BSN Nurse Educator Conceptions of Teaching: The Science and Art of Nursing Education

by

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Abstract

This is an interpretive descriptive (ID) qualitative study of the conceptions of teaching held by nurse educators in Vancouver, British Columbia. It is an exploration of a set of twenty interviews conducted with fourteen nurse educators, representing four post-secondary institutions in the Vancouver vicinity. The center of this account begins with the three research questions: *How do BSN nurse educators conceive of teaching? How do those conceptions of teaching manifest in their teaching practice? And why might such conceptions form as they do?* I have written and presented this study in a narrative voice to depict my own learning journey and self-study as I have researched this question about how nurse educators understand teaching and why it is important. My analyses and interpretations of these interviews are couched in an extensive review of literature in the field of education, spanning disciplines of curriculum theory, adult and post-secondary education, professional education, and nursing education. The findings of the study indicate that participants are not formally prepared to teach and experience a number of significant challenges in their teaching practice. Such challenges include relating to students, managing heavy workloads, integrating theory and practice, adapting to teaching differences, and coping with psychological distress. The participants hold three primary conceptions of teaching: Transmitting Knowledge, Apprenticeship, and Facilitating Ways of Understanding. The majority of participants conceive of teaching as delivering information and directing activities in the classroom and apprenticeship in the clinical setting. The way that participants form conceptions of teaching may be related, in part, to their previous experiences of teaching and learning as nursing students, the nursing discipline's ideology of a profession, and the present emphasis on the science of teaching in nursing education. The findings and significance of the study are contextualized in a critical review of nursing education as it has evolved over the past decades and the concomitant potential for improving BSN Nursing programs in BC.

Keywords: nursing; nurse educator; conceptions of teaching; approaches to teaching; profession; science of teaching; art of teaching; reflection of teaching

Dedication

This work is dedicated to educators who teach in practice disciplines.

If you wish to understand why professions develop as they do, study their nurseries, in this case, their forms of professional preparation.

– Lee S. Shulman

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Table of Contents

List of Figures

List of Tables

List of Samples

List of Acronyms

AACN	American Association of Colleges of Nursing
ARNBC	Association of Registered Nurses of British Columbia
BCCNP	British Columbia College of Nursing Professionals
BSN	Bachelor of Science in Nursing
CASN	Canadian Association of Schools of Nursing
CBE	Competency Based Education
CBL	Concept Based Learning
CCNE	Canadian Certified Nurse Educator
CCRNR	Canadian Council of Registered Nurse Regulators
CFAT	Carnegie Foundation for the Advancement of Teaching
CNA	Canadian Nurses Association
CRNBC	College of Registered Nurses of British Columbia
EBP	Evidenced Based Practice
ESL	English as a Second Language
GPA	Grade Point Average
ID	Interpretive Description
IOM	Institute of Medicine
LCT	Learner Centered Teaching
NCLEX	National Council Licensure Examination
NEC	National Expert Commission
NLN	National League of Nursing
PCK	Pedagogical Content Knowledge
RCT	Randomized Controlled Trials
RN	Registered Nurse
SFU	Simon Fraser University
SoTL	Scholarship of Teaching and Learning

Chapter 1.

Introduction

The practical problem for this thesis is how we might think about nursing education in a way that would promote better and more effective Bachelor of Science in Nursing (BSN) programs in British Columbia. The post-secondary education literature is rich in its sources of insight on program design, and part of the purpose of this thesis is to benefit nursing education by a critique from the philosophical and research literature on education more generally, particularly education within professional disciplines. The research literature within the discipline of nursing education is also substantive and robust, and it is given due consideration in this study as well. The research problem addressed is empirically described as an investigation of how nurse educators conceptualize teaching and why this is important as we face a bourgeoning future for BSN education in British Columbia and elsewhere.

As a nurse educator, I care about teaching. Teaching matters to me because I believe that the way I teach potentially affects the way my students learn. I understand that *how* students learn is much more elusive than what may be currently known and will likely remain something of a mystery to me. This thesis could be thought of as the visible tip of an iceberg – there is much more beneath the surface than appears to the eye. And yet the way students learn about nursing does influence the way they provide nursing care to members of society. What ignites my interest to learn more about teaching is in part an entanglement of events that has unsettled the way I have come to understand teaching. A few years ago I navigated the healthcare system with a family member, who was diagnosed with an extremely aggressive form of brain cancer that eventually claimed her life. This experience helped me to see that although I am a nurse educator, I am first a learner – a human being trying to make sense of her experiences. It was during moments of heightened cognitive and emotional awareness in this time that I watched my family member endure numerous rounds of cancer treatment, and I began to reflect deeply on the significance of nursing care and nursing education. The various ways that nurses approached my family member's care – which ranged from detached delivery of technical skills *applied to* a body to the provision of compassionate and

holistic nursing care *for* a person – had a profound effect on my family. It was through such experiences as this one that I began to interrogate my teaching practice, as I came to realize that, as a nurse educator and doctoral candidate, I was in a position to influence how future nurses learned to conceptualize and approach their nursing care.

It is in this effort that I present my thesis – a set of interviews with nurse educators about their experiences and conceptions of teaching, put forward with my critical analyses and interpretations in light of some of the research literature on nursing education. I do not have the answers to solve the problems of teaching as they exist today in Canadian higher education, but my research helps to understand the depth of the problem at hand in nursing education. This problem may begin with how nurse educators conceive of teaching and learning. I wonder if existing assumptions and approaches to teaching in nursing education may contravene the way in which nursing students actually develop and approach their nursing practice. In this way, I draw from my experience as a nurse and nurse educator to critique the various approaches to teaching in nursing education. I draw from extant literature on teaching in higher education as well as my empirical work in this study to point to an alternate way of reflecting on and approaching teaching in nursing education.

As I reflect on my teaching practice, I often think about the types of tensions I have encountered while teaching nursing. One of these centers on some agency versus structure issues that I perceive within nursing education today. There are times when I wonder about the amount of agency nurse educators will have within a larger structural context, which I perceive as moving towards the *standardization* of nursing education. I have not worked through what I think about that yet. However, I realize that nursing education needs to change its approach to teaching to fulfill its societal contract of healthcare delivery and yet I am not convinced that a “one size fits all” approach to nursing education is the answer. I find myself wondering what would happen if all nurse educators were eventually given the same standardized content to deliver, using the same set of prescriptive teaching strategies. I find myself questioning our reliance on scientific evidence to definitively explain how learning occurs and make recommendations for teaching strategies that are generalizable to all teaching contexts.

Teaching and nursing can be thought of as having many parallels. Although there may be empirical evidence to suggest best practice and clinical pathways to providing

nursing care, these things alone have never been able to replace clinical reasoning and clinical judgment, whereby the nurse must interpret the clinical context to determine how to frame the problem and decide upon the best action to take. I believe that teaching is similar in this regard – there is no recipe for it. The educator plays a significant role in interpreting learning contexts, deciding how best to use the so-called tools of teaching, and observing how students approach their learning. It is through reflecting on my teaching practice about the kinds of challenges and tensions that I have encountered while teaching that I began to wonder how other nurse educators conceived of their teaching practice. I specifically began to wonder how nurse educators conceived of their teaching role in helping students learn and how those conceptions of teaching manifest in their approaches to teaching and relationships with students.

Drawing inspiration from the writings of Parker Palmer and Arthur Zajonc (2010), both reflective practitioners and scholars of teaching, *I am living the questions* as I approach this study on the teaching experiences of nurse educators in baccalaureate nursing programs. I situate myself as a nurse educator and education researcher whose own conceptions of teaching are still expanding. It is through this study that I began to recognize and appreciate the complexity, nuances, and challenges of teaching. What surprised me was the realization that despite my propensity towards reflective practice, whereby I analyze my experiences in an effort to improve, my own conceptions of teaching and learning were in fact quite limited and narrow in scope. Thus, I frame this study as an inquiry into nurse educators' conceptions of teaching within BSN programs in two ways: It is partly an empirical study of a group of nurse educators and partly a self-study of my own thinking and practice as a nurse educator, blending together with a view to inform how we might think about nursing education. It is my hope that this interpretive descriptive (ID) (Thorne, 2016) study of nurse educator conceptions of teaching within various BSN nursing education programs across Vancouver, British Columbia, will give voice to nurse educators' experiences of teaching nursing, add to the body of education literature on teaching within practice disciplines, and provide an alternate means of understanding, reflecting upon, and addressing some of the teaching problems within nursing education.

1.1. Problems of Teaching in Nursing Education

Nurse educators have received the message that the way they teach needs to change. According to key healthcare stakeholders, national nursing associations (Canadian Association of Schools of Nursing [CASN] & Canadian Nurses Association [CNA], 2014; Institute of Medicine [IOM], 2011; National Expert Commission [NEC], 2012; National League of Nursing [NLN], 2005; MacMillan, 2013) and a seminal Carnegie study on nursing education (Benner, Sutphen, Leonard, & Day, 2010), nurse educators need to change their approach to teaching if they are to create nurses capable of meeting the future healthcare needs of society. The Carnegie Foundation for the Advancement of Teaching's (CFAT) study on nursing education (Benner et al., 2010) indicated that the graduates entering nursing today are not adequately equipped with the knowledge and skills needed to meet the present-day demands of practice. Nursing education has not kept pace with the current changes of nursing practice and is not prepared to meet the future requirements of healthcare (Benner et al., 2010; IOM, 2011; Lindeman, 2000; NEC, 2012; Tanner, 1990). Benner et al. (2010) concluded that the quality of nursing education needed "be uniformly higher" (p. 4) and that approaches to teaching needed to change – something that several nursing education scholars continue to recognize and strive to improve today (Billings & Halstead, 2016).

As a practice discipline, the aims of nursing education depend upon what nursing as a profession is being called to do (CASN & CNA, 2014). Professions offer service to society that is characterized by specialized theoretical knowledge, technical skills, and ethical conduct (Abbott, 1988; Shulman, 1998, 2005; Sullivan, 2005; Witz, 1992). A profession legitimizes its contract with society through education, whereby it acquires specialized knowledge and skill to serve its members (Abbott, 1988; Shulman, 1998, 2005; Sullivan, 2005; Witz, 1992). In turn, society grants professions the privilege of self-regulation on the basis of their proffered specialized expertise (Abbott, 1988; Sullivan, 2005; Witz, 1992). The nursing profession continues to shape its professional identity within society by expanding its scientific knowledge base, technology use, education practice requirements, professional role, and jurisdiction of work within the healthcare system (IOM, 2011; Malka, 2007; NEC, 2012; Witz, 1992; Zilm & Warbinek, 1994). In nursing education, this translates into the nursing discipline's responsibility to advance nursing's specialized body of knowledge through research and prepare future nurses

who have met the mandatory entry-level regulatory and licensure requirements to provide safe nursing care to the public. As the nursing profession's knowledge and scope of practice expand so too does the number of practice competencies and educational requirements nurse educators are expected to address in nursing curricula.

The call for nurse educators to change the way they teach in order to meet the present practice standards and future needs of nursing is not new. Nineteen eighty-six marked the beginning of a US contemporary movement for nursing education reform, whereby nurse educators started to recognize limitations and inadequacy of the content-overloaded curricula and the predominant 'technical rational' approach to teaching in nursing education (Tanner, 1990). The Tyler design of nursing curricula had not kept pace with the economic policy, technological advancements, demographic changes, and expanding the role of nursing in healthcare (Lindeman, 2000; Tanner, 1990). The means-end behaviourism and authoritarianism rooted within the Tyler curriculum (Bevis & Murray, 1990) supported the technical aspects of nursing but also created "successive generations of passive learners who are incapable of instigating much needed and long over-due reforms within the health care system" (Romyn, 2001, p. 1). Similarly, Benner et al. (2010) observed weak skills of inquiry amongst nursing students that hampered their ability to address practice questions and work through emerging patient problems.

In the wake of these challenges, nurse educators began to realize that they could no longer teach nursing curricula in a way that focused predominately on cognitive gains – large amounts of memorization and replication of content (Diekelmann, 2002; Candela, Dalley, & Benzel-Lindley, 2006; Forbes & Hickey, 2009; Ironside, 2004, 2005; Tanner, 1998, 2007). If students were to adapt successfully to the fluidity of nursing practice, they would need to take control of their learning and embrace the notion of life-long learning (Candela et al., 2006; Lindeman, 2000; Tanner, 2007). The aims of teaching now needed to focus on preparing students "to enter practice ready to integrate knowledge, skilled know-how, and ethical comportment and to continue to engage in self-directed learning at a highly developed level" (Benner et al., 2010, p. 32). This would be achieved by emphasizing learning and assisting students to extend their thinking in ways that consistently questioned practice (Ironside, 2003). The nursing education literature recommended that nurse educators move away from teacher-centered paradigms towards implementing more learner-centered approaches that prepared new graduate nurses with the necessary cognitive, personal, and professional attributes

needed to respond to the rapid changes in healthcare (Candela et al., 2006; Diekelmann & Lampe, 2004; Handwerker, 2012; Ironside, 2005; Stanley & Dougherty, 2010). Some of the rapid changes in healthcare include keeping pace with the advances of science and technology, caring for the healthcare needs of a diverse global population, preparing for an aging population due to longer life expectancies, expanding the scope and autonomy of nursing practice in the community, and adequately educating future nurses with the necessary knowledge, judgment, attributes, and skills that enable them to adapt to the increasing complexity of nursing practice (Benner et al., 2010; Canadian Association of Schools of Nursing [CASN] & Canadian Nurses Association [CNA], 2014; Institute of Medicine [IOM], 2011; National Expert Commission [NEC], 2012; National League of Nursing [NLN], 2005; MacMillan, 2013)

1.1.1. Over-Burdened Curriculum

Despite the recurrent discourse in the nursing education literature stating that nursing curriculums need to change, a seminal study by the Carnegie Foundation for the Advancement of Teaching (CFAT) on nursing education indicated that nursing curricula remain overloaded with content (Benner et al., 2010). Part of the difficulty for nurse educators to reduce curricular content stems from the responsibility to ensure that new graduates meet entry-to-practice regulatory and licensure requirements. Nursing programs cannot operate without accreditation from the professional nursing regulatory bodies within their jurisdiction. The purpose of nursing regulatory bodies is to ensure safe, competent nursing care to the public. To be accredited nursing programs must reflect the foundational standards and competencies of the nursing profession throughout their curricula and ensure that graduate nurses are educated to meet the entry-level practice standards of nursing.

Nursing curricula are tightly bound to the regulatory and licensure requirements of the nursing profession. The pressure for nurse educators to focus their attention on covering the content and competencies of nursing curricula is enormous. After reviewing *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Colleges of Professional Nursing Practice [AACN] as cited in Tanner, 1998), Tanner wryly summarized the nurse educator's predicament when she stated,

> My study of this document suggests it is a blueprint for the 21-year curriculum; yet, I cannot identify a single competency or set of core knowledge that I think should be left out…It is my observation that nurse educators feel enormous pressures from both students and colleagues to "cover" the content. Of course, to cover can mean a variety of things – to include, to address, perhaps to assign a reading about, to mention in a lecture, or perhaps to test on. Interestingly, cover can also mean to hide from view or conceal. The more we try to cover content in the second sense. Little is gained, or retained, in the long run, as nurse educators try to cover ever-increasing amounts of content (Tanner, 1998, pp. 383-384).

In such a context it is understandable why some nurse educators might conceive of teaching as *covering* content. Nurse educators are responsible for ensuring that graduate nurses are taught the standards and competencies of the nursing profession. Although the nursing profession requires that nurses be able to clinically reason, use complex judgement skills, and adapt to the emerging situations of practice, the number of practice competencies that nurse educators are responsible to address in nursing education may encourage a superficial tick box approach to teaching – with educators and students focused more on completing tasks rather than the process of learning (Cassidy, 2009; Gravina, 2017; Franklin & Melville, 2015; Pijl-Zieber, Barton, Conklin, Awosoga, & Caine, 2013).

Nursing is an applied practice that draws knowledge from several disciplines. Consequently, it is often challenging for nurse educators to master the wide diversity of subject matter that they are expected to teach; especially within nursing curriculums that are ever-expanding. The majority of nurse educators are hired to teach because they are nurses not because they are researchers or subject matter experts in related disciplines. Thus, it is not particularly surprising that Benner et al. (2010) identified that nurse educators needed to improve their teaching in the nursing sciences, natural sciences, social sciences, technology, and humanities. Nurse educators are often expected to teach subject matter in which they are not experts. This sets up a quandary for nurse educators. According to Shulman (1986), one of the hallmarks of good teaching is the educator's breadth and depth of the content that she or he is teaching to students; yet nurse educators may be assigned to teach content that is unfamiliar to them or content that they, themselves, did not learn well as students. In turn, this scenario creates the potential for nurse educators to either inadvertently teach misconceptions about the subject matter they are teaching or ineffectively identify or miss misconceptions that students hold about subject matter. Therefore, it is understandable why some nurse

educators might rely heavily on transmitting information to students from textbooks or other related sources, as it is difficult to teach beyond one's own understanding – especially when educators teach subject matter they do not fully comprehend, skills they have not mastered, and/or fail to recognize the limitations of their own knowledge and awareness.

Further exacerbating the problem of curricular overload is the propensity for nurse educators to continuously introduce new content into nursing curricula for fear of missing the latest advancements in healthcare (Ironside, 2004). Nurse educators may also assume that adding curricular content will better prepare students for the NCLEX-RN (Forbes & Hickey, 2009). Although the intent of such action may be to keep nursing curricula current with practice and increase the success rate of the licensure exam, the potential negative implications of continuing to add more content to nursing curricula may displace its intended benefit. Curricular overload promotes the superficial coverage of content (Tanner, 1998), diminishes the engagement of student thinking (Ironside, 2004), and creates structural barriers for nurse educators who wish to engage in more learner-centered teaching (Schaefer & Zygmont, 2003).

1.1.2. Poor Teacher Preparation

Benner et al. (2010) attributed many of the teaching problems in nursing education to poor teacher preparation. The majority of nurse educators in North America are not formally prepared to teach. Most faculties are recruited into nursing education with little preparation for the role (Davis, Dearman, Schwab, & Kitchens, 1992; De Young & Bliss, 1995; Herrmann, 1997). Few graduate nursing programs emphasize nursing education and teacher preparation (Benner et al., 2010; Canadian Nursing Association [CNA], 2015). Graduate study does not ensure preparation to teach, as research in nursing disciplines typically center on nursing practice – not education (Bullin, 2018). Researchers examining the transition from nursing to nursing education recommend greater emphasis on the teaching support and professional development of nurses entering into the educator role (Anderson, 2009; Anibas, Brenner, & Zorn, 2009; Cangelosi, Crocker, & Sorrell, 2009; Gardner, 2014; MacDonald, 2010; Schoening, 2013; Schriner, 2007; Siler & Kleiner, 2001).

In response to the recommendations made, nurse educators promoted doctorate level education (McDermid, Peters, Jackson, & Daly, 2012) and advocated for more education curricula within graduate nursing programs (Benner et al., 2010). The CASN and the NLN developed nurse educator courses, created teaching competencies (Billings & Halstead, 2016), and encouraged the scholarship of learning and teaching within nursing programs (Allen & Field, 2005). And the nursing education literature strongly endorsed mentorship within nursing programs (Anibas et al., 2009; Eller, Lev, & Feurer, 2014; Siler & Kleiner, 2001; Wilson, Brannan, & White, 2010).

While the collective efforts to improve teaching in nursing education are to be lauded, they are not without limitation. First, as previously mentioned, doctoral degrees in nursing are not automatically synonymous with preparation to teach nursing (Bullin, 2018). Second, there is a danger of overstatement between mentorship and its outcomes (Eby, Allen, Evans, Ng, & DuBois, 2007) and there may be unintended cultural reproduction of unexamined teaching conceptions and practice (Grossman, 1990; Helterbran, 2008). Third, the assumption that nurse educators are willing to engage in the scholarship of teaching and learning (SoTL) or even know how to conduct or evaluate the SoTL in nursing education may be unfounded. Fourth, an inappropriate application of nurse educator competencies or narrow implementation of nurse educator courses may inadvertently promote an overly technical rational approach to teaching that creates cookbook approaches to teaching and tick boxes measures of learning.

1.1.3. Overemphasis on Technical Rationality

Not all practice problems can be reduced to technical challenges, whereby scientific knowledge or theory can be applied as a solution (Schön, 1983, 1987). Some problems are adaptive challenges (Heifetz & Linsky, 2002). Adaptive challenges require adjustments to the environment where there may not necessarily be know-how and procedures to rely on (Heifetz & Linsky, 2002). Nurses are often called upon to attend and respond to emerging clinical situations that interrupt and extend beyond the previous assumptions and understanding of what is already known (Benner, Hooper-Kyriakidis, & Stannard, 2011). The researchers of nursing education's CFAT study were particularly concerned about the pervasive notion amongst nurse educators that students must *first learn* theoretical information that they *later apply* to practice (Benner et al., 2010). The belief that learning must precede doing is rooted in technical rationality

– the view that all problematic situations in practice can be successfully managed by the application of scientific knowledge and technique (Schön, 1983, 1987).

