-sight* as my point of view, and *fore-conception* as some expectations I may have had about the research (Benner, 1994; Mitchell, 2013). Acknowledging those pre-understandings as that tripartite enabled me to be more aware and make those understandings explicit during the study. I also entered this study with an understanding of these shared human practices. This understanding was meaningful, and I was only able to interpret something as something because of my pre-understandings. Also, by recognizing my pre-understandings, it helped me realize when my interpretations may have been limited. In Chapter 1, I presented my pre-understandings in relation to this research.

Temporality was a word used in Heideggerian phenomenology that was the fundamental structure of Dasein and being human (Parsons, 2010). Temporality refers to the human experience where there was a veiling and unveiling with things in the world (Harman, 2011). Humans interact with their environment and the objects in the world, and, according to Heidegger (1962), this was a depiction of *being in the world*.

Temporality was important to this research as it emphasized how Narrative Pedagogy was historically situated and was based on that particular time of being in the world.

Heidegger referred to being a part of the world as being ready-to-hand, present-at-hand, and unready-to-hand (Benner, 1994). The taken-for-granted and everydayness of the experience was considered ready-to-hand (Benner, Tanner, & Chesla, 1996).

Heidegger (1962) used the example of a hammer with how objects were encountered.

When a hammer was used as a tool to pound a nail, characteristics of it were not recognized. This was considered the unrecognized or ready-to-hand aspects of the hammer. For example, one may not notice the handle when using the hammer until it breaks. When the hammer breaks or becomes unusable, it was then recognized by the user of the tool and becomes unready-to-hand. The characteristics of the hammer are now evident because something happened that made the user pay attention to it. When I analyzed the texts of the interviews, I looked for the ready-to-hand experiences of listening. The focus of the interpretation included the everyday, taken-for-granted experiences of Listening: knowing and connecting for teachers.

Participants

The participants in this study were nine nurse educators and one midwifery educator who had chosen to enable Narrative Pedagogy in their teaching practices. I

recruited volunteers for the study through word of mouth and email distribution lists of those teachers who had attended Narrative Pedagogy conferences. This was considered a multi-site study since each of the participants was from a different school. The study was also an international study because participants were recruited both inside and outside the United States. I interviewed each participant one time in this study and then re-interviewed three of the participants a second time to collect more data. I have provided a description of each of the participants. They were assigned fictitious names in an effort to maintain confidentiality.

Betty. Betty was a nurse educator and currently served in a leadership role at her institution. She embraced Narrative Pedagogy for about the past seven years after attending a conference where Diekelmann was a presenter. Betty was unsure about how Narrative Pedagogy would be received by the nurse educators at her school, considering the faculty consisted of teachers who were very experienced in the methods they traditionally used for teaching. Betty and a few other faculty started meeting shortly after the conferences and before long it was a part of the entire curriculum.

Frieda. Frieda had been a nurse educator for many years and was very concerned with incorporating the most research-based methodologies into her own teaching practices. What resonated with her from various nursing conferences was how nursing programs were still too often teaching to a healthcare system that did not exist anymore. The role of the nurse has changed dramatically in the past twenty years and Frieda believes nursing education needs to change to reflect this transformation.

Heather. Heather was in the role of administration at her nursing program and she continues to teach various classes at her school. She began her understanding of

Narrative Pedagogy by reading *Schooling Learning Teaching* by Diekelmann and Diekelmann (2009). When she started her journey with Narrative Pedagogy she thought of it as a way to teach using stories. Heather soon realized it was so much more than just a strategy and how the Concernful Practices really resonated with her. Heather believes in creating an open environment where students feel that they are listened to. She shared experiences about listening that revealed important discoveries through the interpretation of her interview that she did not even realize herself.

Darla. Darla has been a nurse educator for over thirty years and in the past has served in leadership positions at her school. She has embraced Narrative Pedagogy for several years and admits it was not necessarily part of her nursing curriculum, but a part of her, as a teacher. She thinks Narrative Pedagogy was about a community experience and an integral part of teaching and learning.

Gina. Gina had been teaching in an undergraduate program for less than ten years. Gina says Narrative Pedagogy really changed how she viewed nursing education because she thought the only way to teach nursing was through the use of slides because that was how she had been taught. She realized she could have a conversation with her students and learn so much from what they had to say. She now uses movies, pictures, stories, and case studies to elicit a conversation about the content.

Aleah. Aleah was a nurse educator who has been in leadership positions for much of her career. She has been presented awards for her outstanding performance and service to students and believes in putting students first. Aleah has been familiar with Narrative Pedagogy since the mid-nineties and was involved in the early teleconferences offered by Diekelmann and Ironside. As Aleah understood more and more about

Narrative Pedagogy, she encouraged faculty at her school to further their knowledge about it too. Shortly after the teachers were involved in those early conferences, Narrative Pedagogy became an important part of their overall curriculum. Her energy and excitement for enabling Narrative Pedagogy was quite evident.

Cari. Cari was a nurse educator and a leader at her school who, in the past, was looking for ways to build a community of learning in their program. She attended a conference and learned about Narrative Pedagogy several years ago and thought these research-based findings would be a nice complement to their educational environment. Cari provided faculty with the tools they needed to succeed in this endeavor and it really made an impact within the nursing community at her school.

Elaine. Elaine has fully embraced Narrative Pedagogy in her teaching practices over the years. The Concernful Practices were just a part of who Elaine was as a teacher and she often uses the language of the Concernful Practices when talking with students. Elaine invites students to think about something in the classroom and preferred to use questions to stimulate thinking.

Ida. Ida was one of the early adopters and pioneers of Narrative Pedagogy and was excited to share her experiences with me. She teaches in numerous courses throughout the curriculum and has published several articles surrounding research in nursing education. Like many other teachers have said, Narrative Pedagogy was just a part of who she was as a person. Ida realized it was challenging to make connections with students when so much is at stake with grades.

Jayna. Jayna teaches at a university that has embraced Narrative Pedagogy as a part of their curriculum. She remembered back to those days and the teachers who made

a difference in her education; they were the ones who demonstrated an interest in her as a person. Jayna believes there was a different level of learning for the students in a collaborative model rather than a didactic lecture. Jayna has overcome many challenges when embracing the new ways of teaching and learning.

Ethical considerations

My research qualified as an exempt study through Indiana University Institutional Review Board (IRB). The research was considered exempt because it was considered to be of minimal risk of harm to the participants. I conducted individual interviews with the participants and their participation in the interview was completely voluntary. The participants received a study- information sheet before agreeing to participate. They were assigned fictitious names in an effort to maintain confidentiality. Information about data collection and its protection is discussed in the next section.

Data- Collection

Data was collected from the participants by an individual interview either in person, by phone, or through video communications over a span of two years. The interviews lasted 45-90 minutes each and were recorded using an audio-only digital recording device. I re-interviewed three of the participants when I was at a point in the analysis where more information was needed. The audio recordings were secured in a locked file cabinet. A hired transcriber, who was not a researcher and had no connection with the research, transcribed the interviews. I listened to the recordings while reviewing the transcribed texts and corrected any typographical errors. I protected the participants by de-identifying the transcripts including removing names, work environments, and other people mentioned during the interviews that could have revealed the identities of

the participants. Pseudonyms were assigned for the names of the participants to protect identity.

I am the only person who performed the interviews for this study. I have prepared myself for several years through the doctoral coursework at Indiana University to conduct this research. I have been intensely studying Narrative Pedagogy, hermeneutic phenomenology, and nursing education for the past several years at Indiana University. I have attended and presented at national and international conferences to gain understanding of Narrative Pedagogy and hermeneutic phenomenology. I have also participated with other researchers in the interpretation of their data for hermeneutic studies. Through participation in interpretation of other hermeneutic studies, I have gained experience and greater understanding of the research methodology prior to completing my own study.

In hermeneutic phenomenology, the interviewer asks the participant open ended questions surrounding the phenomenon of interest (Benner, 1994). I conducted unstructured interviews with the participants in this study. The questions were considered unstructured because with hermeneutic methodology, the researcher remains open to possibilities for what may also arise during the interview that the researcher did not necessarily expect. In this study, I was not looking for one correct response from the question, but rather how the teachers experienced *Listening: knowing and connecting* as a Concernful Practice in this study. Table 2 contains examples of the research questions that were asked during the interview.

Table 2
Sample questions

What does it mean to you to have experienced Narrative Pedagogy?
Can you give me a for instance about_____?

Can you tell about a time you experienced when you were listening or were being listened to by students? Can you describe how you would know if listening were occurring?
Can you give me an example of_____?

Can you tell about a time when you experienced when you did not listen or were not being listened to by students? Can you describe how you would know you were not being listened to or you were not listening?
Can you give me an example of_____?

Have you found times when you really feel you have connected with students?
(yes) Can you tell me about that? (no) Can you say more about that?

During the interview, I allowed ample time for the participants to respond. I also provided probes when needed during the interview such as: “tell me more about that”, “go on”, or “and then what happened”. Through using probes in the interview, I was able to hear more about the participants’ experience by allowing them to expand with examples. During the interviews, I remained focused on the phenomenon of Listening: knowing and connecting, but would ask questions based on the participant’s responses that would further explore the experience they were discussing at that time.

Rigor

In quantitative methodology, there is a tradition of measuring rigor through validity, generalizability, and reliability (Janesick, 2003). In quantitative work, however, the results are testable or can be validated. In qualitative work, the interpretive accounts are evaluated, not tested (Benner, 1994; Madison, 1988). With qualitative work, there was not one general consensus about how to investigate the rigor of a hermeneutic phenomenological study (Benner, 1994; Janesick, 2003; Madison, 1988; Rolfe, 2006).

One difficulty with trying to identify a way to measure rigor relates to the fact not all research methodologies were merely quantitative or qualitative (Rolfe, 2006). Even within the qualitative paradigm, the methodologies vary in structure both epistemologically and ontologically (Rolfe, 2006). The challenge lies in choosing a method of evaluation that will match this research study of hermeneutic phenomenology.

Madison (1988) is referred to frequently in hermeneutic phenomenology in respect to maintaining rigor. Rigor was based on the evaluative process, rather than on specific testable methods. Benner (1994) acknowledges that Madison's principles of evaluation were consistent with the philosophical underpinnings of Heidegger. I chose to use seven principles of evaluation presented by Madison (1988) to evaluate rigor of my work. The seven principles are listed and described briefly in table 3.

Table 3: Seven Principles

Coherence: The research creates a unified picture
Comprehensiveness: The research represents the whole of the participants
Thoroughness: The research addresses all the questions posed
Contextuality: The contextual nature of the text is preserved
Agreement: The research agrees with what the text states
Suggestiveness: The research raises questions of future inquiry
Potential: Possibilities are uncovered for future events

Madison (1988)

I referred back to Madison's (1988) principles several times throughout the research to ensure I was maintaining rigor within the study. Feedback was provided by the dissertation committee and a peer reviewer. The dissertation committee was involved throughout the analysis and provided feedback on the ideas. The dissertation committee consisted of experts in the field of nursing education and hermeneutic phenomenology. The peer reviewer was an experienced nurse educator who I consulted at the end of the analysis to review the themes to see if they seemed to resonate with the experience of

listening as a nurse educator. The peer reviewer provided an outside perspective from a nurse educator who had not been involved with the study or the analysis. The coherence and comprehensiveness was checked as the interpretation grew and matched what seemed to be a unified picture of the participants. The thoroughness was addressed by making sure I completely looked at all aspects of listening and was compared to what was already in the literature. The agreement and contextual nature of the text was maintained because the text presented was verbatim what the participants said with only minor text editing needed. I also addressed the contextual nature of the text by consulting with the dissertation committee for feedback on interpretation of the text and matching with philosophical ideas. I was able to identify research findings that solidified suggestiveness and potential for future inquiry throughout the entire study and the main ideas were addressed in the discussion section of this paper. The rigor was maintained throughout each phase of the study.

Data Interpretation

Data interpretation can include such actions as reading and re-reading, writing and re-writing, dialogue, and thinking about how the text relates to philosophical works. There was not one particular way to perform data interpretation with hermeneutic phenomenology, but rather several approaches found in the literature (Benner, 1994; Benner et al., 1996; Crist & Tanner, 2003; Fagerberg & Norberg, 2009; Lindseth & Norberg, 2004; Parsons, 2010; Smythe, Ironside, Sims, Swenson, & Spence, 2008). I reviewed the literature and developed the procedure for data interpretation I used based on those previous approaches.

Data were analyzed through interpretation of the participant interviews. The purpose of using hermeneutic phenomenology as a methodology for data analysis was to develop plausible interpretations based on the data provided (Nehls & Vandermause, 2004). By using hermeneutic phenomenology, I was trying to understand the meaning of listening as a Concernful Practice through interpretation of their experiences. I used the principles from Madison (1988) that were listed earlier in this section for maintaining rigor throughout all phases of the study. The following six phases were used in the interpretation of the text. They are presented in a sequential, linear manner, but I did move back and forth between them. These six phases were derived from a review of the various approaches found in the literature.

Phase 1: transcribing and naïve understanding. After each interview was conducted, I sent the audio recording to the transcriber to be placed into a written text format. The transcriber used verbatim the words from the participants. After transcription, I listened to the audio recording while reading the written text to ensure the accuracy of the transcription. Next, I carefully read the text to remove any identifying characteristics of the participant including names, places of employment, or anything that could reveal the participant. After I de-identified the text, I placed it in MaxQDA computer software for organizing qualitative data. MaxQDA does not analyze data, but rather provides a way that I can organize the text all in one area. After that, I read the text in its entirety without pausing or making any comments. The first readings provided a naïve understanding (Fagerberg & Norberg, 2009) and I developed beginning understandings of the text.

Phase 2: dwelling and releasement. The dwelling and releasement phase of data analysis was when I developed initial understanding of the experiences of the participants. Dwelling can be thought of as the way I entered the text and releasement refers to choices I made regarding my initial understandings.

First, I addressed dwelling with the text. Once I read each individual interview several times, I began to mark the areas with which contained stories the participants' told about their experiences with highlighting and comments on the text within MaxQDA. The areas I identified in MaxQDA were ones I understood as important to the meaning of the experiences of Listening: knowing and connecting for the teachers. Once I highlighted the areas within MaxQDA, I wrote about my initial understandings of each of the participants in a separate Word document.

My first understandings were then shared with the dissertation committee and were discussed. As I was reading, writing, and having this dialogue, I was dwelling with the data, meaning that new understandings came to me through this process (Smythe et al., 2008). Diekelmann and Diekelmann (2009) associate the word "dwelling" as having similar properties to "whiling". "Whiling" means to be there (temporally) for a while (Heidegger, 2008). While I was in this phase I was actively "dwelling" with the data. What I mean by "dwelling" was that I was taking a longer period of time to read, write, think, and dialogue about the participant's experiences in an effort to gain understanding. The dwelling phase consisted of writing and re-writing as I gained greater understanding of the participants' experiences.

During Phase 2, I also recognized I needed to remain open to multiple possibilities for what may show up during initial understandings of experiences, which I

equate to releasement. The purpose of hermeneutic phenomenology was not to provide answers to research questions because that closes off thinking (Smythe et al., 2008). The idea here about not necessarily providing answers in this phase was to allow myself to remain open to other interpretations of the text. Heidegger (1966) states, “Releasement toward things and openness to the mystery belong together. They grant us the possibility of dwelling in the world in a totally different way” (p. 55). Releasement has several connotations including composure, calmness, unconcern, and letting the world go (Heidegger, 1966). During this phase I made a connection with my pre-understandings and needed to persist in questioning what else the participant was saying (Smythe et al., 2008). By remaining open during the dwelling and releasement in this phase, I was able to create multiple possibilities of the individual participant’s experiences. Those possibilities were not known to me initially, but through the interpretations, I was able to remain open for what may show up. These multiple possibilities will be further discussed in the data analysis.

Phase 3: initial interpretation. The next phase involved identifying initial interpretations of the data. I took the stories I had highlighted in MaxQDA during Phase 2 and organized on a Word document according to how they seemed to match other stories from participants. When I would look at two or more of the stories the participants told, I would start to make an initial interpretation and began writing my impressions in a Word document including more than one participant. The stories in this phase of interpretation were simply ones that seemed to speak to the experience of the participant. These interpretations were then shared with the dissertation committee as a way to dialogue about my initial interpretations. I continued writing in this phase by

including anywhere from two to six participants in these initial interpretations. At the same time I was writing these interpretations, I continued interviewing new participants and beginning at Phase 1 with each new set of transcripts.

During Phase 3, I would refer back to those initial understandings from Phase 2 in order to gain perspective on the interpretations for Phase 3. In this phase, I was making interpretations by looking for similarities in what the participants were sharing. I used the same methods to organize the data in MaxQDA and to help offer perspective on the participant's experiences. These initial interpretations were ideas that seemed important to the teachers and similar in nature for the participants. I also consulted philosophical texts for ideas on what seemed to match the experiences of the participants. I was able to identify areas of philosophy that seemed to match what the participants were saying in this phase so some preliminary ideas were included.

Phase 4: exemplars. The next phase involved identifying exemplars from the participant's texts. The exemplars represented *common meanings* across the participants' transcripts (Benner, 1994; Crist & Tanner, 2003). A *common meaning* was a story from a participant that was similar to other interviews and one that matched the phenomenon pertaining to the Concernful Practice of Listening: knowing and connecting. I also used exemplars in this phase to demonstrate how the participants' experiences contrasted. I used exemplars as examples from the participant that seemed to resonate across the texts of other teachers.

In this phase, I continued to build on my initial interpretations by including more philosophical perspectives, my pre-understandings, and support from the literature. By including those as frames of reference and matching them with the participants'

experiences, it helped me gain perspective of the interpretations. I was cognizant of those pre-understandings about nursing education that I brought to the interpretation and they also became a part of the data analysis. In addition to philosophical work and my pre-understandings, I included literature that was pertinent to the participant's experiences in these exemplars. In this phase I remained close to the participant's experiences, while adding supporting literature. I was mindful of maintaining that exemplar and expanding on that experience with the literature.

Phase 5: paradigm cases. From the exemplars, I was the able to identify Paradigm Cases. Paradigm Cases are strong instances of ways of being in the world (Benner, 1994). They are exemplars that represent what the experience was like for the participant as fully as possible. During the interpretation of the data, the exemplars should stand out to the reader as a way to engage in the world of the participant (Benner, 1994). Exemplars became a Paradigm Case and helped provide meaning to the reader about the participant's experiences.

During this phase, I edited the Paradigm Cases to remove any grammatical errors and made them easier to read because the way a person talks during the interview was not the same manner that comes across in a text. This was a necessary step to capture the true meaning of the experience. The editing process did not remove any part of the context of what the participant was sharing. I also continued to use the philosophical perspectives and literature to interpret the experiences.

Most of the interviews were completed before this phase, but there was one interview that was still being conducted when I entered this phase. I was able to go back through the each phase with that last interview and see how that participant seemed to

correlate with the interpretations thus far from the study. Having the last participant interview after most of the interpretation was completed provided support to the findings of the study. As the last participant's experiences seemed to match the interpretations of the analysis, therefore, I determined I did not need to interview anyone else in addition to the ten participants.

