THE LIVED EXPERIENCES OF NURSE EDUCATORS WHO UTILIZE NURSE LORE IN THEIR TEACHING

by

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A Dissertation Submitted to the Graduate Faculty
of Georgia Baptist College of Nursing of Mercer University
in Partial Fulfillment of the
Requirements for the Degree

DOCTOR OF PHILOSOPHY

Atlanta, GA
2018
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DEDICATION

I am dedicating this work to two groups of people. The educators who brought me to where I am today and the students who have blessed me each day in the classroom and clinical setting. These people have shaped my professional career, both as a nurse, and as an instructor.

To the educators of my past, you shaped me into the nurse that I am today. I carry your "fingerprints" with me. I share the stories that you told me. I mimic the behaviors that you demonstrated to me, sometimes without you even knowing that you did. I am honored to "stand on your shoulders."

To the students who walk into my classroom every day, you make it fun to go to work. You make me excited to see what you will do with your lives. I get to support you in your professional formation, but you also allow me to be part of your lives. I get to continue the lore of nursing by passing it on to you.
ACKNOWLEDGMENTS

I could not have completed this work without the support and constant encouragement from some very important people. My husband, Brian, was my biggest cheerleader and advocate. He has played these roles for me since we met at ages 15 and 17 in high school and he has never left my side or given up on me. Brian, I love you and I am so thankful every day that you saw something in me that allowed you to love me too. My children, Bella and Jake, have been patient with me while I missed events and had homework to complete. Bella and Jake, I love you to the moon and back, and the stars and back, and Jupiter and back, and that's a long way.

I am also thankful for my committee chair, Dr. Susan. S. Gunby. She has been a mentor to me and has never doubted the importance of the concept of this work. I do not believe that anyone will ever know the numbers of people, both patients and students, whose life she has touched. My committee members, Dr. Helen Hodges and Dr. Anne Cockerham, have supported me along my journey. They will forever be a large portion of my professional development and I am thankful for their contributions to my success.

I am also thankful for my friend, Serena Gramling, who convinced me that I was capable of doing this. The members of my cohort at Mercer University have held me up along the way and provided support in low times, and congratulations in high times. Finally, to the administration at Jacksonville State University, I could not have accomplished this goal without your support and encouragement during this time.
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ABSTRACT

LAURA E. BARROW
THE LIVED EXPERIENCES OF NURSE EDUCATORS WHO UTILIZE NURSE LORE IN THEIR TEACHING
Under the direction of DR. SUSAN S. GUNBY

Nurse educators are charged with teaching students how “to be” nurses. This includes what nurses know, how nurses know, and what nurses do. According to this work, nurses are viewed as a shared group with similar beliefs, or a culture. In order to understand this culture, the term “nurse lore” was established and defined as the traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside the group through the primary methods of storytelling and behavioral example.

The purpose of this research was to understand the experiences of nurse educators who convey lore in their teaching. Utilizing a descriptive phenomenological approach allowed participants to share their individual experiences as nurse educators. The use of this method will facilitate an understanding of how this phenomenon is useful for nurse educators and will establish ways in which nurse lore may be useful for other areas of nursing as well.
After obtaining IRB approval, face-to-face, semi-structured interviews were utilized to gather data. These were audio–recorded and transcribed verbatim.

In order to analyze the data, Giorgi’s (1985) four-step method for data analysis was utilized. Five themes and sixteen subthemes emerged.

Participants expressed the need to pass on the esthetics of nursing through stories and behaviors. Storytelling was used by all participants as a method of conveying knowledge to students as well as maintaining attention and interest. In addition, educators noted the responsibility inherent within their position and its impact on future nurses, and they expressed the importance of students in the learning process. They expressed their perceptions of how nursing culture is best disseminated to others.

Participants stressed that the overall culture of nursing revolves around caring.

For future research, I recommend conducting studies utilizing participants who are not educator nurses. Understanding the experience of preceptors and experienced staff nurses could further augment the current understanding of nurse lore. In addition, I recommend using purposive sampling to include male participants as well as participants teaching in other areas of the country.
CHAPTER 1

INTRODUCTION

Nurse educators are charged with teaching students how “to be” nurses. This includes what nurses know, how nurses know, and what nurses do. Although these elements are essential in the formation of new nurses, Beck, Dossey, and Rushton (2013) argued a great deal of what nurses do “remains invisible and poorly understood” (p. 267) to the outside world. Williams and Burke (2015) further validated this with those entering the profession, proposing students may enter with little understanding of who nurses are, what they do, and how they look. The authors noted the need for students to “develop a personal identity that enabled them to do, learn, know, and speak like a nurse” (p. 51). The National League for Nursing’s (NLN) “Competencies for Graduates of Nursing Programs” requires schools of nursing to produce students who have a sound professional identity (NLN, n.d-b). Therefore, nurse educators are charged with assisting these students during their formation process and teaching them how “to be” nurses.

In addition to the empiric element, or science of the discipline, other aspects have been established as essential to the understanding of what it means to be a nurse. In her seminal work, Barbara Carper (1978) identified four patterns of knowing in nursing as being empirical, esthetic, ethical, and personal knowledge. She stressed that understanding these patterns was required in order to both teach and learn how to be a nurse. In another classic work, Liaschenko and Fisher (1999) classified nursing
knowledge as being divided into case, patient, and person knowledge and argued that these concepts were essential not only to bedside nurses, but also to nurse educators (Liaschenko & Fisher, 1999). When nursing is understood using works such as Carper and Liashenko and Fisher, learning only the science of the discipline is not adequate. Confining education to simply empirics deprives students of the global understanding needed to function as nurses.

Liaschenko and Fisher (1999) argued that, in spite of the advances in nursing science, nurses practicing in clinical settings rarely use the language reflected in scholarly literature. This may be due to the lack of integration between theory taught in the classroom and practice seen in the clinical setting. Diekelmann, Ironside, and Harlow (2003) called on nurse educators to identify the lack of value placed on the relationship between what and how one teaches in the classroom and experiences of students in clinical settings. With these points in mind, educators must acknowledge their role in assisting students to bridge the gap from theory to practice. Techniques used in the classroom by nurse educators should assist students in applying nursing knowledge to “real life” practice. Benner, Sutphen, Leonard, and Day (2010) pointed out the strong current separation between teaching in the classroom and in the clinical setting, and argued that educators who integrate nursing knowledge between the two are more likely to educate students who recognize practice as a unique way of knowing.

In a discipline of rapidly growing information, nurse educators must determine the core components essential to produce safe and effective graduate nurses. The American Nurses Association’s (ANA) code of ethics (2015) requires nurses to practice with compassion and respect for every patient, to be accountable and responsible for their
actions, and to collectively articulate nursing values. In addition, essential eight in the American Association of Colleges of Nursing’s (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) requires the evaluation of professionalism of students enrolled in baccalaureate degree nursing programs. With these statements in mind, it is clear nurse educators have the responsibility to instill more than the knowledge of nursing science. Information regarding character, values, interaction with others, professionalism, and civility are crucial in order to maintain standards of the nursing discipline.

When considering methods historically used by educators to promote learning, storytelling has been addressed broadly in the literature. Haigh and Hardy (2010) defined storytelling as “the effort to communicate events using words, images, and sounds often including improvisation or embellishment” (para. 3). Zull (2002) described stories as essential to learning. Jones (2012) expressed that narratives not only transfer information and provide a lesson for students, but they can also be used to leave a legacy for inexperienced listeners. Nurses listen to and tell stories on a daily basis when completing their work (Fairbairn & Carson, 2002). Stories also allow for the discussion of what is the right choice in situations and provide safe environments to discuss taboo topics (Abma, 2003).

When looking at teaching excellence, storytelling was identified as one of multiple teaching strategies used by highly regarded faculty (Johnson-Farmer & Frenn, 2009). Turkle (2015) declared narratives assist students to apply meaning to facts. Without this meaning, learners do not know how to “make sense” (p. 8) of information (Turkle, 2015). Finally, Lawrence and Page (2016) addressed storytelling in both past
societies and future education. The authors argued storytelling “preserves the best of adult education” (p. 71). They reflected on the ability of narratives to assist with emotional maturity and create a welcoming space. The authors also pointed out the role of narrative in the roots of civilization and expounded on its necessity to maintain society in the changing digital age.

In addition to storytelling, behavioral example also enables educators to promote learning. In his seminal work, Robert Gagné (1984) identified one of five learning domains as attitudes. When addressing this domain, he stressed that one cannot observe attitudes, but must deduce them based on behavior. Attitudes are not always reflected in overt actions but do modulate behavior (Gagné, 1984). Gagné also built upon the work of Albert Bandura, who found modeling as being predictive of behavioral changes (Bandura, Blanchard, & Ritter, 1969). In addition, Briggs (1977) discussed attitudes and stressed the need for respect towards the model in order for an attitude to be taken up by learners.

In more recent work, Del Prato (2013) described the identities students construct as being founded in their faculty interactions and the values those students take on from the curriculum, both formally and informally. In addition, faculty behaviors, in the form of incivility, decreased learning and negatively impacted students’ self-esteem and confidence (Del Prato, 2013). Haigh and Johnson (2007) reflected on the substantial literature demonstrating the foundational role of nurse educators in transferring nursing values to students and Labrague, McEnroe-Petite, Papathanasiou, Edet, and Arulappan (2015) found instructor modeling was an effective method of transmitting nursing values.
such as caring. These studies use differing terminology; however, they all address various forms of faculty behavior that assist with student learning.

When looking at instructor behaviors in the form of coaching, Benner, Sutphen, Leonard, and Day (2010) viewed students as being in an elevated form of apprenticeship with nurse educators acting as their coaches demonstrating complex aspects of nursing not easily transferred. They argued that students cannot develop certain skills by reading about them but must have guidance to avoid significant mistakes (Benner, Sutphen, Leanard, & Day, 2010). Students are affected by nurse educators’ behaviors and attitudes and often model these aspects in later practice (Rudolfsson & Berggren 2012). In order to promote success in both the classroom and in later clinical practice, nurse educators must acknowledge behavioral example as affecting student learning.

Identify the Phenomenon of Interest

When addressing storytelling and behavioral example as methodologies used to assist learners taking on the roles of a nurse, it becomes important to acknowledge nurses as a group of individuals with common interests, or a unique culture. Multiple definitions for the term culture can be found. Two definitions used by Texas A&M University (n.d.) for culture are “the systems of knowledge shared by a relatively large group of people” (para. 1) and “a way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next” (para. 1). Hills and Watson (2011) defined culture as “all the values, perceptions, past associations, past learning, past experiences, and shared mind-sets of all the individuals in a system, many of which are hidden, often unknown, and latent” (p. 124).
Hills and Watson (2011) also called for nurse educators to acknowledge the shared culture that is present within the discipline. This shared culture provides nurses with an abbreviated, or “short-cut” (p. 124), way of interacting with one another and encompasses “values, taken for granted assumptions, traditions, our way of doing things, and our ways of relating to each other” (p. 124). To produce graduates who are able to function in today’s workforce, educators must also assist students to integrate this nursing culture into their practice.

In order to determine an appropriate methodology for disseminating culture to future generations of practitioners, the term “lore” was reflected upon. The term may bring a variety of thoughts and associations to mind when mentioned in conversation. However, the concept is not often affiliated with the discipline of nursing. While it is a term rarely used or understood by this community, it has value to the profession and the use of lore is unknowingly practiced by many nurses on a daily basis.

When studying lessons shared by teachers regarding personal experiences in the classroom, Schubert and Ayers (1992) focused on a topic called teacher lore, publishing a book by the same name. Teacher lore involves sharing experiences between teachers and policy makers. These stories allow educators to avoid the mistakes of others and to improve teaching based on the successes of others. With policy makers, teachers are able to act as change agents arguing their experiential knowledge as valid evidence for policy change. The teacher lore movement encouraged educators to study and publish research based on the experiential knowledge of teachers, rather than empiric data, in order to support change based on their unique understanding of education. Schubert and Ayers (1992) defined teacher lore as the “knowledge, ideas, insights, feelings, and
understandings of teachers as they reveal their guiding beliefs, share approaches, relate consequences of their teaching, offer aspects of their philosophy of teaching, and provide recommendations for educational policy makers” (p. 9).

I utilized Walker and Avant’s (2011) eight-step iterative process for concept analysis to explore the concept of lore in order to develop an applicable definition for the role of lore in nursing. Three defining attributes emerged. A group of people must have a commonality that causes them to view one another as part of a culture or other linked group. This is supported by Oxford Dictionaries (“Lore,” n.d-c.) and the American Folklore Society (n.d.). This must be present in order for the second attribute to develop. The common group must possess unique knowledge and a desire to pass that knowledge along to others who are willing to listen (American Folklore Society, n.d.; “Lore,” n.d-a; “Lore,” n.d-c). Finally, knowledge sharing must involve, but is not necessarily limited to, storytelling and behavioral example (American Folklore Society, n.d.).

The first of the defining attributes, the recognition of a linked group, is needed because the worldview of this group will likely vary in some or many ways from the worldview of those outside the group (Hills & Watson, 2011). The values and traditions of the group will likely affect the knowledge held by members. When looking at the example of teacher lore, teachers represent a unique group with related values and philosophic principles (Schubert & Ayers, 1992). Other members of the general population may relate to teachers and support their beliefs. However, teachers alone hold the knowledge of what it is to be a teacher.

The second defining attribute of lore requires that a group have unique knowledge and a need to pass that knowledge to others (American Folklore Society, n.d.; “Lore,”
In order for the group culture or tradition to remain intact, the knowledge must be shared with new members. It is the sharing of knowledge within the world view of the group that allows for its continuation and enhancement. It should be noted that this attribute does not state members' desire only to pass that knowledge on to other group members. While it is important to do this, there may frequently be a need to pass information or knowledge to members of society as a whole. Take, for example again, teacher lore. There is a need for teachers to share knowledge with policy makers in order to advance the profession and improve education (Schubert & Ayers, 1992).

Finally, the third defining attribute of lore is the need for storytelling and behavioral example as methods of knowledge sharing. Storytelling as a method of knowledge sharing in education has been verified widely throughout the literature (Christiansen, 2011; Haigh & Hardy, 2010; Hunter, 2008; Lawrence & Paige, 2016; Mokhtar, 2010, Schwarts & Abbott, 2007). In addition, behavioral example was validated as a learning method in early works such as Bandura, Blanchard, and Ritter (1969), Briggs (1977), and Gagné (1984), and this learning method was expounded on in later publications by Del Prato (2012) as well as Rudolfsson and Berggren (2012). While other methods, such as empiric understanding, may also be used, both storytelling and behavioral example are essential for lore, especially within the nursing community. The significance for these defining attributes lies in the ability of knowledge to become part of a culture or other group. This knowledge must be talked about, demonstrated, and expounded upon in order to reach the level of lore and become true group knowledge. For example, when viewing a common form of lore, folklore, the American Folklore
Society (n.d.) defined the term as being disseminated “largely through oral communication and behavioral example” (para. 1).

Following Walker and Avant’s (2011) concept analysis guide, it is important to review the antecedents and consequences related to a concept. Antecedents are events or incidences required to be present before a concept can occur. Consequences are the results of the concept’s occurrence (Walker & Avant, 2011).

The first antecedent required for lore is multiple people sharing a common need or situation (American Folklore Society, n.d.; “Lore,” n.d.-c.). It is only through this commonality that a unique form of knowledge may occur. A second prerequisite requires that individuals must be in contact with one another in order to transfer knowledge (American Folklore Society, n.d.; “Lore,” n.d.-a., “Lore,” n.d.-c.). When addressing this antecedent, it is important to note that contact may not be direct person-to-person. Contact may be in the form of writings or drawings (Lawrence & Paige, 2016) which create connections between individuals living in different times and places who may never meet in person. In addition, contact is essential in the online setting. Jones (2015) argued the need for real time interaction with students and Watson (2002) identified virtual caring communities in a global caring society. Regardless the form of contact, information cannot be shared between group members without some form of connection. A third requirement is a common language or means to translate between languages. Even for individuals who are in physical or other form of contact with one another, if there is a lack of common language or ability to translate words into similar concepts in another language, knowledge sharing is highly impaired and may be interpreted incorrectly (Kivrak, Arslan, Tucan, & Birgonul, 2013). It should be cautioned that words
sometimes translate with different meanings between languages and can result in miscommunication of knowledge. The final two antecedents required for the dissemination of lore are individuals who are willing to share knowledge and those who are willing to listen.

One consequence of lore is knowledge growth and evolution. This was exemplified in teachers’ abilities to exchange and reconstruct ideas in the concept of teacher lore (Schubert & Ayers, 1992). Lore is not simply passed-down knowledge, but it is the result of a continuous evolution and expansion of knowledge (Polanyi, 1958/2015). The acceptance of multiple ways of knowing is also a possible (although not guaranteed) consequence of lore. As the American Folklore Society (n.d.) noted, groups share their own unique sense of identity. Those differing identities lead to ways of knowing exclusive to that group and develop into traditions. By sharing that worldview and knowledge with others, people may come to better appreciate alternatives to the limited use of only traditional empirically-based knowledge (Polanyi, 1958/2015).

After completing a thorough concept analysis, I developed the term nurse lore. I defined it as the traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside the group through the primary methods of storytelling and behavioral example. The dissemination of nurse lore to future generations of learners was the focus of my dissertation research.

In order to disseminate nurse lore to learners, two events were identified. The first event requires the nurse educator to create a relationship of trust, caring, and respect with the student. Only when this relationship has been established can lore be
disseminated. The second event focuses on the use of storytelling and behavioral example to transfer lore to others.

Trust was addressed by Carl Rogers (1957) in the form of unconditional positive regard. Rogers believed if therapists could create a relationship of trust with clients, they could then accept the client based on who they were without stipulations regarding who they should or should not be (Rogers, 1957). This concept was further expounded on by Jean Watson (1979) in the form of non-possessive warmth, allowing the client to be who she or he is without fear of judgment. Hills and Watson (2011) later focused on trust in teacher-student relationships stressing that, in order for learning to occur, everyone involved in the process must feel safe and trust the other members. They also called on nurse educators to acknowledge that inviting students into a trusting environment, where questioning is welcomed, can be threatening for instructors (Hills & Watson, 2011).

In addition to trusting nurse educators, caring is also essential to disseminate lore to learners. Hills and Watson (2011) cautioned that caring was not simply an emotion but a moral obligation for nurses to act in alignment with nursing values. In order to produce caring behaviors in learners, they argued, it must be deliberately executed in program curricula (2011). Labrague, McEnroe-Petite, Papathanasiou, Edet, and Arulappan (2015) further supported this, finding that students who perceived caring actions by instructors were more likely to view themselves as caring in their practice. Del Prato (2013) found values in both formal and hidden curricula, such as scare tactics and threats, led to decreased learning, confidence in self, and self-efficacy. Dahlberg, Ekebergh, and Ironside (2003) argued that for meaningful learning to occur, teacher support of students
was essential and the presence of caring behaviors by nurse educators in the learning environment would be reflected later in students’ practice.

Finally, respect is the third element essential for event one (the creation of a relationships of trust, caring, and respect between nurse educators and students) in order to disseminate lore. When addressing attitudes, Briggs (1977) argued learners adopt the attitudes of respected models. Del Prato (2013) called on formal preparation of nurse educators in developing respectful relationships towards students. Hills and Watson (2011) noted effective listening required several factors, one being mutual respect. The authors promoted mutual respect between teachers and learners in addition to attitudes of trust, care, and shared power. Respect for instructor knowledge is also required by learners. Students associate credibility with considerable field experience in nurse educators and the ability of those educators to incorporate experience into the classroom (Brookfield, 2015).

By promoting trust, caring, and respect, nurse educators can establish relationships conducive to disseminate lore to learners. Because one of the antecedents for lore requires group members who are willing to both share and listen, these elements are essential. Once relationships between willing participants and individuals disseminating lore have been established, event two can follow.

Event two is composed of sharing nurse lore with listeners or learners. This is done primarily through storytelling and behavioral example. Nurse educators all possess unique experiences, both their own and those shared with them by others. They also carry a unique way of knowing about and doing the tasks of nurses. Carper (1978) addressed the esthetic pattern of knowing and stated that as nurses become more skilled
at empathizing with others, their ability to design patient care improves. Because patients are not present within a classroom setting, methods such as storytelling can assist students to empathize with others. Swenson and Sims (2003) described stories as compelling and transforming listeners. Stories teach learners because they are “alive” (p. 161) and require interpretation. In addition, they can maintain both the art and empirics of healthcare (Swenson & Sims, 2003).

Benner, Sutphen, Leaonard, and Day (2010) argued nurse educators must not only provide didactic information for students, they must provide examples of how to execute that information in practice. Coaching in the classroom, laboratory, and clinical setting are all ways of providing demonstration and guidance for students. Coaching should be non-threatening and allow for questioning (Benner et al., 2010). In a recent literature review, Baldwin, Mills, Birks, and Budden (2014) found solid evidence regarding student learning and clinicians. However, there was a need for further research involving role modeling of nursing educators that students encountered the academic setting.

Purpose of the Study

The purpose of this research was to understand the experiences of nurse educators who convey lore in their teaching.