Benner et al. (2010) pointed to the dichotomy of theory and practice in nursing education as contributing to the overuse of technical rationality in nurse educator approaches to teaching – particularly in the classroom setting, where the researchers observed a transmissive approach to teaching. Underscoring this approach to teaching is the notion that nursing students must first learn theory before they can enter into the practice setting, as the majority of nurse educators believe that academia leads practice (Benner et al., 2010). And yet, Del Bueno's (2005) 10-year study analyzing competency performance indicated that up to 76% of new graduates did not meet expectations for entry-level clinical judgment, had difficulty translating knowledge and theory into practice; with 50% of graduates missing life-threatening situations. Del Bueno asserts that education preparation and the NCLEX-RN exam are insufficient for determining a student's ability to make sound clinical judgments. She states,

> In the real world, patients do not present the nurse with a written description of their clinical symptoms and a choice of potential solutions…Knowing about does not equal making clinical decisions. Nursing is a practice art that requires the use of knowledge within a specific set of circumstances. Smart nurses are effective when they think critically, not when they can pass multiple-choice tests (Del Bueno, 2005, p. 281).

Del Bueno is not alone in her critique. Several professional nursing boards identified a preparation-practice problem, stating that "new nurses often engage in concrete thinking and focus on technology, thus missing the bigger picture, and are weak in detecting subtle patient changes" (Huston et al., 2018, p. 28). Kavanagh and Szweda (2017) found in their study of 5,000 newly graduated nurses at a large midwestern academic center in the US that only 23 percent of graduate nurses demonstrate entry-level competency and practice readiness and had significant challenges engaging in clinical reasoning. This dovetails with Benner et al.'s (2010) finding of a *practice to education* gap in nursing education.

Although beginning nurses must learn how to recognize how particular aspects of theoretical knowledge might apply to practice contexts, teaching generalized theoretical principles in the classroom is not sufficient for preparing students for nursing practice (Benner et al., 2010; Tanner, 2006). Decontextualizing theory from practice fragments

the scientific, instrumental, and relational aspects of nursing in a way that creates difficulties for students knowing how to apply the generalized knowledge they have learned in the classroom or lab to the specific unfolding contexts of nursing practice (Benner et al., 2010). It also promotes a siloed approach to teaching, alongside the expectation that nursing students will somehow piece together fragmented learning from different settings, integrate those parts into a whole that they could later remember, and apply at the appropriate time (Benner et al., 2010).

The apparent overemphasis of technical rationality in teaching diminishes the learning of higher order thinking skills, as there is the potential to reduce practice problems to “the technical aspects of the situation or to a list of tasks to be accomplished” (Benner et al., 2010, p.15). Nurses must be able to attend to the needs of patients within the context of uncertainty, consider alternatives, and think reflectively, “rather than simply accepting statements and performing tasks without significant understanding and evaluation” (Benner, Hughes, & Sutphen, 2008, p. 6). Similarly, nurse educators are often required to reflect on how to respond to their students' immediate learning needs and unanticipated responses to the learning environment. This type of reflection requires thinking that extends beyond the view that all problematic situations in teaching practice can be successfully managed with prescribed knowledge and technique (Benner et al., 2010; Schön, 1983, 1987).

The assumption that the implementation of particular teaching strategies will improve the quality of teaching in nursing education is problematic. It assumes a correct teaching approach that might not hold true and fails to consider that not all nurse educators interpret, implement, assess, and evaluate the effects of teaching strategies in the same way (Kantar, 2014; Pratt, Boll, & Collins, 2007). Teaching, too, often requires reflective responsiveness that extends beyond standardized approaches. While education research can suggest strategies to improve teaching approaches, there is a danger of generalizing research to such a degree that it is either interpreted or applied to contexts that it may not fit or reduces teaching to a rigid and homogenizing process.

1.2. Response to call for Teaching Reform

In response to the call for teaching reform, the literature in nursing education is replete with directives about how nurse educators *should* teach. Directives for teaching

shifted away from content delivery to an emphasis on student learning (Benner et al., 2010; Billings & Halstead, 2016; Candela et al., 2006; Colley, 2012; Diekelmann, 2002; Forbes & Hickey, 2009; Ironside, 2003, 2004; Lindeman, 2000; Schaefer & Zygmont, 2003; Tanner, 2004). Much of the emphasis in the nursing education literature now centers on redesigning the structure and content of nursing curricula and promoting the use of active teaching strategies (Benner et al., 2010; Candela et al., 2006; Forbes & Hickey, 2009; Giddens, Keller, & Liesveld, 2015; Tanner, 2010). Some of the recommendations within the literature include reorganizing nursing content conceptually to reduce curricular overload (Baron, 2017; Giddens & Brady, 2007; Giddens, Caputi, & Rodgers, 2015); creating a shared curriculum amongst nursing schools to help streamline entry points into nursing programs and address the dwindling educational resources, lack of qualified faculty, and clinical placement issues that many nursing schools are facing (Tanner, 2010; Tanner, Gubrud-Howe, & Shores, 2008); and implementing active teaching strategies such as simulation, unfolding case studies, concept mapping, small group projects, problem-based learning, concept presentations, gaming, e-learning, reflective journals, and flipping the classroom (Baron, 2017; Benner et al., 2010; Breytenbach, Ham-Baloyi, & Jordan, 2017; Brown, Kirkpatrick, Greer, Matthias, & Swanson, 2009).

The move towards a paradigm shift from transmitting knowledge to an emphasis on learning in nursing education is largely underscored by the belief that student-centered learning activities will help students develop the higher order thinking skills needed to perform safe, competent nursing practice (Schaefer & Zygmont, 2003). One of the primary aims of nursing education is to teach learners the habits of thinking like a nurse, while also teaching them to adapt nursing knowledge and skill to specific clinical contexts that may require thinking that extends beyond prescribed knowledge and frameworks of practice (Benner, 2015; Benner et al., 2008; Benner et al., 2010; Tanner, 2006). Schaefer and Zygmont (2003) put forth that “activities that support the development of critical thinking skills are similar to those that are considered to be student-centered (e.g., reflective journaling, case studies, seminar debate, and group work)” (p. 239). However, there remains an array of definitions of what student-centered teaching may mean (Weimer, 2013). And some scholars contend that student-centered teaching is more than the implementation of activities (Entwistle, Skinner, Entwistle, & Orr, 2000; Kember & Kwan, 2002; Ramsden, 2003).

The basis of Benner et al.'s (2010) call towards a radical paradigm shift in teaching is more about the integration of nursing theory and practice through apprenticeship than the correct selection of learner-centered teaching strategies and activities. Benner et al. (2010) recommend that nurse educators integrate the three professional apprenticeships of nursing education – the cognitive apprenticeship of academic and theoretical knowledge; the practice apprenticeship of clinical reasoning and skilled know how; and the formation and ethical comportment of the standards, social roles, and responsibilities of the nursing profession – across the classroom, lab, and practice contexts of nursing education. The researchers contend that it is difficult for students to learn how to translate and use the knowledge that is taught separately and decontextualized from practice contexts. Learning to reason through a clinical situation is a social and dialogical process rather than monological and individual (Benner et al., 2008). If nursing students are to learn how to make good clinical judgements amid complex practice situations, then they require integrated teaching and learning experiences that allow them to practice doing so (Benner et al., 2010; Tanner, 2006).

Attempts to shift the teaching practice of nurse educators from transmitting content towards more integrated and learning focused paradigms has been challenging and slow (Brown et al., 2009; Colley, 2012; Romyn, 2001; Schaefer & Zygmont, 2003). And while there is some research to indicate that nurse educators are using a greater variety of active teaching strategies (Brown et al., 2009), not enough research indicates how educators understand, implement, and evaluate the effects of such strategies and there is little agreement among educators as to which teaching strategies are most effective (Breytenbach et al., 2017; Brown et al., 2009). Moreover, it is often difficult to evaluate the effects of teaching strategies on specific aspects of student learning or make comparisons across learning contexts when there is often significant variation in conceptual definitions, operational techniques, and evaluative methods across existing studies (Bernard, 2015; Harder, 2010; Kantar, 2014). Schaefer and Zygmont (2003) maintain that even with the increased use of active teaching strategies, the majority of nurse educators still focus more on the process of teaching than on the process of student learning. Their study indicates that nurse educators generally did not select teaching strategies in response to student needs. Instead, faculty used multiple teaching strategies because they perceived it to be "the right thing to do to improve critical

thinking" and remained "more concerned about students receiving content than questioning them on their learning needs" (Schaefer & Zygmont, 2003, p. 243).

Schaefer and Zygmont (2003) contend that one of the biggest barriers for nurse educators implementing learner-centered teaching approaches is the context of nursing education itself. Such barriers may include: the high stakes context of patient care (Benner et al., 2010); an equation of competency-based education to workplace preparation rather than a focus on learning processes (Donoghue & Chapman, 2010); too much curricular content that leaves room to develop new skills (Diekelmann, 2002; Ironside, 2004); not enough time or resources to prepare or implement learner-centered approaches (Greer, Pokorny, Clay, Brown, & Steele, 2010); curriculum mandates and large class sizes (Schaefer & Zygmont, 2003); and a dominant positivist view of learning within nursing education that does not coincide with interpretive paradigms (Romyn, 2001). Giddens (2015) puts forth that not all "innovative" or new recommendations about teaching are useful or yet supported by evidence and may fail upon implementation due to poor communication, execution, and evaluation. There may also be the view amongst nurse educators that the way they teach is already effective and does not need to change (Giddens, 2015). Faculty may also feel more comfortable using familiar methods and lack the knowledge and experience to develop new teaching processes (Baron, 2017; Candela et al., 2006). Finally, there may be unanticipated student resistance to learner-centered teaching approaches that make their implementation difficult (Weimer, 2013).

Colley (2012) suggests that the belief in the benefits of a learner-centered teaching philosophy is key to its adoption amongst faculty. However, Colley also acknowledges that there is often a wide variation of what the term learner-centered may mean. Schaefer and Zygmont (2003) maintain that nurse educators may be familiar with the language of learner-centered teaching without full comprehension of its meaning. Familiarizing nurse educators with the benefits and language of learner-centered teaching may not be enough. Presenting new teaching knowledge "based upon a 'training model of learning to teach' is rather like rearranging the deck chairs on the Titanic" (Wideen, Mayer-Smith, & Moon, 1998, p. 167) – as it will likely not change the fundamental conceptions that educators already hold about teaching (Pratt et al., 2007; Shulman, 2010; Wideen et al., 1998). Johnson-Crowley's (2000) study on *Identifying Nursing Graduate Student's Beliefs about Teaching and Learning* exemplifies this point.

After creating a constructivist orientated teacher preparation course, she learned that although her participants could articulate new learning and changes to their perspectives about teaching, they did not integrate this new learning into their teaching practice. Instead, she found that nurse educators were most likely to teach the same way that they were taught – regardless of new pedagogical information or ability to articulate a learner-centered teaching philosophy.

1.3. Conceptions of Teaching

This study is concerned with better understanding BSN nurse educators' conceptions of teaching. While recognizing that significant changes to teaching and learning in nursing education requires a substantial systemic effort amongst educational institutes, key healthcare partners, legislatures, professional nursing bodies, educators, and students, (Benner et al., 2010), I have chosen to focus this study at the educator level. Part of the rationale for this decision stems from my own experiences as a nurse educator and contemplation about what I have read in the academic literature about teaching. The nursing education literature is full of conjecture about the types of education problems nurse educators' face and offers numerous strategic recommendations to address such issues. And yet, there are times I have wondered how a typical BSN nurse educator, meaning, those who actively teach nursing students and who may or may not be education researchers or award-winning educators, might identify the problems of teaching in nursing education, or even if they would recognize the existence of teaching problems in nursing education. It was through reflection on my own teaching experiences with students and interactions with other nurse educators that I had begun to realize that the assumption of a shared conception of teaching often did not hold. I started to notice that the nurse educators I interacted with often referenced their own experiences of learning and teaching as a rationale for their teaching practice. I also began to understand that a particular conception of teaching is not necessarily static; as my own conceptual awareness of teaching kept expanding as I conducted this study.

The word *conception* can mean many things. In this study, I draw from Entwistle and Walker's (2002) distinction between concepts and conceptions. Entwistle and Walker state that the word concept often infers an orderly, rational process by which people categorize and structure information by extracting common features of

experience. The researchers contend such a rationale depiction of how concepts are formed is much too tidy and less successful in explaining how people develop complex abstract concepts from within their experiences. Entwistle and Walker draw from neurological theories about the ways memories are stored and research that explores the ranges of conceptualizations people report (Marton & Booth, 1997; Säljö as cited in Marton, Hounsell, & Entwistle, 1997) to challenge the notion that people characteristically explain their experiences with phenomena through the existence of formally defined concepts. Although people may learn to draw on formal conceptual systems to assist their understanding of phenomena, Entwistle and Walker submit that conceptions are typically formed through recollections and fragmentary bits of knowledge that are pieced together to make sense of the demands and questions that phenomena within a specific context might present. It is possible that some nurse educators may not be completely aware of how they have constructed their conceptions of teaching – and describing their perspectives and experiences of teaching students may be as close as a researcher can get to understanding what their conceptions might be. Thus, I have approached this study with the intent of trying to understand nurse educators' conceptions of teaching through the way in which they describe their teaching experiences.

Conceptions of teaching matter because they affect how educators approach teaching (Entwistle & Walker, 2002; Kember & Kwan, 2002; Olsen, 2008; Pratt et al., 2007; Prosser & Trigwell, 1999; Ramsden, 2003). The *act of teaching* is derived from how educators *conceive of teaching* (Akerlind, 2003, 2008; Entwistle, 2009; Olsen, 2008; Prosser & Trigwell, 1999; Ramsden, 2003). Educators teach according to their understanding of what knowledge, learning, and teaching are and their perceptions and understandings of their teaching context (Prosser & Trigwell, 1999; Olsen, 2008). Teaching, in the broadest sense, is about making it possible for students to learn and it is based on the educator's understanding of what and how students are to learn (Ramsden, 2003). It is more than the delivery of content knowledge and implementation of instructional strategies (Pratt et al., 2007; Shulman, 1986). Understanding the conceptions of teaching shifts the focus away from addressing only the content or procedural aspects of teaching towards addressing the frameworks of meaning from which an educator acts (Pratt, 1998). The way in which educators conceive of teaching is related to how they determine what counts as knowledge (Entwistle, 2009; Marton &

Booth, 1997; Prosser & Trigwell, 1999; Ramsden, 2003), teach subject matter, implement learning strategies, perceive students, and evaluate learning (Entwistle & Walker, 2002; Kember & Kwan, 2002; Olsen, 2008; Pratt et al., 2007; Prosser & Trigwell, 1999; Ramsden, 2003). When educators are not cognizant of their conceptions of teaching they risk drawing from tacit and unverified assumptions about knowledge, teaching, learning, and students.

The quality of student learning is related to the quality of teaching (Ramsden, 2003). Approaches to teaching influence the way students approach their learning (Entwistle, 2009; Gow & Kember, 1993; Marton & Booth, 1997; Prosser & Trigwell, 1999; Ramsden, 2003). "*What* students learn is indeed closely associated with *how* they go about learning it" (Ramsden, 2003, p. 53). Students are influenced by their perceptions of the educational environment and the requirements that they perceive their educators to make of them (Marton & Booth, 1997; Ramsden, 2003). Students who focus on understanding ideas for themselves used deeper approaches to learning, whereas students who focus on meeting reproductive requirements of courses use more surface approaches to learning (Marton & Säljö, 1997). Once the material is reproduced or performed using a superficial approach, it is soon forgotten (Ramsden, 2003). Alternately, deep approaches to learning were associated with "a strong knowledge base, ability to apply one's own ideas to new situations, and integration of knowledge" (Ramsden, 2003, p. 60). Educators who teach primarily through transmission discourage students from adopting deep approaches to learning, whereas those who focus more on student learning are less likely to induce surface approaches (Gow & Kember, 1993).

A growing number of researchers suggest that one of the most effective ways of developing the teaching of educators is, to begin with, a focus on their conceptual understanding of teaching and expectations for learning (Akerlind, 2003, 2008; Calkins, Johnson, & Light, 2012; Prosser & Trigwell, 1999; Ramsden, 2003). And yet, there are few studies in nursing education that directly focus on conceptions of teaching (Benner et al., 2010; Schaefer & Zygmont, 2003). Instead, scholars in nursing education within the last ten years have predominately concentrated on building the science of nursing education through focusing on the development and implementation of evidence-based teaching strategies and their related effects on cognitive gains and student performance (Billings & Halstead, 2016; Breytenbach et al., 2017; Halstead & NLN, 2007) – with little examination of nurse educators' conceptions of teaching and their emergence in

practice. This is similar to Shulman's (1986, 1987) portrayal of the process-product focus that occurred earlier in the discipline of education and is why he began to question knowledge growth in teaching. While evaluating the effectiveness of teaching strategies is important and not to be downplayed, the assumption that the implementation of particular teaching strategies will improve the quality of teaching is problematic; as it assumes a 'correct teaching approach' and fails to consider that educators may not understand and approach teaching in the same way (Kantar, 2014; Pratt et al., 2007). A singular emphasis on teaching strategies alone can lead to a narrow view of teaching – whereby teaching is conceived of as a prescriptive pedagogical approach that is generalizable to all teaching situations (Pratt, 1998; Pratt et al., 2007).

Perhaps one of the reasons that there are few studies on conceptions of teaching in nursing education is that nurse educators may tend to view the research in higher education as more "academic than practical' and are "rarely compelled to reflect on the pedagogical commitments and assumptions embedded in their own approach to teaching" (Ironside, 2001, p. 72). There also might be the assumption that research in higher education is generalizable to all teaching contexts. Shulman (1986) warns that there may be limitations to how education studies can be used in other disciplines. Ironside (2001) concurs, stating, "the extent to which theoretical work from higher education is generalizable to nursing situations is, in most cases, assumed rather than demonstrated" (p. 73). Benner et al. (2010) echo a similar refrain, stating "nurse educators have relied too much on general research on education and have developed little domain-specific research on teaching nursing" (p. 35). Shulman (1986) contends that education research findings are sometimes applied like a recipe or formula without an adequate critique of the research itself or context of application. The danger, he maintains, is for educators and policymakers to distort the education research into a definition of standards or mandated teaching prescriptions that overly simplify the complex activity of teaching.

Whatever the reasons for the paucity of research in the nursing education literature on nurse educators' conceptions of teaching – whether it be a focus on developing nursing education as a science, the assumption of generalizability of higher education research to all disciplinary contexts, or nurse educators feeling a lack of a need to reflect on teaching – the way that educators understand teaching remains a driving force in their teaching practice. If nurse educators are indeed serious about

improving the quality of learning and teaching in nursing education then examining the way that we, as nurse educators, understand teaching is a good place to start. By reflecting on the ways that nurse educators understand and approach teaching, researchers in nursing education might be in a better position to reframe some of the teaching problems in nursing education on a deeper conceptual level rather than maintain a predominant focus on technical interpretations of teaching technique. Relying on technical interpretations of teaching alone can lead to superficial approaches to teaching that affect the quality and depth of student learning (Ramsden, 2003).

The purpose of this research study is to gain a greater understanding of how BSN nurse educators conceive of teaching. This will provide a means to gain insight into the types of teaching challenges nurse educators face and identify possible areas for teaching development in nursing education. The significance of this study to higher education is its contribution to our understanding of how a specific practice discipline, such as nursing, might interpret and approach teaching practice. What is valued as knowledge and the types of teaching challenges that practice disciplines face may or may not be similar to other academic disciplines. Thus, the way that teaching is conceptualized within disciplines might vary considerably. It follows that this study will contribute to the extant research in discipline-specific explorations of faculty knowledge and teaching in higher education.

1.4. Research Questions and Study Design

At the beginning of this research project, I did not know much about teaching outside of my own experiences of teaching. I had read only a little about teaching in the wider body of higher education and nursing education literature, I had no previous experience as a qualitative researcher, and I did not know where to start really. I just knew that I wanted to learn more about teaching and thought that the overall quality of teaching in nursing education might be subject to some improvement. But, were there really any teaching problems in nursing education? Was this something that I had assumed based on my own teaching experiences as a nurse educator? I began to review the literature in nursing education and soon learned that, yes – there was indeed extensive documentation of teaching problems in nursing education. However, the framing of most teaching problems in nursing education focused on how nurse educators *should* teach – predominately the technical aspects of teaching. I found little

research on how nurse educators actually *understood* teaching. Seeking to understand teaching better myself, I wondered: How do BSN nurse educators conceive of teaching? How do those conceptions manifest in their teaching practice? And why might such conceptions form as they do?

To answer these research questions I designed a qualitative study using *Interpretive Description* – an approach to qualitative research that aligns with a constructivist and naturalistic orientation with the aim to generate knowledge relevant to the disciplinary logic and practice of applied disciplines (Thorne, 2016). Thus, I did not initially choose any particular theoretical framework to design or interpret the data in this study. I was not interested in creating a new conceptual framework for teaching inasmuch as I wanted to understand better how BSN nurse educators experienced and understood teaching, how such conceptions of teaching might manifest in their teaching practice, and why those conceptions might form as they do. From my reading of Bain (2004), Grossman (1990), Olsen (2008), and Shulman (1986, 1987), I determined that educators' conceptions of teaching would likely be constructed from many things related to their teaching context, aims, roles, and strategies, and their perceptions of learning and students. Thus, the interview guide I created focused broadly on these various facets of teaching practice.

The data for this study were constructed with 14 nurse educators whom I purposively recruited from four public BSN programs in Metro Vancouver. All participants were teaching or had recently taught in either the classroom, clinical, or lab setting -- or a combination of the three. The participants' teaching experience ranged from seven to 35 plus years, with educational attainment ranging from baccalaureate to doctorate level.