Phase 6: themes. Throughout this process of identifying stories, exemplars, and Paradigm Cases, a name for how they were understood was identified. This name was considered the theme of the Paradigm Cases. The name was used for what stood out in the findings through the interpretation. I remained open to how that name may change based on the deeper interpretation. During this phase, the themes were identified from the Paradigm Cases and the literature was expanded. I pulled together the Paradigm Cases that fit together as a theme and came up with themes that seemed to resonate from the ten participant's experiences. The interpretations consisted of presenting the participant's experience and then providing an in-depth interpretation. The in-depth interpretation consists of how philosophical works inform the interpretation and literature that seemed to support or add insight into the interpretation. Throughout this interpretation, I remained close to the actual experiences of the participants.

Next, I reviewed these themes with members of the dissertation committee, as well as, a peer de-briefer. The members of the dissertation committee are well versed in hermeneutic phenomenology and nursing education. The peer de-briefer was a nurse educator who reviewed the themes to see if they resonated with the experiences of being a nurse educator. The dissertation committee members and peer de-briefer provided added perspectives of the interpretations. Each person reading the interpretations brought

their own pre-understandings to the dialogue, which helped me see my interpretation from another point of view. Once I did get to this phase, it was found that I needed to re-interview 3 of the participants to extend the interpretations. The second interviews lasted around 30 minutes with each participant. I remained open the entire time for interpretations or names of themes that may have evolved in the final phase of the study.

Chapter 4

Listening as Dialogue

The teachers I interviewed enabled Narrative Pedagogy in their teaching and learning practices. Two themes emerged from this study: Listening as Dialogue and Listening as Attunement. The themes contain the *as* to suggest listening *as* something and within each interpretation, listening was presented as the theme that was identified. Heidegger (1962) describes *as* being used in this way by “letting something be seen in its togetherness with something – letting it be seen as something” (p. H.33). First, I will discuss the theme Listening as Dialogue and explore how listening was seen as dialogue from a phenomenological sense.

Listening always already occurs as a part of teaching and learning, but how did teachers who enable Narrative Pedagogy experience listening? Once the interpretation of the experiences began to unfold, I discovered how important the phenomenon of dialogue was to the experience of listening. According to Heidegger (1962), dialogue contains existential characteristics of Dasein’s being. Dialogue, when described as existential, suggests something an individual brings to the exchange of ideas relating to his or her understanding of existence in the world. The intelligibility of dialogue encompasses talking and hearing (Heidegger, 1962). Hearing was more than just apprehending the prescribed directions to something, but rather, philosophically speaking, a reflective experience. The dialogue includes a reciprocal exchange in which listening also occurs. According to Heidegger (1962), engaging in dialogue or communication involves a Being-with.

Through it a co-state-of-mind [Mitbefindlichkeit] gets ‘shared’, and so does the understanding of Being-with. Communication is never anything

like a conveying of experiences, such as opinions or wishes, from the interior of one subject into the interior of another. Dasein-with is already essentially manifest in a co-state-of-mind and a co-understanding. (Heidegger, 1962, p. H. 162)

As Heidegger (1962) described, dialogue is not simply the conveying of experiences, but rather a way of co-understanding another's view of the world. It was not only about listening in an outward sense, merely hearing another person, but about listening to better understand his or her way of Being-in-the-world. Dasein should not be considered as "I" or an individual, but could stand for any person. Being can be considered the *being* of an entity (Heidegger, 1962). A Being-with others when gaining understanding of *being*, this belongs to Dasein (Heidegger, 1962).

Gadamer (2004) discussed *dialogue* and the notion of really considering another's opinion by relating it to the art of thinking and not necessarily arguing or disagreement. Dialogue was a way to gain understanding through language about another's world view. Dialogue serves a purpose of strengthening what is said and ensuring that another is with us in the dialogue (Gadamer, 2004). Dialogue can alter or extend how one previously thought about something. According to Gadamer (2004):

To conduct a conversation means to allow oneself to be conducted by the subject matter to which the partners in the dialogue are oriented. It requires that one does not try to argue the other person down but that one really considers the weight of the other's opinion. (p. 360)

Important to the dialogue was an understanding of all voices (points of view) that may be heard or not heard. From that perspective, what was understood was not merely only the spoken word, but also the unspoken or implied words. The understanding may also include a point of view that was not involved in the dialogue at the time, but may still be considered.

When I interpreted the participant's experiences with listening, I took into consideration multiple pedagogical and philosophical perspectives. Narrative Pedagogy was not based on one particular strategy or pedagogy, but rather emerged through multiple pedagogies within teaching and learning. The participants discussed ways they were open to the dialogue that was created through publicly sharing experiences. The dialogue was identified as important to listening because it represented Being-with others in the experience. In this study, participants discussed how they were experiencing teaching and learning, and through this, the phenomenon of listening shows up within a dialogue. The participants provided examples of strategies, stories, and experiences that provided insight into listening.

As I discuss some of these strategies the participants shared, I am not claiming that using a particular strategy was how the teacher attended to or experienced listening, but rather offering the example of a strategy as a way to understand the experience of listening. One of the teachers, Elaine, described how she used questions in her teaching and encouraged dialogue during class.

Starting out with an experience, getting them to think about something, and then talking about it, having a reflective dialogue, engaging this as a community, I mean that's all Narrative Pedagogy, you know, community reflective dialogue, and then the rest of my discussion we go through that example, then I just have five or six questions that I've raised about prioritization and what does it mean to prioritize patients? What does prioritization mean? That's the first one, and then we just come up with a whole bunch of meanings, and then it's like, yeah, that's one meaning, it means safe nursing practice. What's another meaning, and I'm just constantly doing this, what's another meaning of it? Well, it means that there's time efficiency involved maybe, and maybe it means that nurses have to order their thinking, I mean there's like twenty, thirty, different meanings that could be involved here. And so it's just kind of pointing; helping students figure all that out. So, I just raise questions for thinking and then we dialogue about that and then we go onto the next questions for thinking. So a lot of the work ahead of time and preparing for this

presentation is just trying to figure out interesting questions, thought provoking questions.

For Elaine, questioning and responding were clearly a part of dialogue created in the classroom. Elaine was creating a space for dialogue and would even take time to prepare for class by figuring out “interesting questions, thought provoking questions.” She was doing the preparatory work and identifying she wanted students to answer questions in a way that would help them think of multiple possibilities. Her approach stands in stark contrast to conventional pedagogies, where teachers prepare a lecture which has a pre-determined set of objectives on which it is based (Ironside, 2001). Yet, Elaine brought her own pre-determined set of questions, which contains a certain amount of conventionality in the approach. Participants in this study would occasionally use rather conventional ways of preparing for teaching and learning experiences, but the difference was how they attended listening. The participants would extend the conventional approach of merely addressing objectives to not only listening for students to meet an objective, but rather listen to how they were responding to extend the discussion.

The experience of listening for Elaine was not simply about her pre-prepared questions, but how she remained open by listening to the responses. She continued to discuss the difference of “listening to” the students’ versus “listening for” something from the students.

Interviewer: What does that mean to you to be listening to the students?

Elaine: It means that I am open to anything they have to say. I don't have my preconceived idea of an answer. If I'm listening to somebody I am open to hearing; it might be more about hearing or just listening closely. I'm open to what they have to say and I don't have a preconceived idea of what I'm expecting they should say. If I'm listening to them, I'm just listening and if I'm listening for something, I'm listening for a certain response, for an answer. So, maybe, I would not pick up on something different that might even make more sense if I'm only listening for a

certain response. I might miss something so if I'm listening to them then I think that's more open; I've got more of an open mind to hearing what they have to say.

Even though Elaine was preparing for lecture in a way that was somewhat conventional, but then her experience of “listening to” the students was based on engaging in a dialogue.

“Listening to... is Dasein’s existential way of Being-open as Being-with for Others” (Heidegger, 1962, p. H. 163). Being-with integrates listening to one another and includes: going along with and following. Listening as Dialogue was more than just being open to dialogue or asking questions to create dialogue as a strategy; it was about Being-with and listening to others in the dialogue. The experience of listening for Elaine was about creating a dialogue and being open to possibilities that extended beyond her own objectives and listening to the responses in a way to know and connect with what students also needed to understand.

The participants discussed how connections made a difference in the experience of listening. They described that when connections were made as a part of a shared understanding, it was a wonderful experience. Aleah discussed those connections:

It's that we're all in this together. We really are. I learn as much from them just as much as they learn from me. That's surprising to them sometimes because this program that we have was created for students right out of high school. So they think they don't have anything to offer. But in one of my first - it wasn't my first class but one of my first classes - a third of the class had a very personal experience with cancer, either themselves or a sibling. That to me is amazing because we think these kids are 17, 18 years old, they think they don't have anything worth talking about but part of listening and connecting with them is helping them understand that they have a lot to talk about and a lot of experience that can inform nursing practice. It's not about telling them what I need to teach them. It's about showing them how much they already know and so I hear them say, “I didn't realize that I had all the characteristics of being a good nurse.”

For Aleah, it was not about telling students what she needed to teach them, but about how to come together in the experience. The literature supports the idea of a reflective dialogue and self-directed learning to help students form connections between what they are learning in theory and applying it to practice (Benner et al., 2010; Hatlevik, 2012; Melo Prado et al., 2011; Van Horn & Freed, 2008). Being-with students involves a shift in the way a teacher thinks about teaching and learning from *doing something to* the student to *being with* the student (Brown & Adler, 2008; Ramsey & Fitzgibbons, 2005). Teachers may lecture to the students by telling them what they should know or they can be open to a dialogue by discussing the multiple meanings of a topic. Brown and Adler (2008) posit that a teacher can change his or her way of thinking from learning *about* subject matter to helping the student *learn to be* something in relation to their profession. When a student *learns to be* something, it was about considering the information and actually learning how to apply it within nursing. For the teachers in this study, the experience of listening was about being open to dialogue in the communal experience of learning nursing and making connections along with the students.

Knowing and connecting was a part of teaching and learning in nursing education. The teachers in this study discussed how connections were made in their experiences of listening. Elaine discussed how the experience of listening was for her through connections made and was not necessarily related to the teaching strategy.

I know that it's not the learning activity; it's the students and me and how we're connecting or how we're not connecting because that learning activity [prioritization activity] works. I mean, it's a good one. I've done it enough to know that it works and it's a good one which is why I keep doing it and so I just know that I have trust in that so that when it isn't really working, I know that it's because the students and I aren't engaging. Either, it is because of the class of students, and you can talk to other teachers and, "oh my, yeah that class is just so quiet or they're just so", I

mean, another class might be absolutely delightful. You talk to previous people who taught a group of students and all these faculty after teaching a group of students for a semester will pretty much concur. So it is about group dynamics and stuff and how you connect with a group of students and how they're all connecting with each other. By the time I get them as seniors in the last six weeks of the semester when we do this prioritization thing they have their connections or their disconnections pretty well set in the class and then I'm just, you know, kind of entering in and there might not be anything that I can do differently to change the class dynamic so, you could listen all you want or try to connect all you want and it just isn't going to happen in the same way anyway with the certain groups of students.

Elaine discussed the importance of knowing and connecting through a class dynamic.

The community built into a nursing program includes students and teachers within a communal experience of learning. All learners have influence on each other as a community practice by shaping the way fellow learners think or write (Andrew & Ferguson, 2008; Dahlberg, Ekebergh, & Ironside, 2003; Diekelmann & Ironside, 1998; Ironside, 2006; Scheckel & Ironside, 2006). The experience of listening for Elaine was not about the strategy she was using [prioritization activity], but rather about how the connections were made within the culture of the class. Elaine realized connections were developed between students as they formed a community within the program prior to coming to her class. She recognized how she was entering their world, as well as, the community they had formed at the end of the nursing program in which previous connections were already made. In a true conversation, it is ensuring that others are with us in the dialogue (Gadamer, 2004). The dialogue shared was one that broadens the understanding of another's world view.

Many factors contribute to a learning community within a nursing program and it extends into the clinical setting to include the community within the practice settings as well (Berry, 2011). The participants discussed times the culture of the learning

community made a difference in teaching and learning which was consistent with the literature (Diekelmann, 2002; Pike, Kuh, & McCormick, 2011). Teachers can become more aware of the intricacies of student learning when they listen to how students know and connect with one another and the teacher within their learning community. In a conversation, it is ensuring that others are with us in the dialogue (Gadamer, 2004) and within the dialogue, listening in an effort to broaden the understanding of another's view will enhance the understanding of the learning community the students have built. Elaine acknowledged how she did use learning activities to open this dialogue, but then she recognized the importance of listening to each class of students in a way to know and connect with them.

The participants experienced listening through how students were responding during a dialogue. This experience of listening or not listening was understood as a connection between the teacher and students. When the participants in this study thought connections were made, they described it as a wonderful experience and they would see the light bulbs go on. This was contrasted when teachers thought there was a lack of listening or connections and they described it as an uncomfortable experience. Gina discussed a time she experienced when she may lose the students in her experience of listening.

...I could say when we cover a topic like fluid and electrolytes I think it gets a little, I don't know, it gets a combination of boring, or I'm not sure, I'm a little over the heads a little, which I try not to be. I haven't figured out a way to present fluid and electrolytes without PowerPoint. We do a lot of definitions and we do case studies, but I go through the broad strokes about sodium and potassium, all of that with PowerPoint. And it's dry and it's boring. I think my stress levels are up because I know fluid and electrolytes, but I don't love them. I think because I don't love the content, it's just bad all around. It contributes and it's palpable in the

classroom and I lose them a little. I can remember losing them a little with fluid and electrolytes.

Interviewer: When you say you lose them a little, how do you determine that? When do you know you lost them?

Gina: I think that when they're not engaged. Like when I ask a question, no one raises their hand, or they are still continuing to talk to one another. I'll ask simple things, like what's the definition of hypokalemia; it's really just knowing suffixes and prefixes, things like that. I think they're simple; then again, it's based on thinking that the students are prepared for class. Have they done any reading or are we starting fresh? But usually it's when you ask a question and you kind of get a blank stare. Not a lot of participation because my classes are usually participative, I don't want to do all the talking, I want to hear what they have to say. So I do ask a lot of questions and try to engage what they know to bring it into the conversation.

Gina, like the other participants in this study, experienced listening as a connection with the students. Gina struggled with making a connection with the students during a prepared lecture. Gina would ask questions to elicit a dialogue, but she did not get a response from the students, which she interpreted as the students were not listening. Gina's experience of the lack of listening was related to how there was a deficiency of connection with students demonstrated by the absence of an interactive dialogue.

Despite how open a teacher was to dialogue and listening, challenges still were encountered. At times, listening would show up through the other Concernful Practices. One of the Concernful Practices, presencing, was always a part of the experience of listening (Diekelmann & Diekelmann, 2009). Part of the description of presencing includes attending and being open. When the participants were open to students (engaging in dialogue) and attended to presencing, the teachers formed connections with the students. When they attended to presencing, the experience of listening showed up as well through knowing and understanding their world view.

Gina sometimes experienced a lack of connection which she interpreted as an experience of not listening. At first these challenges with connections appeared rather common to education, but philosophically, what could be occurring? The problem was not necessarily about creating a different strategy, or asking a different question, but rather how to invite students into a dialogue as a communal experience. By exploring how listening was experienced by the participants when challenges appeared provided insight into this phenomenon. Aleah discussed how she has experienced challenges to listening and dialogue.

The biggest obstacle is shyness and fear of speaking in class because participation is 40% of their grade. So, we work with them on that, if the student is having trouble participating, we work out things so for the most part it works, such as, give me a signal that you're ready to speak. I had a student who was home schooled her entire life and she was very, very shy and had a hard time because she wasn't used to socializing with other students... I talked to her and I said give me a signal, just blink your eye and let me know that I should call on you and that worked fine.

[Aleah talked about another student situation] The student refused to write a story of an experience he had with a nurse. The student said he didn't have any. I said, "You don't have any? That doesn't make sense; have you been to the doctor?" The student said "yeah, but ...most of those nurses speak Spanish so whatever." Meanwhile the student was from an Hispanic background, and the mother was born in Argentina and so I stopped the conversation during class and talked to him later, and told him this is the time he will have to do it and what ultimately happened was that he had a lot of experiences with nurses but he didn't want to talk about that. The student's mother had been battling cancer for 25 years; they had homecare nurses all the time and I think she must have had 18 surgeries and I mean this student had multiple experiences with nurses and didn't want to admit it, but the student's story was very well written. The thinking that comes out of these students is beyond comprehension to me.

Students may or may not contribute to the dialogue for a variety of reasons. Aleah was listening to the individual nuances about why students were not responding during class. Even when students were shy and reluctant to speak, Aleah would encourage them to

contribute by asking them to blink at her or give some sort of signal to call on them. Aleah showed value in having a dialogue by attaching points to contributing to the discussion. She also demonstrated flexibility when identifying student's concerns about why they were reluctant to participate in a dialogue. Aleah's experience of listening came through the connections she made with the students and her willingness to address them individually if needed.

The participants identified how they experienced listening through connections made between them and the students. The experience of making connections was identified as a being-with others in a communal experience through a shared dialogue. The dialogue opened up a discussion of multiple perspectives in which the teachers, at times, would experience a sense of not listening or a lack of connection. This was recognized by the teachers through a culture of a learning community already established in the class, losing them during a dialogue, or lack of contribution to discussions. Multiple reasons, in addition to the ones the teachers discussed, may have contributed to how connections were experienced. Through my interpretation of these experiences I was able to bring forth multiple ways of beholding the experience of listening versus not listening through dialogue.

Through interpreting the participant's experiences of listening, it was evident the importance of connections made between teachers and students. The connections can be further explored from the perspective of the Concernful Practice of gathering. The Concernful Practices are all always already present along with listening. The Concernful Practice of gathering was demonstrated through how students were gathered in a class. The experience of listening for the participants was often related to a gathering based on

factors within a previously constructed learning community. Depending on the situation specific nursing program, this learning community may be built in a way that value was placed on something other than a dialogue. When gathering was examined from the Critical Social Theory lens, the nurse educators in the program may have been ones that foster non-reflective thought by eliciting a power in which students do what they are told in order to complete a course (Sumner, 2010). In this way, the students do little to explore what was expected of them based on the assigned objectives. A profession, such as nursing, was built on customs and highly structured traditions which included a hierarchy of power within teaching and learning (Sumner, 2010). From the Critical Social Theory perspective, I considered how these widely accepted norms in nursing education (Sumner, 2010) needed to be examined.

Participants in this study discussed how the students came to their class having already developed a culture within their learning community; this was where the critical theory perspective would question previous ways of teaching and learning and hierarchy of power as part of the norms in nursing educational programs. The norms within the program may be based on an emphasis of points or where the teacher was the one who has the authority and was expected to give the students everything they need to know. Gadamer (2004) expressed the reciprocity involved in understanding others through dialogue. If value is placed on gathering students in an environment in which powerful significance is placed on authority or points, this moves away from the creation of a dialogue to generate understanding. Through those pre-conceived ways of teaching and learning made a difference in the experience of listening for the participants in this study.