Research Question

The research question for this study was: What are the experiences of nurse educators who use lore to promote student learning and the culture of nursing in their teaching?
Conceptual Framework

The conceptual framework for this research was based largely on Hills and Watson’s emancipatory relational pedagogy (Hills & Watson, 2011) and the American Folklore Society’s statement regarding folklore. In addition, Bandura’s (1999) explanation of vicarious experience (stating learners are more likely to take on behaviors of individuals whom they as competent, capable, and similar to themselves) adds an essential element to the framework. In order for lore to be successfully disseminated to learners, two events must occur. First, relationships of caring, trust, and respect must be created. Hills and Watson’s (2011) collaborative caring relationships will be used as a guide in order to successfully complete event one. Bandura’s (1999) description of vicarious experience further supports event one. Bandura argued learners were more likely to take on the behaviors of models who they perceived as being similar to them and who were competent and capable. Only after relationships based on these two principles are established, can event two be initiated. This involves the dissemination of nurse lore to learners.

When developing relationships with students, Hills and Watson (2011) called for collaborative caring relationships between nurse educators and students. These relationships are founded on “trust, caring, mutual respect, and shared power” (Hills & Watson, 2011, p. 63) and emphasize the importance of both teachers and students within the learning environment. Students are not passive components of learning and bring value to the process as well. Lore is not simply passing on information that does not change over time, but must be talked about and expounded upon in order to remain “alive” in culture. Students provide insights into nursing values with their own stories as
well and should be encouraged to be active members in the learning environment. This is further supported by Hills and Watson (2011) who argued that, although all members of the teaching/learning environment are different, each has unique contributions to make to the relationship and learning process.

After the establishment of trusting, caring, respectful relationships between nurse educators and students, event two, the dissemination of lore, can begin. Hills and Watson’s (2011) emancipatory relational pedagogy includes four forms of knowledge referred to as experiential, presentational, empirical, and practical knowledge. Experiential knowing is founded on knowledge gained from one’s encounters with the world and its inhabitants. Presentational knowing is demonstrated in one’s ability to share experiential knowing with others using stories, writings, and other methods. Empirical knowing is based in factual information. Finally, practical knowing is knowing “how to do something” (p. 58) and represents actions based in knowledge. All other forms of knowing are merged when one acts on them (Hills & Watson, 2011). For purposes of this proposed research, knowing “how to” be a nurse is reflected in the unification of all four forms of knowing reflected in action, or practical knowing.

The second portion of the conceptual framework for this research was also reflected in event two. The American Folklore Society (n.d.) referred to folklore as:

The traditional art, literature, knowledge, and practice that is disseminated largely through oral communication and behavioral example. Every group with a sense of its own identity shares, as a central part of that identity, folk traditions—the things that people traditionally believe (planting practices, family traditions, and other elements of worldview), do (dance, make music, sew clothing), know (how to build an irrigation dam, how to nurse an ailment, how to prepare barbecue), make (architecture, art, craft), and say (personal experience stories, riddles, song lyrics). As these examples indicate, in most instances there is no hard-and-fast separation of these categories, whether in everyday life or in folklorists’ work. (para. 1)
Because this research viewed nurses as a group of individuals with a unique identity, this description of lore was applicable to the study. Lore brings together both the science and art of nursing and assists learners to develop practical skills in order to bridge the gap from theory to practice. It allows learners to blend both epistemology and ontology into praxis. Lore is not simply the knowledge nurses’ possess, but it is the worldview they share. As the above description implies, there is no firm separation between the ways of knowing in nursing. As Carper (1978) suggested, there are multiple patterns of knowing. Hills and Watson’s (2011) practical knowing allows learners to demonstrate the synthesis of knowledge through action. As Gagné (1984) cautioned, attitude guides action but is not always clear in overt behavior. It must be deduced from observation. When disseminating nurse lore to students, it is essential to be mindful of attitudes underlying actions. These attitudes are as valuable to lore as the knowledge and understanding of nursing.

Significance of the Study

While storytelling and behavioral example have largely been studied separately as effective teaching-learning strategies, they have not been combined and reflected upon as unique ways of disseminating the knowledge, understanding, and attitudes of nurses. This research views nurses as members of a group or culture and nurse lore as an effective way of continuing and positively enhancing that culture. Because of the rapidly changing learning environments incorporated into nursing education today, it is an important time for a study such as this one. Additionally, it is not known how the growing diversity in learning environments will affect nurse educators’ ability to use their unique experiences to continue to promote nurse lore in the future.
An early taskforce reviewing the implementation and effects of distance learning and technology in classrooms in the European Union (EU), acknowledged that, while there were multiple benefits, “a wide use of educational technology in lifelong learning could permanently change the way people interact and needed to be monitored to contribute to improvement in human relationships and not to deterioration” (Bélisle, Rawlings, & VanSeventer, 2001, p. 16). Hamilton, Dahlgren, Hult, Roos, and Soderstrom (2004) expounded on this report, arguing that at worst, teachers and teaching could vanish from the future of education and thus, lead to learning built on a single, unified, information foundation. This is not acceptable for professions such as nursing, which rely on experiential knowledge as a critical portion of overall understanding.

While these reports do not focus on nursing in general, and reflect an extreme possibility of online learning, there is a notable concern for nurse educators. These individuals are required to do far more than provide didactic content to students based on empirics alone. Interactions with others are a daily requirement for nurses and essential for safe patient care. In addition, the unique knowledge nurse educators bring to the classroom provides a depth to learner understanding of what it is “to be” a nurse. As Benner, Stuphen, Leonard, and Day (2010) argued, safe handling of patients, such as babies, cannot simply be read about in a textbook, but requires guidance. Sharing stories with students requiring pause and reflection, in addition to demonstrating well-practiced techniques (behaviors) and attitudes, is essential for multiple aspects of nursing. There is no research currently available, within the discipline, addressing effects of the multiple forms of learning environments on the enhancement of nursing knowledge, understanding, and attitudes through storytelling and behavioral example.
While this information is lacking in nursing literature, a recent study by Jones (2015) in another healthcare discipline with similar values to nursing, questioned the ability of educators in social work to promote mentoring and role modeling in the online setting. The author linked the real-time interaction between instructors and students as being essential to mentoring and modeling the behaviors and skills needed by students in the clinical setting (Jones, 2015). Further research is needed to better understand how nurse educators can promote the skills and characteristics needed to function successfully as nurses in multiple learning environments.

Gaining further understanding into this phenomenon through interviews provided insight into the value nurse educators place on nurse lore in the classroom. Because nurse lore is a new term, looking at the continuation and enhancement of nursing culture using a different worldview than previous research, there is a need to understand its role in education. In addition, it is not known how various environments affect the promotion of learning using nurse lore. When looking at differing learning environments, it is important to note this research does not simply differentiate learning as occurring in either traditional classrooms or the online setting. Instructors use lore in multiple environments, such as the formal classroom, clinical setting, and nursing laboratories. Classes may also be hybrid, using both traditional and distance methodology. Finally, online classrooms vary greatly. Both synchronous and asynchronous methods are used. Lecture may or may not be incorporated. Students may have a great deal, little, or no interaction with instructors. All of these variations have the potential to affect faculties’ ability to transfer nurse lore to students. It is essential, during this time of rapid shift in learning platform diversity, that the experiences of nurse educators are explored.
Assumptions and Biases

Several assumptions drove my interest in this research and are reflected in this section. These assumptions were derived from both myself and outside sources and should be stated explicitly in order to assist readers to better understand the foundations and worldview of this work. In addition, biases were acknowledged and disclosed in an attempt to diminish their effect on the research process. The following paragraphs contain my assumptions and biases.

1. When considering event one, there is a requirement for the creation of a teacher student relationship based on caring, trust, and respect. Without the creation of these relationships, lore cannot be effectively transmitted to students. I believe students learn better when these relationships have been established with faculty.

2. In order for trust and respect to occur in teacher-student relationships, learners must have confidence in instructor experience in the content area. Effective instructors maintain current knowledge and are able to clearly communicate objectives using multiple methods (Johnson-Farmer & Frenn, 2009). Lived experience greatly impacts learning and has a unique lasting impact on learners (Benner & Wrubel, 1982). Given this information, it is essential for nurse educators to demonstrate experience in order to gain the trust of students.

3. In order for nurse lore to be disseminated to students, methods such as storytelling and behavioral example are two essential factors. Stories allow students to understand content by placing information into real world situations. I believe stories assist in making material “come live” for students.
4. Behavioral example allows instructors to demonstrate didactic knowledge or nursing beliefs in actual practice. This may be directed towards students in the behaviors their teachers reflect. It may also be reflected in interactions with patients. For example, end-of-life care is often discussed throughout programs of study. However, a student’s witnessing of caring behaviors by nurse educators during the end of life has the potential to create lasting effects.

5. I have concern regarding the ability of nurse educators to disseminate nurse lore to students in alternative environments, such as online platforms developed with little teacher student interaction or lack of instructor presence within the learning environment. It is important to acknowledge not all online courses are created equally regarding this matter and the term “online” should not be used to encompass all distance learning courses. Many courses are designed in a synchronous manner and highly promote interaction. Others use carefully placed short lectures and interactive activities promoting student-teacher connection. Watson (2002) addressed virtual caring in the online setting and argued that stories and relationships could remain present if addressed appropriately.

6. Online nursing education will only continue to grow in the future and some presentational knowledge will be lost in this growth if best practices for disseminating this type of knowledge are not identified and implemented.

7. Nurse educators find presentational knowledge useful in nursing education.

8. Nurse educators who teach online, and who have a history of teaching in traditional classrooms, may perceive some form of loss in their ability to use presentational knowledge in their teaching.
9. Nurse educators who teach online, and who have a history of teaching in traditional classrooms, have perceived a change in their methods of connecting with students.

10. Institutions of higher education must acknowledge the need to provide quality education to students in the changing educational environment and this must include the presentational knowledge of nurse educators and the inclusion of nurse lore into curriculum.

11. Nursing education should not be based on a single, unified, information foundation and should value presentational knowledge as a critical portion of overall understanding.

12. Nurse educations are aware of the effect of nurse lore on students.

13. Lore adds additional depth to knowledge gained through reading.

Definition of Terms

Terms used for this study are as follows:

Culture

I will utilize Hills and Watson’s (2011) definition of culture as “all the values, perceptions, past associations, past learning, past experiences, and shared mind-sets of all the individuals in a system, many of which are hidden, often unknown, and latent” (p. 124).

Nurse Educator

While an inclusive and consistent definition of nurse educator could not be found, the National League for Nurses’ competencies demonstrate the expectations for nurse educators. Those competencies indicate the roles of nurse educators are to: facilitate
learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, function as a change agent and leader, pursue continuous quality improvements in the nurse educator role, engage in scholarship, and function within the educational environment (NLN, n.d.-a).

Folklore

The definition created by the American Folklore Society will be used in this proposed study:

The traditional art, literature, knowledge, and practice that is disseminated largely through oral communication and behavioral example. Every group with a sense of its own identity shares, as a central part of that identity, folk traditions—the things that people traditionally believe (planting practices, family traditions, and other elements of worldview), do (dance, make music, sew clothing), know (how to build an irrigation dam, how to nurse an ailment, how to prepare barbecue), make (architecture, art, craft), and say (personal experience stories, riddles, song lyrics). As these examples indicate, in most instances there is no hard-and-fast separation of these categories, whether in everyday life or in folklorists’ work. (para. 1)

Nurse Lore

I created this definition of Nurse Lore: The traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside of the group through primary methods of storytelling and behavioral example.

Patterns of Knowing

Carper (1978) identified the four patterns of nursing as empirics, esthetics, personal knowledge, and ethics. She stressed that understanding these patterns was required in order to both teach and learn how to be a nurse.
Types of Knowledge

Liaschenko and Fisher (1999) classified nursing knowledge as being divided into case, patient, and person knowledge. In addition they identified social knowledge as linking both case and patient knowledge and patient and person knowledge. They argued these concepts were essential not only to bedside nurses, but also to nurse educators (Liaschenko & Fisher, 1999).

Storytelling

Haigh and Hardy (2010) defined storytelling as “the effort to communicate events using words, images, and sounds often including improvisation or embellishment” (para. 3).

Behavioral Example

Bandura’s (1999) vicarious example addressing role modeling is used as a foundation for behavioral example in this research. Modeling, using Bandura’s work, is not only behavioral, but also cognitive in nature and links behavior to outcomes. Individuals are more likely to take on the behaviors of others who they view as being similar to themselves (Bandura, 1999).

Modeling

Hills and Watson (2011) also provided guidance for modeling and stated it is not “role modeling in the sense of modeling after someone else; rather assisting others to model their best self” (p. 17). Learners take on various attitudes and behaviors of others, not to become exactly like another, but to improve themselves.
Caring

According to Hills and Watson (2011), “Caring is not a soft and warm feeling; it is a moral obligation to act ethically and justly” (p. 65).

Collaborative Caring Relationships

“Teaching/learning relationships based on trust, caring, mutual respect, and shared power. We believe that, for learning to occur, all involved must feel safe, trust each other, and be committed to the process in which they are engaged” (Hills & Watson, 2011, p. 62).

Experiential Knowing

“Direct encounters with persons, places, or things” (Hills & Watson, 2011, p. 58).

Presentational Knowing

This type of knowing is “grounded in experiential knowing and is the way we represent our experiences through spatio-temporal images such as drawing, writing, dance, art or stories” (Hills and Watson, 2011, p. 58). I also include behaviors as ways of representing our experiences.

Empirical Knowing

“Factual knowledge: knowing about something conceptually” (Hills & Watson, 2011, p. 58).

Practical Knowing

“Knowing how to do something” (Hills and Watson, 2011, p. 58). For purposes of this proposed research practical knowing in nursing refers to knowing how to be a nurse.
Summary

This chapter provided an introduction into the concept of nurse lore. It reflected upon nursing as a culture with a need to disseminate knowledge, understanding, and attitudes to those who enter into the profession. Because nurses have multiple ways of knowing (Carper, 1978), learning must be addressed in more than one manner. Storytelling and behavioral example allow nurse educators to share knowledge gained through experience with learners. In a changing learning environment, it is unclear how nurse educators will remain able to continue and enhance the culture of nursing using nurse lore in the future.

Using Hills and Watson’s *Creating a Caring Science Curriculum: An Emancipatory Pedagogy for Nursing* (2011), the American Folklore Society’s (n.d.) definition of folklore, and Bandura’s (1999) vicarious experience as a conceptual framework, two events were established in order to promote nurse lore. An outline of the research question, assumptions and biases, and definitions of terms were also provided.
CHAPTER 2

REVIEW OF RELATED LITERATURE

The phenomenon of interest for this study, nurse lore, was not found within the literature. In addition, there was a lack of consistency within the literature when referring to the general phrase, lore. For that reason, the concept analysis discussed in chapter 1 was completed and provided the definition of nurse lore as traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside of the group through primary methods of storytelling and behavioral example. It was essential for me to define nurse lore in order to argue its value for the culture of nursing and its relevance in nursing education as many learning environments shift away from the traditional classroom.

This chapter examined the literature in order to identify current information available regarding the continuation and enhancement of knowledge, understanding, and attitudes based on lore in other areas and lore’s applicability to nursing. In addition, the need for trusting, caring, respectful relationships between nurse educators and students in order to disseminate lore and the potential for nurse lore to assist these educators as they guide students in their formation as nurses was addressed. Quantitative, qualitative, and mixed methods studies, both within and outside of nursing, were reviewed and a preliminary synopsis was provided.
Context of Study

Knowledge sharing is essential for nurses. From early endeavors lead by Florence Nightingale to better understand the effect of hygiene on health to the current focus on practice-based evidence, nurses have consistently sought new methods to improve life and expand knowledge. It has long been acknowledged that nurses require more than empiric understanding to be successful in their professional formation. Carper (1978) referred to four forms of knowledge as patterns of knowing. Liaschenko and Fisher (1999) also recognized four differing types of knowledge utilized by nurses. Hills and Watson (2011) based their emancipatory relational pedagogy on four differing types of knowledge. In addition, they called on the profession to acknowledge an abbreviated or “shortcut” (p. 124) way of communicating based on a shared understanding nurses hold as members of a unique culture. While the need for more than empiric knowledge is present throughout the literature, there remains a gap in addressing the methods by which nurses transmit other forms of knowledge in order to maintain nursing culture. In addition, there is little information present regarding the effects of the transition to online education on the shared understanding, attitudes, and knowledge nurses hold as a culture.

Literature in other areas, such as folklore (American Folklore Society, n.d.), medicine (Rosenthal & Vaughan-Sarrazin, 2013; Vogi et al., 2013) and children (Saarikoski, 2006), address ways members facilitate the continuation of cultural knowledge using lore. However, a literature review revealed a lack of consistency or even an explicitly delineated definition for lore. For that reason, there is a need to develop a clear definition for nurse lore and to better understand the experiences of nurses using the concepts within that definition in their practice. Because nurse educators
are often the first to facilitate the continuation and enhancement of the culture with new members, that population of nurses was selected for this study.

Historical

Lore has been defined as a “body of traditions and knowledge on a subject or held by a particular group, typically passed from person to person by word of mouth” (“Lore,” n.d.-c). This definition links well with the role that lore plays in nursing. The oral story telling often used in the profession both links members as a culture and imparts knowledge in a unique fashion. Another definition found was “traditional knowledge about nature and their culture that people get from their parents and other older people, not from books” (“Lore,” n.d.-a). Of note, some commonly used dictionaries, such as Merriam-Webster Online Dictionary, did not describe lore as frequently passed on by word of mouth. Merriam-Webster Online Dictionary (“Lore,” n.d.-b) defined lore as “archaic, something that is taught, something that is learned, knowledge gained through study or experience, traditional knowledge or belief, a particular body of knowledge or tradition.”

Often, when the term lore is mentioned, it is associated with folklore. The American Folklore Society (n.d.), founded in 1888, described its organization as a group dedicated to studying and communicating knowledge regarding the world’s folklore. The following is a unique definition that speaks to the meaning of folklore for this group. While this term was provided in Chapter 1, it is listed here in its entirety because it is very pertinent to the concept’s derivation in nursing.

Folklore is the traditional art, literature, knowledge, and practice that is disseminated largely through oral communication and behavioral example. Every group with a sense of its own identity shares, as a central part of that identity, folk traditions—the things that people traditionally believe (planting practices, family traditions, and other
elements of worldview), do (dance, make music, sew clothing), know (how to build an irrigation dam, how to nurse an ailment, how to prepare barbecue), make (architecture, art, craft), and say (personal experience stories, riddles, song lyrics). (American Folklore Society, n.d. para.1)

Today, the organization has multiple ongoing publications, such as the *Journal of American Folklore*, as well as annual national conferences (American Folklore Society, n.d.). The narratives and cultural information produced by the organization have gained national attention, demonstrating the attraction of lore to the public as a method of learning about differing groups.

Lore, reflecting many of the attributes provided by the above definition, has historically been used successfully in education. The Foxfire approach (Foxfire Fund, n.d.) is a method of experiential education based on the efforts of an instructor in rural Georgia. This area is largely inhabited by members who reside in the Appalachian Mountains. In 1966, finding a need to better engage students in his English class, Eliot Wigginton began a joint effort with learners to produce a newspaper focusing on the stories and talents of the people who live in the Appalachian area. The newspaper later evolved into books, a museum and heritage center, and an approach to teaching and learning. This approach to learning stresses guidance by teachers, student choice in education, and involvement of the surrounding communities. Not only did this movement create connections between learners and the surrounding populations, it also brought international attention to the culture. Multiple “how to” works were produced sharing the local customs and traditions. In addition, there was a great demand for books reflecting stories of the local people (Foxfire Fund, n.d.). The Foxfire approach reflects lore utilized by nurse educators attempting to assist students in learning by incorporating
their culture and surroundings. In addition, lore may help to bring attention and better understanding of particular cultures to outsiders.

Since its creation, the Foxfire approach has been used to promote education in multiple settings. Rossbach (2004) used this method with high school students and had a goal of capturing the lore of the surrounding small farming community and documenting it for the future. She described the link between community, culture, and stories and referred to the stories as defining the community. Again, the data gathered were so rich in information, the stories were published and preserved for others (Rossbach, 2004).

When addressing special education, Ensminger and Dangel (1992) used the instructional procedures developed for the Foxfire approach to establish preparatory guidelines for educators focusing on students with special needs. The approach emphasizes connecting with students and allows students to be active in deciding what is important to learn on a personalized basis. Because of these emphases, it demonstrated usefulness for this group with very individualized needs.

Dittmer and Fischetti (1995) were the first to take the Foxfire approach and apply it to student educators. Although it had been taught in higher education as a method of instruction for student educators to use later in their classroom teaching, it had not been used as a method to teach those student educators. The authors, employed at the department of higher education at the University of Louisville, lead the transition of student educators’ learning environments from the university setting to local high schools. Student educators learned, not on campus, but in the environment they would soon be working in. They worked not only with their instructors, but also worked daily
with high school educators and students. The movement proved successful not only for the university, but also to the high schools involved.

Lore was also the basis for a movement circulating through education beginning in the 1990s, referred to as teacher lore. According to Miller (1992), using the term lore to explain the phenomenon allowed for intuition and the informal spontaneous elements of teaching to be deconstructed and included along with empirical data as having importance in advancing and influencing education. These elements had been marginalized as more objective and formal verbiage gained popularity (Miller, 1992). Ayers (1992) expounded on this, stating a better understanding of teaching was found “in the local detail and the everyday life of teachers; teachers can be the richest and most useful source of knowledge about teaching; those who hope to understand teaching must turn at some point to teachers themselves” (p. v). Teacher lore focused on those professionals helping one another by telling stories and sharing experiences (Schubert, 1992). Experiential insights and reflection are two large components of this approach to education. Both the experiences a teacher has, and those shared from other educators, can be passed on to new educators in order to help them in their transition into academe (Schubert, 1992). Teacher lore expresses the “knowledge, ideas, insights, feelings, and understandings of teachers” (p. 9).