I conducted two sets of semi-structured interviews that ranged from 90 -120 minutes in length. In the first set of interviews, I met with participants individually to discuss their trajectory into nursing education, current teaching context, their description of students, and their personal experiences of teaching and learning. Because I needed more in-depth data about how participants facilitated learning with their students in the classroom that extended beyond the description of various teaching strategies, I conducted a second set of interviews with six of the original participants in order to gain a deeper understanding of how the participants thought about and interacted with students about their learning. For the second interview, I chose one assignment from the

course syllabi of each participant that required a higher level of participant-student interaction in an attempt to understand what participants perceived as learning and how they facilitated and evaluated the learning of their students through that assignment. This included how participants viewed their students' experiences of engaging in the assignment, the participants' criteria for marking and types of feedback they gave their students, and how they evaluated the effectiveness of assignment.

I had not read much of the extant literature in higher education prior to the design and onset of this study. I started to read literature on teaching as I shaped and conducted the empirical component of my investigation. It was not until after coding the data set that I began to read more about philosophical conceptions of teaching. I found a bridge to this philosophical literature in the area of curriculum studies, and I began to read various curriculum theorists who could provide a larger arena for thinking about teaching and learning in public and higher education. I found I could "connect the dots" among scholars in curriculum studies, including but not limited to James, Dewey, Schwab, Shulman, and Schön, in a manner that provided a comprehensive framework for interpreting and analyzing the data I had collected.

"Philosophy plays an important part in arguments not obviously philosophical" (Floden & Buchmann, 1989, p. 1). Roberts (1982) maintains that all researchers draw on philosophical dimensions to interpret phenomena, and this is evident in the ways they generate and develop new knowledge. The criteria for establishing *truth* in research is largely dependent on the kinds of evidence deemed to be admissible within a fairly well established system of generating and endorsing knowledge. And yet, researchers sometimes fail to alert readers to the types of knowledge they draw upon (Floden & Buchmann, 1989). Pepper's *World Hypotheses: A Study in Evidence* (1942) identifies six concepts of evidence that have been drawn upon to support various empirical and analytical claims. Roberts (1982) discusses how four of these metaphysical suppositions find their way into arguments presented in research, eliminating two that do not include a Western view of evidence (*animism and mysticism*). These four "world hypotheses" that can be found lying behind research in education include *formism, mechanism, contextualism,* and *organicism*. As this study is qualitative, I do not draw on mechanism – quantification or cause and effect arguments (Roberts, 1982). The empirical analysis of this study draws on formism only to the extent to which I assess correspondence between the data and existing theoretical models; while contextualism and organicism

provide a means to situate and integrate this study to a larger interpretive framework that extends my analytical critique (Roberts, 1982). I do so because as a researcher, my background in nursing and mental health compels me to situate and integrate my findings within specific contexts and larger wholes. Thus, I share with the reader throughout this study the methodological guidelines and philosophical thought that informed my analytical claims.

1.5. Overview of Study

Chapter one has intended to provide a broad historical context and overview of the most prominent teaching problems in nursing education. Included is an argument for why a research study on nurse educator conceptions is necessary to better understand the problems at hand in nursing education and how such a study adds value to the extant literature on teaching in higher education. Chapter two begins with a review of the literature in higher and nursing education that has most influenced and informed my thinking about teaching. This is followed by a review of empirical studies on conceptions of teaching. Chapter three provides a narrative account of my methodological choices, philosophical stance, and the types of challenges I encountered as a researcher. Chapter four presents the findings this study identified. Chapter five provides a discussion about the analytical insights this study offers to BSN nursing education and its contribution to education research on teaching in the professional contexts of practice disciplines. I turn now to a literary overview of conceptions of teaching from curriculum theory, adult and post-secondary education, professional education, and nursing education.

Chapter 2.

Literature Review

In the previous chapter, I highlighted some of the most significant teaching problems in nursing education and put forth the argument that conceptions of teaching are related to how educators approach their teaching and how students approach their learning. I also suggested that the heavy research emphasis on teaching strategies in nursing education in the absence of understanding how nurse educators conceive of teaching is problematic because of its potential to harbour a narrow view of teaching that promotes an overuse of a technical rational approach to teaching. In this chapter, I introduce how philosophical models of teaching may provide educators with a means of understanding some of the core traditions of thought around the concept of teaching. I then turn to the nursing education literature. Finally, I discuss the empirical research on conceptions of teaching in nursing and higher education and put forth some conceptual frameworks about how teaching might be understood.

2.1. The Nature of Teaching in Higher Education

There are numerous varied portrayals of teaching within the existing literature in higher education. It will not be possible for me to discuss the entire canon of education literature that characterizes the nature of teaching within the context of this literature review. For this study, I will briefly introduce a few of the prominent educational scholars who have introduced salient schools of thought regarding the concept of teaching. I realize that each school of thought on conceptions of teaching has numerous scholars contributing to the breadth and depth of literary discussion surrounding each portrayal of teaching. What I present here are the most prominent authors that have shaped my understanding of conceptions of teaching. This section intends to introduce the reader to the various conceptions of teaching that have been depicted throughout the education literature – not as an exhaustive literature review of each conception – but more towards introducing a broad framework of thought about how teaching might be understood.

2.1.1. Philosophical Orientation

I begin this section of the literature review with a confession that I believe warrants a brief discussion. Although I introduce the reader to Scheffler's (1965) three philosophical models of teaching in this section, I must admit that as a nurse I have not always seen the relevance of philosophy to practice. Even though, as a nursing student, we were repeatedly told that "philosophy is important because it drives your practice," it was working with patients and solving problems in the midst of real-life practice situations that informed my worldview about nursing and – it wasn't applying textbook information but learning through mediated activity in a situated context (Lave & Wenger, 1991). What was important to learn was modelled by other nurses and healthcare practitioners. My understanding and approach to practice situations were informed by my experiences of practice. What I failed to realize was the reciprocal relationship between philosophy as the conceptual and practice as the practical. The working theories that practitioners use to approach practice problems often stem from how questions are answered in philosophy – a conceptual orientation.

At the center of what practitioners hold as important and how they come to know it is the notion of truth. As a nurse working in mental health, I often found myself questioning how I understood patients who were diagnosed with psychosis; a break with reality. Although I initially understood mental health patients in terms of meeting select diagnostic criteria, it was neither correspondence theories nor using rational coherence strategies that informed me of the truth of my nursing practice with such patients (Weed, 2008). What became important for me to understand as a nurse was how my patients constructed their realities and the potential effects that such interpretations held for these patients and their relationships with the social world. Much of my understanding of nursing practice stems from the development of pragmatic strategies rooted in practical experience, the best available evidence as I understand it, and various other human perspectives (James, 1907).

As I came to understand Scheffler (1965), I also had to recognize my pragmatist tendencies, not only in seeing how my conceptual and theoretical learning as a nurse evolved in practice but also as a means of accessing the ideas in the literature that I am about to present in this review. The philosophical lineage for much of the literature in review stems back to William James, the alleged "father of pragmatism." This view holds

that conceptual and philosophical orientations to practice can be shaped by practice itself – sharpened, reframed, supported, or refuted by the new theories that are generated from considered practice (James, 1907). Philosophy can serve as a useful tool for expanding the conceptual awareness of practitioners who face “real life problems” in practice contexts. The experiences of practitioners in relation to the problems of practice can further inform philosophical underpinnings of practice. Thus, the way that practitioners’ approach their practice is informed by a type of philosophy that is continuously reshaped by their experiences in practice, which, as it is shaped by practice has the capacity to develop practice in particular (deductive and inductive) ways. Truth is construed in this way – as the pragmatic utility of theory. *How is the theory put to use in interpreting and guiding practice, and what are the benefits that can be seen to follow from its application?*

Scheffler (1965) examines the significance of teaching philosophy in relation to teaching practice. He contends that the way educators understand teaching influences the way they will approach teaching practice. According to Scheffler (1965), teaching is characterized “as an activity aimed at the achievement of learning and practiced in such a manner as to respect the student’s intellectual integrity and capacity for independent judgement” (p. 131). He first explains that the nature of *teaching is intentional* and goal-directed and thus, the *activity of teaching* can be differentiated from other activities. However, the way that educators determine the learning aims of their teaching, what such learning will entail, and how they might achieve it can vary considerably according to how they understand teaching. The intentional learning aims and activities of teaching are often consistent with how teaching is understood. Scheffler introduces three philosophical models of teaching to discuss variance: the *impression* model, the *insight* model, and the *rule* model.

Scheffler begins his literary discussion with the *impression* model of teaching. The impression model of teaching begins with the educator’s attempt to impress upon the learner part of the public’s recorded possession of knowledge. There are cumulative bodies of knowledge within society’s collective heritage, disciplines, institutes, and cultural lore that constitute valuable sources of information. In this model of teaching, it is the educator who transmits his or her notion of what such knowledge entails, how it is to be learned, and for what purposes into the learner’s mind. Thus, the educator shapes the mind of the learner through the delivery of information from external sources. The

learning of facts becomes knowledge through the use of standardized ways of organizing and processing information. Once the educator had successfully transferred the growing accumulation of knowledge into the learner's mind, the learner retains this knowledge for future application to new cases. Although users of this model may believe that the formation of knowledge rests upon experience in some way, they often fail to realize that learning is not achieved through a standard set of operations or sensory input. Nor is it created through generalizing and organizing data – such as accepted theories or curriculum material – into a conceptual structure that is impressed upon the mind. And while this model of teaching may be useful in preserving public knowledge, it is not to be confused with the process of learning. Scheffler maintains that the retention of accepted theories or reorganization of curricular content is not the same thing as learners being able to understand or use knowledge. Missing from this model of teaching are the learners' innovative efforts towards construing insight and meaning from their learning experiences.

Recognizing that the learning of knowledge is not synonymous with the conveyance, organization, and storage of information, Scheffler presents a radically different approach – the *insight* model of teaching. According to this model of teaching, words are merely noise without students developing insight into the meaning and significance of their learning experiences. Students are expected to develop their knowledge through their efforts. Learning in this model of teaching occurs by how the educator engages the students in the process of developing new insights. The educator typically starts by introducing students to a new experience or a problem to be solved. The educator then prompts students to search for new understandings of their experiences not previously known to them. Even within this model of teaching, Scheffler points to the limitations of meeting the requirements of learning based solely on the construction of insight from the learner's observations, introspection, and potential cognitive bias. He contends that missing from this model of teaching is an emphasis of principled deliberation – the building of arguments and appraisal of reasons and weighing of evidence that are the basis of learner critical judgement and decision making. Scheffler is also concerned by the predominant individual cognitive emphasis of the insight model that misses the common notions of attitudes and dispositions of moral judgement and conduct within society.

Scheffler proposes that the *rule* model remedies the shortcomings of the insight model. The rule model extends beyond the cognitive focus of the previous two models by embracing the societal moral dimension of human conduct and quality of life through the processes of judgment and deliberation. The rule model of teaching draws upon the principles of reasoning, judgement, and conduct within various disciplinary traditions and institutions of civilization. It emphasizes the development of the learner's capacity to construct, evaluate, and generate new arguments rather than merely reproduce established arguments. The learner extends their insights through the exercise of cognitive judgement made on the basis the principled assessment of reasons and weighing of evidence. Learning is conceived of as the student's increased participation in and critique of adult experiences through the use of rational dialogue to seek reasons in a principled manner to support the basis of their knowledge claims and to support the principles of fairness and consistency of conduct. Scheffler maintains that the rule model helps link the collective heritage knowledge of the impression model and the intuitive grasp of the insight model through the principles of rational judgement. However, Scheffler also acknowledges that the rational model of teaching may not be appropriate to the traditions of science that rely more on the generation of empirical evidence and theories rather than use crystallized rational approaches to interpret meaning.

All three philosophical models of teaching have their strengths, appropriate uses, and inherent limitations. Scheffler concludes that the impression model serves as a cumulative growth of public knowledge that cannot be preserved by storing it piecemeal within individual learners. However, Scheffler also makes clear that the collective heritage of knowledge is not to be confused with the process of learning in the individual learner. The insight model of teaching engages the learner and stresses the insight generated from the learner's efforts of understanding; however, it misses "the processes of deliberation, argument, judgement, appraisal of reasons pro and con, weighing of evidence, appeal to principles, and decision making" (Scheffler, 1965, p. 138). Finally, while the rule model of teaching emphasizes the processes of rational discourse, principled judgement and deliberation, and the prospect of moral conduct and humanity, it may not be appropriate to all of the methodological traditions of empirical science.

2.1.2. Intentional Learning Activity

Like Scheffler, Hirst (1971) asks, *what is* the nature of teaching? He suggests that understanding the nature of teaching is important because a misunderstanding of teaching can lead to distorted views and approaches to teaching. Without understanding first *what teaching is*, the use of empirical research on the effectiveness of different teaching strategies is difficult to assess. “What we need to know are some relevant empirical facts, but these we cannot find if we are uncertain how to identify cases of teaching anyway” (Hirst, 1971, p. 5). Hirst begins his reflective inquiry on what might characterize teaching by attempting to differentiate the activity of teaching from other types of activities. He poses the following questions:

> How do we characterize the activity of teaching as to distinguish it from all other activities? How, for instance, on entering a classroom can one tell whether the teacher is in fact teaching? What exactly has to be going on? (Hirst, 1971, p. 6).

According to Hirst, the purpose of teaching is to intentionally help another person learn something that is directed towards achieving a particular end state or outcome. Thus, teaching does involve some type of purposeful activity between the educator and learner. However, Hirst argues that not all activities can be deemed teaching activities that promote the intended learning in students. Hirst answers the questions he poses about how one might determine if an observed activity within a classroom is a teaching activity, by pointing towards ascertaining the intention of the educator who is implementing the activity with students. But even so, understanding an educator’s intention of why a particular activity is being implemented and how it might relate to a student’s learning is still not enough to determine if indeed what the educator is doing is teaching.

Hirst (1971) reiterates his earlier point that not all activities are teaching activities. He maintains that activities such as “indoctrinating, conditioning, preaching, training, instructing, and so on” (p. 16) are not teaching. It is possible, Hirst argues, that the educator might be translating something to the students “without teaching anything to anybody” (Hirst, 1971, p. 7). Such activities could simply be a demonstration, showcasing a proof of something, or providing a means of entertainment. An activity, he maintains, only becomes a teaching activity when it is linked to a learning aim, intentional, and appropriate to the subject matter being taught within the necessary

conditions of the learning environment. He summarizes that “the intention of all teaching activities is that of bringing about learning” (Hirst, 1971, p. 9).

Learning, like the concept of teaching, is a concept that is not always clearly delineated or necessarily agreed upon amongst educators. And yet to understand teaching, it’s essential to have some notion of what might characterize learning. Hirst (1971) asserts that “until we know what learning is, it is impossible for us to know what teaching is. The one concept is totally dependent on the other” (p. 9). Hirst characterizes learning as a polymorphous activity towards a specific achievement or end state. He argues that learning is not dependent on teaching, as it is possible to learn something in the absence of teaching, whereas teaching is dependent on learning. However, some may argue that teaching and learning have a dialogical relationship even in the absence of formal teaching, as it is conceivable to teach oneself (Dr. Cindy Xin, personal communication, September 15, 2019). Yet, there may be limitations to the effectiveness of learning without questioning and feedback from others (Weimer, 2013). The entire point of teaching is to bring about intentional learning towards some type of learning outcome or achievement. He maintains that activities only become teaching actives when intentionally used within a specified learning context and the educator makes clear what is to be learned.

Further, Hirst suggests that teaching activities are only as effective for learning as the educator’s ability to adequately assess the level and state of the learner – and engage the learner at the level where that person can successfully take on what is intended to be learned. He contends that educators are sometimes guilty of grossly misjudging their pupils because they spend too much time focused on teaching class and not enough time understanding their learners. Therefore, the teaching activity that the educator implements must be able to bridge the gap between the present state of the learner and what is to be learned.

Essentially, Hirst suggests that teaching is characterized by the intentional design of learning activities that are appropriate to the subject matter, learner, and learning context towards the attainment of a particular learning objective or outcome state. However, Hirst also expresses doubt that an over generalized approach to the implementation of teaching activities can ever adequately meet the needs of learners. The reason why this is not possible, even with empirical research to advocate for the

effectiveness of particular teaching activities, is that it is the educator who must interpret and determine the appropriateness of their use within a given teaching context. Again, how an educator interprets what types of activities are appropriate or not appropriate within a given context is determined by their conceptions of teaching, as Scheffler alluded to earlier, and by extension imply an educator's characterization of what learning entails. Hirst (1971) concludes that the planning and selection of teaching activities require "the fullest responsible consideration" (p. 16). I take this to mean that the act of teaching requires a high degree of reflective activity on the part of the educator.

2.1.3. Learner-Centered

Weimer (2013) maintains that the words student-centered, learner-centered, and active-learning strategies are often used interchangeably amongst educators but actually can mean different things. She does not use the term student-centered as it sometimes can connote student as customers of education, a result of the commodification of education amongst many post-secondary institutes – something to which Weimer does not subscribe. Instead, Weimer prefers the term learner-centered as it keeps the focus on learning. Weimar contends that learner-centered teaching involves the use of active-learning strategies but also argues that one is not necessarily synonymous with the other. Learner-centered teaching is based on a particular orientation towards teaching and learning and does not hinge upon select learning activities. Similar to Hirst, Weimer argues that it is not "activity" in itself that fosters learning. Students actively engaged in doing something does not mean necessarily that they are learning what is intended – "not all things called active learning are focused on learning" (p. 40). Weimer problematizes "active-learning strategies" as a catch-all phrase to which many different definitions and strategies are attached. She argues that there is no core agreement within the education research as to what the central elements of active-learning strategies contain. Furthermore, the ways in which educators can interpret and implement the curriculum can vary significantly and with little agreement on how significant learning improvement might manifest and be represented. Therefore, teaching cannot be reduced to generalizable formulaic methods. Although active-learning strategies undergird learner-centered teaching, it is not the activities in themselves that define this approach to teaching.

Weimer's conception of learner-centered teaching is similar to Scheffler's insight model of teaching. Both are philosophical orientations to teaching that focus on how the learner constructs meaning from subject matter and experiences. Constructivism is a prominent educational philosophy that builds most notably on the work of Piaget, Brunner, von Glasserfeld, and Vygotsky and is central to learner-centered teaching (Weimer, 2013). There are several forms of constructivism (Perkins, 1999) but central to this philosophical orientation is that knowledge cannot simply be given to students – it requires the learner to "raise their own questions, generate their own hypothesis and models as possibilities and test them for validity" (Fosnot as cited in Weimer, 2013, p. 21). Weimer (2013) makes clear that not all constructions of personal meaning that students generate are automatically acceptable. She states,

> Constructing knowledge does not mean the learner-makes up the knowledge – it's something much closer to positioning the new knowledge so that it connects with something already known and therefore makes sense to the learner. Teachers should pay attention to student understandings, not because they are viable alternatives to well-established facts, but because the way students think should shape the way they are taught. Moreover, once students have arrived at a conclusion or decided on a meaning, challenging their thinking is the next step in the process. Teachers should question students and design activities that require students to explain and defend what they propose. The goal is to get students to see quality variations among solutions (Weimer, 2013, p. 23).

Accordingly, Weimer (2013) maintains that the essence of constructivism as a teaching philosophy is about focusing on how learners engage in the processes of examining, questioning, validating, and revising what they are learning. She contends that learner-centered teaching helps facilitate deep approaches to student learning (Marton & Säljö as cited in Marton et al., 1997; Ramsden, 2003). Deep approaches to learning are characterized by students relating and organizing new information to what they already know and focusing on conceptualizing and understanding something in relation to arguments, evidence, and experiences as opposed to surface approaches to learning that focus more on reproduction and memorization (Weimer, 2013). Weimer directly links her recommendation of learner-centered teaching approaches to Kember and Gow (1994) and Prosser and Trigwell's (1999) research on faculty orientations to teaching. The researchers indicate that teacher-centered approaches to teaching are positively associated with students adopting surface approaches to learning, whereby learner-centered approaches are associated with deep and non-surface approaches to learning.

Weimer states that one of the most influential works that informed her approach to learner-centered teaching was Brookfield's (1995) *Becoming a Critically Reflective Teacher.* Through critically reflecting on her teaching practice, Weimer came to realize her authoritarian stance to teaching.

> I saw an authoritarian, controlling teacher who directed virtually everything that happened in the classroom. I made all the decisions and did so with little regard as to their impact on student learning and motivation…student learning just happened automatically, an outcome of my devotion to excellent teaching. It didn't matter where I turned the mirror, I never saw anyone other than the teacher (Weimer, 2013, p. 7).

This realization about her teaching changed how she approached the balance of power in her teaching. This meant that she stopped deciding and directing how students should learn everything and started giving students more control and choices about how they wanted to learn.