Gadamer (2004) also described the experience of the horizon in relation to understanding. The horizon includes everything that was perceived from an individual's point of view (Gadamer, 2004). Individuals have two understandings based on their horizon that include past (historical horizon) and present (present horizon) experiences. According to Gadamer (2004), the horizon of the present is formed based on the past, and the fusion of these horizons leads to understanding through interpretation. The literature supports the notion of the fusion of horizons as described by Gadamer (2004) in relation to education (Diekelmann & Diekelmann, 2009; Hogan, 2000). In education, the teachers and students all bring to the experience their own horizons. Interpretations are always underway and never final (Diekelmann & Diekelmann, 2009), but each experience impacts a horizon (historical and present) and occur together. When this dialogue occurs, it can provide a new understanding of the historical and present horizons. How students are gathered in a nursing program makes an impact on how the dialogue is cultivated, connections are made, horizons are understood, and ultimately the experience of listening.

The description of inviting as a Concernful Practice includes waiting and letting be (Diekelmann & Diekelmann, 2009). Waiting was described by how the matter of concern was tended to and the letting be was related to the term letting learn (Diekelmann & Diekelmann, 2009). In waiting, the teacher is not merely waiting in silence, but rather recognizing how students need to dialogue in an effort to understand. The experience of listening for the teacher may change depending on how he or she attends to inviting through waiting and letting be. One of the teachers, Heather, experienced listening

through a dialogue that seemed to elicit emotional responses in class. Heather's experience was used as a Paradigm Case in this interpretation of Listening as Dialogue.

Heather: The students read an article; another classic from the 80's called White Privilege and the author lists out twenty-six items of privilege that she had identified as a white woman that she experiences... the directions of the paper [were to] think of a role that you or one of the cultures you are a part of that grant you privilege and name that...So talking about privilege and power is a really sensitive issue. White people tend to say it wasn't something that I asked for, it isn't something that I want and so I don't have it. Well, this past week in class a woman that, I think she was born in Nigeria, grew up in Kenya, and is a naturalized citizen of the United States so she's multi-cultural and black African, and she was the first person to talk and that was the first time in three weeks that she's said more than a couple of sentences at a time. She's a Director at a facility, very professional, lovely woman, very articulate, she writes well, she thinks deeply, she gets it, she nails it, and I was just waiting because I had scanned through some of the papers and some of them said I don't really have privilege. She started talking about; I think maybe she had a five minute, almost a soliloquy talking about the difficult topic of power and privilege and how unless you are a person of a different color you don't understand that. So I had setup; I've learned how to frame the question. So I guess in some ways that is the story that they're writing but they have a week to write it so they got the directions the week before and they write their paper. And then we don't read them in class but we talk about them in class.

Interviewer: How did the students respond to her?

Heather: That was really interesting. There was silence a little bit afterwards and so we're three weeks into the course. Students have been writing papers, there are prompts that help to give me insight into them so that I know that we have the range of very liberal thinkers to very extremely conservative thinkers and people that think that there's no problem with race in America, that we are all very..., prejudice exists in some places but very few places in America anymore. And a student that I know, sort of leaning, very thoughtfully said, "Wow, I hadn't really thought about it like that before." And so when that student said that it really opened up a lot of other students started talking a lot, kind of the same thing. And it was a very rich discussion, very rich.

Interviewer: Very powerful. The students; you could tell they were listening, how?

Heather: Because this student sits in the very back of the class and as she was talking they would turn around in their seats and look back at her. And there were two Black American women sitting to this student's right and then there was another Black American woman sitting on her left further up in the class, and there are seventeen students in this class and

one of the Black American woman sat back in her seat, crossed their arms and her legs, and just smiled and nodded as that student started talking. And this particular woman, in the first night of class said, “I’m a real cynical person and I joke a lot to get through that cynicism.” But she wasn’t joking and she wasn’t laughing. She was smiling and nodding in agreement and in her own way saying, “you go girl”, in a very respectful way.

Interviewer: Yeah, that story gives me chills. How did that affect you as a teacher?

Heather: It gave me chills being up there and I mean, the really cool thing is when students nail it and they do the teaching and all I have to do is sit back and let it happen and just maybe ask a few questions or I know who seems to be hesitant to speak up and has something to say and so not just calling on someone arbitrarily but picking somebody out and saying, “Well, John, what do you think about that? How did what Susie said; what are you thinking about that?” And also then saying, “that’s okay Amy you really don’t have to say anything.” You know if you get that sense that you’ve stepped in too far and somebody is not willing or able to speak up you just have to back that out and do it in a respectful way so that then it maintains that safety, that sense of preserving students’ personhood.

In this situation, Heather described a powerful, thought-provoking dialogue about race in America. Heather discussed how students were nodding in agreement and even turning full circle in their seats to see who was talking. Heather asked questions when she needed to, but they were not pre-planned or based on points and the story guided the dialogue. She did not have someone speak up if they did not want to in order to “preserve their personhood.”

Students come from multiple backgrounds and have rich, deep stories to share. Inviting students to publicly share their experiences was a way to bring out their own perspectives related to the content being discussed. When the students share those experiences, Heather said, “they do the teaching” which was speaking to the dialogue created in the classroom and the part of letting be within the Concernful Practice of inviting. Teachers who enable Narrative Pedagogy are attending to gathering and

communally interpreting the experiences that are shared (Diekelmann & Diekelmann, 2009).

Teachers in this study often reflected how the students were doing the teaching. When experiences were publicly shared, sometimes a stance was taken one way or another, which moved away from the way Gadamer (2004) described dialogue as a way to gain understanding. Heather described a woman who was crossing her arms, smiling, and nodding in response to the one student who was sharing her experience. In this situation, it has the potential to create an oppressive space in which other students may not feel free to share an opposing point of view. Heather experienced this as listening in the way she thought the students were passionate about the topic, but she did not mention how she encouraged opposition to the majority opinion. In this instance, the passion for a one sided view may have been oppressive to the other views in the room. When students or teachers are passionate about a topic this can make a difference in the experience of listening.

Heather described a situation in which students were passionate about a topic, but this seemed to skew the experience of listening. She continued with another experience where the students became passionate about a situation that occurred in clinical.

We were debriefing clinical experiences. A student started talking about...an adolescent that came into the clinic and was suicidal; the adolescent had a plan and everything. And the preceptor's response was, "Well, you have to quit volleyball. You're just stressed and you just have to do away with that." So, we were listening to that story of what was happening in the clinical setting and, the class became outraged ... then, we [students and teacher] had to figure out what to do with that...that was a place where I had to just sit and be and listen for a while... And that's one of those things that I've learned is that you can't jump in too quickly, you have to wait... it had been very clear that volleyball was what was giving [the adolescent] her identity. So I started to jump in, but there was a louder student that jumped in over me and said, "Wait a minute, she had a

plan and all her preceptor was going to do or did was to tell her she had to stop [volleyball]?” So that started up other people and so I just sat back and let it unfold, just let it come right out and watched everybody become engaged and it really became very telling and became a really good learning opportunity for the whole class because they all felt so passionate about it... The students were almost literally coming out of their seats, in fact, one student in the back of the room did, and she stood up... She said, “I don’t believe that happened.” ... [as a teacher] if you jump in there while all of that emotion and all of that stuff is going on, it derails the process I think... I’m not sure that they were always really listening that well. I think that they were all caught up in their own bits and parts of what the student had shared.

Heather discussed how the shared clinical story elicited a great deal of passion with students, just as with the previous experience of the discussion about white privilege. Sometimes students were so intent on what to say next, they did not even completely listen to what the others had to say. Heather tried to contribute to the dialogue, but was not able because the students were continuing to talk over her. Heather was listening to the students and consciously made a decision not to interject in the dialogue because she thought it “derails the process.” In both of these situations Heather described in her experience of listening, the participants thought connections were developed because the students were engaged in the topic. If students were engaged and interacting, then the participants in this study identified connectedness and related it to listening. Important to this finding was how the teachers were not always listening to all the voices in the room and this passion may move away from how Gadamer (2004) would describe dialogue.

The participants discussed how listening was experienced when connections were made and these connections were often associated with an engaging topic or one that elicited a passionate response. The teachers would often choose not to intervene during passionate dialogues and just listen while only interjecting an occasional question or encouragement to go on. The dialogue is described as a way to understand another’s

worldview by Heidegger (1962) and was not about disagreeing or taking a stance (Gadamer, 2004). This view of dialogue was contradicted when such passion was elicited because a particular stance was taken and it was about one point of view that the majority agreed upon.

From a pragmatist perspective, it was important to hear the other voices and consider other's points of view in relation to their own, known as *deliberative communication* (Englund, 2010). In deliberative communication, arguments and varying views are explored and common values are identified (Englund, 2010). When such passion was elicited in a dialogue, the participants in this study would often choose to not intervene. The dialogue often became saturated with a passionate, one-sided perspective in which not all views (voices) were heard. At times, the teachers were experiencing not listening to the unheard voices in the room, which contradicts what they were thinking about the experience of listening.

Teachers traditionally are seen in an authoritative role of having power and knowledge and that may distort communication (Sumner, 2010). When teachers were viewed as having power, this may hinder the dialogue in ways the teachers do not recognize, which limited the experience of listening. Chinn (2008) offers a feminist perspective in which value is placed on the full humanity of all people. From this perspective, each person within a group and their thoughts are taken seriously, regardless of how few accept that viewpoint (Chinn, 2008). In these situations, it was not necessary for every person to speak if they agree with what has been said, but varying points of view should be encouraged to come forth. The participants were concerned at times with silence in the room, but this also can be viewed as thinking or listening. When the

participants recognized a passionate dialogue, they described this as the experience of listening. The participants made decisions about using silence versus choosing to interject a thought or idea. When the participants chose to remain silent themselves, this may have prevented every voice (point of view) from being heard.

Within a dialogue, silence was a way to gain understanding and provided a way of Being-with another. Teachers may become silent as a way to allow students to think or give them an opportunity to respond. Heather continued to discuss how she attends to the silence. It was not always that she needed to call on students, but also that she needed to know when silence was necessary.

Well, listening comes out both for the students and for me. So listening is something that, well, I start the session by listening and by asking them what stood out to them in their readings. And one of the things about listening is that you have to be comfortable in silence. And silence is something that fortunately I'm fine with it because when you don't give time for silence, it's impossible to listen. So I just sit there and it's interesting in the first session; it's interesting to see, you can tell who's comfortable or who's not comfortable with silence. And they begin to learn that I start every session with "Okay, so what stood out to you with your readings this week." And, so you have to sit there and listen. And I can also tell who's not listening, who's trying to find their own pieces to talk about. Listening is an art in that as you're listening [you're thinking] how do I say this? I don't know that I can be very articulate about it because I haven't - you have to figure out how to listen and at the same time, be thinking about what it is that you'll be talking about next. So, in other words, when I realize that the topics that the students are bringing up are kind of winding down. And, I kind of need to toss something in there to sort of get things going again. So not shutting down, not, no longer listening to what the students are saying but at the same time, I'm kind of thinking, about how I can be encouraging the conversation.

Heather described the delicate balance as a teacher listening to the class, making connections, and deciding when everyone in the dialogue was ready to move on in the conversation. Sometimes the teacher may have not been fully listening or Being-with

another because they were trying to figure out what to say next and how to contribute to the conversation.

When a teacher interjects during a silent time when no one in the class was speaking, this can elicit a type of power that stops further discussion. For example, if the students were silent because they were thinking and the teacher said something before they have a chance to respond, the students may continue to rely on the teacher to respond first. According to Heidegger (1962), silence is an essential possibility for dialogue. Heidegger (1962) added “Speaking at length [Viel-sprechen] about something does not offer the slightest guarantee that thereby understanding is advanced” (p. H. 165). Heather was allowing the students’ time to think and discover how they would interpret the situation. This took the perception of power away from the teacher and transferred it into a communal relationship between students and teachers. Important in this perception of power is the fact that the teacher’s control and perceived power over students’ grades may also have an effect on the quality of the dialogue.

Listening as Dialogue was not merely an exchange of a conversation; it was centered on interpretive acts that accompany the experiences of schooling learning teaching. Jayna described how she experienced listening through a narrative shared in her class.

Well, I can think of one example where we had a narrative and the woman had talked about how she was having screening for fetal abnormalities and she talked about if her baby did have an abnormality then she would consider terminating the pregnancy. So the students had been discussing this afterwards and one student said well, “that was just so out there because my family, my friends would never do that. If we had a baby with an abnormality, we would just have it and love it” and she was saying all these things. So she said, “I was surprised at what she said and then I was surprised at how I was feeling, I was surprised that I felt that way because I didn’t think I would feel that way. I thought that whatever a woman did

would be absolutely fine.” So she was actually able to verbalize through that dialogue and the reflection on the dialogue to actually realize something about herself and her own beliefs. I think anyone, any health professional that that's absolutely crucial isn't it? Because you have to really acknowledge your own beliefs and okay, that's my belief system, that's my culture, that's the way my family does it, but others have different ways of dealing with these issues. As a professional you have to acknowledge your own beliefs, put them to one side... I thought that was a really good thing to happen through dialogue and that could all be verbalized and then hopefully when she goes into practice she can just put that in the back of her mind. It's not going to come bubbling up again.

In Jayna's experience of listening, she recognized how the dialogue surrounding a narrative allowed an opportunity to co-respond about biases. Jayna experienced listening by allowing time to interpret those thoughts and biases that were not recognized prior to the discussion. The listening and co-responding to narrative accounts encouraged reflection on ways of being in the world and ways of being a nurse. The student was unlearning the previous ways she thought about having a baby with an abnormality and, through that interpretation, changed the way she thought about being a nurse. The narrative allowed the student to interpret this bias and Jayna experienced listening by attending to the student as the student realized this on her own. Jayna described how she was listening to her students and through the narrative accounts, interpretation ensued. Jayna did not talk about a teaching plan or objectives first because she listened to the students and allowed the dialogue to occur. Jayna acknowledged how through examining those biases, “it's not going to come bubbling up again,” which was related to the interpretation of the experience.

In order for learning to be a possibility, there was also an unlearning (Diekelmann & Diekelmann, 2009). This unlearning and becoming describes the Concernful Practice of *interpreting* and is made possible through the dialogical experience of *listening*.

Through interpretation, the teachers experienced listening to how the students would unlearn previous ways they thought of being in the world to learn how to be a nurse.

Elaine, described her experience of listening to help students interpret situations.

Elaine: So I just raise questions for thinking and then we dialogue about that...so a lot of the work ahead of time and preparing for this presentation is just trying to figure out interesting questions, thought provoking questions, because my goal is just to get them thinking.

Interviewer: And to get them thinking, what is it about that experience that gets them thinking?

Elaine: Raising a good question, an interesting question, a thought provoking question, and I think my use of language if I'm pointing out this, that, or the other thing and I'm trying to help them understand that, what does this mean? There's many ways to interpret it.

Elaine elicited a dialogue to encourage thinking, which was different than the way a dialogue occurred unplanned with Jayna. Elaine discussed what she was doing to help them understand and Jayna expressed what the student does to “actually realize something about herself and her own beliefs.” Both of these teachers were attending to the Concernful Practice of listening and interpreting, but in different ways. Jayna was listening to the dialogue and *letting learn* as described by Heidegger (1962) and Elaine was using questions to encourage interpretation. Teachers can attend to *listening* by co-responding to students in order to encourage interpretation and allow them to discover how to become a nurse.

Participants in this study experienced listening by acknowledging if students were developing a different understanding than they previously had known through interpretive acts. Interpretation is a way of developing an understanding of some entity (Heidegger, 1962). According to Diekelmann and Diekelmann (2009), “Interpreting can show itself only as a dialogue of conversations and narrative tellings” (p. 180). Along with the dialogue, includes ways a being is thrown into situations in which interpretive

acts arise. Thrownness is a philosophical term described by Heidegger (1962) as Being-there in-the-world. “Interpretive Practices are the play of thrownness, understanding, and discourse” (Diekelmann & Diekelmann, 2009, p. 83). Thrownness includes the past, present, and future as always already a part of a phenomena within Dasein (Benner, 1994; Van Manen, 1990). Interpretive acts include what a being brings to the situation in order to gain understanding. Diekelmann and Diekelmann (2009) discussed how human beings do not control engagement, but can be free to engage through interpretation. In other words, students and teachers come together in this experience of listening and may or may not engage, but when given the opportunity to interpret situations on their own, may become engaged. The *dialogical experience of interpretation* includes thrownness, understanding, and dialogue within the experience of listening for the teachers and through this, engagement may ensue.

Listening as Dialogue emerged as a theme that brought forth openness and interpretation through dialogue within the communal experience of teaching and learning. This communal experience involved a Being-with another in the experience. The Being-with another in the experience enables a way to gain understanding of another’s world view through listening. Through this understanding, teachers can move away thinking about doing something to or for the student, to a Being-with the student in teaching and learning. The teacher’s shift in thinking about how to Be-with the student provides a movement from learning merely about nursing towards learning how to be a nurse when students and teachers join together in this communal experience. The shift in thinking provides a way for students and teachers to ask questions and explore nursing in a more applicable approach.

Listening as Attunement

Listening as Attunement was a theme that emerged from the teacher's experiences of *listening*. Attunement appeared in the ways participants in this study experienced listening through being aware and responsive to the various facets of teaching and learning within the world of nursing education. Heidegger (1962) contended that "Dasein's openness to the world is constituted existentially by the attunement of a state-of-mind" (p. H. 137). Heidegger (1962) added that "what we indicate ontologically by the term 'state-of-mind' is ontically the most familiar and everyday sort of thing; our mood, our Being-attuned" (p. H. 134). When relating this to the theme, Listening as Attunement, the participants experienced listening within teaching and learning through an ontological state-of-mind that is ontically expressed through mood or being attuned. The participants in this study experienced listening through responsiveness by an awareness or attunement with the world of teaching and learning.

The participants in this study often encouraged dialogue and sharing of experiences as a part of a pre-planned discussion or even just remained open to a dialogue, regardless of the learning activity. The teachers became aware of the concerns they encountered through the dialogue when experiences were being shared. One of the teachers, Jayna, described a time when she noticed a student in the middle of a lecture had begun crying.

I just noticed one of the students was quietly crying and she was sitting next to me and I just put my arm around her and said do you want to talk. As it transpired, she had actually suffered post natal depression and so she had been kind of triggered by the narrative. The rest [of the students] were actually tuned in and I didn't have to do much but just showing my concern for her and offering her the opportunity to talk. I said, "would you like to leave, do you want to stay, do you want to talk afterwards?" And she started to share with the group actually some of her experience and it

was, you know, I think the students said afterward and at the end of it the whole group was so supportive of her and they had actually learned an incredible thing. They had learned about how to talk to someone who was upset and I think also they had learned about post natal depression. It was just quite ad hoc. It wasn't one of the things we thought was going to be talked about that day and then subsequent to that the students, I think, that group developed a real bond with each other and with me. We'd had discussions of learning; I think it's having that positive regard and that concern for each other, their emotional well-being seemed to really help the discussion flow. They shared a lot of themselves and I guess that one student sharing that with the group gave everyone else permission as well.

Jayna described an emotional experience the student decided to share with the group which was not solicited by Jayna or even part of the plan of the day. Jayna was experiencing listening in a way that she connected with both the student who was crying and the shared (communal) experience with the entire class. Jayna was attuned to the fact there was a matter of concern that had arisen in the class and she responded to that concern. She considered how she was listening and aware of the entire class and how this experience was affecting her and others in the communal experience. Jayna continued to discuss this experience:

I think if you don't listen and don't attend to your students then they sense that and they might come along to the lecture but if you're not actually listening to what's going on for the group at the time and don't attend to what they need to attend to before they can get on with the learning then you really can often lose them. Not always, but it's like from my personal experiences I see it was that one teacher who just made a little comment, "how's your little girl" or just something like that just made a really big difference to the learning so I always remember that. I hope that students feel that as well. There's that motto, that saying that people will never remember what you say but they always remember how they felt.