While teacher lore focuses on knowledge passed between and among educators, rather than from teacher to students, it demonstrates the need for lore in learning. It also acknowledges the culture, or community, present within a group of individuals having a shared identity. Teacher lore provides educators with a community and acknowledges them as individuals with knowledge within that community (Gretchen, Alberts, &
Hudgens, 2001). Nurse lore may create a similar opportunity for nurse educators to validate their unique knowledge regarding how “to be” a nurse.

As is noted in many of the above mentioned areas such as the publications by the American Folklore Society and those based on the Foxfire approach, there is a need to share the unique knowledge of culture with both those inside and outside the community of focus. Others want to hear the stories and understand the customs. Attention has also been brought to the stories of nurses on a national level. Theresa Brown is a former English professor who changed careers to pursue a love of nursing (Brown, 2011). She published a series of books, which have achieved impressive national recognition, focusing on her stories as a nurse. The stories share intimate moments focused on the individuals she has come in contact with throughout her career. Brown’s popularity with both nurses and non-nurses demonstrates the desire of others to hear stories that nurses have to share. These narratives cannot be told by anyone else from the same view as the nurse and they hold value to the future of healthcare and the culture of nursing that will continue and be enhanced in coming generations.

Philosophical

The modern era of philosophy was largely dominated by a belief in a universal truth or absolute (Rodgers, 2005). This study rejects that worldview and instead is based on the post-modern approach to understanding the world. The post-modern era reflects a time when the differing experiences of individuals creates a need for a multi-faceted approach to human inquiry (Rodgers, 2005). Nurse lore shapes the culture of nursing, whether implicitly or explicitly, when nurse educators use what Hills and Watson (2011) refer to as experiential and presentational knowing in order to assist learners in the
formation process. By combining these two forms of knowledge with empirical information, learners may gain practical knowledge (Hills & Watson, 2011).

In addition, an understanding of how nursing culture is affected by nurse lore is based largely on praxis. Hills and Watson (2011) refer to praxis as being based on both theory and experience mediated by discourse. In comparison, Rodgers (2005) identified praxis as actions founded in knowledge and value systems. She added nursing actions are based, not only on one’s knowledge, but on philosophy and socialization. Both Hills and Watson (2011) and Doane and Varcoe (2009) warned against using praxis in a way that continues to potentiate the rift between theory and practice. Instead, it should be used in a manner that brings the two together into a single process.

Trusting, caring, respectful relationships must first be developed between students and nurse educators in order for nurse lore to be transmitted. Without the development of these relationships, students are unlikely to view the information provided by instructors as valuable to them. These relationships are based on Hills and Watson’s (2011) collaborative caring relationships and are founded on “trust, caring, mutual respect, and shared power” (p. 63). In related work, Bandura (1999) discussed learning through vicarious experience. Learning using this method involves the observation of models. Learners are more likely to take on the behaviors of models who they perceive as having similarities to them and who are competent and capable (Bandura, 1999). This is consistent with the post-modern approach to teaching and learning which is a basis for this study. Nursing instructors who use nurse lore should attempt to develop these types of relationships with students in order to increase the likelihood of learning using this method.
When these relationships have been established, nurse educators can then disseminate nurse lore to students. This is done largely through storytelling and behavioral example and is based on the American Folklore Society’s definition of folklore. This form of teaching and learning requires instructors to hold what Hills and Watson (2011) refer to as experiential and presentational knowing. Experiential knowing comes from the lived experiences of nurse educators and presentational knowing allows these individuals to represent experience through their teaching methods using spatio-temporal images.

Synthesis of Literature

A thorough literature search was completed for the term lore using EBSCO Host, OVID, ProQuest, CINAHL and Google Scholar. A general Google search was also done to avoid losing valuable gray literature involving this topic uncommonly used in scholarly writing. Finally, a dictionary search was included due to the lack of consistent definitions for the term “lore.” The formal review of literature began by focusing on areas including nursing and similar fields such as medicine, nutrition, and pharmacy. The review was then widened to include areas with limited or no relationship to nursing such as education, children’s literature, and folk wisdom. The search was narrowed to English articles; however, it was not restricted by timeframe because information is limited on the topic and many older references added rich information to the concept. Little information was found which was supported by a strong research foundation in any discipline. This strengthens the argument that there is a gap in the literature regarding research about the role of lore in nursing education. After the literature search for the term lore was completed, a definition for nurse lore was developed using Walker and Avant’s (2011)
method for concept analysis. At that point, a literature review into both education and nursing was completed for the various aspects of lore including storytelling and behavioral example.

Lore

*Oxford Dictionaries* defined lore as a “body of traditions and knowledge on a subject or held by a particular group, typically passed from person to person by word of mouth” (“Lore,” n.d.-c). This definition links well with the role that lore plays in nursing. However, it, like most other definitions found, did not address the role of behavioral example. Many commonly used dictionaries did not describe lore as passed on by word of mouth or through behaviors. Another definition found in *The MacMillan Online Dictionary* was “traditional knowledge about nature and their culture that people get from their parents and other older people, not from books” (“Lore,” n.d.-a).

*Merriam-Webster Online Dictionary* (“Lore,” n.d.-b) defined lore as “archaic, something that is taught, something that is learned, knowledge gained through study or experience, traditional knowledge or belief, a particular body of knowledge or tradition.”

When comparing and contrasting these definitions, several inconsistencies were found. As mentioned briefly above, while all definitions did acknowledge lore as a form of knowledge that is taught or learned, there was a lack of consistency in the need for an oral portion or behavioral example in this knowledge sharing. In addition, clarification was needed in all definitions regarding what type of oral communication should be used. Is it appropriate for oral knowledge sharing to be simply a verbal version of what is already written or should it provide a different view of the knowledge, such as storytelling? Certainly, in times when few adults were literate, there was a need to orally
recite written words. In the modern world, this portion of lore must focus on adding additional depth to knowledge learned from reading. Furthermore, using only oral communication limits the power of written stories. Storytelling using this method is also appropriate and, as exemplified by the works of Theresa Brown, is successful in gaining attention.

Several other inconsistencies were found within the dictionary review. The first portion of the definition found in the *Merriam-Webster Online Dictionary* (“Lore,” n.d.-b), in particular, lacked clarity. It defined lore as something archaic (this is the only definition found referring to lore in this way) which is being taught or learned. However, it did not define who is teaching or learning. This fails to encompass the idea of a culture within the definition. While the definition by *The MacMillan Online Dictionary* (“Lore,” n.d.-a) encompassed both knowledge, tradition, and the need to obtain these from other individuals, it limited this knowledge to that of nature and the culture and required that it be obtained from parents and other older people. This restricts options for the spread of lore a great deal and is not appropriate for its application to nursing.

When incorporating lore into research, the term has been defined using similar descriptions to those mentioned above. However, some discrepancies were found. Several authors address the need for lore as being passed through oral communication (Buskis & Johnston, 1988; Saarikoski, 2006; Shubert and Ayers, 1992), while others focus less on the need for oral transmission and, instead link the term to common group information being passed on by unspecified means (Driscoll & Wynn-Purdy, 2012; Rosenthal & Vaughan-Sarrazin, 2013; Vogi et al., 2013).
In previous works addressing traditional European medicine, lore was viewed as knowledge passed on through generations and not requiring a foundation in literature (Vogi et al., 2013). When discussing children’s lore, (Saarikoski, 2006) the term was not explicitly defined. However, a more in-depth reading of the work demonstrated that, implicitly, the author’s assumption was that children’s lore consists of the stories that children share with one another. The author also declared that children represent their own culture. When referring to teacher lore, Shubert and Ayers (1992) stated the strength of this form of lore resided in “an oral tradition among teachers who exchange and reconstruct perspectives together” (p. vii). Buskis and Johnston (1988) identified laboratory lore as being a “informal and miscellaneous collection of facts and assumptions concerning experimentation that is usually communicated in oral rather than written form.” (p. 41). These depictions of lore support the term as being a form of knowledge passed between individuals, largely by oral means.

Other authors referred to lore as a similar concept with a slightly different meaning. The term has been linked to various forms of traditional wisdom (Driscoll & Wynn-Purdue, 1891; Rosenthal & Vaughan-Sarrazin, 2013; Vance, 2012). In an early discussion of the term, lore was referred to “folk-wisdom” (Vance, 1891, p. 166). In this more historic work, the author addressed various areas of the country and identified commonly held beliefs specific to those areas during the late 1800s.

In much later works, similar definitions remained consistent in the literature. Lore was associated with “common wisdom” (Driscoll & Wynn-Purdue, 2012, p. 12) when attempting to identify best writing practices and to validate common lore in centers of writing using empiric data. A similar characterization was found in research
attempting to validate the “July Phenomenon” seen in teaching hospitals. In this article, the authors relate the term as being associated with “conventional wisdom” (Rosenthal & Vaughan-Sarrazin, 2013, p. 2729) within the healthcare profession to avoid being hospitalized in July due to the inexperience of new residents frequently entering the workforce at that time. Similarly to Driscoll and Wynn-Purdue (2012), Rosenthal and Vaughan-Sarrazin’s (2013) goal was to compare the lore associated with the phenomenon to empiric data supporting a significant change in mortality rates during the month.

Buskist and Johnston (1988) addressed lore frequently used in laboratory experiments and defined it as the “informal and miscellaneous collection of facts, assumptions, and techniques regarding the conduct of experimental research” (p. 41). Unlike Buskist and Johnston (2012) and Rosenthal and Vaughan-Sarrazin (2013), who had goals of comparing lore to empiric data results, these authors were interesting in “reporting apparently ubiquitous research practices” (p. 42) frequently overlooked in publications in order to make them more transparent for future researchers (Buskist & Johnston, 1988).

Similarly to Driscoll and Wynn-Purdue (2012), in a much earlier article, Gidez (1984) provided a retrospective analysis regarding the history of lipid research. He also had a goal of preserving past knowledge. While this article is dated, Gidez demonstrated why it is important to be included here by explaining a cumulative review such as this was valuable to understand how the knowledge had evolved over the past century and impacted the current state of the science. He stated the article would be addressing “facts and fables about facts” (Gidez, 1984, p. 1430) from approximately the previous 100 years research into lipids.
Storytelling

There are large volumes of information regarding storytelling within the literature (Christiansen, 2011; Haigh & Hardy, 2010; Hunter, 2008; Laurence & Page, 2016; Lowenthal, 2009; Mokhtar, 2010; Schwarts & Abbott, 2007; Sochacki, 2010; Zull, 2002). Several authors were identified who advocated for storytelling as a tool not only for educators, but also when used by students themselves (Hunter, 2008; Mokhtar, 2010). Hunter (2008) found students, using stories, were able to demonstrate successful integration of both the science and art of nursing as well as to demonstrate their future ability to care. When addressing students in language courses, telling stories was found to assist with effective communication skills, a requirement of nurses on a daily basis (Mokhtar, 2010).

Lawrence and Paige (2016) reflected on storytelling and provided a retrospective regarding the use of this method in past education as well as its potential in the future. They noted the roots of storytelling with ancient humans, the role of stories in preserving culture and community, the potential harm and benefits of technology on storytelling, and the implications for storytelling in future education. The authors summarize their argument by stating that “storytelling preserves the best of adult education” (Lawrence & Paige, 2016, p. 71). They explain that humans innately carry the ability to tell stories and that these stories provide an avenue to share our unique experiences with others.

While Lawrence and Paige (2016) addressed stories in adult education, other authors (Christensen, 2011; Haigh & Hardy, 2010; Schwarts & Abbott, 2007) addressed storytelling in healthcare education using patient stories. Schwarts and Abbott (2007) had a goal of teaching students to collect stories from the “patient, medical record, family
members, or other members of the healthcare team to put it all together into a cohesive story” (p. 186). Using a different approach, other authors focused on digital patient stories (Christensen, 2011; Haigh & Hardy, 2010). Haigh and Hardy (2010) reflected on digital stories as a useful tool for greater insight into individual patient experiences, while Christensen (2011) explored the effect of the stories on student learning and development of professional identity. All these authors argued the need for patients, in addition to teachers and students, to tell their stories. Unlike Lawrence and Paige (2016), who stressed several concerns regarding the influx of technology into the classroom, both Christensen (2011) and Haigh and Hardy (2010) stressed the benefits on this technology influx.

Digital storytelling is also a method of creating social presence as an educator in the online setting. “Recalling and creating stories are key parts of learning. We remember by connecting things with our stories, we create by connecting our stories together in unique and memorable ways, and we act out our stories in our behaviors” (Zull, 2002, p. 228). By incorporating digital stories into an online course, instructors provide students with trust and a sense of connection not present in written introductions (Lowenthal, 2009). In one qualitative dissertation focusing on storytelling in the classroom, evidence demonstrated stories increased affective learning by stimulating feelings, attitudes, and emotions. The participants (nurse educators) found that using true stories to assist with affective learning allowed for better student outcomes when they were evaluated both didactically and clinically (Sochacki, 2010).

In a study addressing the impact of written narratives on student learning, Hanson (2012) used stories in a previously published book written by an intensive care nurse to
promote reflection and discussion in students. Learners were presented with narrative excerpts from the book and were then asked a series of questions in order to determine if this type of simulated experience via narrative could allow them to reach learning objectives. Strengths of the study included introducing the students to situations not guaranteed to occur during a clinical day and allowing for critical reflection on decisions. Of note, Hanson (2012) also stated the activity allowed for value sharing in order to promote the future of the nursing community.

When looking at the contributions storytelling can offer the profession of nursing, it is essential to address the role of nurse research in adding to the body of knowledge. Fairbairn and Carson (2002) argued, because the goal of nurse research ought to be improving patient care, researchers should not simply provide empiric details. They should, instead, share the stories of the patients involved. By providing personal insight into the experience, audiences are more likely to be attracted to the research and to understand the significance of the findings (Farbairn & Carson, 2002). Thus, stories also hold potential to provide the funding for nursing organizations and foundations needed so desperately. VanDeCarr (2013) provided a guide for grant writers to take advantage of the compelling nature of storytelling in order to gain attention and financial support for organizations. In the work, he also argued storytelling to be the most powerful method of communication available and demonstrated how its use can change culture (VanDeCarr, 2013). While these two examples are not addressing storytelling in the classroom, they demonstrate its power to attract audiences and make impactful changes on them based on the use of narrative.
Behavioral Example

Behavioral example has also been addressed largely within the literature. When a literature review into behavioral example was completed, terms such as modeling and role modeling were also included in the review process. This provided a greater basis from which to gather information because many authors use the terms interchangeably.

Early works such as Bandura, Blanchard, and Ritter (1969), Briggs (1977), and Gagné (1984) developed the foundation for learning based on attitudes, role modeling, and behavioral changes. In more recent works, Del Prato (2012) addressed the formation of nursing students into functioning practitioners and focused on interactions with faculty. The findings demonstrated behavioral examples representing negative outcome perceptions by students in several areas. These included verbal abuse and demeaning experiences, favoritism and subjectivity, expectations of perfection, being targeting for dismissal or failure, and perhaps worst, disillusionment with the profession due to faculty failure to exhibit caring behaviors in spite of representing a caring profession (Del Prato, 2012). Rudolfsson and Berggren (2012) completed a meta-synthesis focusing on a similar topic. They developed themes focusing on an “open door” (p. 773) and a “closed door” (p. 773). When working in the clinical setting, students viewed nurses as either being open to students and patients or closed. Reflective of Del Prato’s (2012) disillusionment, the authors found students often acclimated to this behavior and incorporated it into their practice (Rudolfsson & Berggren, 2012).

When considering values and attitudes of nursing educators, Haigh and Johnson (2007), found honesty, altruism, and intellectualism/academic achievement to be the underlying themes used by these educators in practice. They also noted the lack of
formal transmission of values within the profession and the need for purposeful value transmission from instructors to students. The authors concluded the values students develop during education later affect their moral reasoning in patient care (Haigh & Johnson, 2007).

In a European study involving multiple countries, researchers studied the correlation between the caring behaviors of educators and students. The findings suggested there was a positive correlation between the two. Students were more likely to demonstrate caring behaviors in practice if exposed to those behaviors during time with educators (Labrague, McEnroe-Petite, Papatathanasiou, Edet, & Arulappan, 2015). Balwin, Mills, Birks, and Budden (2014) found a gap in the literature when addressing role modeling of nurse academics when compared to nurse clinicians in nursing students. While no explicit definitions for the terms nurse academic and nurse clinician are provided by the authors, they do state they are comparing student role modeling of nurse clinicians in the clinical setting and nurse educators in the university or college setting. An extensive literature review demonstrated an abundance of evidence linking student role modeling with nurse clinicians. However, there was a notable gap in literature addressing student role modeling of educators in the university or college setting. This demonstrates a need for further research into the effects of nurse educators on student behaviors.

One gap within the literature addressed behavioral example in the online setting. While there is a vast amount of evidence supporting general student outcomes in the online setting, little has addressed learning from role modeling and evaluation of clinical skills. When considering online education in a similar healthcare field, social work,
Jones (2015) raised concern regarding role playing, mentorship, and interpersonal connection in the formation and evaluation of social work students. In her discussion, she stressed the need for face-to-face interactions, even in an online environment, in order to demonstrate and assess professional behaviors in students. She argued the need for further research into this topic in the future (Jones, 2015). Nursing, sharing many similar professional values and behaviors to social work, is in need of the same types of research.

Inferences for Current Study

The concept of nursing lore is not currently present within the literature. In addition, the multiple definitions of the term lore found are largely inconsistent. There is also a lack of consistency regarding the need for oral communication when disseminating lore to others. In addition, there was an absence of a clear determination as to what constitutes lore, who is responsible for spreading lore, or who the recipients of lore should be. However, using the definition produced in my concept analysis, lore has been used successfully within education in the past.

Both the Foxfire approach (Foxfire Fund, n.d.) and Teacher Lore (Schubert & Ayers, 1992) provide evidence for using the knowledge of the surrounding communities (Foxfire focusing on the actual community and Teacher Lore on a community of teachers). However, they do not address the population this study intends to target. Both are focused on education, with Teacher Lore addressing teacher to teacher knowledge sharing and the Foxfire approach empowering students in the learning process. Nurse lore addresses assisting students in their formation and transition into the culture of nursing. I focused on this topic because I was interested in learning more about nurse
educators’ perspectives regarding their role in formation and value they place into continuing and enhancing a nursing culture.

In addition to the development of a term not currently present, the events within the continuation and enhancement of nurse lore have not been formally addressed together. Hills and Watson (2011) promoted collaborative caring relationships and stressed the need for their development over time, as well as the need for mutual respect between educators and students. While Bandura (1999) did not use the term respect, he formally addressed modeling and stated models were more likely to be successful in passing on behaviors if learners viewed them as competent and capable individuals with whom they shared similarities. Event one (the creation of a relationships of trust, caring, and respect between nurse educators and students) in the dissemination of nurse lore combines these two requirements into trusting, caring, respectful relationships and incorporates Bandura’s (1999) vicarious experience into Hills and Watson’s (2011) relationship development. By doing this, there is an expectation for nurse educators to establish respect with learners over time. This respect will increase the likelihood of modeling on the part of students. Combined with the use of trusting, caring, respectful relationships based on Hills and Watson’s (2011) model, will potentiate the feeling of a shared group on the part of the students.

Event two in the dissemination of nurse lore involves the use of storytelling and behavioral example to pass on the knowledge, understanding, and attitudes of nurses. While storytelling and behavior example have largely been explored in the literature separately and correlated with student learning in general, there is a gap when the two are linked together. In addition, when viewing nursing as a culture, knowledge sharing using
Storytelling and behavioral example is an area also currently unaddressed formally. Because nurse educators are often the first individuals in the nursing profession who are charged with disseminating lore to new members, a study focusing on their experience is needed in order to develop a foundation for future research in this area.

When viewing education using a transformational approach, Hills and Watson (2011) argued the importance of experience in both experiential and presentational learning. Presentational learning allows nurse educators to use methods, such as stories and writings, to share knowledge gained by experience with students. Hanson’s (2012) use of publications by a critical care nurse and Theresa Brown’s books are examples of nurses using writing as presentational learning tools. As Zull (2002) argued, these are examples of remembering and connecting through stories. If nurse educators are limited to only empiric learning methodologies, the rich information learned using these tools will be lost. Learners want to hear stories. Textbooks do not frequent best-selling national lists as books such as Brown’s do.

When addressing behavioral example, nurse educators’ interactions with students are required in order for modeling to occur. These experiences enable students to identify and develop future attitudes and actions. Gagné (1984) noted that, while attitudes cannot always be deduced from obvious behaviors, they do modulate behavior. While Gagné focused on the effect of one’s own attitudes on behaviors, Haigh and Johnson (2007) addressed the effect of nurse educator attitudes on future student behaviors. Haigh and Johnson argued the shift towards holistic nursing makes the need to incorporate formal transmission of attitudes and values into curriculum even more vital. Exposure to positive values in nursing school demonstrated an impact on later
behaviors of students in practice (Haigh & Johnson, 2007). While Haigh and Johnson focused on nurse educators in order to better understand their values and attitudes, other studies addressed students.