Central to learner-centered teaching is Heider's (1958) Attribution Theory and Bandura's (1997) work on Self-Efficacy (Weimer, 2013). Students need some control over their learning. Both theories highlight the importance of students learning to believe in their learning capacity and attributing success to their own efforts. Therefore, Weimer (2013) advocates for educators to carefully design learning experiences while refraining from always "organizing the content, generating the examples, asking the questions, answering the questions, summarizing the discussions, solving the problems, and constructing the diagrams" (p. 72). She recommends that educators give students more choices and decisions about their coursework. Conversely, this does not mean that students are solely responsible for their learning and without the need of support. Weimer uses the metaphor of a guide to explain how she views the balance of power and the role of the educator in teaching. She states,

> Guides show those who follow the way, but those who follow walk on their own. Guides point out the sights; they've travelled this way before. Guides offer advice, they warn of danger, and they do their best to prevent accidents. Likewise, learner-centered teachers climb with students. Together they ascend what for many students are new and high peaks (Weimer, 2013, p. 60).

From this perspective, learner-centered teaching is an active learning collaboration between educators and their students and is not reducible to the passive delegation of

learning activities. Rather, learner-centered teaching is a way of being with students that focuses on and supports students in the active construction of their learning.

2.1.4. Craft Knowledge

I have often heard nursing described as an art and science – the science of nursing constituting the substantive knowledge of the discipline and the art of nursing referring to *a way of being with patients*. Grimmett and MacKinnon (1992) refer to the *craft of teaching* in a similar light. The craft of teaching refers to the art of teaching – it is the educator's *way of being with students.* Craft knowledge "concerns itself both with the teachers' representations of the declarative knowledge contained in subject matter content and with the teachers' tacit instantiations of procedural ways of dealing rigorously and supportively with learners" (Grimmett & MacKinnon, 1992, p. 393). Craft knowledge is the way that educators understand, engage, and support students while they are attempting to learn what is being taught. Grimmett and MacKinnon (1992) refer to the ability to understand students and their learning as *pedagogical learner knowledge* – an amalgam of general pedagogical knowledge in combination with knowledge of learners. The educator understands both – how a typical student might conceive of and approach the subject matter they are representing and how to best engage and support learners during this process.

Craft knowledge is unique to the educator. Although authors such as Kohl (1986), Paley (1989), Wigginton (1989) have written about craft knowledge extensively, Grimmett and MacKinnon (1992) remind us that, craft understandings are not something that can be taken up by educators as an applied science. Rather, they describe craft knowledge as the way some educators draw from their own life experiences, knowledge of teaching and learning, and their understanding of students to create learning opportunities that actively engage and support students. Therefore, some scholars might view craft knowledge as inherently anti-scientific because it is not a type of teaching knowledge that can be generalized to other educators. Craft knowledge is the 'know-how' of teaching that goes *beyond* the established generalized principles and technical skills of teaching. In a way, craft knowledge is comparable to a musician who has moved beyond the basics of music knowledge and skill to improvising with other musicians while simultaneously adapting to the responses of the audience. Likewise, craft knowledge is the manner in which an educator personally transforms teaching from

subject matter and pedagogical basics to an art form that fully engages and adapts to the needs of learners in a supportive and captivating manner.

MacKinnon (1996) writes about educators developing a *teaching manner* through teaching alongside other educators and uses the metaphor of *learning to teach at the elbows* as a way of understanding sociocultural influences on practice. He describes, "learning to teach as a dialogical process embedded in the activity with others" (Mackinnon, 1996, p. 653). MacKinnon (1996) refers to *working at the elbows* as the situated and social character of learning to teach. He contends, "An individual's teaching manner frequently reflects that of others who have been most influential" (MacKinnon, 1996, p. 663). Thus, educators through teaching at the side of others may assimilate certain teaching behaviours and characteristics. However, MacKinnon also stresses that working at the elbows with other educators needs to include intentional reflection on teaching practice – as "apprenticeship without critical reflection will do nothing more than to propagate current practices" (MacKinnon, 1996, p. 659). MacKinnon (2017) stresses the importance of educators identifying their assumptions and beliefs about teaching and learning and reflecting on how they have developed and articulated such understanding in their teaching practice. He states that it might not be immediately apparent to educators how to construct bridges between their theoretical knowledge about teaching to their practical experiences of teaching. While it is up to every educator to develop their own craft knowledge, it may be working at the elbows with other educators that is the most influential, yet largely unformulated, part of that process (MacKinnon, 1996).

2.1.5. Cognitive Science

Teaching has been dominated in the past century by the knowledge transfer model of teaching (Olsen, 2008). According to Olsen (2008) this approach to teaching rests on two theoretical premises: that learning primarily occurs in the mind of the learner and that knowledge transfers intact from one context to another. Similar to Scheffler's (1965) impression model of teaching, a model designed to transfer society's collective cumulative bodies of knowledge to the learner, the cognitive perspective of teaching treats knowledge as an entity that individual learners acquire (Olsen, 2008). This perspective of teaching assumes that knowledge is not bound to situated contexts, need not take place in complex social situations, can be taught in decontextualized abstract forms, and can be transferred unproblematically from one context to another

(Anderson, Reder, & Simon, 1997). Underlying this premise is the belief that neurocognitive research will aid educators in using teaching strategies that promote the retention of information and the learner's ability to make connections between information (Bransford, Brown, & Cocking, 2000). Yet, despite these claims, "few generalizations can be made about transfer as a whole" (Druckman & Bjork, 1994, p. 56).

Learning transfer is the ability to transfer what is learned in one situation to another, has often been depicted as the holy grail of learning within the education literature and yet it is not often clear on how to achieve it. In reviewing the research on learning transfer, Druckman and Bjork (1994) conclude that learning transfer is neither automatic nor easy to achieve. There is no one generalizable theory about how learning transfer occurs, but most education and cognitive researchers do agree that the teaching approach and learning context are essential to its achievement (Druckman & Bjork, 1994). Central to the debate on learning transfer is the role of context in learning – especially within cognitive and situated theories of learning (Anderson et al., 1997; Greeno, 1997). Is context separable from learning? Situated learning theorists primarily argue that learning is a social process that is situated to the specific context of learning, whereas cognitive theorists argue that while the context is important, it is not central to how learners develop knowledge; rather it is how the individual learner processes information (Olsen, 2008). Anderson, Greeno, Reder, and Simon (2000) concluded that both perspectives on learning are essential to teaching and learning. They state,

> A more complete cognitive theory will include more specific explanations of differences between learning environments, considered as effects of different contexts, and a more complete situative theory will include more specific explanations of individual student proficiencies and understandings, considered as their participation in interactions with each other and with material and socially constructed conceptual systems (Anderson et al., 2000, p. 12).

What can be ascertained from this statement made by researchers who vary significantly in their focus and understanding of learning is that learning is a multidimensional construct that brings forth a considerable challenge and the need for reflection in how educators might interpret and approach their teaching practice. Perkins and Salomon (1992) surmise that it is the role of educators and the way that they design learning

conditions and environment that largely determines the achievement of learning transfer amongst learners.

Interpreting neuroscience research for teaching, however, is often not straightforward for educators. There remains no automatic relationship between neuroscience findings and educational applications (Bruer, 1997; Brynes & Fox, 1998; Schunk, 2012). Moreover, there is the ongoing challenge of educators over-simplifying neuroscientific findings and attempting to apply their misinterpretations of science to teaching in ways that are problematic and potentially dangerous (Bruer, 1997; Geake & Cooper, 2003). One such example is the frequently gross simplification of the right and left hemisphere functions of the brain – two cerebral hemispheres that are massively interconnected but are often reduced to lateralized teaching strategies within the education literature – an interpretation of brain science that is not supported by research (Geake & Cooper, 2003; Schunk, 2012). Thus, the way that neuroscience is interpreted may have grave implications for how educators interpret student performance and design learning activities. Finally, “science cannot, by itself, decide the goals of education for a whole society...science can inform the educational process only to the extent that understands what society expects” (Anderson et al., 2000, p. 12).

One of the potential pitfalls of educators primarily subscribing to teaching as a science is the inadvertent promotion of a dualistic perspective of learning. Marton and Booth (1997) advocate that learning not to be separated into the dualistic notion of the inner and outer world of the learner. They maintain that learners do not construct internal representations of knowledge that are devoid of experience in the world. The researchers uphold that experiences are always embedded in context and that individual awareness of the world is not solely determined by the individual construction of knowledge alone. Furthermore, the notion that learning is merely a matter of brain function may lead educators to erroneously assume that learners are solely responsible for constructing their own knowledge and attribute failure to learn to the learner’s cognitive abilities rather than reflect on their approaches to teaching (Marton & Booth, 1997).

2.1.6. Teacher Knowledge

Perhaps one of the most substantial analyses of knowledge required for teaching in recent years is Shulman's (1986) conceptualization of teacher knowledge. Shulman presents the argument that teaching is *more than delivering* subject matter, applying instructional skills, or communicating with personal style. Shulman expresses concern over the perception that the education literature focused too much on procedural activities, such as formulating questions, structuring assignments, planning lessons, and organizing learning activities. He maintains that such a conception of teaching trivializes its complexities into an overly simplistic bifurcation of content and teaching processes and expresses concern over the little emphasis on subject matter and teacher knowledge resulting from their teaching experiences within the education literature. He argues that educators need to know more than teaching strategies – but also possess a knowledge basis for teaching, understand the depth and breadth of their subject matter, and anticipate and respond to how students might learn such subject matter. Realizing that many central questions of teaching remained unasked, he begins to question, "Where do teacher explanations come from? How do teachers decide what to teach, how to represent it, how to question students about it and how to deal with problems of misunderstanding?" (Shulman, 1986, p. 50).

Shulman introduces the concept of *pedagogical content knowledge* (PCK) as a form teaching knowledge that integrates essential knowledge of subject matter, pedagogical skill, and an understanding of what makes specific matter easy or difficult to learn. PCK is largely born of a strong knowledge of specific subject matter and the experiences of teaching students such subject matter. Shulman is not narrowly defining teaching as only representing an in-depth knowledge of subject matter, rather he is arguing against narrowly conceiving teaching as a set of instructional strategies. He was concerned that new educators were being taught to teach in the way that reduced the status and complexity of teaching into a set of academic exercises. Shulman argues that knowledge in teaching requires a knowledge base consisting of content knowledge, general pedagogical knowledge, curriculum knowledge, knowledge of learners and their characteristics, knowledge of educational contexts, pedagogical content knowledge, and knowledge of educational aims, purposes, and values as situated within their philosophical and historical grounds.

Shulman's conception of teaching emphasizes teacher knowledge, reflective reasoning, and focusing on students. Shulman types of knowledge educators need to possess to focus on how educators' might reflect on their teaching practice. He presents how educators might comprehend, transform, and instruct their students on the subject *and* focus more on how students respond to their teaching. Shulman asks, how do students understand what is being taught? How do students evaluate their own performances and adjust for experiences? How do educators reconstruct and critically analyze the effects of their teaching and what do they use as evidence for grounding these explanations? Finally, how do these new understandings alter the ways educators might approach their future teaching practice?

Similar to Schön (1983,1987), Grimmett and MacKinnon (1992), Lave and Wenger (1991), Brookfield (1995), and Weimer (2013), Shulman suggests that knowledge is generated from reflecting in and on experience. Although Shulman emphasizes the intellectual sources of teacher knowledge, he is also concerned about educators' processes of pedagogical reasoning and action when teaching. Often this requires educators to adapt whatever is being taught to the characteristics and needs of students in the moment. Hence, Shulman concludes that educators need to achieve standards in teaching while avoiding the standardizing of teaching. He contends that many educators and community policymakers overlook critical features of teaching, such as the subject matter, educational context, student characteristics, and the knowledge basis and pedagogical reasoning skill needed for effective teaching in their quest to implement generic teaching processes – often with a heavy emphasis on student performance on standardized tests. However, he warns, "We must be careful that the knowledge-based approach does not produce an overly technical image of teaching, a scientific enterprise that has lost its soul" (Shulman, 1986, p. 20). For Shulman, teaching is more than an enactment of understanding about teaching. It is also a reflective process that is adaptive to the variations presented by students and learning contexts.

2.1.7. Critical Reflection

Teaching can hurt sometimes. Alongside the ideal portrayals of what teaching ought to be, represented throughout the education literature, authors like Brookfield (1995) and Palmer (2007) write about the emotional vulnerability that often accompanies teaching and learning. Palmer makes the point that good teaching cannot be reduced to

technique – but rather, good teaching stems from the reflective practice of *who we are as teachers*. He poignantly writes,

> A good teacher must stand where the personal and public meet, dealing with the thundering flow of traffic at an intersection where "weaving a web of connectedness" feels more like crossing a freeway on foot. As we try to connect ourselves and our subjects with our students, we make ourselves and our subjects, vulnerable to indifference, judgment, ridicule. To reduce our vulnerability, we disconnect from students, from subjects, and even from ourselves. We build a wall between inner truth and outer performance, and we play-act the teacher's part. Our words, spoken at remove from our hearts, become "the balloon speech in cartoons," and we become caricatures of ourselves. We distance ourselves from students and subject to minimize the danger-forgetting that distance makes life more dangerous still by isolating the self (Palmer, 2007, p. 18).

It takes courage to teach authentically from an undivided self. Palmer explains that the way an educator relates to students emanates from our identity – "we teach who we are" (Palmer, 2007, p.1). Both educators and students experience the fear of failure at times – fear of not understanding, looking foolish in front of others, having our prejudices challenged, and our ignorance exposed (Palmer, 2007). Palmer (2007) argues that it is often such fear that pushes educators away from examining who they are as teachers – as it is often easier to hide behind intellectualism and teaching technique then attempt connectedness with our students. And yet, good teaching cannot occur without a capacity for connectedness with others. Knowledge and technique are never enough to connect what we teach to the core of our students. "Technique is what teachers use until the real teacher arrives" (Palmer, 2007, p. 6).

Teaching is a human interaction that has the potential to mirror back our own sense of inadequacy and fraudulent contradictions between how we experience ourselves and our perception of how others might view us (Palmer, 2007). Furthermore, what we intend to teach as educators might not be what our students experience (Brookfield, 1995). He states,

> Seeing ourselves through students' eyes is one of the most consistently surprising elements in any teacher's career. Each time we do this, we learn something. Sometimes what we find is reassuring. We discover that students are interpreting our actions in the sense of that we intend. They are hearing what we wanted them to hear and seeing what we wanted them to see. But often, we are profoundly surprised by the diversity of meanings students read into our words (Brookfield, 1995, p. 34).

Brookfield (1995) stresses the necessity of continuously investigating the effects of our teaching on our students. We cannot know how our students are perceiving our teaching and experiencing their learning unless we constantly inquire into those experiences. But often, Brookfield explains, this will not happen unless the educator has created a learning environment where the students feel safe to do so.

Brookfield maintains that good educators are critically reflective about their teaching practice. He maintains it is the quality of critical reflection and not the years of experience teaching that matter most. “Length of experience does not automatically confer insight and wisdom. Ten years of practice can be one year’s worth of distorted experience repeated ten times” (Brookfield, 1995, p. 7). Brookfield (1995) contends that the failure to critically reflect on teaching excuses educators from having to answer the basic questions of “How do you know when you are teaching well?” “How do you know when your students are learning?” and “How could your practice be made more responsive” (p. 6). He maintains that the teaching methods and practices imported from the outside rarely address the types of teaching problems that do not have standardized solutions.

Critically reflective teaching involves a particular type of reflection that considers the sources of power that undergirds and frames educational process and questions the assumptions that premise the foundations of teaching practice (Brookfield, 1995). It is a process that questions an educator’s primary ways of knowing and pedagogical assumptions about teaching (Brookfield, 1995; Palmer, 2007). Such assumptions may include that all knowledge is objective, prescriptive processes of what good teaching looks like, effective teaching is signalled by the receipt of uniformly good student evaluations, and that teaching is a commodity whereby the consumer, the learner, is always right (Brookfield, 1995). Finally, critically reflective teachers are aware of the power imbalances inherent in teaching – and reject the naive notion that reassuring the students of equality is the same thing as spending considerable time earning the trust of students through authentic collaboration (Brookfield, 1995). Brookfield (1995) contends that critically reflective educators are constantly thinking about the way they encourage or inhibit student questions, the types of reward systems they create, the degree of attention they give to student concerns and make constant attempts to know about the effects of their teaching on students. Teaching, he maintains, is built on trust and “coming to trust another person is the most fragile of human projects” (Brookfield, 1995,

p. 27). Therefore, critical reflection is the means by which an educator creates the conditions for learning (Brookfield, 1995). An educator creates such conditions by being willing to be vulnerable and authentically connected to students while simultaneously upholding the moral, collaborative, and democratic dimensions of teaching.

2.1.8. Reflection in/on Action

One of the challenges of teaching that I have encountered as a nurse educator is the realization that I am not always aware of exactly what it is that I am teaching my students. It was one of the students who brought this to my attention. In the context of watching me interview a patient who had a history of being extremely guarded and dismissive, he observed this patient open up completely with me. My student asked, "How did you do that?" "Do what?" I responded, "What did you see me do?" The student shared his observations and expressed that he wished me to teach him how to connect to his patients in a similar manner. Connecting to other people's worlds was a type of tacit knowledge that was deep within me, and I struggled to articulate to my student what it was that I knew and how I had come to know what I knew to do. What my student was asking me to teach, I had not formally learned in school – as much of what I knew I had learned in practice and entailed a great deal of reflecting-in-action and responding to patients in the moment. I wondered, how do I teach students something like that?

According to Schön (1983), not all practice problems can be addressed by the teaching of theoretical and technical knowledge that precede the skills of application. There are times when a practitioner draws from a tacit type of knowledge, born of experience, and not from the consideration of a prior set of antecedent knowledge, procedures, or rules. Schön maintains that practitioners may know more than they can say and such knowing is embedded in practice. He calls this *knowing-in-action* and elucidates,

> These are actions, recognitions, and judgements which we know how to carry out spontaneously; we do not have to think about them prior to or during their performance. We are often unaware of having learned to do these things; we simply find ourselves doing them. In some cases, we were once aware of the understandings which were subsequently internalized in our feeling for the stuff of action. In other cases, we may never have been aware of them. In both cases, however, we are usually unable to describe the knowing which our action reveals (Schön, 1983, p. 54).

The realization that I had difficulty teaching something that was so pivotal to my practice as a mental health nurse caused to me reflect on how I went about learning in my nursing practice. When I reflected on how my nursing practice evolved, I realized that it was rarely the conscious application of substantive knowledge that drove my practice – rather it was my encounters with practice phenomena that required me to reflect beyond what I already knew that developed my professional competencies. It was through such experiences that I actively built on my substantive knowledge base. It was in cases of uncertainty I would often seek out consultation, review related research and learning materials, and observe expert practitioner performance to further enhance my understanding and skill. It was primarily through an ongoing reflection in and on the moment with patients and other healthcare practitioners that I learned to fine-tune my practice knowledge and skills.

This type of learning creates a teaching dilemma for educators within professional disciplines as the basis of professionalization is its application of science and academic theory to practice and not the professional artristy embedded in the actions of practitioners. Professions claim specialized knowledge and expertise and use science to legitimize their work and garner academic prestige in society (Abbott, 1988; Shulman, 1998; Sullivan, 2005). Schön (1987) states, “The greater one’s proximity to basic science, as a rule, the higher one’s academic status” (p. 9). Thus, professional disciplines often rely on science as a basis to promote and standardize their approach to practice problems. Schön (1983) refers to “instrumental problem solving made rigorous by the application of scientific theory and technique” (p. 21) as technical rationality. Technical rationality stems from the heritage of positivism and the belief that the application of science to practical problems will inform practitioners of how they should act (Schön, 1983). Schön (1983, 1987) explains that while technical rationality may be useful for addressing known practice problems and creating standardized practice procedures, its use becomes limited in practice contexts in which the ends are not clear and fixed.

Schön (1983, 1987) challenges the notion that practitioner knowledge is derived primarily from the substantive knowledge bases of professional disciplines, and he questions the relationship between the types of knowledge taught in academia and the kinds of competence valued in professional practice. It is not that Schön devalues substantive knowledge. He simply points to the limitations of its use in professional

practice. Not all practice scenarios have an established theory of practice or knowledge base that precedes its presentation. And not all professional knowledge and skill is the result of applied scientific theory and technique. It is the uncertainty of practice and practice dilemmas that often requires practitioners to reflect in action and adjust their practice simultaneously to what is learned in the moment. *Reflection-in-action* extends the practitioner's substantive knowledge base and previous practice experience into the realm of improvisation, whereby the practitioner is reconfiguring, learning, experimenting, and acting on the practice problem as it occurs (Schön, 1983). Conversely, Schön also admits that reflection-in-action might not be something that practitioners are able to do in the absence of a foundational knowledge base. He states,

> Perhaps we learn reflection-in-action by learning first to recognize and apply standard rules to, facts, and operations; then to reason from general rules to problematic cases, in ways characteristic of the profession; and only then to develop and test new forms of understanding and action where familiar categories of thinking fail" (Schön, 1987, p. 40).

Schön (1987) goes on to clarify that he is not advocating for a division between theory and practice in teaching nor does he believe that substantive learning always precedes practical application. Rather, he advocates that educators create learning experiences for their students that extends *thinking like a professional*, in terms of relevant facts, operations, and forms on inquiry to practice scenarios where students must learn to use those methods to reason on their own – and sometimes in the form of developing new rules and methods in cases of uncertainty.