Jayna related this experience of how the teacher listened to her concern about her daughter when she was going through school and how it made a "big difference to the learning" for her. She valued those connections made with a student as a person. The

way Jayna listened demonstrated that she was aware and responsive to the needs of the class at the time, regardless of her own agenda for the day.

Similar to how Jayna discussed responding to students at the time of the concern, was related to one of the Concernful Practices, “Retrieving Places”, described as a “keeping open a future of possibilities” (Diekelmann & Diekelmann, 2009, p. 368). The participants in this study, like Jayna, prioritized awareness and responded to the students’ concerns at that time. Retrieving places involves a way the participants were open to what was meaningful for the students and joined them by co-reflecting about the concern. The participants listened to the students by being aware of the concerns and responded while discovering new possibilities for learning. The matters of concern were neither positive nor negative, but rather a conversation the student needed at the time to gain understanding and not necessarily based on a pre-determined set of objectives.

Gadamer (2004) discussed how language makes understanding possible. Through language, Jayna was listening to gain perspective of matters of concern. Gadamer (2004) stated “...participants in a conversation ‘belong’ to and with each other, ‘belong’ to and with the subject of their discussion, and mutually participate in the process” (p. xvi). Jayna was Being- with the students at that time through making a connection. Gadamer (2004) recognized that gaining understanding is about looking at something and seeing if it has relevancy for us too. The understanding described by Gadamer (2004) is not psychological such as empathy or understanding the psychology of the person, but rather an understanding of each other in respect to something. Gadamer (2004) related how something is not an opinion or just exchanging views. The language was seen more as an

entity and a way to get to understanding (Gadamer, 2004) and is not necessarily about the psychology of the person, but about shared understanding in this communal experience.

Jayna experienced listening through being aware and responsive to matters of concern. She thought “if you're not actually listening to what's going on for the group at the time and don't attend to what they need to attend to before they can get on with the learning, then you really can often lose them.” Jayna experienced listening through being attuned and responding at that time in an effort not to lose them. The sense of losing them was related to a lack of connection. Jayna was attuned through listening to the matters of concern that arose at that time.

Part of the Concernful Practice of listening is the description of knowing and connecting. The connection with students was important to Jayna in the experience of listening. She attended to their matters of concern at that time in order to connect, but at times would struggle with how to do this. Jayna further discussed what the experience of listening was like for her and became the Paradigm Case for this theme.

Interviewer: How did you experience being part of that moment and listening; how were you listening at that time or how was the experience of listening for you?

Jayna: So I suppose I was thinking, I was concerned for her, how she was feeling. I was worried about the group dynamic, how I was going to actually deal with this distressed student and the group. So I had the individual concern, thinking about the group, so the experience of listening was...I suppose it was a little bit of a tension there because it was different than a one to one with that student, being aware that I had to bond where I really would have probably listened to her in a different way. That it's different than a group because you're dealing with a very personal thing for one individual student but also need to be aware and listening to the whole group of students, the other 11 students who were there. So the listening was kind of being attuned to the mood of the group, I mean, to use that Heideggarian thing but I guess I'm really hearing her distress. So I'm attuned to that but also thinking what about the rest of them...

Jayna thought that in the experience of listening she could distinguish between what the concerns were at that time and the group dynamic. Jayna added a description of how she thought this was a “juggling act”:

Jayna:...It's a juggling act too, because it's not a therapy session and it's not -- You know there are times and places for students to debrief over certain things, especially personal things, but that's part of the skill as well. I think when you do open things up with Narrative Pedagogy and you have that relationship, you also have to ensure that it stays professional, that it's a professional teacher student relationship as well without tipping over. I'm not your mother. I'm not your sister. I'm not your counselor. I am there as an educator, but at the same time making sure that they know I do care about them as people...

Interviewer:...I'm wondering if you could tell me more about your experience with the juggling act...

Jayna: Yeah, it's hard to put my finger on. I suppose it is all those things you're juggling, what you're actually there for in the group. You're juggling the emotions that are happening you think you're attuned to. So yes, I guess that's the juggling part is being attuned to all the different aspects that are going on at the time and then I guess it's you as a teacher who actually then makes the decision based on what I've picked up and is happening and what I see is important and my role and then make a decision as to how to act in that situation I suppose. I think a lot of teaching is a juggling act like that. ... [being] a teacher, that is teaching using Narrative Pedagogy you have to juggle a lot of things. It's not straight forward. You don't go into the lecture class ...with your PowerPoint lecture and just deliver the lecture. I think some teachers probably do that and they're perfectly good teachers but with Narrative Pedagogy you can't do that because it's that juggling act. It's that content to be taught but within that you have all the students and their feelings and their responses to the material and what they're learning and what's happening in the class dynamic at the time. When you're using Narrative Pedagogy it's not just about going in and preparing a wonderful presentation because what we understand about real learning ... is that connection with the students and the student's connection with the material, with their learning.

The “juggling act” Jayna described was how a connection with the student could be made into something that was more than merely a teacher and student role. That type of juggling occurs uniquely with Narrative Pedagogy. Jayna relates Narrative Pedagogy

being different than a traditional lecture and through the experience of listening she was attuned to how students were responding. Importantly, Jayna recognized this was a different type of relationship between teaching and learning and also made the distinction that it was not about therapy or a familial relationship, but a way to gain understanding through Being-with the students. When Jayna would address matters of concern, she realized how attuned she was when juggling various aspects of teaching and learning.

The juggling act of teaching is not necessarily based on roles, but was instead what Noddings (2003) referred to as the “caring relation.” This caring relation was one that when a conversation occurs, it includes not only the content of the response, but the whole person (Noddings, 2003), in which the person is placed at the center of the discussion, not the subject matter. Noddings (2003) further discussed this as the “one-caring”, the teacher who presents a view of the world and then works cooperatively with the student towards competence in that world. Jayna discussed that connection as “*real learning*” when students and teachers work together to address concerns. Caring relation is about forming a collaborative relationship that connects the teacher and student in the learning together.

When the participants remained open to matters of concern and that caring relation, a sense of power was revealed through the “juggling act” that Jayna described. From the perspective of Critical Pedagogy, the relationship of knowledge and power within education is brought forth (Cho, 2010). From this viewpoint, the participants in this study showed how their experience of listening occurred through attunement to the concerns of the students and were not necessarily through the teacher being the powerful, all knowing entity. Freire (1970) provided another perspective around the idea of

dialogue in education, but in order to get to dialogue, the teacher must be attuned to the matters of concern and recognize learning as a communal experience. Freire (1970)

expanded on the importance of attunement to the dialogue within education:

Only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication, and without communication there can be no true education. Education which is able to resolve the contraindication between teacher and student takes place in a situation in which both address their act of cognition to the object by which they are mediated. (p. 81)

In this excerpt from *Pedagogy of the Oppressed*, Freire (1970) discussed the communal experience of education and gaining understanding through communication. The participants in this study identified how the experience of listening was through being attuned to the matters of concern in order to get to the dialogue needed to gain understanding.

According to Foucault (1980), power is always already there in situations and it may come in various forms, not necessarily just through a view of someone in a powerful position. The sense of power may be from a teacher controlling a lecture, someone overpowering the dialogue, or possibly a student who identifies a matter of concern that was irrelevant to the conversation. When considering power in this way, power shifts and becomes a part of the juggling act Jayna described earlier. A teacher can consider all voices in the situation, both heard and unheard and the mechanisms from which they arise. Through the interpretation of the “juggling act” brought insight to the importance of attunement to the matter of concerns and the powerful forces within that experience.

The participants discussed how their experiences of listening were related to how aware and responsive they were in ways of knowing and connecting with their students. Teachers can respond by listening and become attuned through understanding the

situation and those perceptions of both self and others. Ontically, this was expressed through a *mood* in the classroom, those matters of concern of which teachers were aware of, and to which they chose to respond. Heidegger stated “By way of having a mood, Dasein ‘sees’ possibilities, in terms of which it is” (p. H. 148). Recognizing the mood that was always already there was something that enabled the participants to gain understanding of the state-of-mind. Through this understanding, the participants were able to know and connect in order to address learning needs.

The participants discussed how they would respond to matters of concerns based on their awareness of students. This was both a way of knowing their students and part of an instinctively way of knowing how to respond. Jayna discussed this experience:

Interviewer: You said attuned to the group. What's that experience like?
How do you experience being attuned to the group?

Jayna: I think that's something that probably comes with experience. Like as a practitioner, as a teacher, you remember being a new teacher where you're so focused on what you've got to teach or what's happening in the here and now and getting that right that's harder to actually really to sort of be able to feel comfortable with being able to think about what's happening with the other students, so attuned to the group, it feels, I suppose it almost becomes an instinctive thing that I don't think about. It just seems to happen and maybe it didn't used to happen. I think it does more often and I see that in perhaps more experienced teachers as well.

Jayna described this experience of being attuned to a group as something that developed over time. When she was a new teacher, she was more concerned about content, but then she realized it was more important to be attuned to what was happening in the “*here and now*.”

Another one of the teachers, Heather, further discussed this idea of how she was attuned to the group during a post-clinical conference in which students shared in a dialogue about an adolescent patient who was suicidal. The students became very

passionate about how the preceptor had handled the situation with the patient as described within the theme of Listening as Dialogue. Important here is how that dialogue ensued was because Heather was attuned to a student's need to talk. She described what being attuned was like for her at that time:

Heather: ...[a student] sitting there real quietly and there was a lull [in the room] and...I got this sense that she needed to be talking and so I asked her how things were going and that's how it came out. So I think that's another one of those times when Concernful Practices show up in a different kind of way too, that in gathering students you also have to be aware of what's going on and know them in a certain way. By knowing them, I don't mean knowing them personally but just being aware of what they are bringing into the setting.

Interviewer: And you identified that because you had a sense that she needed to talk. What was that sense? What did you see?

Heather: The way that she was sitting in her chair. The way that she was not looking up as much, envisioning, trying in my mind's eye to see what it is because sometimes it's that intuitive sense that you really can't name but it's probably; I have often thought of it being that clinician sense but I think it's the teacher sense also. As I own the role of the teacher, I began to realize that's one of the things that teachers have to be able to do, to be able to be aware of the subtle differences, the subtle ways that people respond in class, and then, call them out. Call them out and not to just let them; it's easy just go on with my agenda but that's not what teaching and learning is all about.

Heather discussed how the experience of listening was more of an intuition. Nurses are already attuned to reading the body language and relational aspects of patients and Heather compared her intuition ("teacher sense") with students to her intuition ("clinician sense") with patients. Heather said this was not about necessarily knowing the student personally, but rather knowing characteristics about them in order to connect. As the teacher, she read the overall feeling (spatiality) in the class and the individual reactions of the students. Heather recognized not only a student who was sitting quietly, not making eye contact, but also subtle differences in the student's demeanor, along with a lull in the room. The literature reflects many reasons students may be silent and it does not

necessarily reflect they are disengaged or not learning (Remedios, Clarke, & Hawthorne, 2008). Heather recognized that some students are just silent and listening and others may need to be called upon to respond. Her decision of how to respond in specific circumstances was based on how she knew the student; she made that connection through listening and being aware and responsive to what was occurring in the class.

The intuition that Heather discussed relates to understanding through knowing and connecting. She knew characteristics of the students and connected with them by listening to how they were responding. She related it to an awareness of the subtleties noticed within the students. Heidegger (1962) described how to “sight” something was not about seeing something with our eyes, but had to do with how something may be “unconcealed.” The unconcealment that the participants experienced was an attunement in which they were aware and responded to the mood of the students. They were listening and attuned to the mood in order to attend to matters of concern. The intuition was something the participants indicated that they recognized they needed to respond, but could not always accurately describe in words what this experience was like. The teachers in this study not only were intuitive to the students, but also to themselves.

Part of Listening as Attunement reflects a high degree of self-awareness on the part of the teacher in order to make pedagogical decisions within teaching and learning. Heather discussed how she experienced listening by listening to herself.

I realize one person is texting, another person is kind of doodling, and another person is looking off and just having that kind of zoned look, and when I become aware of that, I know what happens inside of me. I get really tense and my first response and I know when that used to happen especially, I would get really defensive. And I would think “Wait a minute. What I’m talking about is really interesting and important stuff. What are they doing here?” And, I think as I reflect on that and I still have the tendency to internally respond that way. I think as I become more

comfortable in my role as a teacher and just continue to reflect on my own teaching practices, I realize that that's human nature that we can only absorb so much at a time. And that it's not because I'm a bad teacher but they have life stuff that's happening and it's just the reality that you can only listen so long. And so now when I start to get that sense that they're not listening, I either toss out a question which of course takes them unaware so you have to repeat it a couple of times, and frame it a couple of different ways or if it's time for a break, we take a break. So, I try to bring them back in by mixing it up a little bit.

Heather discussed her experience by describing how she was listening to student's responses. She was attuned to herself and how she was reacting to the class. Heather realized when the students did not seem to be listening; she needed to change the direction by asking another question in an effort to re-connect. It was frustrating to her when this would happen, but what was interesting was how the disconnection occurred. She talked about lecturing and, saying, in essence, "what I'm talking about is really interesting and important stuff," which refers to a more conventional way of teaching and learning. In a co-responding experience, the students and teachers are learning nursing and exploring concepts together (Diekelmann & Diekelmann, 2009). Heather was attuned to the class and listened to how there was a lack of connection in this situation. Being attuned needs to include both self-reflection as a teacher and a way to understand the needs of students.

Self-reflection was important to the participants in this study and enabled them to connect with students. Jayna discussed how she was self-reflective when addressing a student's behavior:

I was trying to help them [the students] reflect and give them feedback on their own practice and I think I just came across; I think it was a Friday afternoon or something like that and I know I came across in a really horrible way to one of the students because she would have felt really bad about the things that I was saying quite adversely. I think it was about; because this particular student was quite assertive, shall we say. I was

trying to give her feedback on how she could sometimes come across as being a bit of a know it all, if you know what I mean. And so I was trying to help her reflect on it because being a know it all when you're a student and you're working along with other nurses, well, you know, that doesn't go down well with the other nurses... So anyway it came out all wrong and I know that she was very unhappy. She probably was crying. I don't know. I just didn't deal with that situation all that well. So that was a Friday afternoon and I remember I just felt so bad about it; she really went away feeling just absolutely destroyed by what I said and I hadn't meant to destroy her.

I actually called her at home because I said, I'm just so sorry that it came out all wrong yesterday. She said, I've been lying awake worrying about it all night too and thank you so much for calling. So it was realizing that, that connection hadn't happened and it was because of me and the way that I was feeling I had come across, but the fact of coming back to it and making amends, reconnecting after having messed it up, the student was very accepting of it and very grateful that I could actually admit that I'm fallible. What I was trying to say was this, and what I was trying to work on was this, but it came across all wrong so can we start again sort of thing.

After that we actually had a really great relationship so it could have gone the other way. I could have just left it and left her feeling absolutely gutted and she would have probably hated my guts for life, but obviously I've never forgotten that she oh, that teacher, she's a ghastly teacher. So yeah that was a time when I realized, reflected and realized in time I was able to make amends over something so that was good.

Jayna was reflecting about a situation that speaks volumes to the everyday experiences of teaching in a practice oriented profession. Jayna listened in a way that demonstrated she was attuned to how the student was being perceived in clinical as a “know it all.” Her perception of attitude reflected a professional aspect of nursing and the part of nursing education that addresses the knowledge, skills, and attitudes important to nursing (QSEN, 2014). Competency in nursing was not necessarily only about the knowledge of nursing care and tasks, but also the professional attitudes associated with patient care. Jayna was attuned to knowing the student and how she was being perceived in the clinical setting and addressed the situation at the time. Participants in this study expressed ways they were “on the spot” in class and in clinical. Being put on the spot means being attuned

with how and when to respond to situations with students. Part of being self-reflective helps teachers address their own needs in an effort to respond to the students.

This situation demonstrates how Jayna was also attuned to her own actions as a teacher. Jayna was not listening to the student's perceptions of the situation in an effort to know and connect when she first addressed her. When Jayna was able to call the student and make amends, this made a difference for both the student and for Jayna and the connections they had already made. Jayna made that choice to call because she was attuned to the need for further dialogue. She did not know how the student would respond when she called, but she did open the dialogue as a way to connect more with the student. When the participants were attuned to themselves and the environment in which teaching and learning occurred, they were perceptive to the needs of students as a communal experience.

Participants in this study, like Jayna, discussed their experience of listening through the interactions with students to address concerns. Another teacher, Ida, described how she intervened with a student about being on the "A" game.

A student showed up [in my class] as a stressed mess. I mean on a scale from 1 to 10, she was 20. And she showed up in my class that way and she showed up that way some times in the hallway. And her communication was up over the top, just really like a cat on a hot tin roof. Anyway she had shared; I heard some background in the college that she told me was having a meeting with her faculty member in her clinical the next day...So she's having a meeting with both of them... You need, I said, I'm just telling you, you have got to put on your "A" game. You look like you're totally strung out...you're not on time; you're not following along, you're not accountable, you're not responsible...I said, you have got to show up tomorrow, you need to have your "A" game on. You need to be calm, cool, collected. You need to show up that you have a plan... You have to give up all the excuses. You need to take personal accountability...She came back and said to me the next day because she did not get failed the next day. She showed up "A" game and she said to me, "Ida, thank you so much."

Ida, like Jayna, provided a description of a student who really was not recognizing how she was portraying herself to others and Ida intervened in a way to help the student recognize this. Participants in this study would make decisions based on caring about helping the students grow in the professional role of a nurse.

A teacher attending to matters of concerns within teaching and learning can be compared to an expression of care that Heidegger (1962) referred to as solicitude. Solicitude is a concern about the welfare of something, much like that of a social agency. Participants in this study often talked about how they were showing concern about the profession of nursing and pedagogical ways students learn how to be nurses. Listening as Attunement emerged in a way that teachers attend to care from an existential-ontological perspective within the world of teaching and learning. Heidegger (1962) further described solicitude:

The Being-possible which is essential for Dasein, pertains to the ways of its solicitude for Others and of its concern with the world, as we have characterized them; and in all these, and always, it pertains to Dasein's potentiality-for-Being towards itself, for the sake of itself. (p. H.143)

The participants in this study demonstrated an attunement to the concern of the world of nursing education. The term *solicitude* includes two possibilities of 1) leaping in or 2) leaping ahead (Heidegger, 1962). "Leaping in" is how someone will take away care from another. For example, the students may be struggling with something and a teacher will leap in and solve the problem for them, such as preventing the students from making a medication error. "Leaping ahead" is what Heidegger described as authentic care (1962). When a teacher leaps ahead, he or she does not take away the concern from a student, but rather provides guidance and makes it possible for the student to care for him

or herself. Heidegger (1962) added that when someone leaps ahead, “it helps the Other to become transparent to himself in his care and to become free for it” (p. H. 122).

Teachers may decide to leap in, leap ahead, or do neither by letting the students *be* when they are connecting with them. The participants in this study made those decisions based on being attuned to the situation through listening and solicitude was included as a part of those pedagogical concerns of teaching and learning.