When focusing on student outcomes, evidence supports exposure to negative experiences with nurse educators and nurse clinicians leads to negative patient care behaviors in future practice (Del Prato, 2013; Rudolfsson & Berggren, 2012). Del Prato (2013) addressed the faculty incivility towards students while Rudolfsson and Beggren (2013) explored the impact of nurse behaviors towards patients on future student behaviors. While both studies focused on differing influential factors on students (nurse educators and clinical nurses), findings reflected poor student outcomes when exposed to negative environments. Negative experiences with nurse educators lead to poor student outcomes such as perceptions of decreased learning, low self-esteem, and decreased confidence (Del Prato, 2013). Similarly, nurse clinicians who demonstrated negative behaviors towards patients affected some students’ future behaviors towards patients for whom they cared. It should be noted that some students were able to avoid poor future behaviors with nurses, even when exposed to negative nursing behaviors. The authors argued that because some students are at risk of developing poor future behaviors, positive clinical role models for all students are essential (Rudolfsson & Berggren, 2012).

When beginning this research, I was interested in learning more about how nurse educators use behaviors to help students in both the clinical and classroom setting. In addition, for nurse educators who do not practice in the clinical setting, I sought to better understand whether or not they felt a loss regarding ways in which they might use patient interaction and care to assist students in their formation. Finally, for nurse educators who
teach online, in both synchronous and asynchronous formats, I wanted to hear their experiences regarding how they promote behavioral modeling in that setting and allow them to share any feelings regarding a sense of loss in interactions with students.

Conclusion

In conclusion, this chapter provided a basis for the context of this study. It gave historical information regarding the use of lore in various areas and how it benefited education. The philosophical “lens” was expressed and a rationale for the use of a post-modern approach as opposed to a modern approach was explained. A synthesis of the literature was included. Because lore is a term not currently linked to nursing, this review included the components of lore in addition to the general term in order to better identify previous literature focusing on similar topics. Inferences to previous works of interest for the proposed research were given and information was addressed regarding findings generated from my study.
CHAPTER 3
METHODOLOGY

This chapter outlines the research methodology used for the study including an explanation of descriptive phenomenology and the justification for using this method. Descriptions of settings and participants are also provided, as well as a summary of protection for those participants. Information pertaining to data collection, processing, and analysis is detailed. Finally, procedures to ensure trustworthiness and rigor are addressed, and limitations of the study are presented.

Research Method and Design

This study used qualitative research in the form of a descriptive phenomenological approach. A qualitative method was selected because nurse lore is a newly developed term. This methodology allows the researcher to better understand the meaning those involved apply to an issue (Creswell, 2014). Because a deeper understanding of educators’ experiences was the goal of this study, the selection of qualitative research enables participants to share perceptions of their world with the researcher (Miles, Huberman, & Saldaña, 2014). The alternative to a qualitative approach, quantitative research, focuses on variables (Creswell, 2014). Because this topic was unexamined, it was not possible to evaluate variables influencing the continuation and enhancement of nurse lore. Exploring the topic using a qualitative approach revealed rich information for this study and will enable future research. The following section will provide further rationale for the selection of the research method.
Edmond Husserl is considered to be the father of phenomenology (Giorgi, 1985). Husserl believed natural knowledge both began with, and continued to remain inside of, experience (Husserl, 1967a). Giorgi (1985) referred to phenomenology as entering into the day-to-day world of participants and the situations, or phenomena, surrounding them. Giorgi (1985) explained that, while Husserl largely began the movement of phenomenological research, the methodology has been altered by others and a universal consensus regarding the topic is difficult to obtain. Giorgi argued there were several reasons for the differing definitions. He pointed out that phenomenological thought is very difficult to understand, that even Husserl altered the definition of phenomenology throughout his life, and finally that many of his followers developed differing definitions as well (Giorgi, 1985).

Today, Husserl’s concept regarding this research methodology is recognized as descriptive phenomenology (Giorgi, 1997; Koestenbaum, 1967; Polit & Beck, 2012). Giorgi (1997) addressed the criteria required to complete a phenomenological study using the descriptive method of Husserl and identified three requirements. First, description must be used to give expression regarding the object of the study exactly as it is presented. Secondly, this should be done using phenomenological reduction. Finally, the most consistent and unchanging meaning should be used to describe a phenomenon (Giorgi, 1997, Husserl, 1967b). When addressing this invariant meaning, Husserl refers to it as the essence of a thing (Giorgi, 1997; Husserl, 1967a).

While both descriptive and interpretive phenomenology have value, the role of the researcher, using Husserl’s method, is to describe the phenomenon as it is presented (Giorgi, 1997). Unlike many of his followers, Husserl did not attempt to provide
interpretations. In actuality, Husserl (1967a) argued researchers must avoid interpretative constructs and describe phenomena as they are experienced.

When considering phenomenological reduction, two important areas must be addressed. The first involves avoiding identifying the topic of interest as being what it is presented to be. Instead, phenomena of interest are viewed as presenting themselves in a certain manner, which may or may not be universally agreed upon as true (Giorgi, 1997). Husserl (1967a) described a transcendental view of observing events as a spectator and noting only what is observed. The second area of interest when considering phenomenological reduction is the concept of bracketing. Husserl (1967a) argued that previously held theses must be acknowledged and set aside in order to see phenomena as they are presented. He acknowledged these beliefs are not removed or taken away, they are simply set aside when describing the phenomena (Husserl, 1967a). By bracketing, one can “lose the world” (p. 39) so that it can be revealed using self-examination of a universal nature.

Finally, it is essential when completing descriptive phenomenological research using Husserl’s (1967a) methodology, to maintain the “essence” (p. 50) of something. Giorgi (1997) referred to this essence as the “invariant meaning for a context” (p. 242). Researchers using this method should make every attempt to provide meaning to phenomena that is consistent and true to the experience.

Rationale for Research Approach

The purpose of this research was to better understand the lived experiences of nurse educators who use nurse lore in their teaching. Because this is a new and evolving topic, qualitative research was appropriate. Qualitative research uses an inductive and
emerging methodology (Creswell, 2013) and assisted with building a foundation of literature regarding this unfamiliar area. While qualitative research differs in nature from its quantitative counterpart, it has value that is, at least, comparable (Giorgi, 1985).

Using phenomenology assists with identifying common meaning among participants (Creswell, 2013). It provides description for their experiences and insight into these aspects of their lives (Giorgi, 1985). Little to nothing is known about the ways in which the culture of nursing is altered by the knowledge, understanding, and attitudes passed on to others through stories and behavioral example. By using a phenomenological method, voice was given to nurse educators in order to tell their stories through the use of common themes derived from their narratives. In addition, this research provided insight into the effects of differing types of classroom settings on educators’ ability to disseminate this nurse lore.

By using a phenomenological approach, the experiences of nurse educators were revealed and a better understanding occurred. While educators were not familiar with the concept of nurse lore, they did understand the methods by which they use experiential knowledge to assist students in learning the core values of nursing. It is essential to define and establish this knowledge as valuable to the future of nursing in order to better understand its importance and maintain its presence in a rapidly changing academic environment.

The culture that nursing has created since the foundation of the discipline has been essential to the care of patients and families. It encompasses much more than empiric knowledge and in order to “be” a nurse, learners must understand both the science and art of the discipline. Because of the values demonstrated by nurses, the
profession has consistently ranked first in a national Gallup poll evaluating honesty and ethics (Gallup, 2015). In order to continue this foundation of public trust towards nurses, a better understanding of how the culture is maintained and continued is needed. This research provided one way of doing that.

Setting

The setting for this study was in colleges and universities in the Southeastern United States. It encompassed face-to-face interviews. Interview locations were based upon the convenience of the participants. Participants were recruited from both public and private institutions and interviews occurred at their places of work. All interviews occurred in quiet rooms located within the nursing departments of each institution.

Participants

A purposive sampling of nurse educators was used for this study. Purposive sampling was selected because it allows the researcher to identify individuals who will assist in obtaining a better understanding of the problem in order to answer the research question (Creswell, 2014). Because the purpose of phenomenology was to better understand the experience of and individual, rather than to create generalizable findings, random sampling was not needed (Streubert & Carpenter, 2011). Participants living within 150 miles from the researcher’s home were given preference. For those participants who were not located within 150 miles from this location, telephone interviewing was also available, however this alterative was not needed.

The sample was not selected a priori, but instead evolved as information was obtained from participants and from professional colleagues (Miles et al., 2014). In addition to purposive sampling, snowball sampling was used in this study. This involved
asking earlier participants or some of my professional colleagues for referrals of other potential study participants (Polit & Beck, 2012). Advantages for snowball sampling when compared to other methods such as convenience sampling include cost, practicality, and time. In addition, there may be a stronger trust between the researcher and participants who have been referred by others known to them. However, it is important to note that gathering participants from similar groups may result in individuals who have had similar experiences and limit the study’s findings (Polit & Beck, 2012).

Criteria were selected for inclusion into this research study. Individuals were required to be English speaking. Participants were nurse educators who worked employed full-time as faculty or administrators in higher education. While administrators were included, those participants were required to have taught at least one course within the past academic year. Participants taught at the undergraduate and/or graduate level. However, interview questions focused on the undergraduate level. For that reason, three years of teaching experience at the undergraduate level was one inclusion criteria. Some participants also taught in a combination of these two levels. For individuals who taught at the undergraduate level, selections were made from associate, baccalaureate, RN to BSN, and accelerated programs. The rationale for selecting nurse educators at all of the above mentioned levels was that individuals in differing teaching environments are likely to have varied experiences. All of these experiences provided rich, thick data for the study. Participants taught in traditional, face-to-face, classrooms, in hybrid environments, in online settings, or in a combination of these. When selecting nurse educators who teach within the online environment, participants were asked to specify whether or not a synchronous or asynchronous platform was used.
In order to be considered for this study, nurse educators were required to have taught full-time, in nursing, in a traditional face-to-face classroom setting for a minimum of three years. In addition, if participants taught in an alternative environment, such as in an online setting, they were required to have taught within a similar setting for a minimum of three years in order to answer questions having to do with the online setting. Furthermore, individuals must have practiced clinically for a minimum of three years. This requirement was based on Patricia Benner’s (1982) application of an earlier model to nursing. Benner’s work used the Dreyfus model of skill acquisition (Benner, 1982) which stated learners move through five phases and acquire new skills as they move from novice to expert (Dreyfus & Dreyfus, 1980). Benner (1982) adopted this model and applied it to nursing. Within the theory, nurses who have practiced for approximately two to three years typically are able to practice with long-range planning in mind and have reached the level of “competent” (Benner, 1982, p. 404). While this requirement does not imply that all participants have reached the level of “expert” (Benner, 1982, p. 405), it does support research limited to individuals who have a strong experiential knowledge.

Data Gathering

Prior to the initiation of the study, Institutional Review Board (IRB) approval was obtained from Mercer University (see Appendix A). In addition, I also gained approval from the two institutions where I conducted research. The research process did not begin until all of these approvals were obtained.

Participants were recruited from two institutions and snowball sampling was used to recruit other participants. Written permission was obtained from administrators to post
flyers at the institutions (see Appendix B). In addition, current and former PhD students at GBCN and colleagues were asked to post flyers at their institutions, if permitted by the college or university. When potential participants were identified, I called or emailed them and provided study information to these individuals (see Appendix C). I ensured that prospective participants met inclusion criteria by providing them with the criteria and discussing it with them prior to scheduling interviews. Informed consent (see Appendix D) and a verification regarding inclusion criteria using demographic information (see Appendix E) was obtained immediately prior to interviewing.

Upon completion of the interviews, some participants were asked to contact or identify individuals known to them who might be interested in participating in this study. When other participants agreed to provide contact information, I contacted them via email and attached a form containing inclusion criteria and study information. If inclusion criteria were met, interviews were arranged.

Interviewing was continued until saturation was achieved. This was established when the participant responses did not generate new information regarding the phenomenon (Glaser & Strauss, 2012; Streubert & Carpenter, 2011). Qualitative research does not rely on statistical operations to determine a number of participants needed prior to data collection. Instead the study should continue until no new information is being gathered and saturation has occurred (Streubert & Carpenter, 2011). Prior to reaching the conclusion that saturation had occurred, I verified that participants who taught in multiple environments and at differing levels were included. The rationale behind this stemmed from the potential for differing experiences based on the classroom setting and student level. If a particular teaching environment (such as undergraduate,
graduate, asynchronous, synchronous, or face-to-face) had been underrepresented, purposive sampling would again have been utilized to identify participants from that area. However, all groups were represented adequately as evidenced by representation of each environment by multiple participants. Therefore, this process was not needed.

In order to complete interviews with participants, semi-structured interview formatting was utilized. Semi-structured interviews allowed me to use a written guide to direct the interview and also encouraged participants to discuss topics and to tell their own stories. These interviews consisted of open-ended questions in order to encourage elaboration on the part of the participant. In order to document the event, audio recording was used. Participants were reminded of this verbally after the recording has begun. In addition to the audio recordings, I made notes during the interview process and immediately after it had ended. Notes were limited so that attention was focused on the participant.

Interview Questions

The following are examples of interview questions and probes (see Appendix F) that were used as necessary during semi-structured interviews in order to better understand participants’ experiences. Included in my interview questions and probes were questions related to the establishment of caring, respectful, relationships as well as behavior and storytelling. This was because an integral part of my study was the need to gain insight about the unique ways nurse educators use lore to continue and enhance the culture of nursing in their teaching. Event one in the process of disseminating lore to others is to first create caring, respectful, relationships. Without event one, successful dissemination of lore is less likely to occur. In addition to the questions included for all
participants, those who had experience teaching online and in-person were asked an additional set of questions:

(1) How do you think stories uniquely affect learning?

   (1a.) Give me an example of how a student or students have told you they learned about how to be a nurse from a story you shared.

(2) Explain how you use your experiences as a nurse to help students learn to be nurses.

   (2a.) In your opinion, what behaviors or habits you have learned over the years are important to show students?

(3) Describe what you hope students learn about how to be a nurse from your stories.

(4) Describe what you hope students learn about how to be a nurse from your behaviors?

   (4 a.) Tell me about any attitudes or behaviors towards patients you find are important to pass on to students.

(5) Describe how you think nurse educator attitudes and behaviors towards students affect student learning.

(6) Describe how you think nurse educator attitudes and behaviors towards patients affect future student nursing practice

(7) What do you think students learn from you about how to be a nurse that is unique?

(8) Describe how you perceive both student trust and respect in nurse educators affect learning.
(9) Describe how you believe students’ perception of caring nurse educators affects their learning.

(10) How do you think you affect how students learn to be a nurse?

(11) Discuss your perceptions about whether changes in the way courses are taught will or will not affect the culture of nursing.

(12) How would you define a culture?

(12a.) What comes to mind about how culture is shared?

(12b.) How would you describe what nurses view as their shared culture?

(12c.) What methods would you say experienced nurses use to help new nurses learn how to be nurses and become members of the nursing culture?

(12d.) How do you think nurses and nurse educators use their experience to help students acclimate to nurse culture?

(13) If you could change something about your experience teaching, what would it be?

(14) Please tell me about anything else that illustrates how you are able to help students learn to be nurses and to adapt into the nursing culture using your unique knowledge, understanding, and attitude.

For participants who had experience in teaching within the online setting, an additional set of interview questions will also be asked.

(1) Tell me about your online teaching format.

(1a) Describe that format as synchronous, asynchronous, or a combination of the two formats.
(2) Describe the types of in-person or face-to-face experiences you have with students who are enrolled in online courses.

(3) How are you able to use your personal experiences as a nurse to help students learn? How does that compare between the online setting (both asynchronous and synchronous) and the traditional classroom?

(4) Describe the influences of online teaching/learning upon the profession of nursing and nursing culture.

(5) If you could change something about your experience teaching online, what would it be?

(6) Please tell me about other thoughts you have regarding teaching online.

Protection of Human Subjects

Before the implementation of any research or research related procedures, IRB approval was obtained from Mercer University. In addition, approval was obtained from the two institutions where the research flyers were distributed to faculty. Upon approval from these agencies and after posting flyers, potential participants were contacted. Forms containing study information were provided to all identified potential participants. Individuals who were interested in participating in the study were contacted and given further information regarding inclusion criteria.

During my initial communication with potential participants, an opportunity was provided to discuss confidentiality concerns or to address any questions they had regarding the study. All individuals were made aware that participation was voluntary and they could withdraw at any time. Full disclosure regarding the nature of the study was also provided.
Confidentiality

Inclusion criteria were included in a demographic form. I asked the participants the questions included on the sheet and wrote their answers on the document. This was to avoid any issues with confusion regarding what was being asked and later problems with handwriting. This was done after informed consent was obtained and immediately prior to interviews. Participants were asked to provide a pseudonym not related to their name. If an individual provided a pseudonym that had already been used, another name was requested. This pseudonym was used on the demographic form as well as during the interview and any identifying information the participants mentioned during the interview was redacted in the transcription. In any notes or journaling regarding the participants, I used pseudonyms. Participants’ real names were only listed on informed consent and on a separate piece of paper linking the pseudonyms with actual names. Both were kept in a locked office separately from other study material and will be destroyed after three years.

Interviews were scheduled at a location and time selected by the participant. It was anticipated that participants may have concern about sharing information that might later be shared with employers or used to identify employers in final publication. Participants were informed that no information will be shared with employers and that names of institutions will not be published. Any identifying information revealed during the interview process was redacted during transcription. If names of other individuals, such as students, were mentioned during interviewing, this information was redacted as well. A $10.00 Walmart gift card was given to participants upon completion of the interview.
Confidentiality was also addressed with documentation collected during the process. All study-related materials were kept in a locked container in my office and that of my committee chair. My dissertation chair and I were the only individuals with access to audio recordings, transcriptions, and any notes. I was the only person who was aware of the link between pseudonyms and participant names. After completion of the study, audio recordings will be destroyed. The document linking names to pseudonyms will be destroyed after three years. All other information will be kept for an indefinite time in a secure location and will be used for professional presentations and writing.

Data Processing

Prior to beginning interviews with participants, a contract was secured with a transcriptionist in order to secure verbatim transcriptions of audio-recorded interviews between myself and participants. This contract was another measure to protect the privacy and confidentiality of all participants. Any information that could be used to identify the participant, their institution, or other individuals was redacted from transcriptions.

Immediately before interviews with participants, demographic data were collected. No real names were listed on the demographic sheet. Demographic data included the pseudonyms selected by the participant, age, gender, race, employment in public or private institution, employment in an urban, metropolitan, or rural area, level of education, years in clinical practice, years of teaching experience in undergraduate education, years of teaching experience in current area (online, traditional, hybrid, any combination of these), total years of teaching experience, level of students taught during
time in education (undergraduate or graduate), and type of program or programs taught in currently or previously (online, traditional, hybrid, any combination of these).

This information was obtained from the participants and transcribed at the time of the interview in order to avoid any confusion when reviewing data at a later date and to verify inclusion criteria had been met. This facilitated avoiding any unclear handwriting and confusion on the part of the participant regarding the question being asked. Collection of the demographic data occurred immediately prior to the interview, but these data were not recorded. This further assisted with anonymity and protection of confidentiality.

The face-to-face interviews were recorded using two audio devices. Participants acknowledged they are being interviewed and recorded when the recording began. When the last interview question was asked and the participant had been provided with a chance to reflect in order to avoid missing valuable information, the recording was stopped. Only pseudonyms provided by the participants were used during the interview. If participants provided names of others, those were redacted during the transcription process. An outside transcriptionist was used to transcribe all interviews, and instructions to redact names provided. I then verified the accuracy of the transcriptions by listening to the interviews and reading the transcripts simultaneously.

Limited and brief field notes were taken during the interview process. Afterwards, I remained in the area when the participant had left. Polit and Beck (2012) recommend the use of several types of field notes. Descriptive notes provided observations about the experience. Methodologic notes assisted with strategies that were or were not useful during the interview and helped to identify better strategies. Personal
notes assisted me to acknowledge and address assumptions regarding the topics discussed (Polit & Beck, 2012). In addition to these field notes, I also maintained a journal during the research process in order to collect my thoughts and identify emerging patterns or insights.

Data Analysis

As stated previously, data collection continued until saturation occurred. In order to determine this, data analysis was ongoing during the collection process. Streubert and Carpenter (2011) noted a need for researchers to become immersed in the data throughout the collection process. As interviews were transcribed and analyzed, data analysis continued as coding occurred and themes emerged.

Data were analyzed using Giorgi’s (1985) four-step analysis process. The process begins with reading the transcription to understand the overall description of participants’ statements. This initial reading was repeated until an understanding of the overall meaning is gathered.

The second step in Giorgi’s (1985) four-step process involves conducting another reading of the data. The text was read with the aim of identifying units pertaining to the phenomenon of interest (Giorgi, 1985). As shifts in meaning units were identified, notes were made in the margins in order to make the data more manageable (Giorgi, 2009).

Coding occurred during the second step in the data analysis. Saldaña (2013) referred to coding as using words or short phrases to provide a comprehensive and salient description of the data being analyzed. Initial coding involves beginning to break down
information into parts and is a beginning towards more detailed exploration at a later point in the process (Saldaña, 2013).

According to Saldaña (2013), coding can be done using a variety of options. First cycle coding allows the researcher to break down the information in a simplistic fashion. Second level coding builds on this and requires more detailed analysis. Strong first level coding is essential to producing sound coding on the second level (Saldaña, 2013). After codes have been used to identify essential statements, thoughts, and attitudes expressed in the transcript, the researcher will begin to determine meanings within participant descriptions (Giorgi, 1985, 2009).