Schön (1983, 1987) brings to light two challenging teaching paradoxes that educators face in professional disciplines. First, some of the knowledge that students may need to learn to become effective, competent, and proficient practitioners are often embedded in practice and tacit within the professional community, and second, the technical rationality that professional disciplines create to legitimize and cultivate the practices of their disciplines might actually hinder the development of reflective thinking in students when overused. Ramsden (2003) purports that one of the unintended consequences of an overreliance on explanatory, problem solving, and application-based frameworks is that they can become a means to an end in themselves and can be used in a way that actually inhibits student engagement and reflection on learning experiences. And yet, novice learners may benefit from the use of cognitive frameworks to help them interpret new experiences that are unfamiliar. However, there are not

always theoretical frameworks available to explain every dimension of professional practice as some knowledge remains embedded in the practice of professionals (Schön, 1983, 1987). This can become particularly problematic for students who enter into a profession and are expected to emulate performance that professionals have internalized but have yet to articulate and interrogate. Thus, the way educators use theoretical frameworks to help students understand and implement knowledge into situated practice contexts has limitations and requires careful consideration by educators as to how such frameworks might be best used.

Schön (1987) maintains that the technical rationality of professional curriculums, whereby students learn the generalized theoretical frameworks and approaches to problem-solving used within their discipline, is not sufficient itself to prepare students with the competencies needed for the uncertainty of professional practice. He argues that students need to construct their individual understandings of practice *while practicing* and maintains that students learn through doing and that practice often precedes understanding. Therefore, he advocates student learning through practicum experiences – apprenticeship. Schön (1987) defines apprenticeship as "some combination of the student's learning by doing, her interactions with coaches and fellow students, and a more diffuse process of background learning'' (p.38). Teaching, in this context, is coaching students through their practicum experiences with the aim of assisting students to expand their capacity for reflecting-in-action and knowing-in-action. He describes three forms of coaching. The first, '*Follow Me'* is the process of the student learning to emulate the performance of the coach more closely. The second type of coaching he refers to as *'Joint Experimentation'*, whereby the student and coach work together and dialogue about the rationale behind their actions as they proceed. The third type of coaching Schön describes as the '*Hall of Mirrors'* – the coach models the desired learning through the manner in which coach interacts with the student.

Schön's idea of coaching in practice is one way of addressing the chasm between theoretical knowledge and practical knowledge within professional and academic communities. He cautions academics against assuming that they are the producers of knowledge and that it is theoretical knowledge that leads to practice. He also warns practitioners against locking themselves into a view as technical experts with little need of reflection. When technical rationality is overused, it can inadvertently promote a practitioner's selective inattention to data that falls outside established

categories of knowledge, dangerous application of standardized solutions to problems they do not fit, and reduced ability to identify and frame practice problems that lie outside of established norms (Schön, 1983, 1987). However, Schön's notion of reflection-in-action may have limitations for novice level learners, as the ability to improvise in practice contexts *extends* from a practitioner's existing substantive knowledge bases and practical experience. In this context, new leaners may initially benefit more from *reflecting-on-action*, whereby learners and educators consciously reconstruct a practice experience that has already occurred in an attempt to learn from it (Schön, 1983).

Schön's (1983, 1987) depictions of the reflective practitioner inform how an educator might reflect on the various types of problems that arise in the midst of teaching and the types of practical lessons that are learned from the experiences of teaching. For instance, while an educator might plan for a particular type of teaching activity in class, it might become clear from the students' responses during a particular teaching situation that there might be another learning need more salient or a teachable moment more powerful. Often responding to students in the moment requires on the spot adjustment and improvisation, whereby the educator may indeed draw from tacit knowledge or consciously think about how to respond in the midst of responding. Likewise in thinking back on teaching problems that emerged in practice, the educator might take time to set and *reframe* the problem in new ways. An example might be that the lack of student engagement might not be so much a deficiency of character within students inasmuch as a response to a particular approach to teaching that does not resonate with students.

The way that professional practitioners frame problems matters – as it is the way that a problem is set that determines how the problem is addressed. Schön (1983) states, "we *name* the things to which we will attend and *frame* the context to which we attend to them" (p. 40). The framing of problems directs what a practitioner will notice, the order of activity imposed, and the outcome of what is trying to be achieved (Schön, 1987). It is often in the midst of attending to a problem that practitioners generate working hypothesis about what might be going on in a particular situation and reframe the way that they initially framed the problem. Practitioners not only frame problems, but they also frame their role – the way that they choose to present themselves within a particular context (Schön, 1983). Reflective practitioners, such as nurses and educators,

can attend to how they frame problems by reflecting on the structure of their inquiry and how they define their role as a professional (Schön, 1983). Professionals who define themselves as expert inquirers and work with clients have a greater sense of freedom to reframe problems as they learn more about a particular situation; whereas professionals who define themselves as expert knowers tend to rely more on their professional persona and client deference to their role when solving problems (Schön, 1983). As educators, the way that we frame problems and frame our role as professionals largely determine the types of learning environments and relationships we create with our students.

2.1.9. Situated Practice

Situated learning as described by Lave and Wenger (1991) is not a conception of teaching in the traditional sense. As Lave and Wenger explain, situated learning is essentially non-teaching in that the focus centers on learning that occurs within a community of practice and not on the teaching aims of individual educators. I have decided to include Lave and Wenger's concept of situated learning in this literature review because it remains pertinent to understanding a central aspect of teaching in nursing education. Nursing practice is situated within a larger healthcare system that requires interdisciplinary teamwork with other healthcare professionals. Nurses work within communities of practice, and nursing students and educators participate in those communities of practice as a means of enculturating learners into nursing practice.

Lave and Wenger (1991) characterize a community of practice as a group of people who partake in a professional craft or social practice within a situated context. The researchers view learning as a *legitimate peripheral participation* process, whereby "learners inevitably participate in communities of practitioners and that the mastery of knowledge and skills requires newcomers to move towards full participation in the sociocultural practices of a community" (Lave & Wenger, 1991, p. 29). Learners engage in activities that are specific to a particular community of practice and move through gradual participation towards full participation in expert practice. Learning is situated to activities of practice that are located in a particular social setting, space, and time (Lave & Wenger, 1991). Therefore, Lave and Wenger (1991) maintain that learning cannot be decontextualized or transferrable between contexts (Lave & Wenger, 1991).

Lave and Wenger (1991) contend that learning is a process of social enculturation, whereby learners assimilate new knowledge and skill by participating in authentic activities with other members of a community of practice. There is no separation between *what is learned* from *how it is learned and used* (Brown, Collins, & Duguid, 1989), as Lave and Wenger reject the dichotomy of cognitive and experiential learning. They state,

> The notion of participation thus dissolves dichotomies between the cerebral and embodied activity, between contemplation and involvement, between abstraction and experience: persons, actions, and the world are implicated in all thought, speech, knowing, and learning (Lave & Wenger, 1991, p. 52).

From this perspective, the practice identity, intellect, and skill of the learner do not develop in isolation of each other. Rather, the learner actively participates in a set of practices and conceptual understandings that are specific to a community of practice as a way of being in a social world (Brown et al., 1989). Learning is attached to the social practices of a community rather than the individual cognitive activity of the learner – as cognitive comprehension is viewed as something that is distributed and inscribed within the activity of its members (Christensen as cited in Qvortrup, Wiberg, Christensen, & Hansbol, 2016).

Brown et al. (1989) extend Lave and Wenger's (1991) concept of situated learning to include the cognitive apprenticeship of situated practice. They argue that cognitive apprenticeship – ways of thinking about practice – is situated in specific practice contexts, authentic practice activities, and social interactions of its community members. The scholars maintain that the use of conceptual knowledge in situated practice extends beyond "abstracted concepts as fixed, well-defined, independent entities that can be explored in prototypical examples and textbook exercises" (Brown et al., 1989, p. 33). Brown et al. (1989) contend that such exemplification does not provide the important insights learners need to understand practice, as it is missing the situated contexts, authentic practice activities and social embeddedness of the practice community. They further argue that practice problems cannot be isolated from the context in which they are embedded, as knowledge indexes in the mind of the situation it arises and is used – connecting activity to the environment. Hence, "authentic situations are not merely useful; they are essential" (Brown et al., 1989, p. 37).

Teaching in this context does not stem from the articulation of a structured framework of experience or expert practice. Rather, educators teach *who they are* as experienced practitioners within a community of practice. MacKinnon (2017) contends educators need to understand the vulnerability and uncertainty that students bring to the practice setting – especially if expected to construct their own bridges between theory and practice. He explains practice problems do not always come as givens and it is often difficult for students to apply theoretical knowledge to practice problems they have yet to find. MacKinnon advocates for educators to assist students in reflecting and reframing in/on their practice experiences with theory from their courses – integrating the practice *and* theory of professional practice together. Educators communicate through co-participation in legitimate practice activities, ways of being and acting in situated contexts of practice. In this sense, teaching is not a prescriptive process inasmuch an analytical perspective to approaching the social dynamics of learning and embeddedness of knowledge within a community of practice (Christensen, 2016). Accordingly, situated learning can be viewed as a type of apprenticeship, whereby learners assimilate tacit and explicit forms of knowing through their participation as novice members in a community of practice (Lave & Wenger, 1991). However, Lave and Wenger's depiction of learning within a social context remains vague in some regards, as there is little discussion about how an individual learner might respond within a community of practice.

The limitation of viewing learning as a decentralized socially contingent process is it seems to portray learning as a vague by-product of human activity with little way to delineate any specific mechanisms of learning beyond socialized activity (Christensen, 2016). This is problematic because it tends to portray learners as blank slates, who carry "nothing either into or out of the community of practice" (Christensen as cited in Qvortrup et al., 2016, p. 131). There is also little consideration of the diversity, tensions, fractions, or factions within a community of practice that learners encounter (Entwistle, 2010). Missing from this view are the individual struggles that a learner may encounter while learning within such a context. Christensen (2016) puts forth that both the individual and society are active participants and co-creators of a shared social world. Therefore, teaching involves an awareness of both the social constituents of learning within a situated practice context and the individual identity and agency that learners bring into existing social structures.

2.1.10. Professional Preparation

Education in practice disciplines is aimed at preparing students for professional practice. What makes practice *professional*, however, is subject for debate as there are competing perspectives of what professions are. Larson (1977) and Witz (1992) maintain that professions are occupations that have used credentialing and legal tactics, through education and licensure requirements, to control formal knowledge with practical application in a labour market. In their view, at the core of professions is "the attempt to secure a structural linkage between *education* and *occupation*; between *knowledge* in the form of negotiation of cognitive exclusiveness, and *power* in the form of market monopoly" (Larson as cited in Witz, 1992, p. 56). In a similar vein, Abbott (1988) broadly refers to professions as a group of diverse occupations who compete within a larger societal system to define and control jurisdictions of expert labour. Sullivan (2005) emphasizes the ethical responsibility and standards of competence that professions must maintain to honour their social contract with society – a contract based on professional privilege in return for specific expertise – to serve the public with the key values, knowledge, and skill that are essential to present-day life. Forsyth (1995) upholds that the key feature of a profession is autonomy – the ability to independently practice and self-regulate as a professional group – something that is based on the ability to convince the state and the public of the extrinsic significance and status of its work, not just the intrinsic knowledge and value of its work. Finally, Shulman (1998) identifies six universal characteristics of a profession: (1) providing service to others, (2) using specialized theoretical knowledge, (3) skilled performance in practice, (4) exercising judgment in conditions of uncertainty, (5) learning from experience as theory and practice interact, and (6) being a member of a professional community of practice.

Despite the noteworthy differences in the portrayal of the formation of the structure and characteristics of a profession – especially in terms of societal focus, the jurisdiction of work, and degree of autonomy – there are three fundamental dimensions of professional practice that scholars agree upon. These dimensions include the cognitive, thinking like a professional; technical, performing skills like a professional; and moral, thinking and acting like a professional in an ethical manner (Shulman, 1998; Sullivan, 2005). One of the most prevalent challenges within the practice of professions is the ongoing tension between the theoretical knowledge and practical skill elements of professional practice. Dewey (1904) in his effort to raise the professional status of

teaching argued that the situated practical components of teaching should be grounded in the more generalizable understandings of scientific theory and principles. Therefore, he advocated that student teachers engage in theoretical education, to develop the dispositions of inquiry and reflection, prior to entering into their practical experience. Ironically, despite Dewey's lifelong promotion of the dynamic and reciprocal relationship between theory and practice, he also inadvertently contributed to the dichotomy of theory and practice by advancing that the former should precede the latter in teacher education.

Shulman (1998) explains that Dewey's ideology of a profession was shaped by his historical context, an era influenced by the release of the Flexner report in medical education – a report that proclaimed science as the dominant force in the creation of knowledge. Moreover, Shulman maintains that although Dewey prioritized theoretical over practical knowledge – for fear student teachers would merely imitate the practical skills of teaching rather than purposefully teach subject matter with the knowledge of educational principles and theory – he advocated for a professional curriculum that taught theory-in-practice for the purposes of practice. To Dewey, theory in the absence of practice is dead, as any theory of practice can only find its full meaning and verification in the context of practice (Schwab, 1959). Schwab illuminates this point further when he states,

> For Dewey, theory cannot be understood until the facts are experienced in the form given them by the organizing conceptions of theory; and experienced means that they must be seen and felt and that the actions they signify must be undertaken (Schwab, 1959, p. 142).

Schwab (1959) expounds that, for Dewey, teaching is neither about "rubbing the learner's nose" (p. 141) in empirical facts nor implanting philosophical conviction. Instead, Dewey views learning as pragmatic learning situations that provoke reflection, experimentation, and revision. Shulman (1998) maintains that despite Dewey's propensity to privilege theory, he correspondingly espouses that "only theoretical learning *situated in practice* would be rich and meaningful" (p. 524).

Dewey (1929) argues for science to be used as a methodological means of improving the quality of education practice. He defines science as a systematic method of inquiry. Dewey contends that a scientific method of investigating education would emancipate teachers from the cultural reproduction of teaching tradition and provide

them with a greater range of approaches to teaching. Dewey also argues that the new procedures developed from science be used for diversification rather than for set uniformity of teaching practice. He explains that while scientific theories are useful for informing educator judgment and allowing for a deeper understanding of experience, he argues against its use in standardized practice – as science, in itself, does not create firm rules of application to practice contexts. Subsequently, Dewey admits, “If there were an opposition between science and art, I should be compelled to side with those who assert that education is an art” (Dewey, 1929, p. 13). Although science may bring forth theoretical representations of knowledge, it is the practitioner who interprets its use in practice.

Shulman (1998) puts forth that while theoretical knowledge is useful for capturing the general knowledge of regularities and patterns of what is believed to be universally true, theoretical knowledge in itself does not adequately account for the particularities, variables, and exercises of judgment that are often required in situated contexts of practice. He contends that the role of theory in practice is problematic for two reasons: First, it often oversimplifies and narrows the field of study in phenomena, and second, the research that informs theory is often conducted in controlled artificial conditions that are often contrary to the emerging challenges and variations of practice contexts. Shulman (1998) advances his argument of the theoretical limitations of theory in practice even further, by boldly asserting that “academic knowledge is an *entitlement* and is not functionally necessary for practice” (p. 517). He argues that academic knowledge only becomes professional knowledge when it is useful to the field of practice. And while theoretical knowledge may be foundational for entitlement to practice, its ultimate test is its value to practice – as “professions are ultimately about practice” (Shulman, 1998, p. 518).

Schiro (2013) maintains that education designed to meet societal needs draws primarily from a social efficiency ideology. From this perspective, curriculums are designed to meet performance criteria and learning objectives are stated as observable skills that demonstrate things people can do. The curriculum developers primarily draw from scientific technique and behaviourism to develop learning experiences that will alter performance behaviour – something to which Schiro refers to as behavioural engineering. Accordingly, education is advanced through scientific technique and “only knowledge that can be externalized, objectified, and impersonalized within objective

reality is of worth" (Schiro, 2013). Learning is synonymous with changed in behaviour and broken down into standardized practice and atomistic technique (Schiro, 2013) – similar to Schön's (1983) notion of technical rationality. Consequently, Schiro (2013) maintains that educators are primarily viewed as instruments to deliver the curriculum and are accountable to others – e.g. governments, stakeholders, taxpayers, and regulatory and professional bodies. Likewise, learners are not viewed as an entity who themselves have meaning but as a person who possesses potential behavioural capabilities (Schiro, 2013). Thus, teaching becomes focused more on the activity of people rather than on the person engaged in the activity (Schiro, 2013). What remains important is that learners take on the necessary cognitive, affective, and psychomotor activity needed to appropriately deliver the products and needs of society (Schiro, 2013). Therefore, it is not surprising that Shulman (1998) contends that it is apprenticeship more so than theoretical preparation that is central to the preparation of professional practice.

Shulman (1998) characterizes apprenticeship as teaching that fosters the "moral vision, theoretical understanding, practical skills, the centrality of judgment, learning from experience, and the development of responsible professional communities" (p. 525). Central to Shulman's depiction of apprenticeship is the integration of the cognitive, practical, and ethical dimensions of professional practice. From this perspective, Shulman situates apprenticeship learning in professional communities of practice. However, he differs from Lave and Wenger's (1991) conception of situated learning in that Shulman extends his portrayal of learning beyond a process of social enculturation to focusing on how educators might assist learners to focus, interpret, organize, and reflect on their experiences of practice. He suggests that educators use specific cases to bridge theoretical generalities and ideals to the situated contexts and variable realities of practice. Although Shulman extends the concept of apprenticeship towards assisting learners in combining theory and practice in situated judgements, he does not delve into the specifics of the learner-teacher relationship, as does Schön (1983, 1987). Shulman portrays apprenticeship as the systemic integration of the professional dimensions of practice, whereas Schön seems to interpret apprenticeship as a specific approach to teaching – learners developing professional competence and reflective practice through coaching interactions with expert practitioners.

Despite these differences in apprenticeship approaches, the hallmark of apprenticeship seems to reside in what practical experience brings to the theoretical understanding of professional practice. Shulman (1998) directly juxtaposes academia's position of leading practice with scientific theory and critique by reminding scholars that it is often the lessons of practice that problematize and inform knowledge development in the academy itself. Therefore, Shulman contends that scientific inquiry must share pedagogical space with the narrative modes of practice. Shulman seeks a balance between the individual responsibility that professionals carry in their narratives of practice and the broader accountability to the community of practice that defines and regulates the standards of that practice. Hence, he argues that by creating and fostering communities of practice – individual experiences become communal distributed expertise and standards of practice can evolve.

One approach to understanding the different approaches and value aspects that practical and academic knowledge brings to teaching and learning is Olsen's (2016) comparison of small "t" theory and big "T" theory. Uppercase "T" theory consists of knowledge from systematic approaches to inquiry that are tested, refined, and published, whereas lowercase "t" theories are built from a practitioner's ideas and understandings of experience. He contends that sometimes it is difficult to integrate the small "t" practice knowledge to big "T" theoretical knowledge – as the former might be more tacit and less examinable and the latter might be too abstract and general for practical use. Olsen conjectures that teaching from little "t" theory may affect the predominant guiding system for most educators – as practitioners tend to trust their own experiences of practice over formalized theory. Therefore, it is important to learn how educators understand their experiences of teaching and learning to assist them in interrogating those experiences for covert assumptions and misconceptions about education and avoid "unthinkingly teaching as [they] were taught" (Olsen, 2016, p. 14).

2.1.11. Reflective Framing

As a nurse educator I have come to believe that act of reflecting is essential to the interrogation of my teaching practice. There are strong parallels to the ways educators conceive of teaching and the ways in which they reflect on their teaching practice. And yet the word *reflection* is a word that can be devoid of any significant meaning, depending on its use. It is beyond the scope of this literature review to explore

all the interpretations and usages of reflection. Unlike conceptions, which can be formed through the recollections and fragmentary bits of knowledge that people piece together to make sense of their experiences – sometimes without awareness (Entwistle & Walker, 2002), I use the word reflection in the context of this study to signify a conscious means of thinking about teaching in particular ways. Similar to Schön (1983, 1987), I believe that the way educators understand teaching and perceive their teaching situations, largely influences what they focus on, how they frame problems, determine and implement actions, and reflect on the outcomes of those actions. MacKinnon (1989) offers three broad organizational schemes of framing reflection in teaching practice: (1) reflection as mediating action, (2) reflection as deliberating among competing views of teaching, and (3) reflection as reconstructing experience.

MacKinnon (1989) depicts *reflection as mediating action* as a focus on the *application* of research findings or educational theory to teaching practice. He identifies a view of knowledge that is authoritarian and almost mechanistic in character – whereby educators tend to rely on knowledge published in research journals to direct or mandate their teaching practice. The focus is placed on the tasks of teaching and the use of theoretical and decision-making frameworks. The educators place emphasis on the types of instructional strategies used – such as concept mapping, journaling, structured interviewing, or the implementation of planning algorithms – to enhance the students' ability to use reflection to mediate action or infuse theory into practice. The focus of deliberation centers on applying the right teaching technique to the appropriate corresponding teaching problem or aim.

MacKinnon's second category of reflection portrays *reflection as deliberating between competing views of teaching.* In this description of reflection, educators examine competing views of teaching and the possible consequences of action they entail. This category of reflection requires educators to be well versed with the various conceptual portrayals of teaching and their relationships to specific contexts. Educators "explore multiple ways of viewing problems, consider why these problems are worthy of being addressed, and examine the role of the teacher, the learner, the subject matter, and the context in both the problem and potential solutions" (MacKinnon, 1989, p. 26). Therefore, educators who tend to focus on teaching in this manner tend to hold a relativistic or eclectic view of knowledge and are able to *inform* their teaching practice

through deliberating between competing views of teaching in relation to their potential consequences for students.