The Concernful Practices were frequently referred to by the participants in this study. The participants were attuned to pedagogical practices important to nursing education and Elaine discussed how she used the language of the Concernful Practices in her teaching:

When I’m enacting Narrative Pedagogy I think differently; I construct the lecture or the presentation differently. So, I have an hour to do this presentation with students, not really a presentation but it’s on prioritization. It’s the last six weeks and so it’s kind of a review of prioritizing patient care. That’s the topic and so I first started thinking about, OK, “How can I focus on experience here in this and how do I do that?” so I looked to YouTube a lot for experiences to show in the classroom, and I came across kind of an experience, it was just a story, the nurse comes on the unit, there’s three patients and one of them has this and one of them has that and the third one has the other thing, kind of detailing all of that and then the final question is “Which one would you see first? and why?” So, I start out the whole session with showing that, and I don’t say anything, I just kind of like “Hi my name is _____” Because they don’t always know me, so I introduce myself and “here let’s watch this”, and “You might want to take notes, which one would you see first.” So then I just give them two minutes to think about that. So we’re starting with an experience, somebody else’s experience, but a nursing experience right away, and then we talk about it after two minutes. “Well what did you come up with?” and “Why is that?” and so then, I go to making all the different points about the patient, with the pain level of this and what does it mean that the hemoglobin is this value in this situation in terms of prioritizing your patient care. So what do these different details of these situations mean for prioritizing for patient care? And so, I might say “The nurse would interpret this, to mean this.” I’m helping them understand, I’m talking to them again using that language [Concernful Practices].

Elaine discussed how she was enabling Narrative Pedagogy by using the language of the Concernful Practices and publicly sharing interpretations of the videos in class. Elaine saw value in questioning and helping students think through the various situations. Elaine experienced listening through the use of the Concernful Practices. Narrative Pedagogy research offered a new language to nursing education (Diekelmann, 2001) and Elaine was embracing this in her discussion.

Participants in this study would often enable the Concernful Practices in their teaching practices. They would try various strategies, such as asking questions or creating a dialogue in the classroom. Gadamer (2004) discussed the essence of the question and how it was more difficult to ask a question than to answer it. Gadamer (2004) added that the path to knowledge can lead through the questions that are asked. If students are asking questions, that creates an opening for them to create a path to knowledge. Questioning is a way to open up possibilities of meaning (Gadamer, 2004). Providing a space for dialogue and questions and being attuned to how the students were responding was part of an experience of listening important to the participants in this study.

The experience of listening also included pedagogical perspectives from leadership roles of teaching and learning. Aleah, who was in an administrative role, described a clinical situation in which a faculty member was encouraging a student to attend to a patient.

Well, for example there was one I remember about a student who was working with a mother who had a miscarriage and the baby died... the student was terrified so what the faculty member did was just encourage this student to stay with the patient and listen and listen to her cry and so the interpretation was that this student that felt she had nothing to offer,

offered herself. In doing so she felt she had something to give and in letting her do it that would be inviting and letting be.

Aleah was attuned and listened to what was occurring with the faculty in the nursing program and how he or she was attending to the Concernful Practice of “inviting.” The faculty member “invited” the student into realizing she could take care of this patient and she let her be by encouraging her to do the next steps in clinical independently. The faculty member could have stepped in and said “watch how I do this” or “observe the nurse”, but instead, the student was empowered by the teacher to do the action by herself. The student did not need to do anything necessarily, but just listen, and the faculty member provided guidance to do so. Aleah was listening to the faculty member and was attuned to pedagogical practices in nursing education. The experience of listening for Aleah was an attunement to the faculty member and how he or she was attending to the Concernful Practices.

The experience of listening included how Aleah was listening to the faculty member to recognize the significance of the faculty member’s interaction with the student. This interaction was important because it signifies how students truly learn (Fink, 2003). Fink (2003) described the importance of being a self-directed learner and described activities such as reflecting on how students are learning and doing activities that will increase their awareness of learning. Students may or may not be self-directed in learning, meaning sometimes the role of the faculty member is one who encourages students to act on an experience that in turn helped the student realize they are capable of accomplishing such activities. By allowing students this opportunity to experience learning independently, the teachers are attending to what Heidegger (1962) referred to as

“letting learn.” Aleah was attuned to listening to the faculty member, was attuned to the pedagogical practice that had occurred, and saw the value in this experience.

Listening as Attunement was also recognized through the way the teachers in this study discussed how to listen to what was occurring in the professional role of the nurse. The environment in the current health care system requires a different type of thinking according to Frieda:

Years ago you could keep current. You could go to workshops, you could do this and you could do that because the pace was such that you could catch it. You could take a continuing education course, but today it is just so monumental the changes that are taking place. I had a student in class yesterday who was sharing how when she graduated from nursing school in 2000 and she worked for a number of years and then she consciously took a break, it was about a six year break, and when she went to go back to work, she said she didn't recognize anything. You know, the verbiage, the look of the environment, everything looked different. And she said when they told her they said, 'we can't hire you unless you have a year's worth of acute care experience that's current.' You're going to have to take a review course. She said she was a little insulted. And yet when she started to look around, she realized they did have it right, she never would have survived. And she took the review course but then she actually made a decision not to do acute care and do long term care because the pace was not quite as frantic. It wasn't the frenzy that's taken place in acute care because the changes in reimbursement, the people who were there are the sickest of the sick ...I look back when I got out of nursing school and people who were in hospital beds were people who had hernias repaired and people who had low back pain and we put them in pelvic traction. They don't use pelvic traction any more. It's a thing of the past. And that's the concern that I have that we [nurse educators] haven't really moved to that; we need to be there in this healthcare system.

Frieda was an educator who has years of experience both as a nurse and as a teacher.

Even though she has experience, she still recognizes the need to further her education to best address the needs of nursing students. Frieda was attuned to the changes in the professional role of the nurse and it was important in her view of addressing student needs in the current healthcare system. Students need to be able to adapt to a more

complex healthcare environment compared to what it was ten to twenty years ago (Benner et al., 2010; IOM, 2011). Frieda was listening in a way that demonstrated she was attuned to the global picture of what the students needed from nursing education in the twenty-first century.

Participants in this study were attuned to the evolving role of the nurse. Both the experience of a teacher and the environment within a nursing program impacts how that teacher shapes his or her professional identity (Andrew & Ferguson, 2008). If the environment of a nursing program is one that focuses on outcomes and objectives and giving students what they should know, this will make an impact on the professional identity of the nurse educator. The professional identity of the nurse educator may also be shaped by the way a teacher has gained experience in teaching and think they know what was best for students.

Just as Frieda was attuned to how the role of the nurse has changed, participants in this study also consistently discussed how they were attuned to effectiveness of teaching and learning. One participant, Betty, who was involved in enabling Narrative Pedagogy throughout the curriculum at her school, talked about how faculty were attentive to listening to each other to attend to teaching and learning practices.

Maybe they [faculty] were trying something new and they wanted some feedback from someone to just “help me see how it worked, give me some ideas, and we would talk after and say, this really worked well, or you might want to try this the next time” so it gave us some feedback in order to be able to say well this is working really well.

Listening to feedback from faculty was important for Betty. Conventional pedagogy is the dominate way of teaching and learning in nursing education (Benner et al., 2010; Diekelmann & Diekelmann, 2009). Betty was talking about how listening to the

feedback from other teachers was helpful in making this transition to a new way of thinking about nursing education. Another teacher, Jayna, recounted an experience she had when a seasoned faculty member was observing her lecture.

I had never been a formal teacher so when I started at this University, the way we divided up the teaching was you'd look at the time table and then said okay, Jayna, you're going to teach this subject here and that subject there and so I remember so well, when my first lecture was going to be on postpartum hemorrhage. So I went away and I did a whole lot of; looked up textbooks and looked at what had been done the previous year and I went in so prepared for this lecture and of course I'd been used to students who would be critiquing definitions and finding out things for themselves and bringing everything back. So, I started off saying okay, what's the definition of a postpartum hemorrhage. What do you think and opened it up to the class, and so we started taking about was it a certain amount of blood or was it the effect that it had on the woman, how could you define it? Anyway, in the end I said really a postpartum hemorrhage could be for some women maybe they could lose 1000 milliliters and still have no effects. For some women to lose 500 milliliters could be devastating, and what makes that different and so on. Well, it was one of my colleagues sitting in on the lecture because it was my first one and she said, actually no Jayna, we define postpartum hemorrhage as 500 milliliters of blood loss within 24 hours following the birth. And oh my God, the floor could have opened up and swallowed me up because I just thought oh, I taught the students wrong. She said, but that's what they have to know for their final exam. You can't be telling them all this other stuff.

Jayna was creating a conversation with the students about how post-partum hemorrhage may look clinically. Jayna was attuned to what she had seen clinically and was using her own experiences to create a conversation in the classroom through public sharing and interpreting of experiences. Jayna was listening to the response from her colleague about how the focus should be on testing instead of understanding the multiple aspects of how post-partum hemorrhage may be seen in a clinical setting with a patient.

Nursing education has traditionally been built on a pre-figured world of objectives and outcomes (Diekelmann & Diekelmann, 2009; Gilkison, 2011). The teachers in this study were attuned to new pedagogies in nursing education. Current studies in the

literature emphasize incorporating evidence-based ways of teaching and learning (Diekelmann & Diekelmann, 2009; Giddens & Morton, 2010; Maceiras, Cancela, Urréjola, & Sánchez, 2011; Pinheiro & Simoes, 2012). The participants in this study were open to listening to feedback from other faculty, even if the feedback differed from what they thought about nursing education. The dialogue created between faculty was a way to challenge and extend views about teaching and learning. Listening as a way to gain understanding (Gadamer, 2004), will provide more insight into what was working or not working within their professional practices of teaching. The participants in this study were attuned to listening through caring about the current role of the nurse in the twenty-first century and having a dialogue to explore how to most effectively address the educational needs of the students entering that world.

Listening as Attunement was recognized here as a way the participants attended to new pedagogies of teaching and learning and how they invite feedback from colleagues. The feedback provides insight into how to view another's world view of teaching and learning. The participants in this study identified how they are attuned through listening to address the concerns of nursing education. Professional identities are developed over time in various careers (Ginsburg & Tregunno, 2005) and there may be reluctance to change. Nurse educators may spend years developing their own professional identities as teachers and have a multitude of successes when helping students learn how to be nurses. Sometimes it is not just one person, but an entire culture that has this same professional identity (Ginsburg & Tregunno, 2005). Teachers in this study were attuned through their experience of listening to this organizational perspective.

Chapter 5

As discussed in Chapter 1, the healthcare system has evolved greatly in the past few years. The way nurses are educated needs to change in order to meet the current demands of patient care (Benner et al., 2010; IOM, 2011). The literature states new nursing graduates make more medical errors, have trouble balancing multiple patients, and struggle with making effective clinical decisions in their first year as nurses (Hickey, 2009; Li & Kenward, 2006; NCSBN, 2013). Due to these problems observed in new nursing graduates, additional research was needed focusing on the pedagogies used in nursing education. Benner et al. (2010) found that conventional pedagogies were the predominant mode of teaching and learning in nursing education. Conventional pedagogies were considered a traditional way of teaching and have been used for several years in nursing education. This conventional way of teaching draws attention to reaching a singular, teacher-centered outcome (Ironsides, 2001). Conventional pedagogy has served nursing well in the past, but research to explore alternative approaches to teaching and learning was needed in order to address the complexity of care nurses face in the twenty-first century.

Summary of Study

The complexity of healthcare has increased and the information contained in this study will assist nurse educators in thinking differently about nursing education. As described in Chapter 2, Narrative Pedagogy emerged from the experiences of teachers, clinicians, and students in nursing education (Diekelmann, 2001). Narrative Pedagogy does not replace other pedagogies or strategies in nursing education, but rather can be enabled alongside them. When teachers enable Narrative Pedagogy, they create a forum

to publicly address concerns that may have been raised by anyone (student or teacher). The focus is shifted away from the teacher as the purveyor of knowledge and towards a collective dialogue between students and teachers. The findings of this study take what was known about Narrative Pedagogy and expand on how listening was experienced by nurse educators.

The following sections in this chapter will further delineate the findings of the study, which includes the two themes: Listening as Dialogue and Listening as Attunement. The discussion of findings section will draw attention to the main discoveries within each of the themes. The next section of this chapter will discuss how the study provides important implications for nurse educators. This chapter concludes with the strengths and limitations, recommendations for future practice, and concluding remarks.

Discussion of Findings

Listening was explored from a phenomenological sense, which is more than merely hearing someone else. Dialogue emerged in an effort to gain understanding of another's point of view as a communal experience. The communal experience focused on what Gadamer (2004) described as "Being-with" others in the world. The communal experience was not about seeking one right answer, but instead focused on how to come to an understanding about a matter of concern through questioning and responding (Lawn & Keane, 2011). The collective dialogue created in a communal experience provided an opening for understanding by thinking about situations together, which drew on the decision making process. When given the opportunity to dialogue and think communally about the situation, it capitalizes on the skill of clinical decision making that was

recognized as deficient in new graduates. When nurse educators think about dialogue as communal, the focus shifts away from content and towards learning about nursing together. The dialogue can then expand based on what was currently appreciated by students and teachers. This shift in thinking may be extended throughout the entire curriculum. Diekelmann and Diekelmann (2009) discussed thinking about the “curriculum as communal experiences of students, teachers, and clinicians being attentive, listening, and co-responding to one another” (p. 409). The main findings of the theme Listening as Dialogue included openness, shifting thinking, the dialogical experience of interpretation, and making connections. These new understandings can be applied to an individual nurse educator’s practice in teaching and learning or throughout the entire curriculum.

In this study, the experience of listening was emphasized through how open the participants were to dialogue. The participants discussed strategic ways they would attend to dialogue exemplified by how Elaine would ask questions of the students. The participants were open to attending to the dialogue based on how students were responding, which created a reciprocal experience that was neither teacher-centered nor student-centered. Diekelmann and Diekelmann (2009) stated, “The human being of openness attends to the call to attention (compelling summons) as listening” (Diekelmann & Diekelmann, 2009, p. IV). This statement draws attention to the relationship between listening and openness and from a phenomenological perspective it is a way of being open to possibilities of what may arise from the dialogue through listening. The participants were open to what might ensue from the dialogue, in an effort to address concerns that arose. Important to this finding was not necessarily the strategy of asking

questions to elicit a dialogue, but rather how nurse educators can be open to addressing clinical concerns through a dialogue. The openness was one where nurse educators could listen for cues or questions from students to help guide the dialogue. The experience of listening included Being-with the student in dialogue while addressing clinical concerns.

The participants in this study discussed ways they had shifted the way they thought about teaching and learning. One of the participants, Aleah, discussed how she shifted away from telling students what they needed to know towards helping them realize what they already knew by relating their previous experiences in the context of nursing care through dialogue. Aleah also discussed how she learns just as much from the students as they learn from her when they collectively share their thoughts. The participants shifted the way they thought about teaching to what Doane and Brown (2011) described as moving away from the content as central towards the student as becoming person (or becoming nurse). Brown and Adler (2008) also discussed how teachers can shift their way of thinking about education from learning about subject matter towards “learning to be,” which, in this study, means learning to be a nurse. Through dialogue, participants in this study were connecting with students -- as those students learned *to be* nurses -- rather than just telling them *about* nursing. Daud (2004) identified how knowledge acquisition through increasing content was more about what to think rather than how to think. Central to this idea was realizing that increasing content does not necessarily help students understand how to think about clinical concerns. Nurse educators could transition away from increasing content and move toward having more dialogue about clinical concerns with students. Such a move allows teachers and students to focus how to care for patients together rather than just learning about content

surrounding caring for patients. The experience of listening for the participants was emphasized as learning how to be a nurse through interpretations made within a dialogue.

Participants in this study discussed how the public sharing of experiences allows for interpretation as a dialogical experience, which also capitalizes on the clinical decision making strongly needed of new graduates. Interpreting, as a Concernful Practice, was described as unlearning and becoming (Diekelmann & Diekelmann, 2009). One of the participants, Jayna, described one of these experiences when a student realized through a communal dialogue about her own biases regarding terminating a pregnancy. Through interpreting as a communal experience, the participants in this study were able to explore the student's preconceived biases, an activity that helped to shape who the student was when becoming a nurse. The participants did not have control over how the students were engaged in this dialogue, but through interpretation, they were free to engage with each other about clinical concerns. Interpretive acts give students the opportunity to further their own understanding and examine their presuppositions about patient care. Nurse educators can provide time for the students to interpret situations through dialogue which will then enable students and teachers to become engaged in the discussion. Listening as Dialogue emerged as the way teachers attended to the communal experience with students as they were learning to become nurses through interpreting clinical concerns.

Through dialogue, the idea of making connections arose out of the participants' interpretations. These connections were between student and teacher and through the connections made with content. The participants shared experiences where they attempted different strategies to create a dialogue, but incorporating those various

strategies did not necessarily make a difference in connections made with students. One of the participants, Elaine, described how, regardless of the learning activity she implemented or her openness to dialogue, at times there was still a lack of connection between her and the students. She related this lack of connection to the culture of the class in which the students built throughout the nursing program. Various factors, outside of the strategy employed, impacted the connections between students and teachers. Nurse educators can be cognizant of those organizational factors that pervade within the cohort of students when encouraging a dialogue.

An examination of how connections were made within a dialogue revealed that one of the Concernful Practices, gathering, was co-occurring with listening through the interpretation of the interviews. Gathering was understood from the broader perspective relating to the organizational factors impacting how students were welcomed within a nursing program, which subsequently, impacted the overall culture of the class. Sumner (2010) discussed the highly structured traditions upon which nursing had been built upon from an organizational perspective. Teachers and students have presuppositions they bring to teaching and learning through these highly structured traditions. The presuppositions could include a multitude of perspectives, but one such entity includes expectations about education, such as being inundated with the conventional practices of teaching and learning. These presuppositions were further explored through what Gadamer (2004) referred to as past and present horizons. The past and present horizon that students and teachers bring to teaching and learning can make a difference in how teachers experience listening and the connections made through dialogue. Nurse educators can address those presuppositions about learning through the dialogical

experience of listening to students. Nurse educators can also be cognizant of the environment within the nursing program by listening in a phenomenological sense to the pedagogical philosophy permeating the walls of the organization. The awareness of pedagogical concerns resonated into the other theme: Listening as Attunement.

Listening showed up as the theme Listening as Attunement, in the way the participants were 'aware' and 'responsive' to teaching and learning. Attunement was ontically expressed through mood and could also be referred to the collective *mood* of the students as a way of being. In this sense, mood is about an experience and not to be confused with a psychological mood (Crowther, Smythe, & Spence, 2014). Moods are always already present and dynamic in nature. Attunement, ontologically, was compared to what Crowther et al. (2014) described as a fever that cannot be seen. Mood, ontically, is compared to what Crowther et al. (2014) described as what can be seen with fever, such as, sweating and hot skin. The participants were attuned to subtle differences in mood through listening to the spoken and unspoken language of the students. The theme Listening as Attunement included attending to matters of concern, teacher's self-awareness, and pedagogical mindfulness in nursing education.