The third step using Giorgi’s method involves transforming the information provided by participants into scientific expressions of the phenomenon. Giorgi (2009) expressed this step as the key to this method of data analysis. It requires a great deal of time and the researcher must present the findings in a way that demonstrates generalizability to the greater world, without attempting to provide universal meaning. Great effort must be placed into assuring the data are accurate and not influenced by outside forces (Giorgi, 2009). In Giorgi’s 1985 work, he identified and addressed a fourth step which was later combined with the third step. For the purposes of clarity in this research, his 1985 approach was utilized. This final step involves synthesizing the data into a statement of the event being studied. This statement will be presented to other members of the scientific community for evaluation (Giorgi, 1985).

For this research, the selected methods of first level coding were in vivo, descriptive, and process coding. In vivo coding allows the researcher to create codes using actual words and phrases provided by the participants. Descriptive coding provides
a summary of a passage in one or a few words. Process coding uses gerunds to reflect on the actions or activities represented in the data. After completing first level coding, second level coding was completed using the same codes. The rationale for using the same coding was that rich, thick data were being revealed using these approaches. Second level coding assists with reassembling information previously splintered in appearance. It also assists with identifying the more dominant codes within the data (Saldaña, 2013).

Trustworthiness / Rigor

The scientific merit of a research study provides support for the quality of information presented and methodologies used. In both quantitative and qualitative research, demonstrating the merit of a study is essential (Polit & Beck, 2012). Streubert and Carpenter (2011) stressed the need for researchers to clarify the value of qualitative research and the strength behind it. This is especially important when addressing those with a positivist view of reliability and validity (Streubert & Carpenter, 2011). For this study, Lincoln and Guba’s criteria for trustworthiness were used to demonstrate merit.

Lincoln and Guba (1985) argued that traditional criteria were not appropriate when viewing research from a naturalistic paradigm and proposed a differing set of guidelines. In order to do this, the authors dismissed the value-free objectivity present in traditional empiric studies and instead embraced trustworthiness based on whether or not data were confirmable. To determine this, they proposed four terms: credibility, transferability, dependability, and confirmability (1985). I argue this method is appropriate for phenomenological research because the goal of phenomenology is not to
provide universal truth, but to demonstrate generalizability of findings (Lincoln & Guba, 1985).

Credibility should be addressed, according to Lincoln and Guba (1985), using both good practices to enhance the credibility of findings and the involvement of external checks. I selected prolonged engagement, triangulation, and debriefing as three methods of demonstrating credibility in the study. Prolonged engagement allows the researcher to build trust with the participants. During the process of gathering participants, I began to establish trust with participants by being consistent and honest in communications with them. Consistent behaviors on my part demonstrated my commitment to the research and their time. In addition, answering any questions and addressing any concerns assisted with this. During the data collection and interview processes, I continued to build a rapport with participants. During these times, it was essential that I followed through with commitments made such as being on time and well prepared for the interviews. Prolonged engagement was also achieved by spending a great deal of time immersed in the data gathered from interviews.

According to Miles, Huberman, and Saldaña (2014), triangulation refers to the use of multiple measures to support findings in order to further confirm results. There are multiple forms of triangulation and differing methods support one another (Miles et al., 2014). Streubert and Carpenter (2011) noted person triangulation to be one of three methods used for data triangulation. Person triangulation involves data collection from participants at differing levels or collective groups (Streubert & Carpenter, 2011). Participants were selected from both colleges and universities offering differing levels of degrees for students. In addition, participants had varying levels of education. Both
master’s and doctorally-prepared participants were selected. They were active in either undergraduate and graduate level programs or both. In addition, two participants served in administrative roles as well as teaching in the classroom.

According to Lincoln and Guba (1985), peer debriefing involves selecting a disinterested party to act as a debriefing agent in order to gain an objective view other than the researcher’s. While Lincoln and Guba’s peer debriefing was used as a guide for this research, one modification was made. The authors did not support the use of debriefing agents who are in a position of power over the researcher for this step. Because my chair has a vast foundation of knowledge in both higher education and phenomenological research, I concluded her input would provide a deeper insight into transcripts and lend support to me in my coding process. Her experience with coding and theme analysis strengthened the final research findings.

In addition to credibility, qualitative research should also address transferability. Lincoln and Guba (1985) stressed that the role of the researcher in transferability is to provide the database in order for others to determine whether or not findings are transferable. Rich, thick data in this study were provided in a manner that allowed others to assess the information and determine its usefulness in other research areas. Again, it should be noted that qualitative research is generalizable, but not universal in nature (Lincoln & Guba, 1985).

In addressing dependability and confirmability, Lincoln and Guba (1985) stated that, if done properly, one audit could be used to demonstrate both requirements. The audit should serve to provide a record of the research process. An audit trail was used in this study to provide documentation of the research process. The audit trail included
transcripts, field notes, and memoing. In addition, a reflexive journal was also maintained. Lincoln and Guba (1985) stated that reflexive journaling promoted all four requirements for trustworthiness in qualitative research. Rationales for decisions made during the research process should be provided within the journal (Lincoln & Guba, 1985).

Limitations

This study largely included participants living in the southeastern areas of the United States. The experiences of these participants may or may not be different to those in other areas. In addition, participants were English speaking, thus, limiting some effects of other cultures on the data gathered. Finally, all participants were female and only one represented a minority culture.

Summary

This chapter addressed the methodology selected to complete this qualitative research study and a defense of the use of a phenomenological approach was provided. In addition, participant selection and data gathering approaches were presented. Protection of the human rights of participants, including confidentiality, was addressed. Data processing and analysis decisions have been provided. When addressing data analysis, the selection of Giorgi’s (1985) modified Husserlian approach has been defended. Methods to address trustworthiness and rigor using Lincoln and Guba’s (1985) approach have been proposed. Finally, study limitations were identified. This summation of the proposed study provides an overview of the study methodology.
CHAPTER FOUR

PRESENTATION OF FINDINGS

This chapter will discuss findings from this descriptive phenomenological study. Information regarding methods of data management and analysis will be provided. Coding methods used for this research will be identified and discussed. In addition, themes and subthemes which emerged will be clearly delineated and supported with descriptors and, when appropriate, direct quotations. This chapter will reflect the researcher’s findings regarding the experiences of nurse educators who use nurse lore in their teaching.

Data Management

An outside transcriptionist was used to transcribe the audio-recordings of the in-person interviews. Prior to the beginning of data collection, a contract was secured with the transcriptionist to ensure participant confidentiality and protection. This included redacting any statements revealing the name of the participant, others, or any institutions. When appropriate, those statements were replaced with random letters or numbers. Upon completion of each interview, a mp3 version of the interview was loaded into a file located within a password-protected program and sent to the transcriptionist. After the interviews were transcribed verbatim, the file was sent back to the researcher as a Microsoft Word document.
The transcripts were reviewed to verify that no identifying data remained, saved, printed, and a copy of each verbatim transcribed interview document was then provided to the committee chair through electronic mail. Pseudonyms were used for participants and no documents linked pseudonyms to the names of the participants. All documents were stored in an office, which is locked when I am not present.

Data Analysis

Consistent communication was established between the committee chair and me in order to review transcripts, code transcripts, and discuss pertinent issues related to data analysis. This included multiple telephone conferences as well as frequent emails. Manual coding was completed by both of us and compared in order to enhance the study’s trustworthiness and rigor. My committee chair and I utilized coding methods as delineated by Saldaña (2013).

Coding

Utilizing Giorgi’s (1985) first step in an iterative process for data analysis, transcriptions were each read as a whole to improve the understanding of the individual participant’s experience. This process of gaining a general understanding required multiple readings at times. After this initial reading was completed, the second step in Giorgi’s process was begun. This involves identifying “meaning units” (p. 11) within the data. These units assist in revealing the meaning within the descriptions provided by participants and help to recognize when shifts in meaning are occurring. Making brief notations in the margins regarding these shifts can help to make the data more manageable during analysis (Giorgi, 1985).
The transcripts were re-read to identify important aspects relating to the phenomenon of interest (Giorgi, 1985) and coding was initiated. Inductive coding was selected for this study. Miles, Huberman, and Saldaña (2014) explained inductive coding as identifying codes emerging during data collection and analysis, rather than deductive coding, identifying codes a priori. Coding was an iterative process, continuing throughout the remaining data analysis. Transcripts were coded in the same order the participant interviews occurred. This method is helpful because the second data set may influence and affect the recoding of the first participant’s transcript, and the subsequent coding of transcripts may be influenced by previous coding.

During the preliminary reading of the transcripts, I replayed the audio recordings of the interview and checked the typed version of the transcript. This enabled me to listen for any changes in voice inflection or emotion that might be important during the coding process. Additionally, listening to the recordings while checking the transcriptions provided a way to verify there were no names or other identifying information requiring redaction. During this process, I used preliminary jotting (Miles, Huberman, & Saldaña, 2014) in order to identify my personal reflections for later consideration. Notes were made in the margins of the transcripts to retain my initial reflections for later readings.

After an initial reading of the transcripts was completed to gain an overall statement being expressed by each participant as recommended by Giorgi (1985), I began formal coding. Processes identified by Saldaña (2013) were used in the coding process and his recommendation for two coding cycles was followed. First cycle coding allows for identification of general commonalities while second cycle coding provides a deeper
analysis and delineation of the data. These codes were used to identify what might emerge as significant findings of the research. According to Saldaña (2013), a code is “most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/ evocative attribute” (p. 3). During the first cycle coding, I observed recurring similarities among participant experiences and noted them in my journal. This enabled me to identify structural and conceptual unity among some of the experiences that would potentially become codes (Miles, Huberman, & Saldaña, 2014).

Elemental methods of descriptive, in-vivo, and process (Saldaña, 2013) coding were used for both first and second cycle coding. Elemental coding methods are useful in qualitative research because they provide “basic but focused filters” (p. 83) and are useful in reviewing the data. Descriptive coding uses words or short phrases to describe the passage topic. It is useful in qualitative studies because it allows the researcher to describe what is being observed in a straightforward manner. Because of this, descriptive coding is useful for beginning researchers. Used alone, it is likely not sufficient to convey the more complex attributes of the phenomenon (Saldaña, 2013).

Saldaña (2013) described in-vivo coding as using the participant’s own words to code data. It is also useful for beginning researchers and provides data in the form of words shared directly by the participant. This method is useful for capturing the unique phrases and terms associated with and used by various cultural groups (Saldaña, 2013). Because nurses have a unique culture and language, using in-vivo coding allowed me to express phrases used by the participants specific to nursing.

Finally, process coding was utilized. This coding method, also referred to as action coding (Charmaz, 2002), uses gerunds. Charmaz mentioned multiple benefits to
action coding, including identifying implied meanings, comparing data, and transitioning topics into action (2002). Saldaña (2013) chose to use the term process coding instead to imply broader concepts. This is why process coding, rather than action coding, is the terminology used here.

These three coding methods were used both in the first and second cycle coding for this study. Saldaña (2013) noted that data are not only coded, but recoded. This recoding of the data is done with the goal of tightening or condensing the amount of codes identified. For this reason, and depending on the first cycle coding methods selected, the researcher must decide what the best method of condensing the data is and may choose to remain with the first cycle coding methods (Saldaña, 2013). Because such rich data were identified at this point, and because themes appeared to be emerging, it was decided to complete second cycle coding using the same three coding processes.

The transcripts were analyzed multiple times, the researcher’s notes were reviewed, and codes were identified and combined, when appropriate. Five themes and sixteen sub-themes emerged and described the experiences of nurse educators who use nurse lore in their teaching. Identifying these themes and subthemes is in alignment with the third step in Giorgi’s (1985) four-step process in which the researcher provides insight into the information collected regarding the phenomenon of interest.

Descriptive Phenomenology

A descriptive phenomenological approach was appropriate for this study because the phenomenon of interest is new and has not been previously addressed. Giorgi (2009) argued for the phenomenological form of research as having significant value. He
believed phenomenology has a deeper understanding of consciousness than many of its counterparts and that its description allows it to be extremely useful (Giorgi, 2009).

The description provided by phenomenology uniquely meets the needs to provide a deeper understanding of nurse educators’ experiences using nurse lore in their practice. In addition, because the concept is new to the nursing discipline, an inductive, rather than deductive, approach allows nurse researchers to build a body of literature which can later be used for multiple research approaches. Creswell (2013) described qualitative research as using an inductive and emerging methodology and assisting with building a foundation of literature regarding unfamiliar phenomenon.

Discussion of Findings

Participants in the study were 12 nurse educators who were employed full time in the Southeastern part of the United States. Two participants were administrators but met the inclusion criteria of having taught at least one course within the past academic year. Table 1 provides characteristics of participants including gender, self-identified race, and participant age.

Table 1

<table>
<thead>
<tr>
<th>Participant Characteristics ($N=12$)</th>
<th>N</th>
<th>Observed Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Female</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Identified Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caucasian</td>
<td>11</td>
<td>(42-64)</td>
<td>54.75</td>
</tr>
<tr>
<td>• African-American</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant Age</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Years of experience in the clinical and educational settings are listed in Table 2. All participants met the inclusion criteria for clinical and teaching experience.
Participants had more than 10 years of clinical experience. In addition, all participants met the requirement for at least three years of teaching experience at the undergraduate level.

Table 2

<table>
<thead>
<tr>
<th>Clinical and Teaching Experience</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of clinical experience</td>
<td></td>
</tr>
<tr>
<td>3 years - 5 years</td>
<td>12</td>
</tr>
<tr>
<td>&gt;5 years - 10 years</td>
<td></td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td></td>
</tr>
<tr>
<td>Years of experience in undergraduate education</td>
<td></td>
</tr>
<tr>
<td>3 years - 5 years</td>
<td>1</td>
</tr>
<tr>
<td>&gt;5 years - 10 years</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>7</td>
</tr>
<tr>
<td>Years of experience in graduate education</td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>6</td>
</tr>
<tr>
<td>3 years - 5 years</td>
<td>4</td>
</tr>
<tr>
<td>&gt;5 years - 10 years</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td></td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td></td>
</tr>
<tr>
<td>Master’s degree</td>
<td>6</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 3 demonstrates the variation between both clinical and academic backgrounds. Most participants taught in public institutions and in rural areas. All 12 met the inclusion criterion of having taught at the undergraduate level and in the traditional classroom setting at some point in their career. Their clinical backgrounds varied, with a majority of them having experience in the adult medical-surgical nursing area.
Table 3

<table>
<thead>
<tr>
<th>Employment, Degree Specializing in, Teaching Format</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of institution</td>
<td></td>
</tr>
<tr>
<td>• Public</td>
<td>8</td>
</tr>
<tr>
<td>• Private</td>
<td>4</td>
</tr>
<tr>
<td>Location of Institution (Self-determined)</td>
<td></td>
</tr>
<tr>
<td>• Rural</td>
<td>7</td>
</tr>
<tr>
<td>• Urban</td>
<td>3</td>
</tr>
<tr>
<td>• Metropolitan</td>
<td>2</td>
</tr>
<tr>
<td>Degree Specializing in</td>
<td></td>
</tr>
<tr>
<td>• Undergraduate</td>
<td>12</td>
</tr>
<tr>
<td>• Graduate</td>
<td>6</td>
</tr>
<tr>
<td>Undergraduate experience</td>
<td></td>
</tr>
<tr>
<td>• Diploma</td>
<td>1</td>
</tr>
<tr>
<td>• ADN</td>
<td>5</td>
</tr>
<tr>
<td>• RN-BSN</td>
<td>3</td>
</tr>
<tr>
<td>• BSN</td>
<td>11</td>
</tr>
<tr>
<td>Teaching Format</td>
<td></td>
</tr>
<tr>
<td>• Traditional</td>
<td>12</td>
</tr>
<tr>
<td>• Online</td>
<td>9</td>
</tr>
<tr>
<td>• Hybrid</td>
<td>4</td>
</tr>
<tr>
<td>• More than one of above (one to include traditional)</td>
<td></td>
</tr>
<tr>
<td>Clinical Background</td>
<td></td>
</tr>
<tr>
<td>• Adult</td>
<td>9</td>
</tr>
<tr>
<td>Medical-Surgical</td>
<td>.75</td>
</tr>
<tr>
<td>• Home health/ hospice</td>
<td>4</td>
</tr>
<tr>
<td>• OB/Peds</td>
<td>2</td>
</tr>
<tr>
<td>• Psychiatric</td>
<td>1</td>
</tr>
<tr>
<td>• Community Health</td>
<td>1</td>
</tr>
<tr>
<td>• Other</td>
<td>2</td>
</tr>
<tr>
<td>Analysis of the data resulted in five themes: using nurse lore to teach “softer skills,” telling a story, faculty reflections, fingerprints, and characteristics and roles of students.</td>
<td></td>
</tr>
</tbody>
</table>
In addition, 15 subthemes were identified. The most notable theme that was revealed was using *nurse lore to teach “softer skills.”* Faculty consistently noted that skills such as touching, talking, and understanding how to interact with patients were skills they felt most passionate about passing on to students.

In the following paragraphs, the themes and subthemes will be discussed. Support for the five themes will be provided by descriptive examples of participant answers. When appropriate, verbatim quotations will be used.

**Themes and Subthemes**

**Theme 1: Using Nurse Lore to Teach “Softer Skills”**

a. How to care for patients and families  
b. “It is not about us anymore”

**Theme 2. Telling a Story**

a. "It was like going to a good movie"  
b. Cementing principles  
c. "That's not the way you nurse"

**Theme 3. Faculty Reflections**

a. Being an educator: Lessons learned  
b. Teaching online: Lessons learned  
c. "I always tell the students"  
d. Trust and respect: A two-way street  
e. Doing things differently  
f. Spirituality and nursing

**Theme 4: Fingerprints**

a. Fingerprints of faculty
Theme One: Using Nurse Lore to Teach “Softer Skills”

The first theme, *Using Nurse Lore to Teach “Softer Skills”* reflects the experiences of nurse educators attempting to disseminate information to students with the goal of assisting them to gain a better understanding of how to interact with patients and families. In a 1927 prominent speech at Boston City Hospital, Francis Peabody depicted these softer skills in his closing statement. “The secret in the care of the patient is in caring for the patient” (Peabody, 1927/2015). This should not be disregarded as simply an emotion, or feeling, for the patient. Hills and Watson (2011) stressed caring “is not a soft and warm feeling; it is a moral obligation to act ethically and justly.” The participants consistently vocalized feelings of concern regarding student weaknesses in this area. In addition, the educators stressed the need for faculty role-modeling these skills in both the classroom and the clinical setting in order to assist students to improve.

*Softer Skills* is similar to a term used in sociology, *soft skills*, which addresses an individual’s emotional intelligence quotient, or a group of personality traits held by an individual. These include social and communication skills, empathy, and leadership skills (Sethi, 2016). Multiple studies have found these skills to be essential for new graduates and employees in order to be successful in a competitive job market (MacDermott, 2017; Robles 2012; Sethi, 2016). While the two terms of softer skills and soft skills do not represent precisely the same set of competencies, they are similar and
both reflect the need for individuals to have abilities other than the technical proficiencies required for a job.

Modeling is well established as being an excellent source for learning. Bandura’s (1999) vicarious experience demonstrated the benefit of modeling. Bandura noted individuals were more likely to take on the behaviors of others who they viewed as being similar to themselves and who are competent and capable. In addition, the need for modeling in nursing education is supported by Hills and Watson’s (2011) caring science curriculum for human caring as a foundational tool. In order to support student nurses in their formation in the nursing discipline, Hills and Watson stressed the need for mentors to demonstrate caring in their practice, both with students and with patients. This allows learners to model caring behavior in future practice. Benner, Sutphen, Leonard, and Day (2010) referred to modeling using a different term, coaching. Coaching is essential, according to the authors, to demonstrate skills needed in the clinical setting. The subthemes that evolved in this area were how to care for patients and families and “it is not about us anymore.”

The subtheme of how to care for patients and families reflects the ways nurses interact with those being cared for on a day-to-day basis. Notable skills mentioned by participants frequently were how to walk into the patient’s room, how to talk to patients and families, the importance of touching patients, positioning oneself at the same level as patients, and looking at patients as whole persons. Participants consistently noted it was a priority for them to role-model these skills to students rather than to simply tell them verbally. Perry (2009) referred to similar experiences for nurses recognized as exemplary
by their colleagues. “The exemplary nurses’ role modeling behaviors included attending to the little things” (p. 39) required in the clinical setting.

From my research, the participants explained various perspectives about role modeling expected behaviors of nursing students. Katrina commented, “I don’t tell them what to do, I show them” when discussing interacting with patients. Mary Brooke reflected on demonstrations in class and explained the impact of sitting next to a student to talk with them compared to standing over a different student. She asked the students “how did you feel” when she positioned herself both beside and over them so the students could reflect on how their positioning would affect a patient. Pack related the positioning of the nurse over the patient to the pediatric population and stressed the need to be on the child’s level. Regarding touching patients, Dede reflected, “I want them to see that when I go into a room that I’m not afraid to touch them.” Deedee shared a moving story.

I always say, "tell them what you’re doing." If you were laying there and somebody started touching you that would be disconcerting to you, so tell them what you’re doing. I must have made the point quite well because one semester I was teaching and we had gone down to the autopsy room to harvest corneas off of this lady that had passed away and my, I had eight students and they were all, you know, around while the fellow was harvesting and one of my students had the lady’s hand and was patting it, and saying “Honey, it’s going to be fine.” And I thought, okay, all right, you know, I’m good with this. I thought, okay, she gets it, you know.

Vanna shared her experiences touching patients despite her natural tendency against doing so in her day-to-day life outside of nursing.