Finally, MacKinnon describes his third categorization of *reflection as reconstructing experience.* Educators engaged in this type of reflection tend to focus on reconstructing their experiences with the aim of achieving a *new view* of teaching practice. This reflective category involves the r*econstruction of action situations, reconstructing self-as-teacher, and reconstructing taken-for-granted assumptions about teaching.* In brief, reconstructing action situations draws from Schön's (1983, 1987) notion of problem setting and reframing. In this context, educators attend to the features of a problem that were previously ignored and recast the problem in the light of clarifying questions in a new way. Reconstructing self-as-teacher draws attention to how educators' identify their ways of being in relation to their experiences of teaching. Thus, their identities as teachers are shaped by their reflections on experiences as learners, educators, and personal biographies (MacKinnon, 1989; Olsen, 2008). Reconstructing taken-for-granted assumptions of teaching draws from a social constructivist view of knowledge to reconsider previous understandings of teaching situations and rethink the range of available responses.

MacKinnon illuminates how educators might implement various theories of teaching from their reflective framing of what they understand teaching to be. Educators may struggle to integrate their practical experiential knowledge of teaching to formal theoretical frameworks and empirical research on teaching (Dewey, 1938; Olsen, 2008, 2016; Schwab, 1959, 1969; Shulman, 1998, 2010). Schwab (1959) interprets Dewey's (1938) seminal writing, *Experience and Education*, from the lens of pragmatism in the context of educators attempting to integrate different forms of knowledge, scientific and practical, into their role as educators and curriculum. He articulates that the purpose and aims of science and practical knowledge are not one and the same. Science, he contends, offers tentative knowledge and instrumental organization about the form of things in the world. The challenge for practitioners is that science does not offer static patterns, processes, or conclusions that are immediately amenable to the daily problems and practicalities of life, as there are too many variables in situated life contexts that require reflectivity and fluidity of thought. "No two situations are precisely alike; single, rigid patterns of action will not continue to master situations" (Schwab, 1959, p. 150). This may create difficulties for educators in knowing how to reflectively frame their focus

on teaching practice in a manner that does not leave them empty-handed in knowing what to do – especially for novice educators – (Floden & Buchmann, 1989) and eclectically integrating subject matter and scientific theory to curriculum objectives in a manner that is both reflexive and pragmatic (Schwab, 1969).

The scientific theory of teaching and learning is useful for helping educators understand, organize, and fashion teaching practices in new ways, but it was never meant to be apprehended to real-life contexts in a decontextualized sense (Dewey, 1938; Schwab, 1959, 1969). It is through reflecting and experimenting with knowledge in the context of practical experience that practitioners come to understand, test, and refine theory, establish new ways of thinking, and address problematic situations in ways that seem relevant to its solution (Dewey, 1938; Schwab, 1959). MacKinnon (1989) offers a way for educators to increase their awareness of how they might transition from a superficial technical understanding of teaching towards a deeper practical understanding of teaching, an understanding of teaching that educators learn through experimenting and reflecting on the types of small “t” practice knowledge and big “T” theoretical knowledge they use and experience in their teaching practice (Olsen, 2016).

2.2. Teaching in Nursing Education

The literature in nursing education abounds with notions of what good teaching entails. For the purposes of this literature review, I have chosen what I perceive to be the four most significant representations of teaching in nursing education today – a perception I largely derived from my cumulative understanding of the nursing education literature, experiences as a nurse educator, and observations of scholars and colleagues in nursing education. These representations include teaching as meeting competencies, teaching as apprenticeship, teaching as implementing science, and teaching as facilitating thinking and understanding. All of these characterizations of teaching overlap with each other and stem back to the extant literature in higher education.

2.2.1. Meeting Competencies

Nurse educators are required to teach and provide supervision in accordance with the regulatory and accreditation standards of the nursing profession. Nursing regulatory bodies and professional associations regulate the practice of

registered nurses across Canada. While the Canadian Nursing Association (CNA) represents the national voice of registered nurses in Canada, each Canadian province and territory has their own legislated nursing regulatory body. Nursing education programs in British Columbia receive accreditation from the British Columbia College of Nursing Professionals (BCCNP). All BSN nursing programs must indicate how Entry-Level Registered Nursing Competencies and Standards of Practice (CRNBC, 2015) are embedded throughout their curricula. Although not mandatory, most nursing programs in Canada seek accreditation from the Canadian Association of Schools of Nursing (CASN) to indicate the level of educational quality provided by their nursing schools and programs. Finally, there is the National Council Licensure Examination (NCLEX) that all graduate nurses must pass to practice as a registered nurse. The Canadian Council of Registered Nurse Regulators (CCRNR) generates a report each year to display the Canada-wide results of the licensure exam. The operational status of nursing education programs across Canada is directly related to the manner in which they meet the regulatory, accreditation, and licensure requirements of nursing's professional associations.

As mentioned, nursing education curricula in British Columbia are structured to meet the entry-level competencies and professional standards of the BCCNP. There are four professional standards of nursing practice: (1) professional responsibility and accountability: self-regulation, (2) specialized knowledge-based practice and competent application of knowledge, (3) client-focused provision of service, and (4) ethical practice (CRNBC, 2015). Each regulatory standard contains several competencies. A competency represents the level of performance and integration of the knowledge, skills, and attitudes needed to demonstrate proficiency within a defined criterion of nursing care (Pijl-Zieber et al., 2013). The application of competencies to student learning is required during nursing education (CRNBC, 2015). This is known as competency-based education (CBE) (Gravina, 2017). The BCCNP currently lists 104 competencies that nursing students must meet for entry-level practice as a registered nurse (CRNBC, 2015). The ultimate aim of CBE in nursing is to ensure that entry-level nurses have enough knowledge and skill to provide safe, competent, compassionate, and ethical nursing care to members of society (CRNBC, 2015).

It is not unreasonable for the public to expect competent care from a regulated health profession and yet, exactly what it means to be competent is subject to debate as

such a nebulous concept is “unlikely to ever have a universally accepted definition” (Garside & Nhemachena, 2013, p. 545). Meeting a prescribed list of competencies is not synonymous with performing competently. Nor is performance synonymous with knowing or learning. Druckman and Bjork (1994) state,

> The ability to transfer between the training and application contexts is the crux of the frequently made distinction between learning and performance. One may learn to perform a task well during training, according to some criterion, but later find that the acquired knowledge is not sufficient to perform in the day-to-day environment. The distinction between learning and performance is critical because most training and task contexts differ in some way (p. 25).

Druckman and Bjork maintain that the transferability of performance from one context to another should not be assumed as learners often fail to recognize and capitalize between identical elements across contexts. They argue, “What one sees during training is current performance, which is an unreliable indicator of the learning that can support the longer-term performance” (Druckman & Bjork, 1994, p. 79). Thus, a competent nurse does not simply possess a large array of generalized competencies that are transferable from one context to another (Pijl-Zieber et al., 2013). Competence is “more than the sum of individual competencies” (Garside & Nhemachena, 2013, p. 543) and requires that the practitioner be able to make appropriate decisions and judgements and implement competencies according to the requirements of a specific context (Pijl-Zieber et al., 2013). The application of theoretical knowledge and practical skill are not enough in themselves to claim competence, as competence requires the use of judgement – something that is developed primarily through situational experience (Benner, 2001; Garside & Nhemachena, 2013). Competence may not be something that is generalizable or constant. Garside and Nhemachena (2013) argue that “competence is a context and time specific idea that requires the RN to be continually exposed to the particular area of competence, enabling them to maintain their claim to it” (p. 544).

Although some nurse educators might perceive competencies as performance criteria that are clearly defined, objective, and measurable –competencies are extremely problematic to define, operationalize, and evaluate – and are further complicated by the assessor’s subjective interpretations (Cassidy, 2009; Franklin & Melville, 2015; Pijl-Zieber et al., 2013; Watson, 2002). Often there is a lack of shared meaning between education institutes, employers, regulatory bodies, and patients about what a

competency entails (Pijl-Zieber et al., 2013). A US study conducted by the Advisory Board (2008) surveyed 3,500 hospitals and found that “while nearly 90% of academic leaders believed nursing students were fully prepared to provide safe and effective care, only 10% of hospital and health system nurse executives felt that to be true” (Huston et al., 2018, p. 29). There are limited studies demonstrating the validity and reliability of competency assessment tools (Franklin & Melville, 2015; Pijl-Zieber et al., 2013). Moreover, there may be limited congruency between differing assessors or even the same assessor at differing time periods (Franklin & Melville, 2015) and the assumption that the assessor is actually competent in the competency being assessed may not hold true (O’Donoghue & Chapman, 2010). Finally, a competency often portrays knowledge as a static one-size-fits-all criterion that fails to take into account the level of the learner and specifics of the context in which the competency is assessed (Benner, 2001; Franklin & Melville, 2015).

Despite these challenges, CBE is likely to remain central to nursing education (Pijl-Zieber et al., 2013). Competencies are the nursing profession’s benchmark for determining fitness to practice, are a legislative requirement for registration, and signal to the public that the registered nurse (RN) is competent in the tasks and duties expected of the profession (Garside & Nhemachena, 2013). However, O’ Donoghue and Chapman (2010) warn nurse educators that competencies should not be incorporated uncritically into nursing curriculum frameworks. They contend that if competencies are too narrowly defined, they risk becoming a form of behaviourism that focuses on the completion of tasks rather than the learning process. Yet, if competencies are too poorly defined it is difficult to articulate exactly what is being considered as competence (Watson, 2002).

Watson (2002) contends that competencies are not things that are “deliverable in sound bites nor easily ticked off in a competency framework, they require higher education…and highly educated people to convey them” (p. 480). Garside and Nhemachena (2013) assert that nursing embraces a diversity of dimensions that cannot be reduced to a mechanical list of competencies – the development of competence requires time and experience and is specific to the context and conditions of the nursing role. Benner (2001) maintains that competence takes two to three years in the same or similar situations to develop and that experience is a requisite for expertise. For nurse educators, this raises the question of whether it is possible for a newly qualified nurse to

be fully competent (Garside & Nhemachena, 2013). The BCCNP states, “It is unrealistic to expect entry-level registered nurses to function at the level of practice of experienced registered nurses” (CRNBC, 2015, p. 6). Therefore, how nurse educators implement competencies in their teaching practice is neither explicit nor easily generalized – as the way they interpret competencies depends on their own level of expertise within a specific context and related to how they conceive of teaching and understand student learning within varying stages of development and experience.

The notion of competency is at the heart of what it means to be professional. As mentioned earlier, there are three fundamental domains that characterize professional practice: specialized knowledge, technical skill, and ethical comportment (Shulman, 1998; Sullivan, 2005). The four professional standards of the BCCNP mirror these domains, with the addition that nursing is a patient and client focused societal service. Thus, the role of a nurse educator extends beyond “training” nursing students to perform the instrumental tasks of a “job” and into the realm of educating students into the role of a professional that entails specific disciplinary ways of knowing, doing, and being. It is the role of the nurse to care for societal healthcare needs in a knowledgeable, compassionate, and competent manner. The safety of the public is foremost. Benner et al. (2011) contend that for nurses to perform competently, they need to be able to interpret specific clinical situations holistically, grasp and frame the most salient features of clinical problems, engage in clinical forethought, inquiry, clinical reasoning, and thinking-in-action, and use clinical judgment when certainty is missing. The researchers maintain that the teaching of nursing needs to extend beyond the teaching of rational-technical accounts of textbook theory, problem-solving, and isolated techniques. The question for nurse educators becomes how does one teach such a practice? “Unwittingly, teaching-learning strategies have typically emphasized either process or content. The goal in this work is to link process and content as they occur in clinical…convey engaged reasoning and demonstrate strategies for reflecting on practice that facilitate experiential learning” (Benner et al., 2011, p. 11). From this perspective, competence is something that is best learned, modelled, and facilitated through practice experience.

2.2.2. Apprenticeship

Education for practice disciplines must measure up to the standards of the academy *and* the regulations and competencies of a profession (Shulman, 2005). In an endeavour to understand the *signature pedagogies* of the professions, the Carnegie Foundation for the Advancement of Teaching (CFAT) conducted a series of studies that compared the education of professions, medicine, nursing, law, engineering, and clergy to each other. Signature pedagogies are the characteristic forms of teaching that organize the fundamental ways that new practitioners are educated within their profession – as practice disciplines educate for dimensions of professional work rather than particular subject matter (Shulman, 2005). Benner et al. (2010) conducted the *Educating Nurses* study as part of the CFAT's Preparation for the Professions Series, in an effort to identify the signature pedagogy of nursing. Based on Shulman's characterization of the three dimensions of professional work – "to *think*, to *perform*, and to *act with integrity"* (Shulman, 2005, p. 52), Benner et al. identified three professional apprenticeships for nursing education: cognitive, practical, and ethical comportment. Benner expands on what these professional apprenticeships entail.

> The cognitive apprenticeship: intellectual training that provides: (i) the academic and theoretical knowledge base required for practice in the discipline; (ii) the capacity to think in ways important to the profession.
>
> The practice apprenticeship: clinical reasoning and clinical practice skilled know-how that teaches students how to think and solve problems in actual clinical situations. Learning how to reason across time through changes in the patient and/or changes in the clinician's understanding of the patient's conditions and concerns.
>
> Formation and ethical comportment apprenticeship: an apprenticeship to the ethical standards, social roles, and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession, grounded in the profession's fundamental purposes (Benner, 2015, p. 1).

Benner (2015) clarified that "the word 'apprenticeship' is being used metaphorically here to describe embodied skilled know-how that must be integrated, and usually modelled or demonstrated by a practitioner-teacher" (p. 1). The researchers, Benner et al. (2010), maintain that they did not use the word apprenticeship to mean apprenticing to institutions, "on-the-job training" or "slavish imitation of master teachers or coaches" (Benner et al., 2010, p. 25). Instead Benner et al. defined the term

apprenticeship as meaning (1) making visible key aspects of expert performance; (2) giving learners opportunities for supervised practice; (3) coaching supervised practice to help students understand, reflect on, and articulate their practice; (4) helping students gain a sense of salience for practice by helping recognize the priorities and demands embedded in particular clinical situations; and (5) reflection on practice to help students self-improve their practice.

Benner et al.'s (2010) depiction of apprenticeship teaching stems, in part, from Shulman's (2005) characterization of professions, Lave and Wenger's (1991) concept of situated learning, Dreyfus and Dreyfus (1980) acquisition of skill model, and Schön's (1983, 1987) notion of reflection-in-action. Benner et al. stop short of adopting the term "legitimate peripheral performance" – as nursing education involves high stakes learning situations where students are called upon to perform competently in response to urgent clinical situations. Although nursing students learn within a larger medical interdisciplinary community of practice, they require more direct supervision and coaching than Lave and Wenger's depiction of situated learning portrays due to the acuity of the learning context – a context where patient healthcare needs are acute and multifaceted and the monitoring of treatment and safety concerns are paramount.

Similar to Schön (1987), Benner et al. (2011) acknowledge the limitations rational-technical scientific theory and standardized analytical models for problem-solving in clinical contexts where certainty is unknown. However, the researchers depart from Schön's phrase "reflection-in-action." They state,

> We have chosen the term engaged thinking-in-action rather than Schön's (1987) phrase 'reflection-in-action' because 'thinking' conveys the innovative and productive nature of the clinician's acting thinking <u>in</u> ongoing situations. Reflection connotes stepping back and being outside the situation. Both are important for developing clinical knowledge (Benner et al., 2011, p.10).

Like Schön, the researchers argue that in practice situations that call for clinical judgment, as what presents exceeds what is previously known or experienced, the automatic deference to existing scientific theory and formalized problem-solving models may actually hinder the framing of the emerging problem. Benner et al. (2011) contend that nurses sometimes rush too quickly into problem-solving without first defining the problem and identifying the most salient issues at hand. Not-yet-defined emergent

problems require thinking-in-action, ongoing reflection, and clinical reasoning in a situated way as “practice is always situated in actual particular situations that can be captured only dimly and relatively in context-free abstractions and formal theory” (Benner et al., 2011, p. xv).

The researchers assert that the problem with the prevalent belief amongst nurse educators that the teaching of theory must precede the experience of practice is that “the emphasis is primarily learning *about* nursing rather than learning how to take up nursing practice” (Benner et al., 2011, p. 4). Benner et al. (2011) contend that learners learn to integrate the knowledge, skills, and ethical comportment of nursing through engaging experiences in situated contexts of practice. They define experiential learning as engagement in a situation that involves learning something new, contemplation of preconceptions, recognition of patterns, or sensing something awry or puzzling that generates inquiry into the presenting situation. The researchers hypothesize that the process of experiential learning generates a narrative memory of content and emotional sense of a situation that allows for pattern recognition or sensing something new or awry in future similar situations. Thus, the researchers purport that the learning of nursing practice is not based on the acquisition of extant knowledge to be later applied to future practice inasmuch as the narrative memories of entire clinical-case experiences that nursing students create.

Drawing from the work of Dreyfus and Dreyfus’s (1980) acquisition of skill model, Benner (2001) proposes that nurses progress through five levels of experience learning: novice, advanced beginner, competent, proficient, and expert. In brief, Benner elucidates that the novice is a beginner with little experience and relies on general rules that are context-free and independent of specific cases to perform tasks. The advanced beginner demonstrates acceptable performance and is able to draw from actual situations to recognize recurring meaningful components of nursing practice to guide actions. A nurse with two to three years experience working in the same area or in similar day-to-day situation begins to develop competence and plans own actions and long term goals based on conscious, abstract, and analytical thinking to achieve greater organization and efficiency. The proficient nurse perceives and understands situations as whole parts, has a more holistic understanding, and learns from experiences what to expect in certain situations and how to modify plans. Finally, the expert nurse no longer relies on principles, rules, or guidelines to connect situations and determine actions, as she or he

has enough experience to intuitively grasp clinical situations and performance is now fluid, flexible, and highly-proficient. Benner further submits that expertise is not synonymous with the passage of time – as experiential learning requires active participation and reflection. It is possible to repeatedly engage in similar type experiences and activities and not progress as a practitioner.

Building from these depictions of experiential and apprenticeship learning, Benner et al. (2010) proposed that nursing education embrace a radical paradigm shift in teaching practice – a shift that moved away from transmissive approaches to teaching towards more integrated learning practices. The researchers maintain that integrating the three apprenticeships of nursing will enable learners to better integrate knowledge acquisition and use, multiple ways of thinking, situated knowledge use that is productive, ethical and clinical reasoning, and clinical imagination and forethought. Benner et al. (2010) suggest that such integration can be achieved through experiential learning and narrative pedagogies that provide practical accounts of the logic of practice.

Benner et al. (2011) purport that narratives such as exemplars, cases, and stories “demonstrates the ways that ethical, clinical, and scientific reasoning are linked in actual practice” (pp. 23-24). Therefore, Benner et al. (2010) created three paradigm cases of excellent teaching across the clinical, classroom, and lab contexts of nursing education, to provide nurse educators with a narrative understanding of how they might integrate the apprenticeships of nursing into their teaching practice. Within each teaching exemplar, the researchers portrayed how expert nurse educators questioned, coached, and used assignments to promote learning. The researchers also encouraged teaching strategies such as unfolding case studies, simulation, problem-based learning and other learning strategies that took on a narrative structure that allowed students to practice integrating their nursing knowledge and skills. However, Benner et al. (2011) also strongly recommended against a too literal reading of the narratives as practical instructions for actions and isolated teaching techniques. Rather, the narratives were created to represent a paradigm shift in teaching practice that moved away from transmissive approaches to teaching towards more integrated learning practices.

Benner et al.’s (2010, 2011) portrayal of apprenticeship directly challenges the underlying assumption of cognitive gain (accumulated course content) as the foundation for thinking in nursing practice. It also challenges the assumption of a direct relationship

between content knowledge and its application, the selection of clear and uncontested answers to practice problems, and the learner's ability to transfer knowledge from non-contextual situations to actual nursing practice (Ironside, 2003). Nursing students develop greater insight into their own clinical thinking when educators guide students through specific practice situations where they must notice, interpret, and respond to patient needs through learning to reflect-in-action and reflect-on-action and adjusting their interventions accordingly (Tanner, 2006). In this way, students learn to clinically reason through practice situations as they unfold (Benner et al., 2010).

The way that nurse educators interpret Benner et al.'s (2010) portrayal of apprenticeship may parallel to Benner's (2001) novice to expert application of the Dreyfus model and Mackinnon's (1989) broad organizational scheme of categorizing teaching practice. If the nurse educators reading Benner et al.'s (2010) exemplars of apprenticeship teaching are relatively novice in their teaching experience, they may choose to focus more on the instrumental aspects of teaching in a way that is similar to MacKinnon's *reflection as mediating action*. In this context, the focus of teaching would be more on applying teaching strategies, decision-making frameworks, and educational research in a more mechanistic manner. Nurse educators who have had more teaching experience and have spent time reflecting on their teaching practice in relation to the literature to teaching in higher and nursing education might progress towards MacKinnon's *reflection as deliberating between competing views of teaching.* The reflective focus of teaching in this context would center more on competing paradigms of teaching such as the differences between teacher-centered and learner-centered teaching approaches. Finally, nurse educators who have spent considerable time reflecting on their teaching practice in relation to their teaching experiences, focus on teaching in a way that is similar to MacKinnon's *reflection as reconstructing experience.* This type of reflective would include reconstruction of action situations with teaching students, reconstructing self-as-teacher in terms of teaching identity and role, and reconstructing taken-for-granted assumptions about teaching, learning, and students. Benner et al.'s (2010) portrayal of apprenticeship in nursing education continues to place the patient at the center of teaching focus but additionally expands the focus of teaching towards a deeper understanding of how nursing students are learning to take up nursing practice. Such a focus would entail a greater grasp of how nursing students might be

interpreting and integrating their learning experiences across all contexts of nursing education.