Listening as Attunement was recognized through the ways teachers in this study were aware and responsive to matters of concern. The matters of concern could be related to a multitude of possibilities, such as students' misunderstanding of content, preconceived biases, or emotional concerns. Concerns were neither negative nor positive, but were rather a concern that was either verbalized by a student or not verbalized, but yet identified by the teacher. One of the participants, Jayna, described noticing that a student was crying during a discussion on post-natal depression. Jayna

was attuned to the fact the student was crying (aware) and made the decision to stop the discussion and attend to her at that time (responsive). This situation was extremely valuable to learning for both Jayna and the students as it became a real life recollection about post natal depression in which they collectively engaged. An experience such as this allows the opportunity to clinically reason and interpret the experience as if it were with an actual patient. Jayna described addressing these concerns as a “juggling act” of trying to balance a valuable educational experience and a counseling situation. When nurse educators attend to matters of concern, the students often present personal experiences similar to patients’ experiences. Nurse educators can take the time to be attuned to matters of concern in order to gain understanding of how to clinically reason about clinical situations.

The participants discussed that the reality of not attending to the matters of concern would result in “losing” the students. The participants were attuned (aware) to “losing” the students and expressed the sense of losing students when they did not feel listened to or connected with their students. When the teachers experienced losing students, they described it as the students were not listening, turning away, or not responding to the dialogue. When this was experienced as not listening, the teachers related it to needing to address matters of concern and to what Noddings (2003) referred to as putting the person, not the content, in the center. By placing the person in the center, the teachers experienced listening as a means to get to what Jayna described as “real learning” and enabled nurse educators to address concerns in an effort to avoid “losing” the students. The real learning was the experience of students working through clinical problems in a communally with the teacher. By talking aloud about how to work

through clinical concerns, the students had the opportunity to experience how to think through a situation. They could hear how the teacher would think about the situation and how other students would work through the problem, which provided the opportunity to help the students shape how to clinically reason through patient concerns. The findings from this study emphasized that in order to get to “real learning” nurse educators can become aware and responsive to the mood of the students in order to address matters of concern.

Attunement also emerged in ways the teachers were listening to themselves through self-awareness in teaching and learning. The participants in this study discussed that when they first began teaching, they were more concerned with *getting it (content) right* and were not actually able to identify subtleties of mood within the group. Over time, they developed what one of the participants, Heather, referred to as the *teacher sense*, similar to a clinician sense when caring for patients. The teacher sense was a way of picking up on the minor subtleties of students. The teacher sense was a self-awareness that the participants described as an intuition that developed over time.

The participants in the study were aware of these matters of concern (teacher sense) and they realized the self-reflection involved with being conscientious about how to respond in order to connect. The matters of concern were often close and personal stories students would share. Noddings (2003) suggested teachers should be counselors and advisors in their subjects and not just purveyors of knowledge. This should not be confused with what Jayna referred to the “juggling act” of being a counselor versus educator because there was overlap when students do share personal stories. If things were too personal, the participants in this study would take time to meet with the student

individually instead of in a communal way. The self-reflection was a way of seeing if what was being discussed was something that could be related to our self too (Gadamer, 2004). The participants were aware of the subtleties of the students and *sighted* when something needed to be attended to then choose how to respond through knowing the student and characteristics about them. Something was sighted and unconcealed to the teachers when they were attuned to the mood of the students in intuitive ways. The participants responded to the concerns through self-reflection and being attentive to the juggling act so prevalent when attending to matters of concern with students. Nurse educators can listen for times when a response would be needed and self-reflect about how to respond.

Attunement also included paying attention to the organizational structure of nursing education in respect to the ever changing world of healthcare. Having an awareness of the larger structural entities within nursing education can aid nurse educators to be mindful of new pedagogical practices in teaching and learning. One of the participants, Frieda, was attuned to how the role of the nurse has changed, while being cognizant of the importance of seeing nursing education differently. Nurse educators can continually evaluate how to attend to the needs of the current role of the nurse in the twenty-first century.

The attunement to the need for change in nursing education was evident in this study, but challenges identified included the organizational factors and professional identities within nursing education. These sets of traditions hold tight to the conventional way of teaching as was evident when Jayna described her interaction with a fellow teacher who thought course content should be taught in a certain way so the students

would know how to answer a test question, rather than explore multiple clinical perspectives as Jayna intended. Teachers often continue to utilize traditional methodology in nursing education; this study brought insight into how teachers enabling Narrative Pedagogy were attuned to alternative ways of teaching and learning. This study illustrated how nurse educators were experiencing listening through an awareness of the world of nursing education.

Implications for Nursing Education

In light of the recent changes in healthcare and concerns with patient safety, a close examination of nursing education was needed. New nursing graduates have a “higher rate of not meeting expectations” when implementing independent nursing interventions compared to experienced nurses (Fero et al., 2008, p. 146). In addition, Hickey (2009) found that new graduates were not adequately prepared for the reality of the professional nursing role. The lack of preparation for the role of the nurse ultimately leads to more than 40% of recent graduate nurses making medication errors in their first year of nursing (NCSBN, 2013). Multiple factors contribute to those medical errors in new graduates, but one starting point involves research exploring the way nurses are educated. This study provides pertinent implications regarding teaching and learning for nurse educators beginning with shifting the way of thinking about nursing education in the twenty- first century.

Conventional pedagogy, which focuses on a singular, outcome centered approach to education, continues to pervade the walls of nursing programs. Patient care has changed in the past decade and this conventional approach to teaching and learning is not as relevant as it was in the past. The findings of this study provide a different way of

thinking about teaching and learning that encompasses much more than a strategy or outcome-based approach. When nurse educators remain open to dialogue and invite sharing of multiple views, they can respond to students in ways that bring forth thinking about clinical situations. Benner et al. (2010) emphasized that teaching needs to focus on the multiple ways of thinking about patient care. This is much different than the conventional way of listening for a certain response or one right answer (Ironside, 2001). The implications of this study offer nurse educators insight about opening a dialogue that draws attention to the realities of the role of the nurse responding to multiple patients with complex health conditions. For example, the reality of nursing often times includes caring for a patient with complex medical conditions such as a critical lab level along with renal failure and depression, while still balancing the care of four other patients who have equally complicated conditions. When dialogue includes the realities of the nursing role, listening that both promotes understanding and addresses patient care from multiple perspectives can take place. There is more than one way to manage the complexity of patient care and when nurse educators open the dialogue, the opportunity to explore ways of balancing the demands of patient care that transcends the limits of conventional pedagogy can take place.

This implication for shifting the way educators think about teaching and learning was also recognized throughout the educational literature (Behar-Horenstein & Niu, 2011; Hockings, 2009). The literature suggested the shift in thinking about education towards “how” to think, rather than “what” to think (Behar-Horenstein & Niu, 2011). When teachers focused on “what” to think, the content viewed as knowledge acquisition was central, rather than “how” to think in an effort to gain understanding (Behar-

Horenstein & Niu, 2011). Knowledge acquisition is important, but understanding how to apply the content in multiple situations is vital to patient care. This change includes a shift from an epistemological view of ‘knowledge’ or ‘covering content’ to an ontological view of how to put theory into action (Doane & Brown, 2011; Doane & Varcoe, 2008). *Epistemology* is the study of knowledge (Steup & Zalta, 2014) which places emphasis on what is considered knowledge in nursing education. In order for knowledge to be translated into action for nursing students, greater emphasis must be placed with ontological inquiry (Doane & Varcoe, 2008). This study illuminated the ontological aspects pertaining to nursing education.

The findings of this study can help nurse educators shift their way of thinking about teaching and learning in ways that enhance what they already know about nursing education. Nurse educators often have a level of comfort in the traditional ways of teaching and learning for a multitude of reasons. They may have spent years building their professional identities (Ginsburg & Tregunno, 2005) or they may have organizational constraints to consider (Gilkison, 2011). Often times nurse educators are concerned about meeting objectives within a nursing program or the pressure of students passing state boards of nursing. Although acknowledgement that passing state boards is a vital part of nursing education, more important are the potential unsafe outcomes of patient care that have been noted in the literature (Fero et al., 2009; Hickey, 2009; Li & Kenward, 2006; NCSBN, 2013). This study helps address those potentially unsafe outcomes by shifting the way nurse educators view teaching and learning through research-based methods. One approach to learning how to shift thinking can be through ongoing faculty development.

Nurse educators have various levels of understanding about educational pedagogies. Nurses are often hired as educators in the area of sessional help to aid in short term assignments (Halcomb, 2010), which adds to the incongruity of how nurses in undergraduate programs are educated. The graduate programs for nurses also vary in how nursing education is integrated throughout the programs, even though, according to Boyer (1996), the scholarship of teaching is one of the expectations of nursing faculty along with research and service. Faculty development is vital to ensuring nurses are educated in the research-based methodologies in teaching and learning. This development can occur in a host of venues, including nurses in graduate level programs, on-site with faculty already teaching in nursing programs, and through online national and international conferences. The key to the success is to ensure that the development programs are ongoing and within multiple venues and levels of education: graduate level students, new educators, experienced educators, and sessional educators.

Nurse educators gain understanding of Narrative Pedagogy over time and this study re-energizes the ways nurse educators can enable this way of teaching and learning into their own teaching practices. In the past, nurse educators, nationally and internationally, attended teleconferences through a single pilot project as a way to embrace faculty development while gaining understanding of Narrative Pedagogy (Ironside, 2006). With the advancements in technology, the possibilities for ongoing online conferences are endless for faculty development. Nurse educators can meet with experts in the field nationally and internationally over video conferencing to discuss ways of enabling and sustaining Narrative Pedagogy, to include the findings of this study. Faculty development can further be extended to include individual programs, not just on

a global level. Small changes within nursing programs can make large differences in how nurse educators attend to teaching and learning. The programs can be set up within their own institutions as a way to have a continuous conversation about the pedagogical perspectives within the organizations. Nurse administrators can incorporate the research-based ideas found from this study to include: openness, attending, and interpretation through dialogue, and attunement amongst their own faculty.

Faculty development can incorporate the awareness of remaining open to dialogue, regardless of the pedagogical strategy employed. Nurse educators can listen in a way that allows concerns to come forth and can co-reflect on experiences communally with students. This is different than telling the students what they need to know, becoming instead a partnership in learning. Gadamer (2004) and Noddings (2003) emphasized dialogue as a way to gain understanding. When listening is attended to by nurse educators through dialogue, it becomes more than nurses listening to themselves and wondering what questions to ask next, changing to letting go of the self (as teacher) in an effort to co-respond in teaching and learning with students. Nurse educators can attend to a dialogue in an effort to gain an understanding for how students are thinking that is neither teacher- centered nor student- centered, but communal. Hockings (2009) found that student-centered learning was, at times, ineffective and offered the suggestion to “open a dialogue with students to explore their social, economic and cultural backgrounds, their ways of knowing and learning, their sense of identity, and to investigate how other factors in the learning environment interact with these” (p. 96). The implication this has for nursing education includes a shift in thinking that will extend beyond the traditional view of teacher- centered knowledge acquisition and towards a

communal experience with students. Faculty development can explore ways to be open to dialogue in teaching and learning and discover ways this may enrich a student's understanding of clinical concerns.

In addition to remaining open to dialogue, faculty development can also include how to attend to the dialogue. Dialogue was one of the key findings of the experience of listening in this study and co-occurs with other Concernful Practices, including inviting. Inviting is considered an ontological phenomenon, regardless of the teaching strategy employed (Ironsides, 2014). Dialogue should include a way to gain understanding of all views, both those that agree and disagree with the majority point of view (Chinn, 2008; Englund, 2010; Gadamer, 2004) and through inviting dialogue, multiple points of view can be encouraged. Ironsides (2014) found that silence used by teachers can “invite students’ thinking and learning” (p.216). One of the participants in this study, Heather, discussed a time she remained silent when students were discussing a thought provoking topic of race in America. The dialogue became very passionate and students were nodding in agreement with the main views expressed. By using silence, the power was taken away from teacher and allowed the students the opportunity to dialogue, think, and interpret what they understood about the experience. Silence was a way to invite dialogue, but as Ironsides (2014) expressed, this does not mean nurse educators are just sitting passively. Nurse educators can remain silent while still being aware and responsive to the unheard voices (points of view) that may not be expressed.

Along with attending to dialogue through silence, faculty development can include ways to invite multiple perspectives. Certain times within a dialogue, nurse educators can become aware of points of view being perceived and ones that are not

being acknowledged. The students periodically take sides or have a competitive stance one way or another, which may prevent others from sharing their views. Nurse educators can be aware of times when the popular view is being heard and can encourage other ways of interpreting the dialogue. For example, the nurse educator can say “What if ____ had it right?” or “What about ____ point of view?” or “Is there someone in the room who has a different point of view?” When nurse educators open up the dialogue in ways that invite other views, they can have an effect on the power within the experience.

Power is a force that operates on a continuum. It is also dynamic because it changes based on the situation. Power is always already a part of the situation (Foucault, 1980), but nurse educators can attend to this in ways that extend multiple points of view. When other points of views are encouraged, the dialogue shifts towards a way to gain understanding and away from a competitive nature. Nurse educators can become aware of what powerful forces are potentially in the room and address them in ways that prevent oppressiveness. Nurse educators can make efforts to consider multiple ways of interpreting situations in a dialogue and remove power away from one- sided views. Nurse educators can use this information to realize that even if the dialogue is robust; there should still be consideration for all points of view.

Faculty development can include ways nurse educators attend to dialogue that allows for the practice of interpretation of multiple points of view in a communal way. The Concernful Practice of interpreting also co-occurs with listening and is described as unlearning and becoming. Nurse educators can listen for ways to open a dialogue that encourages interpretation of patient care in order to help students unlearn misconceptions about content (explicit knowledge) in efforts to become a nurse (tacit knowledge).

Explicit knowledge would often be obtained through memorization or reading a text, whereas tacit knowledge is more than just the transfer of knowledge (Brown & Adler, 2008). Acquiring tacit knowledge provides an understanding of learning how to be a nurse whereas explicit knowledge is merely learning about nursing. Nurse educators can encourage interpretation surrounding clinical concerns in a more tacit approach to understanding nursing. Nurse educators can shift their way of thinking away from merely the transfer of knowledge to joining students in learning to be a nurse.

Faculty development can include ways nurse educators can become attuned to teaching and learning in order to recognize those times when dialogue needs to open. Nurse educators can shift away from the content as central and towards attunement of concerns. Noddings (2003) identified this as a shift in the way of thinking about teaching away from content to focus more on the person. One of the teachers in the study, Heather, referred to this as “preserving the personhood” of the students. This can be a focus on the person as an individual or the students as a whole. Nurse educators can attend to listening to the students as a whole by becoming aware and responsive to *mood* of the students. This awareness allows nurse educators to gain understanding when they think they may be *losing* students. Through this attunement and shifting the focus away from the content and more towards the person allows nurse educators a way to address clinical concerns at that time.

The findings of this study provide implications to further faculty development in ways that attend to shifting the pedagogical views of nursing education. Learning develops over time (Chew, 2014) and multiple factors contribute to nursing student knowledge and competency. This research provides more than merely a call for the

implementation of a new strategy, but a way nurse educators can expand the philosophical ways of attending to teaching and learning. That being said, this research provided one piece of the pedagogical puzzle that pervades nursing education and the findings are applicable along-side other strategies and pedagogies.

Strengths and Limitations

One of the strengths of this study includes how the researcher, remained open to the possibilities of responses from the participants. By leaving the questions unstructured, broad, and open, the participants were able to share multiple views about their experiences. I did not limit myself to one particular direction of interpretation, but rather remained open to what was experienced through the interviews and interpretations of those participants' experiences.

This study was unique to nursing education and explored an alternative approach that moved away from the traditional approaches of teaching and learning. The Concernful Practice of listening had not been explicated within a single study such as this and I was able to provide deeper interpretations about this meaningful aspect of nursing education. In addition to choosing to emphasize listening as the phenomenon of interest in this study, I also accentuated how listening was related to the other Concernful Practices. This study emphasized the intra-relatedness of the Concernful Practices, even though listening was the phenomenon of interest.

Another strength of the study included how the participants were drawn from multiple sites both within the United States and internationally. The multi-site nature of this study provided strength to the results. This multi-site study provided a wider perspective from multiple participants on the phenomenon of interest.

Both a limitation and strength of this study included my position in the world in relation to this study. As the researcher, I was able to use my experience in nursing education to provide insight about the interpretations. I thought about how the results would be applicable in teaching and learning within my own experiences in nursing education. My position in the world is also a limitation of the study that may have inhibited how I interpreted participants' experiences. Based on the pre-understandings discussed in Chapter 1, there were aspects of the experiences I may have not seen due to my background and position in the world. I am a white, highly educated female, and that places me in a position where I might not see the interpretation from a perspective outside of that understanding.

I had my own limitations within this study as a scholar and researcher of this phenomenon. I have a vested interest in Narrative Pedagogy, which may have prevented me, at times, from seeing various aspects of the interpretations. I did account for this throughout the rigor of the study, but would still note it as a possible limitation.

Recommendations for Further Research

A recommendation for further research would be to include nursing students in ways that either explores their experience of listening or capitalizes on the interpretations within this study. The findings of this study were unique to nurse educators, but there were aspects of the interpretations in which a student view would be beneficial. One interpretation finding focused on times the participants thought there was a lack of connection with the students. It would be interesting to expand on that idea of lack of connection and how the students were experiencing not listening related to that phenomenon. In addition to the lack of connection, the interpretations also pointed to the

experience of listening when attending to matters of concern. A question could be related to how the students experience listening when power differentials come into the experience. How do students experience listening when other students are dominating a conversation or when the teacher participates in the majority opinion would be an important aspect to explore.

Future research should expand to include the other Concernful Practices. Each of the Concernful Practices was considered meaningful to teaching and learning and separately exploring each one could help nurse educators develop understanding how they are attended to in nursing education. Important findings were explicated through the research with the experience of listening. Exploration of each of the Concernful Practices could add strength to addressing current pedagogical concerns in nursing education.

One implication for this study is to incorporate what was learned from the study into faculty development. Further research is needed to determine how faculty development is most effective when nurse educators are embracing new pedagogies. More research is needed to understand the expectations and education of nurse educators at multiple levels. Having a better understanding of the educational differences among nurse educators, will provide insight into what is needed in faculty development and within graduate programs for nurses. Faculty development is more than just presenting a strategy or a method that works best; rather the development progresses over time. The most effective ways of embracing this change would be important in nursing education.

Finally, future research can include how Narrative Pedagogy is enabled depending on the setting. The way Narrative Pedagogy or the Concernful Practices may be experienced are different in the online environment versus face to face or even in the

clinical setting. There can be differences even in the larger classroom (over 35 students) versus the smaller classrooms. Differences can further be extended to the lab versus the preceptorship. Exploring ways the Concernful Practices show up in those various teaching and learning environments would help nurse educators further their understanding of how they are attended to in those settings.

Conclusion

The findings from this study provide important implications for nurse educators in gaining understanding of the pedagogical concerns in nursing education. Nurse educators can shift their way of thinking away from the traditional, teacher-centered pedagogies and towards a communal experience with students. According to Diekelmann and Diekelmann (2009), a communal experience may be experienced as a safe, respectful experience or a competitive, isolating one. Teachers and students do not necessarily control that communal experience, but can attend to the Concernful Practices in various ways that either nurture or discount them. The findings of this study provided ways nurse educators can attend to listening through dialogue and be attuned to matters of concern. When nurse educators shift their way of thinking away from content and towards the person, the possibilities for gaining understanding are increased and the singular, traditional approaches to nursing education are reduced. Listening is always already a part of the experience and nurse educators listen to students and connect with them by attending to matters of concern as a communal experience.