As a person, I’m not real touchy-feely, but as a nurse, you know, when I put on my nurse cap, I’m comfortable with touching and that’s probably a habit that I’ve just picked up that, when you’re a nurse, it’s okay to touch, and expected to touch, and let them know that you’re there for them. Student clinical interaction with patients has proven to be a concern for nurse educators. In a study of fundamental nursing students, the authors found the most notable
theme to be “fear of interacting with patients” (Idczak, 2007, p. 68) and stressed the need for curricula to be restructured to focus more on balancing both nursing art and science. In a study with a group of nursing students, Jones (2006) found a similar weakness in the students’ ability to transfer knowledge regarding interactions considered to be appropriate for patient care from the classroom to the clinical setting. However, an intervention of providing transcripts and audio-recordings of authentic nurse-patient interactions in the second phase of this study assisted the students in their ability to transfer knowledge of nurse-patient interaction into their own clinical practice.

The second sub-theme “it’s not about us anymore” refers to assisting students in focusing on the patient while setting aside personal issues and biases. The American Nurses Association (ANA) Code of Ethics (2015) requires nurses to meet the needs of patients. This involves setting aside personal bias and respecting patient wishes. The participants expressed a concern regarding nurses’ ability to meet this standard. Specifically, seven of the twelve participants conveyed worry regarding nurses judging patients. Katrina expressed a particularly impactful statement regarding this issue.

First, I’m going to give lip service to something that we all give lip service to, to be tolerant of everybody’s differences. That’s just what we say, but I don’t think anybody really knows what that means. And I, so I think part of what that means is for me, is to not be angry or judgmental about patients for the choices they make because consequences come from your behaviors, so instead just kind of have some empathy for the patient because they are enduring the consequences of their behavior.

Reflecting on labor and delivery, Tony stated, “Nurses are judgmental. Make your own judgments.” Regarding faculty behaviors with patients, Mary Brooke expressed her concern by commenting, “Our actions speak so much more loudly than do our words. . . if they see us treat the homeless person differently than we treat the corporate attorney. . .
that speaks loudly to them.” Deedee commented on a clinical experience with a patient of another religion and her struggle to remain unbiased. She described her frustration with the limited availability she had to provide care between prayer times and her limited access to the patient’s body due to her gender. Barbara gave a description of nurses’ judgments regarding the families of psychiatric patients who may not appear to be supportive. She commented that she always tells students not to judge the family for these behaviors because they have often been through years of side effects of mental illness and the stress these side effects cause for loved ones. Louise gave an account regarding caring for a person who was addicted to drugs, stating, “We’re looking at it from a person that’s not addicted point of view to try to understand an addicted.” Finally, Dede reflected on the right of patients with cancer to decide to stop treatment against medical advice, and for nurses’ personal issues to be set aside during patient care. She elaborated on this, stressing “when they’re going to clinical and they’re taking care of patients, that it’s not about us anymore.”

In a diversified study between two countries and types of intensive care units, Cassell (2004) identified differences in nurses and physicians and their understanding of “patient’s stories” (p. 663) regarding their social and recreational backgrounds. Cassell, a physician, found behaviors and actions regarding patient interactions needed improvement in both the medical and nursing professions. In this qualitative research, physicians consistently remarked their need to stay removed from the patient’s story in order to avoid making judgments. However, nurses consistently identified with a need to understand the patient’s story, and were found to make “severe judgments” (p. 663) regarding negative patient behavior. In contrast, Hill’s (2010) literature review found
patients were judged by both physicians and nurses. Hill found gender, location, and multiple other factors to affect the risk for clinicians judging patients and noted a gap in the literature in understanding moral judgments of patients in the healthcare field.

Theme Two: Telling a Story

_Telling a Story_ represents the benefit participants view stories as having in student learning and includes the following three subthemes: “it was like going to a good movie,” cementing principles, and “that’s not the way you nurse.” Storytelling is supported in this study’s conceptual framework by both Hills and Watson’s (2011) presentational knowing as well as the American Folklore Society’s definition of folklore. Presentational knowing builds on experiential knowledge, allowing the educator to convey knowledge gained from past experience in the form of stories (Hills & Watson, 2011). The American Folklore Society (n.d.) emphasizes the sharing of personal experience stories in order to disseminate an understanding of group knowledge.

One notable unexpected finding regarding the participants’ stories was the types of stories shared. I anticipated most of the narratives to be based on clinical experiences. However, there were 11 stories based on personal experience and nine focusing on clinical events. In addition, six were regarding death and dying, even among participants whose specialty was in other, non-related areas. In a statement regarding the impact of these death and dying stories, Katrina shared, “Pretty much all of my stories involve some catastrophic event.”

Many of the participants stressed the significance of using negative stories to potentiate student learning. Negative stories involved the wrong decision being made by the nurse or nursing student. Barbara reflected on a psychiatric patient who was
experiencing insomnia. The nurses used the speaker in his room to imitate the voice of God and tell the patient to go to sleep. Barbara stated, “It worked, you know, but this was wrong.” In total, eight negative stories were shared. Of contrast to the other participants, Cindy stated, “I try to focus more on the positive” when referring to stories she uses in the classroom.

To illuminate the feeling and emotion many of the participants demonstrated in their stories, one particular portion of Mary Brook’s narrative is conveyed here. This story not only touched her but elicited great emotion for me as well and left a lasting impact, reflecting how narratives enhance learning. To transcribe her words even now causes great emotion. Mary Brook described one of the final days with her sister-in-law, who was dying from cancer.

We were sitting together Indian-style on her bed and I tell the students she had a weeping wound on her chest, and she was bald-headed, and she was beautiful, and I was very tearful and I looked at her and she said, “I can tell that you’re very, very sad that you’re losing me. You’re losing your only sister-in-law. DDD is losing his only sister, Mama and Daddy are losing their only child. EEE is losing his only wife, FFF and GGG are losing their only mother, but I’m losing all of ya’ll.” That so took my breath away to think of the agony that we were experiencing looking at losing CCC and I’d never thought about the fact that she was having to let go of all of the people that she had loved. The students respond to that story.

The first subtheme, “it was like going to a good movie,” is a reflection of the requirements many of the participants shared regarding the use of stories in the classroom. These thoughts are synthesized in a statement made by Deedee, while reflecting about a teacher who had a particular impact on her. She shared

It was like going to a good movie. I would sit there and I would just relax and he would talk, and he would just transport me to anywhere he wanted to transport me, and I just thought, “Man he is great. I want to be him.” So, when I decided to go into nursing education, I thought, “I want to be him.” That’s how I tried to
pattern my classes. I wanted a class that students wanted to be in, that they enjoyed, that was like a good movie.

Three of the most notable traits, regarding stories in learning expressed by the participants, reflect the qualities of a good movie. These traits included providing closure, having a human touch, and assisting with remembering.

When addressing the need for closure in stories, Katrina stated, “All the stories have to have a happy-ending or closure.” When reflecting on an unfolding case study used to describe a cancer patient, Dede noted the need to tell the students the patient’s outcome because “I wanted them to know what the rest of the story was.” Deedee described the ability of stories to draw students into the situation because “they don’t know how the story’s going to turn out until I tell them.”

Many of the participants reflected on the human touch stories provide to learning. Barbara referred to stories as providing a “human face.” Mary Brooke expressed stories turn lessons into a “real life honest to goodness person-centered situations” for students. Vanna noted a story “makes it personable for them and it makes it real.” When referring to a story, Dede stated the students can “link it with a personal experience.” Pack reflected, “Drawing on my personal experience and explaining that and putting even my feelings into the stories kind of helped make it more real for them.”

Mary Brooke noted students approach her years after graduation and “repeat the story back to me” when describing particularly powerful narratives she shared in the classroom. Deedee noted that stories are useful because, “If I can tie it to a story, they will remember it.” Barbara expressed that her student evaluations consistently mentioned how her narratives had helped the students to remembering content. When reflecting on her own education, Louise said, “I still hear voices in my head from my faculty 32 years
ago.” Katrina also noted the ability of stories to assist with remembering content because “a story wakes them up, gets them interested, gets them engaged.”

The second subtheme “cementing principles” focuses on the ability of stories to connect content and concepts to something tangible students can relate to. Zull (2002) stated, “We remember by connecting things with our stories, we create by connecting our stories together in unique and memorable ways, and we act out our stories in our behaviors” (p. 228). Lawrence (2016) noted “telling stories is a way to make sense of our own experience and communicate that experience to others” (p. 63). These arguments made by Zull (2002) and Lawrence (2016) support using experiential knowledge to assist with student learning. Providing students with stories regarding actual events in patient care and the actions taken by the healthcare providers allows students to better understand how to react in future situations.

When addressing how stories assist with learning, Deedee stated they “cement principles.” Cindy used a similar term, “concrete examples,” to describe the role of stories in learning. Tony expressed that stories provide students “something to relate it to.” Mary Brooke noted stories “put pieces together.” Barbara, Dede, and Vanna reflected on stories’ ability to relate content to something personal. Dede described a story she has adapted into an evolving case study regarding a patient who was dying from cancer. She uses this narrative to explain the steps from diagnosis to death and to depict the attachment she felt for the patient. The participants also consistently used the word “real.” They reflected on stories making concepts and content real for the students.
The third subtheme, "that's not the way you nurse," is reflected in negative stories and behaviors students should be cautious of when practicing. Vanna expressed this statement when addressing a death and dying story. They got a call from the ER that a patient was coming up to the floor and they were trying to get him up there right away. Well, when they brought him up, he was actively dying and soon as they got him in the room, he, within two minutes, he died and the nurses were upset and telling the students "that’s not the way you nurse" . . . “you don’t try to get them out of the ER just so that you don’t have a death in your ER.”

When reflecting on legal nurse consulting, Mary Brooke described a story about a young female patient who had a small infected area under her arm. The patient was a diabetic and came to the emergency department. Her infection was treated but her blood glucose was not checked. She later died from hyperglycemia.

Deedee conveyed her experience as a critical care nurse. She reflected on arriving to work and receiving report on a patient who was described as “just mean.” She elaborated about the copious amounts of urine the patient was expelling as well as a furosemide drip and normal saline bolus being infused. The story ends in a reflection of a medication error and assists students to understand the need to assess the patient and not follow medical orders blindly.

After finishing the interview with Katrina and turning the audio recorder off, she described an interaction she had as a clinical instructor in the hospital setting. Both the student and a nurse were caring for a patient with special needs. The patient’s eye appeared to be synthetic and the nurse requested that the student take the eye out and clean it. When Katrina shared with her that she had never cleaned a false eye, and asked her to demonstrate, it was revealed that the patient’s eye was not false at all and only
damaged. The nurse had made no attempt to evaluate whether or not the eye was, indeed, false. This led to trauma for both the patient and the student.

Theme Three: Faculty Reflections

The third theme of Faculty Reflections represents the notable areas faculty reflected upon regarding their time as a nurse educator. The subthemes included being an educator: lessons learned, teaching online: lessons learned, “I always tell the students,” trust and respect: a two-way street, doing things differently, and spirituality and nursing. One important finding not listed as a subtheme was derived from the only two administrators who were interviewed. They both questioned their decision to leave the classroom for an administrative position and reflected on their desire to be back in the classroom. There is a gap in the literature addressing the satisfaction rate regarding nurse administrators in higher academe. Further research in this area may illuminate the feelings of these individuals and identify ways to support them in an administrative role.

An important quotation summarizing participants’ feelings about their time as educators is found in Deedee’s comment of “I’ve learned as much from my students as they have from me. I adored every minute I had teaching. I don’t think I ever had a bad day teaching” and an almost identical statement by Barbara of “I can learn just as much from them as they can learn from me.”

The participants reflected about their passion for both nursing and education and the joy the roles brought to their lives. Mary Brooke remarked, “I’ve got two happiest places in my professional life and one is, ah, with students at the bedside and the other is in the classroom.” Regarding nursing, Deedee commented, “It’s something that I couldn’t imagine not doing. So I’m definitely where I’m supposed to be.”
The first subtheme, *being an educator: lessons learned* focuses on lessons faculty have learned throughout their years as educators. One notable lesson learned described by participants was learning itself. The need to continue education and to understand how to be a better nurse and educator was noted multiple times. Tony noted she reminds students “nursing is ever-changing and nurses are ever-learning and we learn something new every day.” When discussing the requirements of a good nurse educator Barbara remarked,

> We are equipped as nurses, not necessarily teachers, and so the graduate degree, unless it’s in nursing education specifically, does not mean that we’re all of a sudden trained to be a teacher . . . I was not trained to be a teacher. I didn’t have a single education course when I started working here.

Louise shared a similar experience, remarking, “I always felt like not only was I trying to hit a moving target, but it was an unidentified target.” When reflecting on advancing her nursing education, Cindy noted, “I wish I had had that sooner, but instead you know, I jumped in like most faculty do without any experience at all . . . but you know I got there as soon as I could.” A simple but compelling phrase by Dede summarizes the struggle of transitioning into nursing education reflected by participants. She stated, “I didn’t know how to do it.”

The second subtheme, *teaching online: lessons learned*, exemplifies the lessons learned by the faculty who had taught in either an online or hybrid course when considering special requirements as compared to the traditional classroom. Deedee compared the two settings to “apples and oranges.” Ten of the twelve participants had experience in either hybrid or online education. One participant had begun her career in online education and had more experience in that setting than in the traditional classroom.
When discussing her experience in online education, Tony reflected, “It is a lot of work.” Similarly, Deedee described online education as “twice as hard as being in the classroom.” Barbara noted “people don’t realize how much effort and time and work goes into it, to really do it the right way.”

Factors outside of the participants’ control also affected their perception of online education. These factors included workload, class size, and autonomy in curriculum design. When addressing workload, Tony noted “faculty say you can contact me at this time, that time, and that time, they may or may not be available . . . they’ll forget about the student.” Barbara stated, “When you’re teaching an online course and that’s not your primary workload, but you’re doing clinicals, and you have in (person) class, the tendency when you’ve taught that online course a few times is you know, it almost teaches itself.” Louise explained,

> My workload was already so great that I don’t feel like I gave a lot of attention to that, as far as, you know, I might look to see if they met the requirement for however many posts they were supposed to do, but did I actually read them and give them great feedback? I don’t think I did.

Participants reflected the need for smaller class sizes in online nursing education. Tony noted no more than twenty to twenty-five students should be in a course section. Dede, when reflecting on the time required for each student, expressed, “I’ve got 25 students in this class and . . . I’m available to them 24/7.” Katrina provided a unique perspective regarding class size, stating

> In (traditional) class we interact three hours once a week. It’s called one-to-many communication. So, I can give the message out to everybody and I’m done . . . online I need to check it every day and often. I’m communicating one-to-one.

Katrina continued to elaborate that some open-forum types of classes with automatic grading could be very successful with hundreds of students. However, for nursing
courses attempting to provide “effectual learning,” smaller groups were needed. She reflected, “Depending on what you’re trying to do with the course, the section size needs to be matched to how much time this faculty needs to spend with students.”

The preferred size in online classes has been addressed in the literature. A great amount of instructor time is needed to develop relationships and provide quality feedback for students in the online setting (Enasi, 2010; Jones, 2015; Muilenburg & Zane, 2001; Sword, 2012). Because of this, student numbers should be limited. Cuellar (2002) indicated no greater than 20 students should be accepted into a course and there should not be competition for students between online and traditional versions of the same course. Keeping courses limited in size enhanced student’s perception of interaction with other students and professors in classrooms. This was especially true when comparing very small classes of less than 10 students to very large classes of over 41 students (Burruss, Billings, Brownrigg, Skiba, & Conners, 2009). While the literature supports smaller class sizes, Katrina’s comment regarding factoring in the goals of the course might provide guidance to faculty and administrators in this area.

Instructor autonomy in the curriculum design was another factor that impacted participant experience regarding online education. Nana observed “we’re not involved in the curriculum development so, um, we don’t have, we just have to go with whatever is there for us.” When discussing her experience with teaching in the hybrid setting, May noted, “I didn’t set the course up so I didn’t have a lot of control over that.” This was in contrast with other participants with more course autonomy. Barbara stressed the need to “revise and change your course often” and Dede described developing her own modules.
Also noted, regarding online education, was the inability to look into students’ faces and see their understanding. Deedee expounded, “I can watch their face and know the minute that they get it; online, you miss that.” In a reflection upon her own online education, she addressed struggling in a doctoral class and when addressing her instructor, who was attempting to help her, she said, “I couldn’t see her face . . . she was doing the best she could.” Katrina noted, “It is scary to lose the ability to see people’s non-verbal, to see their face and to see their body language, to help you know what people are doing, what are they thinking.” Nana, who was the participant with more experience online than in the traditional classroom, when reflecting on her time in the traditional classroom, stated, “Teaching the students and seeing that lightbulb go off and that kind of thing and you can’t do that in online teaching.” Mary Brooke stated, “I missed being able to look into the eyes of my students . . . I missed those aha moments.”

While the participants perceived a lack of “face time,” they did stress the connection that can be accomplished with online students. Both Nana and Dede commented on their ability to communicate with their students more effectively via email than in other forms. Nana, who had more experience in the online setting than the traditional classroom, noted that students in the traditional classroom perceived her body language as angry. In the online setting, she felt she could temper her frustration by delaying and altering her feedback. Dede also noted the benefit of delaying feedback to provide a second reading of emails. The other participants, who taught online and struggled with conveying appropriate feedback in email, commented on their preference of calling students. These participants also concluded the online environment can prove
the ability to have an even closer relationship with students than many traditional classrooms.

The third subtheme, “I always tell the students,” reflects a phrase used consistently by participants when speaking about topics of importance they find themselves using often. These topics represent values held in high regard by each participant. Tony used this phrase when describing a story about an error she made in nursing school, stating, “I always tell the students it’s important to be honest, and that students are going to make mistakes and I tell them that no one is perfect.” To convey the effect of fear on learning, Mary Brook expressed, “I tell them that I had a teacher in nursing school whose mission in life was to terrify us . . . I was so terrified of her that I could not learn.” A priority for Deedee regarding how to care for patients was reflected in “I always told my students to take care of each patient like it was their husband, their wife, their father, their child.” In order to establish rapport with students, Cindy expressed “I always tell students ‘I have very high expectations of you, and I know you can do this.’”

The fourth subtheme, trust and respect: a two-way street, represents the need for trust and respect both from students towards faculty and vice versa. Hills and Watson (2011) stressed the need for mutual respect and shared power in student-faculty relationships. This was reflected in the participants’ reflections regarding relationships with students. When describing her relationship with students Tony commented, “I trust you until you give me a reason not to . . . If they don’t trust you, or if they don’t trust educators, I think they kind of tune the educator out.” Mary Brooke spoke about her
conversations with clinical students by stating, “They needed to have trust in me and I needed to have trust in them.” Barbara noted:

If they don’t trust you, then even if you’re telling them the perfect thing to do in whatever circumstance, um, they’re going to be less likely to follow your lead if they don’t trust you. And in the same respect, um, if, if they trust you, they may follow your lead in some stuff that maybe you’re not doing right.

Nana stated, “Once that trust is broken, it impedes their learning.” Vanna, when reflecting on her classroom experience, commented that she wished the students could trust her more. Louise mentioned trust versus mistrust in the classroom.

When reflecting on student respect in faculty, Tony added, “You can’t demand respect if you’re not going to give it.” Regarding people as a whole, Deedee remarked, “I think that when we feel disrespected, or we feel unimportant, or we feel less than, we can’t be our best.” One powerful statement by Dede regarding respect and learning was “if we’re expecting respect, but we’re not demonstrating that toward them, then I think a lot of times we won’t gain that respect. And so, if we don’t have that, then they’re not really concerned about what we say.”

The fifth subtheme, doing things differently, represents past teaching experiences participants would have approached in a different manner. Tony commented, “I laugh and talk a little bit more” regarding her practice now and in her past. Barbara noted she would have been less afraid of change. Dede reflected she was “rigorous in some of the wrong ways.” Two of the participants, Deedee and Katrina, stated they would not change anything about their teaching experience. Deedee commented, “I really don’t know that I would change anything.” In a compelling statement, Katrina added, “I think that all the stupid stuff that I’ve done has made me more compassionate . . . I embrace those as part, those are what helped me become a better teacher.” While the description of this
subtheme is brief, many of the other participants' thoughts regarding changing their past experiences in nursing education have been incorporated into other areas of this work. The thoughts remaining, provided here, were important to note for an overall understanding regarding participant reflections.

The sixth and final subtheme of *spirituality and nursing* addresses a frequently occurring mention of God and spirituality playing an impactful role in the participants’ careers. O’Brien (2017) addressed the multifaceted ways spiritually impacts nurses and daily basis, including in the acute care setting, in leadership, and in mass casualties. O’Brien’s findings were supported with statements made by my study’s participants. Regardless of the area of practice, almost all of the participants commented on the importance of their spirituality during the interview. While only two of the participants are affiliated with faith-based nursing programs, spirituality was impactful for most of them. The participants reflected on how their beliefs had lead them to nursing, how the beliefs helped them cope in the clinical setting, and how the beliefs impacted their relationships with students.

Tony discussed her beliefs throughout her interview and it was apparent they have greatly impacted her practice. Two examples are her description of praying with patients in front of students and also her use of biblical quotations to explain her feelings about judging others. Mary Brooke, who is affiliated with a faith-based school of nursing, reflected on Christian caring. She explained her experience with a non-Christian student when the individual asked her, “I’m not Christian, can I show Christian caring?” She replied, “Absolutely, you can, absolutely you can.” She explained that the bases for
Christian caring are similar to other major religions. The only other participant employed at a similar school explained the importance of being able to pray with students.