2.2.3. Implementing Science

It is through science that professions legitimize their claims of specialized knowledge and skill (Shulman, 1998, 2005; Schön, 1983, 1987). The NLN (2016) has called for nurse scholars to "build the science of nursing education through the discovery and translation of innovative evidence-based strategies" (p. 5). Similar to Dewey (1929), the NLN refer to the word *science* as a systematic method of inquiry for the purposes of improving teaching and learning in nursing education. Diekelmann and Ironside (2002) argue that the science of nursing education should be developed similarly to how the science of nursing has evolved – from a basis of evidence-based practice (EBP). The concept of EBP has its origins in the field of medical education – a context that is not entirely analogous to the practice of nursing (Rolfe, 2016). Nurse scholars sustain that the nature of nursing practice is more broadly defined than that of medicine. Nursing is a practice that is situated between the biological and natural sciences of human pathophysiologic function and the psychosocial realms of human experience. It is a practice that extends beyond an understanding of physical sciences to encompass an empathetic understanding of human need and response to experience (Benner, Tanner, & Chesla, 1996; Rolfe, 2016; Tanner, 2006). One might infer from this depiction of nursing practice that there is enough scope within EBP to encompass both postmodern interpretive and post-positivist scientific inquiry; yet nursing is a practice within public healthcare systems that remains primarily directed by medical science and its related forms of scientific inquiry (Garrett, 2016).

Nurse educators may find themselves caught within a complex continuum of epistemological and ontological tensions when attempting to build a science of nursing education and implement evidence-based research into their teaching practice. How nurse educators determine what constitutes the basis of *evidence* for nursing practice is determined by how they understand what constitutes knowledge within a particular conception of reality, what evidence-based practice is and is not, and the way that they understand nursing practice (Rolfe, 2016). Pratt (1998) submits that if educators perceive reality as existing out there and waiting to be discovered then they will likely subscribe to the view that knowledge is objective, quantifiable, and reproducible. If

however, educators subscribe to the notion that reality is based, in part, on the shared and varied experiences of how phenomena are perceived and interpreted, then knowledge is something that is created and constituted rather than discovered (Marton & Booth, 1997). Educators who subscribe to an objectivist perspective of knowledge tend to view learning as an acquisition of information and procedures that are quantifiable and reproducible, whereas educators who hold more of a constructivist view of knowledge tend to view learning as an abstraction of meaning that involves a complex interpretive process (Pratt, 1998). The way that educators perceive knowledge influences their conception of "what is to be learned, how and why it should be learned, and what their roles will be in that process" (Pratt, 1998, p. 31).

Nurses are taught that there are more than one fundamental ways of knowing in nursing practice (Carper, 1978) and encouraged to view and interpret clinical situations from multiple perspectives – and yet, randomized controlled trials (RCT) remain the gold standard of evidence-based practice (Rolfe, 2016). Within the hierarchy of evidence in nursing education, a systematic review of RCT's rank highest, with single descriptive or qualitative studies ranked as significantly lower (Garrett, 2016; Melnyk & Fineout-Overholt, 2011; Rolfe, 2016). The appeal of developing EBP primarily from RCT's is the generalizability of best practice recommendations for the justification of clinical decisions and its use for decisions on the economic viability – cost effectiveness – of different interventions or treatments (Garrett, 2016). However, the assumption that EBP is straightforward and can be applied directly to practice contexts and override the clinical judgement of the practitioner is not warranted (Rolfe, 2016). The context in which the research study took place may bear little resemblance or have significant limitations in application to the practice situation at hand (Biesta, 2007; Rolfe, 2016) and may also not be appropriate to the ethical considerations of meeting human needs in a particular situation (Allmark, 2016; Rolfe, 2016). Furthermore, there are practice situations in which there is not enough research to direct practice or the application of best practice recommendations have failed to achieve the desired outcome (Biesta, 2007; Rolfe, 2016).

There is an ongoing tension in EBP between the humanistic, intuitive knowledge generated by practitioners and the systematic findings generated by scientific researchers (Benner et al., 1996; Garrett, 2016; Rolfe, 2016; Schön, 1983, 1987; Thorne, 2018). Rolfe (2016) argues that, "it is meaningless to discuss the nature of

evidence without relating it directly and explicitly to the nature of practice" (p. 110). He elaborates that in the case of technical interventions, the best evidence for practice may indeed be based on experimental research. However, Rolfe also goes on to say that "nursing is concerned with *being* and *relating* as much as with *doing*" (p. 110) and "is a series of human encounters which can never be rationalized into an algorithm for 'best practice'" (p. 111). EBP was never meant as a blanket cookbook application of research findings (Rolfe, 2016; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Instead, Garrett (2016) and Rolfe (2016) argue that EBP might be best viewed as a set of tools to help nurses understand and comprehend their practice situations in a way that informs their clinical decision making and enable them to decide for themselves how best to act and systematically improve their practice as a nurse.

The conversation about developing the science of nursing education stems primarily from two significantly differing conceptions of learning and knowledge development. Take for instance, Benner et al. (2010) who subscribe more to Lave and Wenger's (1991) situated learning and Dreyfus and Dreyfus's (1980) model of skill acquisition in contrast to Giddens, Caputi, and Rodgers (2015) perspective that learning is a neuroscience and function of mental processes (Bransford et al., 2000). Situated and intuitive learning models tend to exemplify a black box approach to the cognitive processes of learning (Garrett, 2016) and yet there is still not enough research in neuroscience that translates directly into educational contexts (Bruer, 1997; Brynes & Fox, 1998; Schunk, 2012). Cobb and Bowers (1999) caution against unreflective assumptions about the relationship between educational research, theory, and practice and warn against adopting theoretical perspectives that are "translated directly into instructional prescriptions" (p. 11). Anderson et al. (2000), neuropsychologists at the forefront of these differing perspectives on learning, state, "Although learning systems that have been designed with emphasis on individual cognition differ from those in social practices, we believe that this is a temporary result of the incomplete state of both theoretical programs" (p. 12). In other words, there is still not enough research to comprehensively explain how learning occurs.

Valiga and Ironside (2012) contend that there remain numerous challenges to how educational research studies are designed, conducted, and interpreted in practice situations in nursing education. The researchers express concern that many nursing education studies are narrowly conceptualized and rely heavily on satisfaction surveys

and evaluative strategies such as NCLEX-RN pass rates to indicate quality and success of proposed teaching interventions – “despite the lack of evidence that correlates test scores with the quality and safety of care provided by graduates in complex situations” (Valiga & Ironside, 2012, p. 3). Although there has been a significant increase in nursing education studies investigating teaching strategies, there remains limited evidence to support the best use of these teaching strategies in teaching practice (Breytenbach et al., 2017; Ferguson & Day, 2005; McCartney & Morin, 2005; Oermann, 2007; Patterson & Klein, 2012). Ironside and Spurlock (2014) state that “the relationship between improvements in learning and improvements in practice cannot be assumed” (p. 667). Thorne (2018) summarizes that the way practitioners consider research knowledge should have the benefit of careful consideration to guide practice decisions but “it does not, however, imply that we must uncritically apply it in a standardized manner” (p. 2).

The ontological and epistemological assumptions that educators hold have implications for how they interpret and approach their teaching practice. Within a study that Entwistle et al. (2000) conducted on student teacher beliefs about good teaching, they presented a diagram that Entwistle and Walker (in press) created to depict the relationship between epistemological levels of thinking and conceptions of teaching. Drawing from Perry’s (1970) scheme of intellectual development and Prosser, Trigwell, and Taylor’s (1994) and Van Driel, Verloop, Van Werven, and Dekkers’ (1997) conceptions of teaching models, Entwistle and Walker created a retrospective account of how various levels of epistemological development led to an equivalent change in ways of teaching.

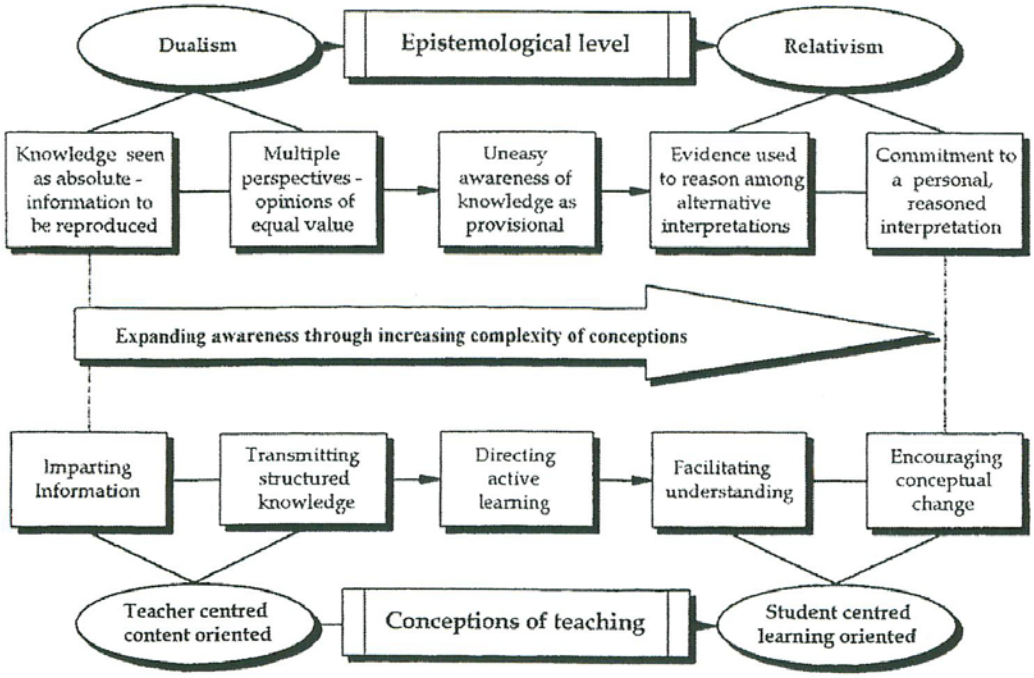

Figure 1. Developmental Trends in Thinking and Conceptions of Teaching

Entwistle and Walker's (in press) Developmental Trends in Thinking and Conceptions of Teaching. Adapted from Conceptions and Beliefs about "Good Teaching": An Integration of Contrasting Research Areas, by N. J. Entwistle, D. Skinner, D. Entwistle, S. Orr, 2000, Higher Education Research & Development, 19(1), pp. 5-26. Copyright May, 2000 by Taylor & Francis.

The diagram portrays a developmental hierarchy of epistemological levels that move from viewing knowledge as absolute to using evidence and reason to create reasoned interpretations of phenomena in parallel with teaching approaches that correlate with specific conceptions of teaching. According to this model, teacher-centered and student-centered conceptions of teaching, and their associated teaching approaches, are related to how educators view knowledge. In like manner, if knowledge is perceived as something that is absolute and fixed, the science of teaching might be portrayed as the discovery of teaching strategies that are absolute, reproducible, and generalizable to all teaching contexts. Such an approach to the science of teaching fails to recognize that it is educators who interpret the curriculum and use reflective reasoning in and on action (Schön, 1983, 1987) in their teaching situations to select the most appropriate use of teaching strategies. It also fails to consider the level of learner (Benner, 2001), learners' perceptions and experiences of their learning situation (Prosser & Trigwell, 1999) and qualitative differences in approaches to learning amongst students (Entwistle, 2009;

Marton & Booth, 1997; Ramsden, 2003; Säljö as cited in Marton, Hounsell, & Entwistle, 1997).

The way that nurse educators decide to build a science of teaching and adapt education research to their teaching practice has parallels to Scheffler's three philosophical models of teaching: the impression model, insight model, and rule model. These three philosophical approaches to teaching are rooted in distinct epistemological orientations that influence how educators interpret and approach their teaching and learning situations and determine what counts as evidence for learning. Similarly, Pepper's *World Hypotheses: A Study in Evidence* (1942) – specifically, the "root metaphors" of *formism*, *mechanism, contextualism*, and *organicisim* – offers differing vantage points from which the science of teaching might be created and interpreted. Thus, the *science of teaching* does not singularly point to nor is it necessarily synonymous in meaning with the *scientific research method.* The science of teaching is also rooted in various ontological, epistemological, and philosophical assumptions as to what counts as knowledge and how knowledge is used.

The assumption that there exists a direct correlation between teaching methods and conceptions of teaching may not be warranted (Kember & Kwan, 2002). Teaching methods or strategies in themselves do not necessarily indicate a particular conceptual orientation to teaching (Kember & Kwan, 2002). Not all activities or experiences are inherently learner-centered, as it is possible for educators to implement learning activities in ways that focuses little on learning or the learner (Dewey, 1938; Hirst, 1971; Schaefer & Zygmont, 2003; Weimer, 2013). A study on teaching conceptions conducted by Van Driel and his colleagues (1997) described an intermittent conception of teaching that they labelled as student-directing, whereby the educators provided learners opportunities for active learning but retained firm teacher control. In their diagram, Entwistle and Walker (in press) situate this conception of teaching at the midpoint of epistemological levels and conceptions of teaching. Kember and Kwan (2002) maintain that it is the overall teaching approach, the combined effect of intentions for learning in and teaching strategies, and *not* specific types of teaching methods or strategies that indicate the conceptions of teaching that educators may hold. Therefore, a science of teaching that focuses predominately on development and usage of innovative teaching strategies may not be enough in itself to *transform* the teaching pedagogies of nurse educators and *create greater linkages* between education and practice (NLN, 2016).

2.2.4. Facilitating Thinking and Understanding

There is a paradigmatic shift in nursing education literature towards a more constructivist philosophy of learning and teaching (Brandon & All, 2010; Candela et al., 2006; Handwerker, 2012; Siler & Kleiner, 2001). The reason for this change stemmed the perceived limitations of the Tyler design of nursing curricula – a design that was too content saturated and behaviorally orientated to develop the types of thinking and learning skills needed to keep pace with the proliferating advances in science, technology, and complex healthcare needs of society (Lindeman, 2000; Tanner, 1990). There was a consensus amongst leading nurse scholars, professional nursing associations, and healthcare authorities that nursing students needed to focus more on higher order thinking skills and develop a disposition towards life-long learning (Benner et al., 2010; Candela et al., 2006; Lindeman, 2000; Tanner, 2007). The literary conversation in nursing education now predominately centers around the conceptual reorganization of nursing curricula (Baron, 2017; Giddens & Brady, 2007; Giddens, Caputi, & Rodgers, 2015) and the implementation of learner-centered teaching strategies in an effort to improve the quality of student learning (Baron, 2017; Benner et al., 2010; Breytenbach et al., 2017; Brown et al., 2009).

There are qualitative differences in student learning in that some students do a better job of learning than others (Entwistle, 2009; Marton & Booth, 1997; Marton et al., 1997; Marton & Säljö, 1997; Ramsden, 2003). Marton and Säljö (1997) argue that students approach learning with differing conceptions of what learning entails. A learning approach consists of the students' intentions and processes that they use to learn (Marton et al., 1997). Marton and Säljö (1997) have conceptualized the variances in student approaches to learning as a hierarchical continuum extending from superficial to deep learning processes. Deep approaches to learning focus on learners' constructing understanding for themselves and consist of relating ideas to previous knowledge and experience, checking the evidence and relating it to conclusions, and becoming actively interested in course content (Marton et al., 1997). Surface approaches focus the reproductive requirements of the course and involve learning tasks such as memorizing facts and procedures, studying without reflecting on either purpose or strategy and treating the course as unrelated bits of knowledge (Marton et al., 1997). Benner (2015) encourages nurse educators to shift away from teaching that encourages superficial

learning *about a topic* to promoting deeper understanding of *how and when to use knowledge.*

Teaching influences student approaches to learning by the way students experience teaching (Entwistle, 2009; Ramsden, 2003). Students approach learning in accordance to their perceptions of what is necessary to meet the different teaching styles of educators, demands made in the course, and experiences of the teaching-learning environment (Entwistle, 2009; Ramsden, 2003). Entwistle illuminates this point more precisely. He states,

> Teaching influences learning directly, not just by making knowledge and ideas available but also by modeling ways of thinking or showing how evidence is used in building up an argument. Teaching also affects learning indirectly by influencing the approaches that students use in tackling their academic work. And this indirect influence comes not just from the act of teaching but also through the assignments set, the additional learning material offered or recommended, the support provided through tutorials and feedback on set work and, perhaps most importantly, what is rewarded through the assessments procedures (Entwistle, 2009, p. 3).

It is how students perceive their learning situations, assessment procedures, and the educator's teaching focus that influences student approaches to learning most (Entwistle, 2009; Prosser & Trigwell, 1999; Ramsden, 2003). Entwistle (2009) and Ramsden (2003) contend that students are more likely to adopt superficial approaches to learning if the educators who teach them perceive knowledge as absolute and learning as cognitive gains, conceive of teaching as the delivery of content through the implementation of correct teaching strategies, create heavy assignment workloads, and implement assessments that reward knowledge retention and slick presentations of course content.

Teaching higher order thinking skills that are specific to learning aims of the discipline – what it means to understand and know in one discipline – may not be comparable to another (Benner et al., 2010; Ramsden, 2003; Thorne, 2016). In nursing education, Benner et al. (2010, 2011) and Tanner (2006) explicitly describe what it means to think and act like a nurse. The researchers have stressed the importance of students learning how to grasp the salience of a clinical situation, use clinical reasoning, clinical imagination, and skilled know-how as the basis of their nursing judgments in situated contexts of nursing practice. Tanner (2006) defines clinical judgement as "an

interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (p. 204). She identifies the types of reasoning patterns that inform nursing judgment as stemming from various combinations of analytic processes, intuition, and narrative thinking (making sense of experience). Tanner elucidates,

> It is clear from research to date, no single reasoning pattern, such as nursing process, works for all situations and all nurses, regardless of level of experience. The reasoning pattern elicited in any particular situation is largely dependent on nurses' initial grasp, which in turn, is influenced by their background, the context for decision making, and their relationship with the patient (Tanner, 2006, p. 207).

The challenge for nurse educators is to know how to teach nursing students various types of reasoning patterns within the multiple contexts of nursing practice.

Practitioners know that *knowing how* to do something involves more than *knowing what* needs to be done (Benner et al., 2010, 2011; Schank, 2011; Schön, 1983, 1987; Tanner, 2006). The difference between *knowing what* and *knowing how* marks the distinguishment between theoretical and practical knowledge (Ryle, 1949; Schank, 2011; Schön, 1983, 1987; Shulman, 1998, 2005). The practice of nursing requires action and not just theorizing, but that does not mean that the foundational knowledge basis of nursing is rooted in anti-intellectualism or that theoretical and conceptual frameworks hold little value for nursing (Thorne, 2014). Knowing how to do something in nursing requires the integration various ways of knowing such as science, intuition, perception, imagination, ethical, sociopolitical, technical skills, personal knowing, holism, artistry, narrative thinking, and multiple analytical processes (Benner et al., 2010; Carper, 1978; Tanner, 2006). The challenge for nurse educators is knowing how to teach students to integrate these various of ways of knowing in their nursing practice.

Nurse educators have been made aware of the need to better integrate the theoretical and practical knowledge of nursing through the facilitation of student thinking and understanding (Benner et al., 2010), but there are significant differences in nurse scholar interpretations as to how this might be done. Much of the debate centers on the different emphasis on cognitive and situated approaches to learning. Both cognitive and situated approaches to learning acknowledge the context as important for learning but in

different ways (Cobb & Bowers, 1999). For instance, Giddens, Caputi, and Rodgers (2015) depict learning as the function of mental processes and organized conceptual constructs that can be generalized and transferred into situated contexts of practice. Alternately, Benner et al. (2010) contend that learning is a form of knowledge utilization in situated contexts of practice. It is not only learning what knowledge is important but understanding *how* that knowledge is used in relation to the salient aspects of specific clinical situations (Benner et al., 2011; Tanner, 2006). One approach concerns itself with using learning activities to conceptually map external representations of knowledge for students to retain knowledge for later use, whereas the other approach focuses more on how learners recognize, interpret, and think through the experiences they encounter while integrating those experiences with previous understandings of knowledge. In this account of learning, knowledge is not transferred into new contexts from memories but builds on interpretations of personal experiences of the world – thus, "humans create meaning as opposed to acquiring it" (Ertmer & Newby, 1993, p. 55).

The constructivist learning philosophy that nursing education literature presently promotes seems incompatible with the objectivist perspective of knowledge that forms much of epistemological underpinnings of science in healthcare. Nurse educators are cogent of the relational care aspects of nursing, which involve humans undergoing healthcare experiences and attempting to interpret and construct meaning from those experiences. However, nursing practice draws heavily from science and is embedded within a larger healthcare system that legitimizes knowledge through scientific inquiry. Positivism is material, based on measurement, whereas the constructivism is immaterial, and defies measurement (Romyn, 2001). These paradigms of knowledge are not dichotomies inasmuch as they are various epistemological positions along a continuum (Pratt, 1998). So while nurse educators might understand that both types of knowledge paradigms exist, they may posture to varying degrees the validity of one type of knowledge over the other (Pratt, 1998). And because professional knowledge is legitimized by the societal, cultural values of rationality, logic, and science (Abbott, 1988; Schön, 1983; Sullivan, 2005), behavioural and cognitivist approaches to learning may hold greater appeal for nurse educators, as it is deemed more objective and scientific. Thus, the epistemological tensions within nursing might make it more difficult for nurse educators to integrate constructivist based pedagogies into their

teaching practice, as they might use learner-centered teaching language and strategies without truly understanding their meaning (Schaefer & Zygmont, 2003).