This study is vitally important to nursing education at this time because new graduates often struggle with the complexity of patient care and medical errors in their first year as nurses. Multiple factors contribute to those errors, but one important piece

involves nursing education. Nurse educators need the research- based knowledge of teaching and learning in order to provide the best possible outcomes in student learning, which ultimately affects patient care. Through listening, nurse educators are able to gain understanding of how the students are thinking about clinical situations and can address their misunderstandings at that time. When nurse educators attend to thinking together with students, they create an experience that enables a dialogue about how to be a nurse, as opposed to merely providing content knowledge about nursing. Through this dialogue, students and teachers collectively work together through interpreting situations regarding patient care. The findings of this study included the stepping stones to further the path of understanding nursing education and graduating safe, knowledgeable, competent nurses in the future.

Appendix A, IRB Approval



INDIANA UNIVERSITY
OFFICE OF THE VICE PRESIDENT FOR RESEARCH
Office of Research Compliance

To: SHARON LOUISE SIMS
NURSING

From: Human Subjects Office
Office of Research Administration – Indiana University

Date: December 06, 2013

RE: NOTICE OF EXEMPTION - AMENDMENT

Protocol Title: Experiencing Narrative Pedagogy

Protocol #: 1201007845A003

Funding Agency/Sponsor: N/A

The Indiana University Human Subjects Office recently reviewed the above-referenced amendment on December 06, 2013. In compliance with 46 C.F.R. § 46.109 (d), this letter serves as written notification of exempt determination.

The amendment is accepted under 45 C.F.R. § 46.101 (b), paragraph(s) (1) Category 1: Educational Research Conducted in Educational Settings. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as: i) research on regular and special education instructional strategies, or ii) research on the effectiveness of, or the comparison among instructional techniques, curricula, or classroom management methods.

Acceptance of this amendment is based on your agreement to abide by the policies and procedures of the Indiana University Human Research Protection Program and does not replace any other approvals that may be required. Relevant policies and procedures governing Human Subject Research can be found at: http://researchadmin.iu.edu/HumanSubjects/hs_policies.html.

The Exempt determination is valid indefinitely unless changes in the project may impact the study design as originally submitted. Please check with the Human Subjects Office to determine if any additional review may be needed.

You should retain a copy of this letter and all associated approved study documents for your records. Please refer to the assigned study number and exact study title in future correspondence with our office. Additional information is available on our website at <http://researchadmin.iu.edu/HumanSubjects/>.

If your source of funding changes, you must submit an amendment to update your study documents immediately.

If you have any questions or require further information, please contact the Human Subjects Office via email at irb@iu.edu or via phone at (317)274-8289 (Indianapolis) or (812) 856-4242 (Bloomington).

/enclosures

INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR

Experiencing Narrative Pedagogy

You are invited to participate in a research study of how Narrative Pedagogy is experienced. You were selected as a possible subject because you have had some experience with Narrative Pedagogy in your role as a nurse or midwifery educator. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Wendy Bowles MSN, RN, CPNP and Sharon Sims RN, PhD, FAANP, ANEF through Indiana University School of Nursing.

STUDY PURPOSE

The purpose of this study is to help gain understanding for how Narrative Pedagogy is experienced by nurse and midwifery educators. The investigator will be exploring ways *Listening: knowing, and connecting*, as a Concernful Practice, is being experienced.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things: You agree to be interviewed by Wendy Bowles for 60-90 minutes. During this interview, you will also agree to be audiotaped and what you say during the interview will later be transcribed and your name will be protected. This interview will be conducted either through videoconferencing, such as Skype, or by face to face interview.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published. You will be audiotaped and the interview will later be transcribed. You will be assigned a pseudonym to maintain confidentiality. Any documents connecting your name to your pseudonym will be kept in a locked file cabinet during the study, and will be destroyed upon completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP).

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher Wendy Bowles at (937) 470-6689.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 or (800) 696-2949.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Indiana University.

Appendix C, Defense Announcement

Announcing the
Final Examination of
Wendy Bowles
for the
Degree of Doctor of Philosophy in the School of Nursing
Monday, October 6, 2014 3:30 pm to 5:30 pm
NU 345, School of Nursing

Dissertation: Experiencing Narrative Pedagogy

The role of the nurse has changed dramatically in the past twenty years with increasing complexity of patient care and a rapidly changing health care environment. In addition to the challenges noted regarding patient care, problems with increasing medical errors were noted in the literature specific to graduates in their first year as a nurse. Research in particular to nursing education provides a way for nurse educators to become more astute at addressing problems pervading the role of the new nursing graduate. Narrative Pedagogy was identified as a research-based nursing pedagogy and has been researched and enacted for more than a decade. Out of the Narrative Pedagogy research, the Concernful Practices emerged identifying what was considered meaningful to nursing education by teachers, students, and clinicians. Listening was one of the Concernful Practices identified and became the focus of this study. The research question addressed the experiences of listening for nurse educators who enable Narrative Pedagogy. This was a hermeneutic phenomenological study in which ten nurse educators shared their experiences. The two themes that emerged from the study included 1) Listening as Dialogue and 2) Listening as Attunement. The findings of this study provided a different way of thinking about teaching and learning that encompasses so much more than merely a strategy or outcome-based approach. When nurse educators remain open to dialogue and invite sharing multiple views, they can respond to students in ways that bring forth thinking about clinical situations. The implications of this study offer nurse educators insight about opening a dialogue that draws attention to the realities of the role of the nurse responding to multiple patients with complex health conditions. The findings brought light to a shift in a way of thinking about nursing education away from “learning about” nursing towards “learning to be” a nurse. Nurse educators can implement the findings of this study into many venues of faculty development to include graduate education. This study provided insight into how nurse educators can shift their way of thinking about teaching and learning to address the role of the nurse caring for patients with complex health conditions.

Outline of Studies

Educational Career

Major: Nursing Science

MSN, University of Cincinnati, 1998

Minor: Educational Psychology

BSN, Wright State University, 1994

Committee in Charge

Sharon Sims, PhD, RN, FAANP, ANEF, Chair, (317)274-2806, School of Nursing

Pamela Ironside, PhD, RN, FAAN, ANEF

Joshua S. Smith, PhD

Melinda Swenson, PhD, RN, FAANP, ANEF

Approved: Signature **Sharon L Sims**
Sharon Sims PhD, RN, FAANP, ANEF, Chair

Digitally signed by Sharon L Sims
DN: cn=Sharon L Sims, o=OU,
email=ssims@tu.edu, c=US
Date: 2014.08.27 17:22:37 -0400

(Any member of the Graduate Faculty may attend. As a courtesy, please notify the Committee Chair in advance.)

Appendix D, Rodie Dissertation Scholarship Budget Table

	Items included	Total
Data Equipment	Recorder, paper, printer ink	\$100
Transcriptionist and personal equipment	Dragon, flash drives, transcription costs	\$900
MaxQDA	Software	\$100
Books	Philosophy	\$200
Editor	Proofreading and formatting	\$500
Travel	Meetings	\$200
Grand total		\$2000

References

- Alkandari, N. (2012). Students' communication and positive outcomes in college classrooms. *Education, 133*(1), 19-30.
- Andrew, N., & Ferguson, D. (2008). Constructing communities for learning in nursing. *International journal of nursing education scholarship, 5*.
- Andrews, C. A., Ironside, P. M., Nosek, C., Sims, S. L., Swenson, M. M., Yeomans, C., ... Diekelmann, N. (2001). Enacting narrative pedagogy. The lived experiences of students and teachers. *Nursing and health care perspectives, 22*(5).
- Baumann, S. (2008). Improving Our Stories. *Nursing science quarterly, 21*(3), 260-261.
- Beard, K., & Morote, E. S. (2010). Using podcasts with narrative pedagogy: are learning objectives met? *Nursing education perspectives, 31*(3).
- Behar-Horenstein, L. S., & Niu, L. (2011). Teaching Critical Thinking Skills In Higher Education: A Review Of The Literature. *Journal of College Teaching and Learning, 8*(2), 25-41.
- Benner, P. (1994). *Interpretive phenomenology : embodiment, caring, and ethics in health and illness*. Thousand Oaks, Calif.: Sage Publications.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses : a call for radical transformation*. San Francisco: Jossey-Bass.
- Benner, P., Tanner, C. A., & Chesla, C. (1996). *Expertise in nursing practice: Caring, clinical judgement, and ethics*. New York: Springer.
- Berry, L. E. (2011). Creating Community: Strengthening Education and Practice Partnerships through Communities of Practice. *International journal of nursing education scholarship, 8*(1), 1-18. doi: 10.2202/1548-923x.2180

- Boyer, E. L. (1996). From Scholarship Reconsidered to Scholarship Assessed. *Quest*, 48(2), 129-139.
- Brown, J. S., & Adler, R. P. (2008). Minds on Fire: Open Education, the Long Tail, and Learning 2.0. *EDUCAUSE Review*, 43(1), 16-20,22,24,26,28,30,32.
- Brown, S. T., Kirkpatrick, M. K., Avery, J., & Mangum, D. (2008). A review of narrative pedagogy strategies to transform traditional nursing education. *J. Nurs. Educ. Journal of Nursing Education*, 47(6), 283-286.
- Brown, S. T., Kirkpatrick, M. K., Greer, A., Matthias, A. D., & Swanson, M. S. (2009). The use of innovative pedagogies in nursing education: an international perspective. *Nursing education perspectives*, 30(3), 153-158.
- Bruning, R. H., Schraw, G. J., & Norby, M. M. (2011). *Cognitive psychology and instruction*. Boston, MA: Allyn & Bacon/Pearson.
- Brykczynski, K. A. (2012). Teachers as researchers: a narrative pedagogical approach to transforming a graduate family and health promotion course. *Nursing education perspectives*, 33(4), 224-228.
- Burke, L. L., & Williams, M. G. (2011). Celebrating a commitment to care: building concernful practices among practitioners. *The Journal of nursing education*, 50(1), 51-54.
- Candela, L., Dalley, K., & Benzel-Lindley, J. (2006). A Case for Learning-Centered Curricula. *Journal of Nursing Education*, 45(2), 59-66.
- Capdeferro, N., & Romero, M. (2012). Are online learners frustrated with collaborative learning experiences? *International Review of Research in Open and Distance Learning*, 13(2), 26-44.

- Capone, M. (2010). *The perceptions of dental hygiene students regarding the use of narrative pedagogy in dental hygiene curriculum*. Available from <http://worldcat.org/z-wcorg/database>.
- Charon, R. (2006). *Narrative medicine : honoring the stories of illness*. Oxford; New York: Oxford University Press.
- Chew, S. (2014). Helping students to get the most out of studying. In V. Benassi, C. Overson & C. Hakala (Eds.), *Applying science of learning in education: Infusing psychological science into the curriculum*. Retrieved from the Society for the Teaching of Psychology web site: <http://teachpsych.org/ebooks/asle2014/index.php>.
- Chinn, P. L. (2008). *Peace and power : creative leadership for building community* (7th ed. ed.). Sudbury, Mass.: Jones and Bartlett.
- Cho, S. (2010). Politics of Critical Pedagogy and New Social Movements. *Educational Philosophy & Theory*, 42(3), 310-325. doi: 10.1111/j.1469-5812.2008.00415.x
- Columbia University. (2013). *Master of Science in Narrative Medicine*. Retrieved July 1, 2013, from <http://ce.columbia.edu/narrative-medicine>
- Crist, J. D., & Tanner, C. A. (2003). Interpretation/Analysis Methods in Hermeneutic Interpretive Phenomenology. *Nursing Research*, 52, 202-205.
- Crowther, S., Smythe, E., & Spence, D. (2014). The joy at birth: An interpretive hermeneutic literature review. *YMIDW Midwifery*, 30(4), e157-e165.

- Dahlberg, K., Ekebergh, M., & Ironside, P. (2003). Converging Conversations from Phenomenological Pedagogies: Toward a Science of Health Professions Education. In Diekelmann (Ed.), *Teaching the Practitioners of Care* (Vol. 2). Madison, Wisconsin: The University of Wisconsin Press.
- Daniel, D. B., & Chew, S. L. (2013). The Tribalism of Teaching and Learning. *Teaching of Psychology, 40*(4), 363-367. doi: 10.1177/0098628313501034
- Daud, N. (2004). Developing Critical Thinking Skills in Computer-Aided Extended Reading Classes. *British Journal of Educational Technology, 35*(4), 477-487.
- Diekelmann, N. (2001). Narrative pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science, 23*(3), 53-71.
- Diekelmann, N. (2002). Engendering community: learning and sharing expertise in the skills and practices of teaching. *The Journal of nursing education, 41*(6), 241-242.
- Diekelmann, N., & Diekelmann, J. (2009). *Schooling, learning, teaching*. New York; Bloomington, IN: iUniverse.
- Diekelmann, N., & Ironside, P. (1998). Preserving writing in doctoral education: exploring the concernful practices of schooling learning teaching. *Journal of Advanced Nursing, 28*(6), 1347-1355.
- Diekelmann, N., & Mendias, E. P. (2005). Being a supportive presence in online courses: knowing and connecting with students through writing. *The Journal of nursing education, 44*(8), 344-346.
- Diekelmann, N., & Scheckel, M. (2003). Teaching students to apply nursing theories and models: trying something new. *The Journal of nursing education, 42*(5), 195-197.

- Diekelmann, N., & Smythe, E. (2004). Teacher talk: new pedagogies for nursing. Covering content and the additive curriculum: how can I use my time with students to best help them learn what they need to know? *Journal of Nursing Education, 43*(8), 341-344.
- Doane, G., & Brown, H. (2011). Recontextualizing learning in nursing education: taking an ontological turn. *The Journal of nursing education, 50*(1), 21-26.
- Doane, G., & Varcoe, C. (2008). Knowledge Translation in Everyday Nursing. *Advances in Nursing Science Advances in Nursing Science, 31*(4), 283-295.
- Englund, T. (2010). *Habermas, critical theory and education* (M. Murphy & T. Fleming Eds.). New York: Routledge.
- Evans, B. C., & Bendel, R. (2004). Cognitive and ethical maturity in baccalaureate nursing students: did a class using Narrative Pedagogy make a difference? *Nursing education perspectives, 25*(4).
- Ewing, B., & Hayden-Miles, M. (2011). Narrative Pedagogy and Art Interpretation. *Journal of Nursing Education, 50*(4), 211.
- Fagerberg, I., & Norberg, A. (2009). "Learning by doing" -- or how to reach an understanding of the research method phenomenological hermeneutics. *Nurse Education Today, 29*(7), 735-739. doi: 10.1016/j.nedt.2009.03.010
- Felix, U. (2005). E-learning pedagogy in the third millennium: the need for combining social and cognitive constructivist approaches. *Recall: the Journal of Eurocall, 17*(1), 85-100.

- Fero, L. J., Witsberger, C. M., Wesmiller, S. W., Zullo, T. G., & Hoffman, L. A. (2009). Critical thinking ability of new graduate and experienced nurses. *Journal of Advanced Nursing*, 65(1), 139-148. doi: 10.1111/j.1365-2648.2008.04834.x
- Fink, L. (2003). *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses*. San Francisco, CA: Jossey-Bass.
- Fiumara, G. (1990). *The Other Side of Language: A Philosophy of Listening*. New York, NY: Routledge.
- Forbes, M. O., & Hickey, M. T. (2009). Curriculum reform in baccalaureate nursing education: review of the literature. *International journal of nursing education scholarship*, 6(1), 16p. doi: 10.2202/1548-923X.1797
- Foucault, M. (1980). *Power/knowledge : selected interviews and other writings, 1972-1977* (C. Gordon, L. Marshall, J. Mepham & K. Soper, Trans. C. Gordon Ed.). New York: Pantheon Books.
- Freire, P. (1970). *Pedagogy of the oppressed*. [New York: Herder and Herder].
- Gadamer, H.-G. (2004). *Gadamer: Truth and Method* (J. Weinsheimer & D. Marshall, Trans. 2nd ed.). New York, New York: Continuum.
- Gazarian, P. K. (2010). Digital stories: incorporating narrative pedagogy. *Journal of Nursing Education*, 49(5), 287-290. doi: 10.3928/01484834-20100115-07
- Giddens, J. F., & Brady, D. P. (2007). Rescuing nursing education from content saturation: the case for a concept-based curriculum. *Journal of Nursing Education*, 46(2), 65-69.
- Giddens, J. F., & Morton, N. (2010). Report card: an evaluation of a concept-based curriculum. *Nursing education perspectives*, 31(6).

- Gilkison, A. (2011). *Implementing a narrative-centered curriculum in an undergraduate midwifery programme: a hermeneutic study*. (PhD Dissertation), AUT University, Aotearoa, New Zealand. Retrieved December 10, 2011 from <http://hdl.handle.net/10292/1375>
- Ginsburg, L., & Tregunno, D. (2005). New approaches to interprofessional education and collaborative practice: Lessons from the organizational change literature. *Journal of Interprofessional Care*, 19, 177-187. doi: 10.1080/13561820500083105
- Glonek, K. L., & King, P. (2014). Listening to Narratives: An Experimental Examination of Storytelling in the Classroom. *International Journal of Listening*, 28(1), 32-46. doi: 10.1080/10904018.2014.861302
- Goold, A., Craig, A., & Coldwell, J. (2008). The student experience of working in teams online. . *Proceedings ascilite Melbourne 2008*. Retrieved July 15, 2013 from <http://www.ascilite.org.au/conferences/melbourne08/procs/goold.pdf>
- Grondin, J. (1994). *Introduction to philosophical hermeneutics*. New Haven :: Yale University Press.
- Halcomb, E. (2010). Casualisation of the teaching workforce: Implications for nursing education. *Nurse Education Today*, 30(6), 528-532.
- Harman, G. (2011). *Heidegger Explained From Phenomenon to Thing*. New York: Open Court.
- Hatlevik, I. K. (2012). The theory-practice relationship: reflective skills and theoretical knowledge as key factors in bridging the gap between theory and practice in initial nursing education. *Journal of Advanced Nursing*, 68(4), 868-877.

- Hazel, P. (2008). Toward a narrative pedagogy for interactive learning environments. *Interact. Learn. Environ. Interactive Learning Environments*, 16(3), 199-213.
- Heidegger, M. (1962). *Being and time*. New York: Harper.
- Heidegger, M. (1966). *Discourse on Thinking* (J. Anderson & H. Freund Eds.). New York, NY: Harper & Row.
- Heidegger, M. (2008). *Ontology - The hermeneutics of facticity* (J. van Buren, Trans.). Bloomington, IN: Indiana University Press.
- Hickey, M. (2009). Preceptor perceptions of new graduate nurse readiness for practice. *Journal for Nurses in Staff Development*, 25(1), 35-41.
- Hockings, C. (2009). Reaching the students that student-centred learning cannot reach. *British Educational Research Journal*, 35(1), 83-98. doi: 10.1080/01411920802041640
- Hogan, P. (2000). Gadamer and the Philosophy of Education. Retrieved March 1, 2014, from http://eepat.net/doku.php?id=gadamer_and_philosophy_of_education
- IOM. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Ironside, P. (2001). Creating a research base for nursing education: an interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. *ANS. Advances in nursing science*, 23(3), 72-87.
- Ironside, P. (2003). Trying something new: Implementing and evaluating narrative pedagogy using a multimethod approach. *Nursing education perspectives*, 24(3).
- Ironside, P. (2004). "Covering content" and teaching thinking: deconstructing the additive curriculum. *Journal of Nursing Education*, 43(1), 5-12.