Two of the participants focused on their unexpected career in nursing based on, what they perceived as, God. Deedee noted, “I didn’t grow up wanting to be a teacher . . . and I don’t really know how I got into nursing to tell you the truth, but it was a God thing.” Dede explained her beginning in oncology nursing, without understanding what oncology nursing truly was, stating “God just opened up a door for me to work in that field.”

Theme Four: Fingerprints

The fourth theme, fingerprints, reflects the impact of both faculty and nurses on students. Some impacts were reflected as positive, while others left negative remnants. Participants conveyed feelings about faculty who impacted them greatly and about students who they had influenced. Two subthemes emerged, including fingerprints of faculty and smudged fingerprints.

The literature supports disillusionment in students regarding the nursing profession when frequently exposed to negative faculty treatment (Del Prato, 2012). However, nurse interaction with students in the clinical setting is also impactful. Students may be exposed to negative treatment themselves, or witness others being treated in this manner (Curtis, Bowen, & Reid, 2007). Even after acknowledging the negative impact of this treatment, students have been found to be at risk for continuing it in their practice (Curtis, Bowen, & Reid, 2007; Rudolfsson & Berggren, 2012.)

The first subtheme, fingerprints of faculty, is reflected in Mary Brooke’s summation regarding the importance and impact of faculty on students in her statement:
There are no two people in the whole world that do nursing the same way, who interact with nurses or patients the same way. Our interactions are as individual as are our fingerprints. And I tell them that’s what we want them to have, as many different faculty while they’re in our program as they can because each of us will leave our fingerprints on the students. I want them to have as many fingerprints as they possibly can so that they develop their own way of being... all of our fingerprints, some good fingerprints, some not good fingerprints, but I think that’s how they develop their way of being.

Katrina supported Mary Brooke’s statement further by pointing out the error with my interview question involving what students learned from her that was unique. She stated:

That’s a problematic question... I think what’s really important in nursing school is that students have lots of different clinical instructors and they see all these different ways to be a nurse and, because they see all these different flavors, they have permission to do what works for them.

Deedee reflected on an event involving a student who expressed her desire to be “half the nurse you are.” She replied, “No honey, be twice the nurse.” When discussing the role of educators, Barbara commented, “It’s a very honorous position to think that someone’s going to model their career after what you show them.” Louise also shared a particularly touching view of how faculty impact students, stating:

I had the opportunity to be in a picture with a faculty member that I really admired and I wanted to put my hand on her shoulder and it was so intimidating to me to think can I put my hand on her shoulder, like who am I to be doing that, and to realize there’s an expression that says, “you can’t put old heads on young shoulders,” and to realize that you know, the whole point of telling these stories and sharing these experiences is not to put an old head on young shoulders, but to help them actually stand on our shoulders... I’m called to stand on their shoulders.

The second subtheme, smudged fingerprints, represents the negative impact of faculty on students. Participants explored their feelings regarding both their experiences as students and their beliefs about the treatment of students in their own practice. Fear and mistreatment by faculty was consistently noted to impede learning.
Deedee described a particularly impactful event involving one of her faculty when she was a nursing student.

I had an actual instructor tell me that I was not nursing material. It could have made me drop out, but she didn’t count on my general perseverance . . . She has to remember that, because you don’t intentionally say something hurtful to someone and forget it. That’s a planned response because I think by nature, we want to be kind I think it takes a lot of energy to be unkind . . . I can remember the face of the person that told me I was not nursing material. I will never forget her face, and I will never forget how she made me feel.

Mary Brooke also reflected on a moving story regarding a negative experience as a student.

I tell them that I had a teacher in nursing school whose mission in life was to terrify us. She taught neuro to us, this was when I was in a diploma program, and I tell them that to this day, I know the least about neuro than any other body system because I was so terrified of her that I could not learn . . . I had some wonderful educators who were very open and supportive of us and mentored us and coached us along. From those people, I learned.

When discussing her practice with students, Barbara commented, “I’m there to help you . . . you don’t have to be afraid of me.” Cindy added, “If they were fear-based, I’m not sure that would encourage learning.” Dede reflected on her practice with students, noting, “If we demonstrate respect towards the student, I think that’s a good foundation. . . I think that for people that I have learned from the most, I have felt like were approachable.” Katrina summarized her thoughts by noting, “When teachers instead make a barrier and just say, ‘You did that wrong and you’re a bad person,’ well they just stop any kind of thinking that can lead to their growth.”

When addressing the attitudes of faculty on students, participants consistently noted the negative effect of student fear of faculty and growth in learning. This is consistent with the literature. Faculty incivility towards students has become a topic of focus for educators. Clark (2008) found arrogance of faculty and abuse of their power as contributing factors affecting the learning environment. Similarly, Del Prato (2012)
noted the impact of verbal abuse and demeaning experiences on student perception of faculty. However, also noted was the impact of favoritism towards other students. Students noted differences in the way faculty treated students and the impact of the treatment on their learning. This student observation of inequality in the treatment of their classmates indicates faculty behaviors towards not only the student, but their peers, should be taken into account when evaluating student learning.

Theme Five: Characteristics and Roles of Students

The final theme, *Characteristics and Roles of Students*, exemplifies the manner in which faculty view the role of students in nursing education. Faculty noted substantial differences in the characteristics of students of the past and that of today’s nursing student. The view of today’s student was highly varied, with some participants reflecting negative views. However, the major consensus was a positive look on today’s student. Characteristics of today’s nursing student, such as leadership and independent thinking, were encouraging to the participants for the future of nursing. Also consistently noted was the tendency of nursing educators to be more open and interactive with students than in the past.

The first subtheme, *students of yesterday*, reflects the view of participants regarding nursing students of the past. This view often included their own experiences as nursing students. The tendency of some educators and the curriculum plan in nursing schools were noted to support students as being in a role similar to a secretary or transcriptionist. Barbara commented, “It was transparencies and you were told everything.” Deedee added:

> We just brought spiral notebooks and a pen, and we proceeded to write down everything that that teacher said, and you know, it was almost like a dictation
class, and then you went home and you read your notes, you tried to sort it out, you tried to, read and make what was said match, and you know, we would ask questions. They would stop and answer the questions, but pretty much it was just sit there for three hours and listen to them talk and I wrote down everything they said.

Demonstrating a similar experience, Dede commented, “I was educated pretty much stand-up lecture. We took notes like crazy and that kind of thing.”

The second subtheme of students of today reflects the attributes of students in today’s nursing educational environment. While there were some negative perceptions of today’s nursing students, and concern about the rationale behind some students’ reasons for attending nursing school, the overall consensus was today’s nursing students are required to question and be critical thinkers. This was considered to be a positive change.

Tony voiced concerns regarding the lack of respect evidenced by some of today’s nursing students. However, she noted that, while students demonstrated this with others, she was able to curb the behavior due to her experience. This was also noted by Vanna who stated, “Students will say and do things that, when I was a student and probably when you were a student, you wouldn’t even dream of doing and wouldn’t, not in a hundred years, would thought of doing.”

A common skill noted by participants was the use of critical thinking in assessment and patient care. Many of the participants stressed the need to avoid simply using information gathered from others, to think for oneself, to question unsafe orders, and to critically think through what was being observed in patient care. Tony reflected on the need to “assess your own patient.” Deedee also provided a brief but rich dialogue regarding the need for assessment in patient care: “Be a thinker, don’t just take a report that you get and assume well this woman is just mean, she’s just crazy. Be a thinker, look
at what you see, interpret it, use some critical thinking skills.” Barbara relayed a similar feeling in her statement of “we are forcing students to really critically think.” Cindy noted, “They’ve got to be more critical thinkers, they’ve got to be able to. Things change so quickly, you know, patients are in and out of the hospital so quickly.” A particularly notable reflection of today’s learners (although focused on millennials [generally understood to be those born in or around the 1980s] in particular) and critical thinking was summarized in Katrina’s statement of,

Thank God the millennials say, “That doesn’t make sense. Why are we doing it like that?” When their teacher says, “Because that’s how you do it.” It’s really good if those millennials say, “That’s not a good enough answer.” . . . the millennials are gonna reinvent the wheel.

In addition to the questions asked leading to the themes and subthemes presented here, other information was gathered during the interviews. Questions were asked regarding the participants’ views on culture, nursing culture, and how they are both shared. The rationale for asking these questions is nurse lore’s role in assisting students’ in their formation and transition into the culture of nursing. This is supported by the conceptual framework of this study, based on Hills and Watson’s (2011) emancipatory relational pedagogy as well as the American Folklore’s Society’s definition of folklore. Hills and Watson asserted,

Culture is all the values, perceptions, past associations, past learning, past experiences, and shared mind-sets of all the individuals in a system, many of which are hidden, often unknown, and latent . . . We have a way of talking, being with each other, relating to one another, and a shortcut way of engaging with each other because we share a culture, the culture of nursing.

I used the American Folklore Society’s view of folklore for this study, focused on nurse lore, as the things that people traditionally believe, do, know, make, and say.
When viewing culture in general, the participants noted the requirement of a group of individuals with something in common. This was essential, according to these participants, in allowing members to connect. Many of them mentioned shared religious or spiritual beliefs. They also noted culture was shared by either verbalizing or demonstrating religious beliefs, expected behaviors, traditions, or valued holidays. Giving examples of what not to do was also noted as important for sharing culture with new members.

When reflecting on nursing culture, participants noted caring, honesty, and critical thinking as essential for members of the nursing profession. It is also important to note, participants consistently pointed out that nursing culture, as Katrina stated, “Is not homogeneous.” She also reflected, “It involves micro-cultures.” There was a clear consistency in the feelings of the educators that nursing culture varies greatly based on the unit or agency being assessed. Participants reflected on the effect of a unit or agency’s overall attitude about new nurses and their future practice habits. They felt new nurses often take on the habits of the culture they are around on a daily basis at work.

When describing the methods used to share culture, in particular nursing culture, participants largely stressed behavioral example as a primary method of demonstrating expected conduct in various settings. This is supported by Bandura’s vicarious experience (1999) which argues that learners are more likely to take on the behaviors of others if they view the individual as similar to themselves as well as competent and capable. In addition, participants noted storytelling to be of importance and particularly stressed the usefulness of stories involving behaviors of staff resulting in poor outcomes.
This storytelling is an example of presentational knowledge, (Hills & Watson, 2012) described as using spatio-temporal methods, such as storytelling, to relay knowledge to others.

The overall understanding of culture, nursing culture, and sharing of culture were supported by the conceptual framework of this study. According to the American Folklore Society, “Every group with a sense of its own identity shares, as a central part of that identity . . . the things that people traditionally believe, do, know, make, and say” (para. 1). For this study, nurses are viewed as a shared group, or culture, with central beliefs and values. One finding, noted to be of importance, was the micro-cultures identified by Katrina. She noted that, while there are central values to all nurses such as caring, there are also values unique to different specialty areas and location throughout the world. Many of the participants reflected similar feelings.

Synthesis Statement

The research question for this study was: What are the experiences of educator nurses who use nurse lore to promote the culture of nursing in their teaching? Because this is a new topic in nursing education, it is unknown what the feelings of all nurse educators are regarding using nurse lore in their teaching. However, the nurse educators in my study found the use of nurse lore (traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside of the group through primary methods of storytelling and behavioral example) to be helpful in demonstrating what Hills and Watson (2011) refer to as presentational knowing. This was defined as “the way we represent our experiences through spatio-temporal images such as drawing, writing, dance, art, and stories” (p. 58). Participants perceived the
stories shared were useful in linking concepts and content with a “real” person or situation. The participants also reflected the ability of stories to assist with remembering important points.

In addition to sharing stories to demonstrate presentational knowing, nurse lore involves the use of behavioral example. Participants noted the importance of respected faculty behavior in assisting with student learning, supported by Bandura’s vicarious example (1999). Bandura stressed the need for mentors to be viewed by learners as similar in characteristics as well as competent and capable in order to make modeling more likely to occur. One notable consideration here was the importance of the need for faculty to demonstrate trust and respect for students in order to establish student-faculty relationships.

Giorgi’s (1985) fourth step in the data analysis process requires the researcher to create a synthesis statement by integrating the information gathered from participants into an overall depiction of the phenomenon of interest. Five themes identified including Using Nurse Lore to teach “Softer Skills,” Telling a Story, Faculty Reflections, Fingerprints, and Characteristics and Roles of Students. In addition, there were 15 subthemes. The descriptions in the following paragraphs reflect a synthesis statement of these themes and subthemes.

Participants expressed their love for nursing and nursing education. They stressed the need to pass on the esthetics of nursing through stories and behaviors in the theme of Softer Skills. This was reflected in the subthemes of how to care for patients and families and “it’s not about us anymore.” Storytelling was used by all participants as a method of conveying knowledge of other types to their students as well as maintaining attention and
interest and was reflected in the theme of *Telling a Story.* Within this theme, four subthemes were identified as *cementing principles,* “*I always tell the students,*” “*it was like going to a good movie,*” and “*that’s not the way to do nursing.*”

In addition to storytelling, other aspects of teaching and nursing were revealed. *Faculty Reflections* depicts experiences of the participants during their time in nursing education. Subthemes of *being an educator: lessons learned,* *teaching online: lessons learned,* *trust and respect: a two-way street,* *doing things differently,* and *spirituality and nursing* were all identified as areas of reflection for the faculty. Participants also noted the responsibility of their position and their impact on future nurses. This impact is reflected in *Fingerprints.* Two subthemes were identified including *Fingerprints of faculty* and *smudged fingerprints.*

Finally, participants expressed the importance of students in the learning process and the changes they had observed throughout their time teaching. *Characteristics and Roles of Students* provides examples of these changes. The participants were particularly positive about the shift in educational focus and the strengths brought to the profession by today’s students.

**Summary**

The chapter has included a synopsis of this study’s findings, including five themes of *using nurse lore to teach* “*softer skills,*” *telling a story,* *faculty reflections,* *fingerprints,* and *characteristics and roles of students.* In addition to the themes, 15 subthemes were revealed. Using Giorgi’s (1985) method for data analysis, a synthesis statement of the findings has been provided.
CHAPTER 5
DATA SYNTHESIS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter’s discussion includes a synthesis of the data provided by participants and conclusions derived from that data. An explanation regarding the significance of the study is also incorporated. Recommendations and implications for the study’s findings in nursing education, practice, and future research are also provided. Finally, the chapter is concluded with the researcher’s final reflections.

Data Synthesis

This study’s focus was on the experiences of nursing educators who use nurse lore in their teaching. Five themes emerged including using nurse lore to teach “softer skills,” telling a story, faculty reflections, fingerprints, and characteristics and roles of students. The nurse educators were able to convey their perceptions of the role of storytelling and behavioral example in sharing the knowledge, attitudes, and understanding of nurses. In addition, participants shared their definitions of culture and nursing culture. They also provided their perceptions of how culture and nursing culture are best disseminated to others. When describing culture, Hills and Watson (2011) referred to “all the values, perceptions, past associations, past learning experience, and shared mind-sets of all the individuals in a system, many of which are hidden, often unknown, and latent” (p. 124). Participants consistently noted their use of stories and behavioral example in sharing their knowledge regarding how “to be” a nurse. They also
stressed that, while nursing culture may vary depending on location and setting, the overall culture of nursing revolves around caring.

Using the final step in Giorgi’s four step process for data analysis, data must be synthesized. This involves integrating the insights revealed within the data into a general description (Giorgi, 1985). Discussions in Chapter 4 reflect the rich, thick data gathered from the participants as they reflected on their experiences in nursing education. These data will be used in order to address the research question for the study. The following paragraphs address how the research question for the study was answered.

Research Question

This study had one research question. That question was: What are the experiences of nurse educators who use nurse lore to promote student learning and the culture of nursing in their teaching? Because nurse lore is not a term familiar to the nursing discipline, this question was answered by addressing the components of nurse lore individually with participants. Nurse lore is defined as the traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside the group through the primary methods of storytelling and behavioral example. The participants consistently noted that their past knowledge, placed into a narrative format, helped the material “come to life” for the students. Deedee reflected on the need for clinical expertise in the area being taught and noted students would not benefit from having her in a clinical course such as obstetrics because she had no knowledge of how to be a nurse in that setting.

The participants also felt strongly about the attitudes of instructors towards students and the impact of those attitudes on learning. Many of them reminisced about
their own experiences as students having an instructor who was uncivil towards them and the long-term impact that incivility had on their learning. When addressing understandings of how to be a nurse, the participants stressed the need for softer skills in nursing. These understandings included how to connect with patients and families as well as the need for honesty and integrity when practicing in the nursing profession.

Stories and behavioral example were consistently found to be important to the participants. Many of them mentioned the ability of stories to make material feel “alive.” Deedee reflected on her view of teaching as being similar to going to a good movie. She noted that students do not know how the story will end until she tells them, making them put themselves into that situation, similar to one’s behavior when watching a movie. A good story, she said, keeps their attention. All but one of the participants pointed out the ability of negative stories to impact learning and to help students avoid possible mistakes.

Finally, behavioral example was addressed by Katrina in her statement, “I don’t tell them what to do, I show them.” In addition, Katrina noted her belief that “if you can’t be a good example, you can at least be a horrible warning.” In addition, participants mentioned demonstrating to students the need to get on the patient’s level, to talk to them, and to touch them.

I believe these statements reflect the essence of the responses that addressed the research question. Nurse educators use nurse lore to convey experiential learning and to assist the students with their formation into their best professional self. Rather than attempt to replicate themselves in the students, the educators’ goal was to help students in this process.
The conceptual framework for this study was comprehensive and useful. Hills and Watson’s (2011) emancipatory relational pedagogy provided both the foundation for student-teacher relationships and for presentational knowledge used in the dissemination of nurse lore. The American Folklore Society’s (n.d.) definition of folklore helped to establish storytelling and behavioral example as beneficial in the dissemination of unique knowledge to others. Finally, Bandura (1999) supported competent capable models who are viewed by learners as sharing similar characteristics to themselves, as potentiating modeling behaviors.

The American Folklore Society (n.d.) views storytelling and behavioral example as two essential methods used to disseminate lore to others. When addressing storytelling, participants shared their perceptions regarding stories’ ability to provide students with a “real” person with whom to relate material. In addition, stories were described as helping students relate to material and remember the concepts and contexts. Stories can capture and hold the attention of students. While there was a mixture of both clinical and personal narratives, participants perceived both types as helping students relate material to real situations. When listening to the participants speak and reflect on the narratives they share in class, it was clear the stories evoked emotion in the educators as well as in the students.

When addressing nursing culture, it was pointed out that nursing is multifaceted and contains many different cultures. Consistent among all of those cultures, however, should be caring. According to participants, nursing students of today offer hope for the culture of the profession and its future. The growing need for autonomy within the profession creates an ideal environment for the new generation of learners who faculty
participants perceived as thinking more independently. Educators also noted that online education fits well into the future of nursing and allows for more opportunities for growth within the profession.

This study was based partially on a conceptual framework derived from Hills and Watson’s (2011) emancipatory relational pedagogy. This form of pedagogy requires “trust, caring, mutual respect, and shared power” (p. 63) between students and faculty. Participants consistently reflected on these areas as being essential for learning to occur. Not only is student trust in the instructor essential, but instructors must trust the student as well. Without caring, individuals felt student learning was less likely to occur. Nana noted students’ perceptions might be, “well the teacher doesn’t care so why should I?” When reflecting on mutual respect, two participants specifically mentioned they learned as much from students as they taught them. In reference to shared power, participants consistently noted the shift in the culture of nursing education towards welcoming questioning from nursing students.

One of the other emancipatory relational pedagogy requirements of Hills and Watson (2011) is the creation of a culture of caring. The authors stressed “caring is not a soft and warm feeling; it is a moral obligation to act ethically and justly” (p. 63). Dede reflected this in her discussion about talking with students who have not demonstrated proficiency in certain areas and who will have bad outcomes as a result. She noted that she could give negative feedback in a respectful and constructive manner in order to help students absorb the information. Pack discussed acting ethically when making decisions involving students, and she stressed her desire to be fair to them. These are examples of
caring using the emancipatory relational pedagogy rather than the traditional interpretation of the term.

The second element within the conceptual framework, the definition of folklore provided by the American Folklore Society (n.d.), stressed the need for lore to be passed to others through what a group believes, does, knows, makes, and says. While participants noted that the micro-cultures making up nursing differ, there was consensus that caring is a quality needed in all nurses. Behavioral example allowed the participants to share how “to do” the work of a nurse. For example, getting on the patient’s level, touching them, and talking to them are all things that nurses do on a daily basis. Stories also allow culture to be shared, often in the form of negative past experiences. Participants noted that sharing negative stories allows learners to avoid accidents they might otherwise make and to fit into the culture of the unit where they are working.

The third part of my conceptual framework was Bandura’s (1999) vicarious experience, which argued that learners are more likely to follow the example of similar individuals who are perceived as competent and capable. Barbara reflected this when she expressed that nurse educators are in a “very honorous position to think that someone’s going to model their career after what you show them . . . it can be very dangerous if that person doesn’t really know what they’re doing . . . you don’t want that to be a contagion.”

Behavioral example, a useful tool used to disseminate lore, was also found to be effective for participants in their teaching. Katrina provided a description of the role of behavioral example as “if you can’t be a good example, you can at least be a horrible warning.” Participants also stressed the need to expose students to many different
clinical instructors in their education in order to put as many “fingerprints” on them as possible. Consistently, the nurse educators stressed the importance of teaching the “softer skills” to students using behavioral example.

I believe the conceptual framework utilized for this study was robust and served as a scholarly framework for all aspects of the selected research process. By utilizing a framework linking together already well-established previous components, I was able to delineate the process needed in order to disseminate lore to others. In addition, it assisted with establishing the worldview of nursing as a unique culture.

Significance of the Study

The purpose of my study was to better understand the experiences of nurses who use nurse lore in their teaching. I defined nurse lore as “the traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside of the group through primary methods of storytelling and behavioral example.” Lore has not been explored in the context of nursing education and is a poorly understood topic. However, it has significance for the discipline and for educating future nurses.

The literature supports the use of both narratives and behavioral example in assisting with learning. Narratives have been used in both general education (Lawrence & Page, 2016) and in the education of healthcare students (Haigh & Hardy, 2010). It has also proven useful to encourage patients to share their own stories with students through digital storytelling. These narratives provided an emotional connection to the situation (Christiansen, 2010).

In addition to stories, the literature supports the valuable contributions of behavioral example to the education process. Bandura (1999) demonstrated this with
higher instances of role modeling when models are viewed as competent and capable. In later works, Benner, Sutphen, Leanard, and Day (2010) described students as being in an advanced form of apprenticeship with faculty acting as coaches. Hills and Watson (2011) stressed the need for modeling to allow the learner to become their best self rather than to become another version of the model.

While both narrative and behavioral example have been widely discussed in the literature, they have not been combined into a single model of teaching for nursing education. My study is significant because it combines both narrative (storytelling) and behavioral example as an approach to assist learners with their formation into nurses. In addition, my study formally recognizes nursing as a culture. This is supported by Hills and Watson’s (2011) caring culture, which is a vital part of emancipatory relational pedagogy. While nurses may have micro-cultures within this universal culture, the foundation of caring is present throughout these smaller groups. Furthermore, as supported by the American Folklore Society’s (n.d.) definition of folklore, the primary methods of disseminating lore (what a group believes, does, knows, makes, and says) to a culture are through storytelling and behavioral example.

Implications and Recommendations for Nursing Education

Nurse lore can be beneficial to nursing education in much the same way teacher lore benefited teachers. Teacher lore allowed teachers to express the “knowledge, ideas, insights, feelings, and understandings of teachers” (Schubert, 1992, p. 9) through the narratives passed between teachers. It provided educators with a method to identify spontaneous events occurring in the classroom and to deconstruct them so they could be better included in the literature (Miller, 1992). Teacher lore encouraged educators to
publish research based on the experiential knowledge of teachers rather than on strict empiric evidence. This provided educators with support to become change agents and to affect policy makers in their decisions (Schubert & Ayers, 1992).

Similarly, nurse lore provides nurse educators with a basis for a thoughtful approach to nursing education based partially on experiential knowledge. These educators are able to take understanding and information gained from experience and present to students what is referred to by Hills and Watson (2011) as presentational knowledge. While Hills and Watson (2011) referred to “drawing, writing, dance, art, and stories” (p. 58) as representations of presentational knowledge expression, I argue that educators’ behaviors are also included in this category. Nurse educators are able to demonstrate skills, such as swaddling an infant, to students using behaviors the educators have learned from experience.

While this approach does not attempt to decrease the role of the science of nursing in the classroom, it provides a “bridge” to assist learners in linking that scientific knowledge to authentic patients and situations. In addition, it allows the educator to share the “softer skills” with students. As Katrina expressed, “The most important element in the course is the nurse educator that teaches it.” Rather than diminishing the role of the student in his or her nursing education, this statement reflects the need for strong educators in the classroom.

Nurse lore can provide an option for nurse educators to better link the didactic knowledge gained in the classroom to the clinical experiences of students. A gap has been identified in the literature regarding the loss of connection noted by students between what is taught in the classroom and what is seen in the clinical setting.
Diekelmann, Ironside, and Harlow (2003) called on faculty to recognize the need for a stronger relationship between didactic knowledge taught in the classroom with what students are exposed to in the clinical area. Flood and Robinia (2014) expounded on this, pointing out the lack of consistency between the two areas may lead to student dissatisfaction with the nursing profession. Nurse lore allows faculty to share clinical experiences with students in the form of stories in order to link didactic information to authentic experiences. In addition, the use of behavioral example by faculty provides students with further guidance regarding appropriate behaviors in their own clinical practice.

As the participants in my study pointed out, the role of nurse lore in nursing education varies from students receiving their first college degree to those advancing their careers. The participants noted the use of nurse lore as being more beneficial with students who were new to the profession because they needed lore in order to better assimilate within the nursing culture. For those students advancing their degrees, who were already established nurses, lore was less important. This is appropriate as nurse lore focuses on assisting learners in their pursuit “to be” a nurse.

Implications and Recommendations for Nursing Practice

While the focus of this research was on nursing education, nurse lore is used widely throughout the profession. It is used by preceptors and experienced practitioners in order to assist novice nurses in their orientation or to support nurses who are transferring into a new unit or area of practice. The definition of nurse lore includes assisting those “outside of the group” to better understand the knowledge, attitudes, and understandings of nurses. This is useful when providing patient education. For example,
when providing education to the family of a patient who has suffered a cerebral vascular accident regarding both the physical and emotional care that will be needed, nurses are instilling a form of nurse lore to the family. Additionally, in situations where nurses are in a position to affect healthcare policy, it is essential that those practitioners be able to express the needs of nurses and patients to policy makers. The use of nurse lore in situations such as these provides an alternative to the use of only empiric data.

Implications and Recommendations for Future Research

There were several limitations to my study, which may result in a different outcome than that of future research. All of my participants were female and all but one were Caucasian. They all taught in the Southeastern area of the United States. It is unknown whether or not the experience of male educators would have been different from females. In addition, it is not known if more cultural diversity would have had impact on the results. Because of these limitations, transferability must be determined by future researchers who are interested in using this phenomenon.

Some questions could have been modified to obtain a better understanding of the participants’ backgrounds. While several of them were not from the Southeast, I did not include their past residential information in my demographic data. In addition, while many of them had taught in both ADN and BSN programs, I did not ask if there was a different experience regarding the use of nurse lore in the two settings.

For future research, I recommend conducting studies utilizing participants who are not educator nurses. Understanding the experience of preceptors and experienced staff nurses could further augment the current understanding of nurse lore. In addition, I
recommend using purposive sampling to include male participants as well as participants teaching in other areas of the country.

Researcher’s Final Reflections

My interest in this topic was driven by my own past nursing education and the philosophy behind my current practice in academe. I learned the most from educators who related material to stories and who kept my attention. I can remember many of those stories today, and even find myself using them in my own practice. I often hear their words coming from my mouth, and I smile because I am proud to continue their legacy through my own teaching.

In addition to the stories I remember, I also found the attitudes and behaviors of faculty as having great impact on my learning. As Deedee reflected, I remember the way they made me feel, and when I felt safe, I learned. I strive to make a connection with students and to provide them with a safe and welcoming environment when they are with me. I want them to feel comfortable asking questions, and I worry because they may have been punished for questioning in prior situations.

I remember being a student and walking through the halls of my college. I remember thinking to myself that I wanted to come back to that place and teach one day when I had the experience and education to do so. I was honored to be welcomed back there as a faculty member. My happiest times are in front of my class. I always tell students that I do not want to talk at them, but to them. I want our class to be like a great conversation. Like two of the participants pointed out, I have learned as much from students as I have taught them. Sometimes, I have learned more.
I have gained an understanding, through this research, that our goal as educators is not to attempt to make students better versions of ourselves. Rather, it is to place many fingerprints, as Mary Brooke phrased it, on them, so they can be the best version of themselves. While I was initially worried about the changes in the culture of nursing due to alterations in nursing education, I have come to realize the culture has the potential to become richer because of these changes. It is my hope that as a profession we can preserve the best of our past while evolving to include a new generation of nurses’ new ways of thinking and understanding.

I remain a firm believer that, as nurse educators, we have a unique ability to instill an understanding of nursing that cannot be obtained from books, PowerPoint presentations, or other forms of generic information sharing. I will close with a note left to me by a student after a particularly touching clinical day when we had the privilege of being the only persons present for the withdrawal of care of a patient who had been declared brain dead. I have carried this note for many years and it reminds me that students are always watching what educators do and we may make an impact on their future without even realizing it.

One of the most influential moments in my nursing school career occurred in your clinical when Sally had to extubate her patient who was brain dead. It seemed awful at first, but I am grateful for the experience, not only because I got to see the biology of the body shutting down, but because we all got to see how to be a nurse to your patient at the darkest time. I watched you continue to hold her hand and stroke her arm. You cried with us when I know you’ve seen that a hundred times. One of our instructors told us first semester, “I can teach you a lot of things, but I can’t teach you to be compassionate.” I know what she meant. We have to come into nursing loving people. I believe that. That day you taught me a lot about compassion and how to care for someone when others might think there is nothing left to do. I’ll never forget that.
Summary

This chapter has provided a synthesis regarding the experiences of nurse educators and their ability to use nurse lore in their teaching. It also conveyed the significance of the study and well as implications and recommendations for nursing education, nursing practice, and future nursing research. Finally, the chapter closes with the researcher’s final reflections.


Hanson, J. (2012). From me to we: Transforming values and building professional community through narratives. Nurse Education in Practice, 13, 142-146. http://dx.doi.org/10.1016/j.nepr.2012.08.007


APPENDIX A

MERCER IRB APPROVAL
Monday, April 10, 2017
Ms. Laura E. Barrow
3001 mercer university drive
Georgia Baptist College of Nursing
Atlanta, GA 30341

RE: The lived experience of nurse educators who utilize nurse lore in their teaching. (H1704123)

Dear Ms. Barrow:

On behalf of Mercer University's Institutional Review Board for Human Subjects Research, your application submitted on 04-Apr-2017 for the above referenced protocol was reviewed in accordance with Federal Regulations 21 CFR 56.110(b) and 45 CFR 46.110(b) (for expedited review) and was approved under category(ies) 6, 7 per 63 FR 60364.

Your application was approved for one year of study on 10-Apr-2017. The protocol expires on 09-Apr-2018. If the study continues beyond one year, it must be re-evaluated by the IRB Committee.

Item(s) Approved:

Gain a better understanding of the experiences of nurse educators who convey lore (defined as the traditional knowledge, attitudes, and understandings of nurses passed to others.

NOTE: Please report to the committee when the protocol is initiated. Report to the Committee immediately any changes in the protocol or consent form and ALL accidents, injuries, and serious or unexpected adverse events that occur to your subjects as a result of this study.

We at the IRB and the Office of Research Compliance are dedicated to providing the best service to our research community. As one of our investigators, we value your feedback and ask that you please take a moment to complete our Satisfaction Survey and help us to improve the quality of our service.

It has been a pleasure working with you and we wish you much success with your project! If you need any further assistance, please feel free to contact our office.

Respectfully,

Ava Chambliss-Richardson, Ph.D., CIP, CIM.
Associate Director of Human Research Protection Programs (HRPP) Member
Institutional Review Board
"Mercer University has adopted and agrees to conduct its clinical research studies in accordance with the International Conference on Harmonization's (ICH) Guidelines for Good Clinical Practice."

Mercer University IRB & Office of Research Compliance
Phone: 478-301-4101 | Email: ORC_Mercer@Mercer.Edu | Fax: 478-301-2329
1501 Mercer University Drive, Macon, Georgia 31207-0001
APPENDIX B

ANNOUNCEMENT FLYER
Announcement Flyer

**Attention Nurse Educators**

You are invited to participate in my doctoral research study which will explore the experiences of nurse educators who utilize nurse lore in their teaching. Nurse lore involves sharing the traditional knowledge, attitudes, and understandings of nurses using primarily storytelling and behavioral example. If the following information describes you, then your experience is needed to better understand the role of nurse lore in education.

- A nurse educator currently working full time as a faculty member or administrator and you have taught at least one class in the past academic year
- You have now or in the past taught for at least three years at the undergraduate level
- You have at least three years of clinical experience

This study involves participating in a 60 to 90 minute interview which will be audiotaped. Personal information identifying you will be protected and will not be included in the transcription of the audio recording. Interviews will take place in a quiet setting which is convenient for you.

Please contact Laura Barrow, MSN, RN at 256-490-3625 or email me at Laura.E.Barrow@live.mercer.edu

* Dissertation research title: *The Lived Experiences of Nurse Educators Who Utilize Nurse Lore in Their Teaching*
Greetings,

My name is Laura Barrow and I am a PhD student in the Georgia Baptist College of Nursing of Mercer University. I am seeking nurse educators to be participants in my dissertation research. The dissertation is entitled *The Lived Experiences of Nurse Educators Who Utilize Nurse Lore in Their Teaching*. The focus of this research is on the experiences of nurse educators who utilize nurse lore in their teaching. Nurse lore involves sharing the traditional knowledge, attitudes, and understandings of nurses using primarily storytelling and behavioral example.

Please contact me if you are interested in being a potential participant in my study and if you meet these inclusion criteria:
(a) A nurse educator working full time as a faculty member or administrator and you have taught at least one class in the past academic year;
(b) You have now or in the past taught for at least three years at the undergraduate level; and
(c) you have at least three years of clinical experience.

A flyer is attached with additional information.

Should you have any questions regarding this research you may contact me, or you may talk with the Chair of my dissertation committee, Dr. Susan S. Gunby (678-547-6773). My contact information is listed below and also, on the flyer.

Knowing how busy you are at this time of the year, I sincerely appreciate your consideration of my request to be a part of my dissertation research.

Thank you!

Laura Barrow MSN, RN, PhD student

Contact information:
Laura.E.Barrow@live.Mercer.edu
(256)490-3625
APPENDIX D

INFORMED CONSENT
Informed Consent

Title of Project: THE LIVED EXPERIENCE OF NURSE EDUCATORS WHO UTILIZE NURSE LORE IN THEIR TEACHING

Investigator Name: Laura E. Barrow
E-Mail Contact Information: Laura.E.Barrow@live.mercer.edu

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators
Laura E. Barrow, MSN, RN
PhD Student
Georgia Baptist College of Nursing
Mercer University

Susan S. Gunby, PhD, RN
Faculty Advisor
Georgia Baptist College of Nursing
Mercer University
Office Number: 227
678-547-6773

Purpose of the Research
This research study is designed to study the experiences of nurse educators who use nurse lore in their teaching. The data from this research will be used to identify common meanings in the experiences of nurse educators who teach in both in-person as well as in various online formats. Identification of common meanings may offer insight into how nurse lore can be used in different teaching environments and how nurse educators perceive the teaching environment relates to the ability to use nurse lore.

This study is being done in partial fulfillment of the requirements for the Doctor of Philosophy in Nursing degree.

Procedures
If you volunteer to participate in this study, you will be asked to respond to questions asked in a semi-structured interview. Questions will be focused on your experience using nurse lore (defined as traditional knowledge, attitudes, and understandings of nurses passed to others both inside and, at times, outside the group through the primary methods of storytelling and behavioral example) in your teaching and how you perceive nurse lore as aiding students as they learn how “to be” a nurse. Your participation will consist of participating in one interview taking approximately 60 to 90 minutes.

Potential Risks or Discomforts
There are no foreseeable risks. However, participants may experience positive or negative feelings may be experienced as they respond to questions or when reflecting back onto the interview. The interview will be scheduled at your convenience. There are no costs associated with your participation in the study. You have the right to discontinue participation, temporarily or permanently, without any consequence.

Potential Benefits of the Research
There are no personal benefits for participating in the study. However, benefits to the nursing profession may occur because of knowledge gained from your interview.

Confidentiality and Data Storage
Identifying information will be confidential and not be shared with anyone. You will be asked to select a pseudonym, unrelated to your name, which will be used during your interview, on all transcriptions and notes and journaling, and on your demographic data sheet. Your demographic data sheet will be kept in a locked location, separate from audio recordings and transcriptions. You name will not be used in discussion with others regarding this research. If any identifying information is mentioned during your interview, that will be redacted from the written transcript and replaced with an alternative pseudonym. Other than any information that is redacted to protect confidentiality, the interview will be transcribed verbatim by an external transcriptionist. A contract will be signed assuring the transcriptionist also maintains your confidentiality.

Data will be stored in the researcher’s office in a locked container and on a password protected computer. Only the researcher and faculty advisor will have access to the recordings. Following completion of the research, the audiotapes will be destroyed. The transcription will be maintained indefinitely.

Participation and Withdrawal
Your participation in this research study is voluntary. As a participant you may refuse to participate at anytime. To withdraw from the study please contact the researcher at 256-490-3625 or Laura.E.Barrow@Live.Mercer.edu.

Questions about the Research
If you have any questions about the research, please contact Dr. Susan S. Gunby at GUNBY_SS@Mercer.edu or phone 678-547-6773.

Incentives to Participate
A Walmart gift card in the amount of $10.00 will be given to participants at the end of the interview.

**Audio or Video Taping**
The interview will be audiotaped for verbatim transcription with the exception of any identifying information that will be redacted and replaced with pseudonyms. Your name, institution, and location will not be included on the audiotape.

**Reasons for Exclusion from this Study**
Exclusion criteria for this study include inability to speak English, lack of current fulltime employment as a faculty or administrator and not teaching at least one class within the past academic year, lack of having taught in an undergraduate course in which participant’s three years of clinical experience is relevant to, or lack of three years teaching in undergraduate education.

This project has been reviewed and approved by Mercer University’s IRB. If you believe there is any infringement upon your rights as a research subject, you may contact the IRB Chair, at (478) 301-4101.

You have been given the opportunity to ask questions and these have been answered to your satisfaction. Your signature below indicates your voluntary agreement to participate in this research study.

__________________________________________  ________ ________
Signature of Research Participant  Date

__________________________________________  ________ ________
Participant Name (Please Print)  Date

__________________________________________  ________ ________
Signature of Person Obtaining Consent  Date

Rev.08/19/2010
APPENDIX E

DEMOGRAPHIC INFORMATION
Demographic Information

Pseudonym: __________________________________________

Gender: _____________________

Age: _______________________

Race or Self-Identified Cultural Background: _________________________

Employed in public or private institution: ______________________________

School location: Rural/ Urban/ Metropolitan

Type of program or programs currently or previously taught in (online, traditional, hybrid, any combination of these).

Clinical background: __________________________

Years of clinical experience as a nurse:

3 years - 5 years of experience ______________

>5 years - <10 years of experience ______________

>10 years of experience __________________

Years of experience in undergraduate nursing education:

3 years - 5 years of experience ______________

>5 years - <10 years of experience ______________

>10 years of experience __________________

Years of experience in current area (traditional or otherwise) and level of education:

3 years - 5 years of experience ______________

>5 years - <10 years of experience ______________

>10 years of experience ______________
Total years of experience in nursing education:

3 years - 5 years of experience ______________

>5 years - <10 years of experience ______________

>10 years of experience ______________

Teaches at undergraduate/graduate level (and previous levels taught):

_____________________

Years of experience at current level of nursing education:

3 years - 5 years of experience ______________

>5 years - <10 years of experience ______________

>10 years of experience ______________

Teaches in-person/online: __________________________

Highest level of nursing education: ______________
Interview Guide

The following questions and probes were used as a guide for the interviews.

(1) How do you think stories uniquely affect learning?

   (1a.) Give me an example of how a student or students have told you they
          learned about how to be a nurse from a story you shared.

(2) Explain how you use your experiences as a nurse to help students learn to be
    nurses.

   (2a.) What behaviors or habits you have learner over the years do you feel
          are important to show your students

(3) Describe what you hope your students learn about how to be a nurse from
    your stories

(4) Describe what you hope your students learn about how to be a nurse from
    your behaviors?

   (4a.) Tell me about any attitudes or behaviors towards patients you find
          are important to pass on to students

(5) Describe how you think nurse educator attitudes and behaviors towards
    students affect student learning

(6) Describe how you think nurse educator attitudes and behaviors towards
    patients affect future student nursing practice

(7) What do you think your students learn from you about how to be a nurse that
    is unique?

(8) Describe how you perceive both student trust and respect in nurse educators
    as affecting their learning.
(9) Describe how you believe students' perception of caring nurse educators affects their learning.

(10) How do you think you affect how students learn to be a nurse?

(11) Discuss your perceptions about whether changes in the way courses are taught will or will not affect the culture of nursing.

(12) How would you define a culture?

(12a.) What comes to mind about how culture is shared?

(12b.) How would you describe what nurses view as their shared culture?

(12c.) What methods would you say experienced nurses use to help new nurses learn how to be nurses and become members of the nursing culture?

(12d.) How do you think nurses and nurse educators use their experience to help students acclimate to nurse culture?

(13) If you could change something about your experience teaching, what would it be?

(14) Please tell me about anything else that illustrates how you are able to help students learn to be nurses and to adapt into the nursing culture using your unique knowledge, understanding, and attitude.

For participants who had experience in teaching within the online setting, an additional set of interview questions will also be asked.

(1) Tell me about your online teaching format.

(1a) Describe that format as synchronous, asynchronous, or a combination of the two formats.
(2) Describe the types of in-person or face-to-face experiences you have with students who are enrolled in online courses.

(3) How are you able to use your personal experiences as a nurse to help students learn? How does that compare between the online setting (both asynchronous and synchronous) and the traditional classroom?

(4) Describe the influences of online teaching/learning upon the profession of nursing and nursing culture.

(5) If you could change something about your experience teaching online, what would it be?

(6) Please tell me about other thoughts you have regarding teaching online.