- Ironside, P. (2006). Using narrative pedagogy: learning and practising interpretive thinking. *Journal of Advanced Nursing*, 55(4), 478-486. doi: 10.1111/j.1365-2648.2006.03938.x
- Ironside, P. (2013). *Narrative Pedagogy: Gathering our Collective Wisdom to Transform Nursing Education*. Paper presented at the International Narrative Pedagogy Conference, Farmingdale, New York.
- Ironside, P., Diekelmann, N., & Hirschmann, M. (2005a). Students' voices: listening to their experiences in practice education. *The Journal of nursing education*, 44(2), 49-52.
- Ironside, P., Diekelmann, N., & Hirschmann, M. (2005b). Teacher talk: new pedagogies for nursing. Learning the practices of knowing and connecting: the voices of students. *Journal of Nursing Education*, 44(4), 153-155.
- Ironside, P. M. (2003). New pedagogies for teaching thinking: the lived experiences of students and teachers enacting narrative pedagogy. *The Journal of nursing education*, 42(11), 509-516.
- Ironside, P. M. (2004). "Covering content" and teaching thinking: deconstructing the additive curriculum. *Journal of Nursing Education*, 43(1), 5-12.
- Ironside, P. M. (2014). Enabling Narrative Pedagogy: Inviting, Waiting, and Letting Be. *Nursing Education Perspectives Nursing Education Perspectives*, 140426170901007.
- Janesick, V. (2003). *The landscape of qualitative research : theories and issues* (2nd ed. ed.). Thousand Oaks, California : Sage.

- Kanthan, R., & Mills, S. (2007). Cooperative learning in the first year of undergraduate medical education. *World journal of surgical oncology*, 5.
- Kawashima, A. (2005). The implementation of narrative pedagogy into nursing education in Japan. *Nursing education perspectives*, 26(3), 168-171.
- Kumagai, A. K. (2008). A Conceptual Framework for the Use of Illness Narratives in Medical Education. *Academic Medicine*, 83(7), 653-658
610.1097/ACM.1090b1013e3181782e3181717.
- Landers, M. G. (2000). The theory-practice gap in nursing: the role of the nurse teacher. *Journal of Advanced Nursing*, 32(6), 1550-1556.
- Lavizzo-Mourey, R. (2012). The nurse education imperative. *Nursing Outlook*, 60(2), 55-57.
- Law, S. (2011). Using narratives to trigger reflection. *The clinical teacher*, 8(3), 147-150.
- Lawn, C., & Keane, N. (2011). *The Gadamer Dictionary*. New York, NY: Continuum International Publishing Group.
- Li, S., & Kenward, K. (2006). A national survey of nursing education and practice of newly licensed nurses. *JONA's Healthcare Law, Ethics & Regulation*, 8(4), 110-115.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2), 145-153.
- Maceiras, R., Cancela, A., Urréjola, S., & Sánchez, A. (2011). Experience of cooperative learning in engineering. *European Journal of Engineering Education*, 36(1), 13-19. doi: 10.1080/03043797.2010.518232

- Madison, G. B. (1988). *The hermeneutics of postmodernity : figures and themes*.
Bloomington :: Indiana University Press.
- McAllister, M., John, T., Gray, M., Williams, L., Barnes, M., Allan, J., & Rowe, J.
(2009). Adopting narrative pedagogy to improve the student learning experience
in a regional Australian university. *Contemporary nurse : a journal for the
Australian nursing profession*, 32(1-2).
- Mitchell, A. (2013). *Heidegger's Hermeneutic Beginnings*. Paper presented at the
Institute for Hermeneutic Phenomenology, Indianapolis, Indiana.
- NCSBN. (2013). Transition to Practice Retrieved April, 14, 2013, from
<https://www.ncsbn.org/363.htm>
- Nehls, N., & Vandermause, R. (2004). Community-driven nursing transforming nursing
curricula and instruction. *Nursing education perspectives*, 25(2).
- Nicholson, A. C. (2010). *Comparison of selected outcomes based on teaching strategies
that promote active learning in nursing education*. (3409502 Ph.D.), The
University of Iowa, Ann Arbor. Retrieved from [http://ulib.iupui.edu/cgi-
bin/proxy.pl?url=http://search.proquest.com/docview/717716846?accountid=7398](http://ulib.iupui.edu/cgi-bin/proxy.pl?url=http://search.proquest.com/docview/717716846?accountid=7398)
- NLN. (2012). National League of Nursing. *Research Priorities in Nursing Education*.
Retrieved October 1, 2012, from <http://www.nln.org/researchgrants/priorities.htm>
- Noddings, N. (2003). *Caring : a feminine approach to ethics & moral education*.
Berkeley: University of California Press.
- Palmer, R. E. (1969). *Hermeneutics; interpretation theory in Schleiermacher, Dilthey,
Heidegger, and Gadamer*. Evanston [Ill.]: Northwestern University Press.

- Parsons, K. (2010). issues in research. Exploring how Heideggerian philosophy underpins phenomenological research. *Nurse Researcher*, 17(4), 60-69.
- Pike, G., Kuh, G., & McCormick, A. (2011). An Investigation of the Contingent Relationships Between Learning Community Participation and Student Engagement. *Research in Higher Education*, 52(3), 300-322. doi: 10.1007/s11162-010-9192-1
- Pinheiro, M. M., & Simoes, D. (2012). Constructing Knowledge: An Experience of Active and Collaborative Learning in ICT Classrooms. *Turkish Online Journal of Educational Technology - TOJET*, 11(4), 382-389.
- Popkess, A. M., & McDaniel, A. (2011). Are Nursing Students Engaged in Learning? A Secondary Analysis of Data from the NATIONAL SURVEY OF STUDENT ENGAGEMENT. *Nursing education perspectives*, 32(2), 89-94. doi: 10.5480/1536-5026-32.2.89
- Prado, H., Falbo, G., Falbo, A., Natal, F., Figueiroa, J. (2011). Active learning on the ward: outcomes from a comparative trial with traditional methods. *Medical Education*, 45(3), 273-279. doi: 10.1111/j.1365-2923.2010.03846.x
- QSEN. (2014). Quality and Safety Education for Nurses. Retrieved November 1, 2014, from <http://www.qsen.org/>
- Ramsey, J., & Fitzgibbons, D. (2005). Being in the Classroom. *Journal of Management Education*, 29(2), 333-356.
- Remedios, L., Clarke, D., & Hawthorne, L. (2008). The silent participant in small group collaborative learning contexts. *Active Learning in Higher Education*, 9(3), 201-216. doi: 10.1177/1469787408095846

- Rocca, K. (2010). Student Participation in the College Classroom: An Extended Multidisciplinary Literature Review. *Communication Education, 59*(2), 185-213.
- Rogge, M. M. (2001). Transforming Pathophysiology Instruction Through Narrative Pedagogy and Socratic Questioning. *Nurse Educator, 26*, 66-69.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing, 53*(3), 304-310.
- Romyn, D. M., Linton, N., Giblin, C., Hendrickson, B., Limacher, L. H., Murray, C., . . . Zimmel, C. M. (2009). Successful transition of the new graduate nurse. *International journal of nursing education scholarship, 6*(1), 17p. doi: 10.2202/1548-923X.1802
- Rossetti, J., & Fox, P. G. (2009). Factors related to successful teaching by outstanding professors: an interpretive study. *The Journal of nursing education, 48*(1), 11-16.
- Sarobol, N. (2012). Implementing Cooperative Learning in English Language Classroom: Thai University Students' Perceptions. *International Journal of Interdisciplinary Social Sciences, 6*(10), 111-122.
- Schaefer, K. M., & Zygmunt, D. (2003). Analyzing the teaching style of nursing faculty. Does it promote a student-centered or teacher-centered learning environment? *Nursing education perspectives, 24*(5).
- Scheckel, M. M., & Ironside, P. M. (2006). Cultivating interpretive thinking through enacting narrative pedagogy. *Nursing Outlook, 54*(3), 159-165. doi: 10.1016/j.outlook.2006.02.002

- Schoenberg, N. E., Kim, H., Edwards, W., & Fleming, S. T. (2007). Burden of Common Multiple-Morbidity Constellations on Out-of-Pocket Medical Expenditures Among Older Adults. *The Gerontologist*, 47(4), 423-437.
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2001). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin.
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45(9), 1389-1397. doi: 10.1016/j.ijnurstu.2007.09.005
- Speziale, H. S., & Carpenter, D. R. (2011). *Qualitative research in nursing : advancing the humanistic imperative*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Steup, M., & Zalta, E. (2014). "Epistemology" The Stanford Encyclopedia of Philosophy <http://plato.stanford.edu/archives/spr2014/entries/epistemology/>. Spring 2014.
- Sumner, J. (2010). *Habermas, critical theory and education* (M. Murphy & T. Fleming Eds.). New York: Routledge.
- Svenaesus, F. (2000). *The hermeneutics of medicine and the phenomenology of health: Steps towards a philosophy of medical practice*. Dordrecht, The Netherlands: Kluwer Academic Publishers.
- Swenson, M., & Sims, S. (2003). Listening to Learn. In Diekelmann (Ed.), *Teaching the Practitioners of Care* (Vol. 2). Madison, Wisconsin: The Board of Regents of the University of Wisconsin System.
- Swenson, M. M., & Sims, S. L. (2000). Toward a narrative-centered curriculum for nurse practitioners. *Journal of Nursing Education*, 39(3), 109-115.

- Tapscott, D., & Williams, A. (2010). Innovating the 21st-Century University: It's Time!
Educause Review, 45(1), 16-18.
- Van Horn, R., & Freed, S. (2008). Journaling and dialogue pairs to promote reflection in
clinical nursing education. *Nursing education perspectives*, 29(4), 220-225.
- Van Manen, M. (1990). Researching lived experience : human science for an action
sensitive pedagogy. [Albany, N.Y.] :: State University of New York Press.
- Vandermause, R. K., & Townsend, R. P. (2010). Teaching thoughtful practice: Narrative
pedagogy in addictions education. *Nurse Education Today*, 30(5), 428-434.
- Vincent, G., & Velkoff, V. (2010). The Next Four Decades: The Older Population in the
United States: 2010 to 2050. *Current Population Reports, U.S. Census Bureau*,
25-1138.
- Wenger, E. (1998). *Communities of practice : learning, meaning, and identity*.
Cambridge, U.K.; New York, N.Y.: Cambridge University Press.
- Young, P. K. (2004). Trying something new: reform as embracing the possible, the
familiar, and the at-hand. *Nursing education perspectives*, 25(3).

**Curriculum Vitae
Wendy S. Bowles**

EDUCATION

<u><i>Institution</i></u>	<u><i>Concentration</i></u>	<u><i>Degree/Date</i></u>
Indiana University Purdue University Indianapolis (IUPUI)	Major- Nursing Education Minor-Educational Psychology	Ph.D., 2014
University of Cincinnati	Parent and Child Health Nursing	M.S.N., 1998
Wright State University	Nursing	B.S.N., 1994

CURRENT LICENSURE AND CERTIFICATION

<u><i>Title</i></u>	<u><i>Source</i></u>	<u><i>Dates</i></u>
Registered Professional Nurse	Ohio Board of Nursing	1994-present
Certified Pediatric Nurse Practitioner	NCBPNP/N	1999-present
Certificate of Authority	Ohio Board of Nursing	1999-present
Prescriptive Authority	Ohio Board of Nursing	1999-present
Nurse Practitioner Pilot Program	Wright State University	1999-2000

PROFESSIONAL EMPLOYMENT

<u><i>Place</i></u>	<u><i>Position</i></u>	<u><i>Dates</i></u>
Kettering College Kettering, Ohio	Associate Professor Assistant Professor Adjunct instructor	2011-present 2006-2011 2005-2006
Providence Medical Group Contemporary Pediatrics Centerville, Ohio	Pediatric Nurse Practitioner	2002-present
Child and Adolescent Specialty Care Tipp City, Ohio	Pediatric Nurse Practitioner	1999-2002
Dr. Jeanne Bohrer Huber Heights, Ohio	Pediatric Nurse Practitioner	1999-2001
Miami Valley Hospital Dayton, Ohio	Staff Nurse Neonatal Intensive Care Unit	1999-2000
Miami Valley Hospital Dayton, Ohio	Staff Nurse Adolescent Wellness Center	1994-1999
Upper Valley Medical Center Troy, Ohio	Mental Health Technician	1993-1994

PROFESSIONAL ORGANIZATIONS

Dates

2006-present	NLN National League for Nursing
2014-present	Sigma Theta Tau International
2012-2013	Midwest Nursing Research Society
2012-2013	Kentucky League for Nursing
2007-2009	Ohio NAPNAP board member
1999-2001	Ohio Association of Advanced Practice Nurses
1999-2009	National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
1997-2010	Active member of the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP Ohio Chapter).
1994-1996	American Nurses Association
1994-1996	Ohio Nurses Association
Lifetime	Zeta Tau Alpha (held offices 1989-1993) and affiliation with alumnae association

PROFESSIONAL EXPERIENCE

Dates

Title

2008-2010	Glaxo Smith Kline speaker Professional speaker about vaccines for Glaxo Smith Kline
2007	“Teaching and Learning in Web-based Courses” certificate program Indiana University School of Nursing
3/97-6/97	Co-Supervisor Contract position for a grant awarded to Wright State University by the Greene County Family and Children First Council. The goal was to organize approximately fifty nursing students to prevent teen pregnancy. There were three components to the grant, including: school presentations, developing a resource library, and hiring a speaker to present to the professionals working with adolescents in Greene County.
1996	Special training Wright State University, pelvic examination.
1995-1999	HIV Intervention Specialist training Ohio Department of Health (pre and post test counseling for HIV testing)
1993	Completed course conducted by Center for Continuing Education in Adolescent Health.

TEACHING ASSIGNMENTS – Kettering College (2006-present)

<u>Dates</u>	<u>Courses (BSN program)</u>
2014	NRSB 331: Mental Health Nursing
2012-2014	NRSB 311: Foundations of Nursing
	<u>Courses (AS program)</u>
2006-2009	NRSA 221: Wellness and Health Alterations in Children
2009-2012	NRSA 110: Nursing Foundations
	<u>Courses (RN to BSN program - online)</u>
2011	NRSA 313: BSN Success Strategies and Nursing Informatics
2008-2011	NRSA 355: Health Promotions
2008-2010 Practice	NRSA 416: Community Oriented Nursing Perspectives and Practice
	<u>Courses (Health Sciences program - online)</u>
2010-2011 Care	HEPR 450: Interdisciplinary Team Practice in Community-Based Care
2013-2014	HESC 318: Introduction to Research for Health Professionals

SERVICE – University

<u>Dates</u>	<u>Position</u>
2009-present	Graduation Committee and Marshal
2009-2012	Collegiate Life Chair
2011-2013	Adjunct teaching (QSEN, critical thinking)

SERVICE – Professional

<u>Dates</u>	<u>Position</u>
2010-present wrestling season	Health Consultant for MVKWA during wrestling season
2002-present	Precept Nurse Practitioner students
2007-2009	Board for Ohio NAPNAP
2006, 2002	Ohio NAPNAP conference organizer
2004, 2005	KYSS walk a thon
1999	Adolescent Health and Wellness Center (presenter and consultation)
1997	Education Committee for Teen Coalition in Montgomery County
1996	Nominating committee for Teen Coalition
1993	Toughlove Support group, co-facilitator

PROFESSIONAL PRESENTATIONS

2014

Bowles, W.S. Experiencing Narrative Pedagogy. Nursing Education Research Conference: Bridging the Gap Between Education and Practice. Sigma Theta Tau International & National League of Nursing. Poster Presentation. Indianapolis, Indiana, April 3-5, 2014.

Bowles, W.S. South Community Leadership Training. Team work. Kettering, Ohio, February 2014.

2013

Bowles, W.S. Narrative Pedagogy and Listening in Nursing Education. Narrative Pedagogy International Conference. Poster Presentation. Farmingdale, New York, June 5-7, 2013.

2012

Bowles, W.S. Interpreting How Narrative Pedagogy is Enacted using Heideggerian Hermeneutics. Institute for Hermeneutic Phenomenology in Indianapolis, Indiana, June 20, 2012.

2011

Bowles, W.S. Uncovering a path for a hermeneutic question about Narrative Pedagogy. International Narrative Pedagogy conference in Auckland, New Zealand, December 9, 2011.

1994-2011

Name of presentation

Health Promotion

Adolescent Health

Adolescents and the Law

Adolescents and Substance Abuse

Promotion of Wellness in relation to HIV

Poster Presentation - HIV

Giving a Presentation

Weight Gain in Adolescents Using Depo-Provera

Sexuality

Abstinence

Nutrition

Healthy Lifestyles

Good and Bad Touches

Nursing

Target population

Faith Community Nursing, BSN
nurses

Professionals working with
Adolescents

Residents at Miami Valley Hospital

Residents at Children's Medical
Center

Undergraduate Nursing Students

Graduate Nursing Students

Undergraduate Nursing Students

Thesis Committee

Adolescents

Adolescents

Adolescents and elementary

Adolescents

Elementary

Elementary

PUBLICATIONS and PROFESSIONAL WRITING

<u>Dates</u>	<u>Topic</u>
2010, 2012	Wolters Kluwer Health Lippincott's Nursing Procedure and Skills Reviewed pediatric nursing procedures
2009	Wolters Kluwer Health Bowden Children 2 nd Ed. Ancillaries Contributor
2008	Lippincott Wrote test questions for an online skills review program.
2008	Pillitteri, Maternal and Child Nursing Reviewed various chapters of the text
2008	Essentials of Maternity and Pediatric Nursing; Ricci & Kyle (Lippincott) Contributor
2007	Straight A's: Pediatric Nursing, 2 nd Ed. Contributor for the NCLEX questions (Lippincott)
2006	Nurse's Source Book Contributor for reviewing 4 disorders (Lippincott)
2006	Pediatric Nursing: Caring for Children, 4 th Ed. Ball & Bindler (Prentice Hall) Contributor for the companion website
2005	Maternal-Newborn & Child Nursing: Family –Centered Care 2 nd Ed. London, Ladewig, Ball, & Bindler (Prentice Hall); Contributor for Critical thinking exercises
2005	Child Health Nursing: Partnering with Children & Families, 1 st Ed., Ball & Bindler (Prentice Hall) Contributor for instructor's manual and website

AWARDS**Dates**

2014

2013

2013

2011

2006

AwardIUPUI Rodie Dissertation
Scholarship

IUPUI Kristen Pettijohn Scholarship

Hermeneutic Institute Scholarship

IUPUI Travel Scholarship

Ohio NAPNAP Nurse Practitioner of
the Year**RESEARCH****Dates**

2011-present

1998

Title

Experiencing Narrative Pedagogy

A Study of Depo Provera