Although there are many forms of constructivism (Perkins, 1999), the overarching philosophy of learning that it purports is aligned with learner-centered teaching (Weimer, 2013). Weimer (2013) links constructivist principles to learner-centered practices in the following way.

> Constructivism closely aligns with many learner-centered practices. Most fundamentally, it proposes that students must be interacting with the content – something far different from the passive receipt of information from an authority. In the constructivist interaction, students connect new material with what they already know. They may mold and shape the new information so that it fits with what they already believe and know, or they can use the new information to reshape, enlarge, and deepen their current understandings. A form of the verb "to construct," this is about students building knowledge with the guidance of teachers who have built knowledge structures out of this material previously (Weimer, 2013, p. 24).

In this passage, Weimer focuses predominately on educator role in guiding students to assimilate and accommodate new conceptions of knowledge and ways of thinking and understanding that knowledge into their existing ideas or concepts. It is the generative dialogue and reflective modes of inquiry between students and educators that facilitates this process. The goal is to support learning rather than direct it – including learning tasks. Weimer questions if teaching is truly learner-centered if it is the educator who makes all the decisions about course content, "generating examples, asking the questions, answering the questions, summarizing discussions, solving the problems, and constructing diagrams" (Weimer, 2013, p. 72). From Weimer's perspective, Van Driel et al.'s (1997) student-directing conceptions of teaching, whereby educators direct all the learning activities, would not be deemed learner-centered teaching.

One of the biggest misconceptions of learner-centered teaching that educators may make is to anchor their understanding of what learner-centered teaching entails directly to the application of certain types of teaching strategies (Entwistle, 2009; Kember & Kwan, 2002; Ramsden, 2003; Shulman, 1986, 1987; Weimer, 2013). Learner-centered teaching is more about focusing on *how students understand* what they are learning. Teaching strategies and learning activities are the *tools* that educators use to help facilitate students learning. This still requires that educators have a strong grasp of subject matter and related pedagogy (Shulman, 1986), use strategic alertness to capture

teachable moments (Entwistle, 2009), draw from their craft knowledge (Grimmett & MacKinnon, 1992), interpret and use EBP research (Garrett, 2016; Rolfe, 2016; Thorne, 2018), reflecting in action (Schön, 1983) and reflecting on their teaching practice (Brookfield, 1995; MacKinnon, 1989; Palmer, 2007; Schön, 1983, 1987). Soley relating learner-centered teaching to the application of active learning strategies can unwittingly reduce teaching to a narrow technical rationality.

The application of learner-centered or active teaching strategies as a means to facilitate student understanding in the absence of subject matter knowledge is insufficient for helping students understand what they are learning. The nature of subject knowledge within specific disciplines *does matter*, as it provides conscious awareness for the type of thinking that the discipline requires and has implications for effective teaching within that discipline (Prosser, Martin, Trigwell, Ramsden, & Lueckenhausen, 2005). Educators cannot effectively teach beyond the level of thinking and understanding they hold themselves. Buchmann states,

> Teachers who never explain or demonstrate anything, who neither answer questions nor question answers, may be engaged in some useful activity, but they do not teach….[These]…activities of teaching presuppose subject matter knowledge on the part of teachers (Buchmann, 1984, p. 31).

It is the nature of subject matter that ideally predisposes educators to select the most appropriate teaching strategies to help facilitate the learning of that subject matter (Buchmann, 1984; Dewey, 1904; Shulman, 1986). Educators who rely predominately on the use of facilitative teaching strategies without having a firm grasp of their subject matter are unlikely to effectively address deeper confusions in student thinking or they might treat appropriate modes of arriving at answers as mistaken (Buchmann, 1984). Although educator subject knowledge and expertise, in itself, does not guarantee student learning, these things do assist educators with understanding how students might be perceiving the subject matter they are learning, identify common misconceptions about the subject matter, and assist with identifying learning interventions that help students move forward in the development of their understanding and thinking in relation to that subject matter (Buchmann, 1984; Entwistle, 2009; Ramsden, 2003; Shulman, 1986, 1987). Therefore, it may not be the adoption of a particular teaching paradigm and its related teaching strategies that promotes the facilitation of student learning – inasmuch as the way that educators *assess how it is that*

students are learning to understand and use particular knowledge and skills in relation to the specific learning aims of the discipline – that help educators determine what teaching interventions are most appropriate to implement within a given learning context or situation.

2.3. Empirical Studies on Conceptions of Teaching

Prior to the onset of this study, I had limited knowledge about the various philosophical portrayals of teaching or what the empirical research indicated about the conceptions of teaching. I held no allegiance to any particular teaching theory or had much awareness about my own philosophical orientation towards teaching. All I knew about my teaching was that I loved working with students, sincerely cared about their learning, desired to improve as an educator, and had some concerns about some of the teaching trends I observed in nursing education. Consequently, my own conceptual understandings of teaching were fairly general as I began designing this study. I started this study from the premise that good educators knew a lot about various types of knowledge, subject matter, and pedagogy (Shulman, 1986, 1987), had some common behavioural teaching characteristics (Bain, 2004), and held some awareness about how their personal identities and experiences of teaching and learning influenced the way they taught (Olsen, 2008, 2016). It was not until I was in the midst of data construction and analysis that I began to review education literature that pertained more to conceptual orientations of teaching (Kember, 1997; Prosser & Trigwell, 1999) and their potential effects on student learning (Entwistle, 2009; Marton & Booth, 1997; Marton et al., 1997; Ramsden, 2003).

The reason why I share some of my own thought process and developing awareness about teaching as I progressed through this study is that it has direct implications for the ways in which I connected with and interpreted what participants of this study shared with me about their teaching experiences. My reflective framing for how I thought about teaching progressed in a manner that was similar to MacKinnon's (1989) organizational schemes of framing reflection in teaching practice. At first, I found myself focusing on the types of teaching activities the participants described in their teaching practice before moving towards identifying competing views of teaching within the participants' narratives. It was during the second set of interviews with participants that I began to reflect more deeply on how participants might be reconstructing their

teaching experiences with students, as I explored their implementation of a teaching assignment that required they give qualitative feedback to students.

Situating this study within the landscape of empirical studies on conceptions of teaching fits within MacKinnon's second level of reflective framing for teaching – *teaching as competing views of teaching*. This involves a type of data analysis that corresponds, in part, to Pepper's (1942) notion of formism in that I am using some existing theoretical frameworks to help organize and situate the data corpus of this study. I take heed to Thorne, Reimer Kirkham, and Henderson's (1999) warning about the ideological implications of paradigm discourse that can potentially lead to too narrowly problematizing various ways of understanding teaching. The purpose of situating this study in existing conceptual models of teaching is that it helps locate the current epistemological and paradigm discourse on teaching within the nursing education literature. However, the research on conceptions of teaching, as it currently stands, focuses mostly on the conceptual development of students and offers a limited explanation as to how the skilled know-how knowledge of practice disciplines might be integrated and developed within such conceptual frameworks. I later extend this particular framing of the study towards a more contextualized and integrated organic analysis (Pepper, 1942) of the various conceptual understandings of teaching within the context of the teaching experiences of BSN nurse educators. This level of analysis will take place in the discussion section of this thesis and mirror more of MacKinnon's third level of reflective framing of teaching – *the reconstruction of action situations, reconstructing self-as-teacher, and reconstructing taken-for-granted assumptions about teaching.*

I begin this empirical review with a review of the most prominent conceptual studies conducted on teaching in nursing education within the last twenty years. I then provide a broad overview of the most seminal studies conducted on conceptions of teaching in teacher education and higher education research. Finally, I conclude this literature review with a succinct summation of how the literature within this review has informed my methodological approach to this study.

2.3.1. Review of Studies in Nursing Education

There are few empirical studies in nursing education about conceptions of teaching in BSN nursing programs. I conducted several advanced literature searches, with the assistance of librarians, using multiple key terms and phrases associated with nurse educators, teaching, experiences, beliefs, conceptions, orientations, and styles of teaching. The data sources I reviewed included EBSCOhost, ERIC, CINAL Complete, ProQuest, Academic Search Premier, Education Source, OVID Medline, Google Scholar, and Cochrane Database. Similar to Pratt et al. (2007), I found an abundance of literature that described theoretical foundations and practical guidelines for teaching, alongside a heavy emphasis on teaching strategies. What I did not find were many empirical studies within the last twenty years that directly focused on how nurse educators conceived of teaching; particularly, in terms of a philosophical orientation towards teaching or notions of what good teaching might entail. As previously discussed in chapter one, the reason for this paucity of research may be related to nursing education's current research directive to develop a science of teaching and the dominant post-positivist epistemology of Health Science disciplines. Moreover, some nurse researchers may deem a study about conceptions of teaching as too philosophical to offer any real practical use for nurse educators (Ironside, 2001). Ruth-Sahd (2003) concluded, after conducting a critical analysis of reflective practice in nursing education that, nurse educators, especially novices', do not appear to reflect on their teaching practice and appear to function more from a reactive, rather than proactive, stance to the types of teaching problems they encounter. This is not surprising, given that there are few studies in nursing education that focus on conceptual understandings of teaching.

Two studies explored the teaching styles of nurse educators. Hossein, Dabbaghi, Oskouie, and Vehviläinen-Julkunen (2010) investigated the teaching styles of 15 nurse educators who taught in the clinical setting at a BSN nursing program in Iran. They conducted a grounded research study, using semi-structured interviewing, in which the researchers defined teaching style as the way educators collected, organized, and transformed knowledge in their teaching practice. Hossein et al. concluded that their participants taught in the clinical setting through doing, supporting, modelling, monitoring, and adapting their teaching styles to the demands of the clinical context. The results of this study share some resemblance to Schön's (1987) portrayal of apprenticeship – follow me, joint experimentation, and hall of mirrors. Similarly, Schaefer

and Zygmont (2003) sought to identify the teaching styles of nurse educators through the comparison of teaching strategies to stated philosophies of teaching and learning. Using the Principles of Adult Learning scale instrument to identify learner-centered versus teacher-centered approaches to teaching, the researchers mailed questionnaires to 100 randomly selected BSN programs in the US. They received 187 responses from nursing faculty. Their findings indicated that although faculty spoke of learner-centered philosophies, their teaching approach remained predominately teacher-centered. Schaefer and Zygmont suggested that one of the biggest deterrents to nurse educators adopting more learner-centered approaches to teaching is the contexts of nursing education.

Other studies interviewed nurse educators to identify the characteristics of effective educators and behaviours of good teaching (Gardner, 2014; Johnson-Farmer & Frenn, 2009). Johnson-Farmer and Frenn (2009) interviewed 17 nurse educators in a variety of universities across the US to learn more about what nurse educators viewed as excellent teaching. The researchers reported that the participants believed that nurse educators should be using active engagement techniques, use multiple teaching strategies, be clear in the communication of learning outcomes, create a learning environment where active learning can occur, and be able to draw students into active questioning and learning that is enjoyable. Gardner (2014) interviewed eight nurse educators in various institutes of education across one state in the US and learned that participants identified effective educators as being confident, humble, flexible, current, engaging, supportive, and caring or concerned about their teaching. They also made an effort to connect with their students, encouraged students to participate in their own learning, accommodated the different needs of students, and used multiple teaching strategies.

Nielsen (2016) explored the concept-based learning and teaching experiences of students and nurse educators in a case study with four clinical groups. The four nurse educators who she interviewed reported the benefits of reviewing pertinent conceptual theory with their students immediately before and after clinical experiences. The educators perceived the use of concept-based learning (CBL) as promoting the organization, transfer, and retention of knowledge amongst students. After analyzing the interviews of all participants, Nielsen maintained that the results of her study indicated that students learned more deeply, connected theory to practice, and developed better

clinical judgment. She concluded that for CBL to be effective, the teaching behaviour of educators needed to include collaborative learning, time with the educator, questioning students, identifying the connection between theory and practice, promoting student reflection and offering feedback, creating positive learning environments, having knowledge about the concepts they were teaching, and identifying patients who exemplified the concept discussed.

Diekelmann (2001), Diekelmann and Lampe (2004), and Ironside (2003, 2004, 2005) designed interpretive phenomenological studies that explored the teaching experiences of nurse educators who adopted Narrative Pedagogy as a means to decenter their teaching role in student learning. Narrative Pedagogy uses interpretive phenomenology to hermeneutically analyze the experiences of educators and students in nursing education (Diekelmann, 2001). The focus of Narrative Pedagogy centers the application of thinking to practice – "In other words, *how* nursing practice is being learned is as important as *what* is being learned" (Ironside, 2003, p. 510). Educators and students engage in Narrative Pedagogy when they gather together to interpret, question and think about their experiences in nursing practice through the lenses of multiple perspectives (Ironside, 2003, 2005). The methodological designs of these studies used audiotaped interviews and implemented a Heideggerian hermeneutic approach to analyzing interview texts. The consensus amongst the researchers carrying out these studies was that both students and educators found Narrative Pedagogy helpful in promoting deeper learning, providing new insights into how nurses may think about clinical situations, and encouraging learners to think in ways that persistently question practice. The challenge for nurse educators implementing a narrative approach to teaching remained the content laden nursing curriculums and predominant teacher-centered practices of nursing education (Ironside, 2004).

A number of studies explored how nurse educators perceived, identified, or implemented learner-centered teaching (Brown et al., 2009; Ellis, 2016; Greer et al., 2010; Jinks, 1999; Oyelana, Martin, Scanlan, & Temple, 2018). In a small exploratory study of 20 nurse educators, Jinks (1999) sought to learn how nurse educators understood the use of the terms student-centered teaching and learning in relation to andragogic principles. Similar to Schaefer and Zygmont (2003), she found that most of the participants she interviewed understood student-centered teaching as a type of teaching strategies such as self-directed learning, experiential and problem-solving

approaches. The nurse educators generally concluded that student-centeredness in itself was insufficient for promoting the andragogic theoretical underpinnings of nursing curricula, whereby educators foster the notion of life-long learning and learners are expected to take responsibility for their own learning. In like manner, Brown et al. (2009) conducted a survey study of 946 nurse educators to identify the types of teaching strategies they were implementing to develop a more learner-centered teaching approach. Although over 70 percent of the respondents indicated they integrated active learning strategies into their courses in an attempt to engage learners, the researchers found there was little agreement among educators as to which strategies facilitated student learning and failed to describe the techniques they used to evaluate the effectiveness of the various strategies. Greer et al. (2010) conducted a secondary analysis of the qualitative data from the Brown et al. (2009) study to understand how nurse educators characterized learner-centered teaching. They found that participants used many of the principles of learner-centered approach such as sharing power, promoting responsibility of the learner, displaying care towards learners, and using more than evaluative measures that ranked students. However, participants still focused predominately on their teaching role rather than the developmental learning process of students.

Ellis (2016) conducted an online questionnaire of 122 nurse educators that explored self-perception, beliefs, and the correlation behaviours indicative of learner-centered teaching. She found that although nurse educators who self-identified as learner-centered were more likely to use learner-centered teaching (LCT) approaches in the classroom, consistency with the goals of LCT did not always coincide with having a strong influence on teaching behaviour. Oyelana et al. (2018) conducted a phenomenological study with ten faculty members who taught to explore how nurse educators understood and experienced Weimer's (2013) depiction of LCT in the practice setting. The researchers found that there was a diversity of interpretation and implementation of LCT amongst educators and multiple barriers in the practice setting, such as insufficient time, chaotic environment, rigid task orientated routines, and dealing with student resistance and anxiety. Oyelana et al. (2018) concluded that nurse educators lacked sufficient understanding as to the meaning of LCT in a clinical environment and recommended more educational support, peer mentorship, and administrative support to address this issue.

As previously discussed in earlier segments of this thesis, Benner et al. (2010) conducted an extensive study on nursing education in North America. The study was part of the Carnegie Foundation series on the preparation of professionals in five fields: medicine, clergy, engineering, law, and nursing (Benner, 2015). The nursing CFAT team designed an ethnographic interpretive study comprised of site visits at nine nursing programs in the US to observe faculty teach in the classroom and clinical setting and interview faculty and students (Benner et al., 2010). In addition to site visits, the researchers surveyed three national nursing organizations and students about their perceptions of the effectiveness, pedagogical approach and challenges of nursing education, as well as the school to work transition (Benner, 2015). The study aimed to answer, “How, at this moment, can nursing education maximize its capacity to meet the needs of a transforming profession? How can teaching – and hence student learning – more effectively prepare students to enter a complex practice?” (Benner et al., 2010, p. 17). This is a good question.

The researchers found that nursing education programs having firmly situated coaching and experiential pedagogies in clinical practice, were effective in forming professional identity in an ethical sphere, but weak at teaching nursing, natural, and social sciences (especially in the classroom) in a way that was relevant for nursing clinical practice (Benner, 2015). In response to these findings, Benner et al. (2010) suggested that nurse educators critique and move away from the sharp separation of classroom and clinical teaching to more integrative teaching in all nursing education settings. The researchers recommended that there be more emphasis on teaching for a sense of salience, situated cognition, and action in situated contexts of nursing practice and a greater focus on clinical reasoning and multiple ways of thinking that include critical thinking. Reminiscent of Bain’s (2004) descriptive characterization of *What the Best College Teachers Do*, the researchers created three narrative exemplars that highlighted how three nurse educators exemplified “excellent teaching” across the lab, clinical, and classroom contexts of nursing education. The educators integrated multiple forms of teaching strategies, questioning and dialogue, coaching techniques, narrative structures, and active learning activities that focused on patient care and student experiences in situated contexts of nursing practice.

Underlying these studies is the notion that teaching in some way affects the learning of students – otherwise, why would it matter what type of teaching behaviour

nurse educators implemented in the classroom or clinical setting? These studies aimed to understand better how nurse educators understand, experience, and or implement teaching approaches in with the view that this understanding will lead to improvements in the quality of teaching and, ultimately, the quality of learning for students. Each study anchors to some aspect of conceptual understanding about teaching and how that understanding of teaching is informed. This study seeks to continue with this work, but in a way that seeks to acknowledge the significance of context and gain some sense of understanding of the person-in-practice (Skott, 2015). This approach shifts the unit of analysis away from solely identifying particular beliefs, conceptions, or various paradigms of teaching towards understanding the thinking of nurse educators contextually, as it relates to their experiences of teaching and their relationships with students.

2.3.2. Lessons from Teacher Education

The assumption that *any nurse can teach* has never resonated with me. Similar to the majority of nurse educators described in the nursing education literature, I have never been formally educated to teach. My approach in learning to teach in a BSN nursing program is comprised of *training,* often under the guise of mentorship with a message that conveyed "*this is how we do it here,"* reading books about teaching and learning, attending professional development workshops, reflecting on my teaching experiences (especially from mistakes), and considering peer and student feedback. I did not really begin to explore the nature of my own teaching knowledge and beliefs until I began to read the literature in teacher education. Initially, I naively thought that if I read enough empirical studies about teaching, I would eventually learn *the correct understanding and way to teach.* I likely started from this premise because of implicit enculturation in nursing education that predisposes one to think that *there is a right way to do almost everything.* I no longer believe this.

The empirical studies on beliefs and knowledge about teaching in teacher education were not easy for me to decipher or synthesize into a holistic understanding of teaching. Part of the reason for this difficulty stemmed from the philosophical variance in how researchers framed studies, inconsistency in conceptual nomenclature and definitions, a wide array of methodological approaches, and difficulty in reinterpreting research from one context to another (Fives & Buehl, 2012; Gill & Fives, 2015; Parajes,

1992). The aim of the discussion in this section is not to review all the empirical studies on teacher knowledge and beliefs, as it is beyond the scope of this study to review a field so big. Instead, I will bring forth some of the prominent themes and tensions that I encountered as a nurse educator-researcher trying to make sense of this vast body of literature within the context of this study.

My study explores the teaching conceptions of BSN nurse educators, which entail teacher knowledge, beliefs, and experiences. When reviewing the teacher education literature, I found it difficult to delineate between knowledge and beliefs. This is because conceptions of knowledge and beliefs are interwoven and not separated, with their nomenclature inconsistent and unclear (Fives & Buehl, 2012; Parajes, 1992). It is difficult to pinpoint where knowledge ends and beliefs begin (Clandinin & Connelly, 1987). Nespor (1987) distinguishes beliefs as a type of knowledge created from experiences and cultural transmission and knowledge as information that is schematically organized, semantically stored, and externally verified. An example of teacher knowledge is Shulman's (1986) categorization of six teaching domains: (1) content knowledge, (2) general pedagogical knowledge, (3) curriculum knowledge, (4) pedagogical content knowledge (PCK), knowledge of learners and their characteristics, (5) knowledge of educational contexts, and (6) knowledge of educational purposes and philosophy. In contrast, beliefs are characterized by subjective, value-laden mental constructs that people create in response to their experiences (Skott, 2015). In turn, beliefs are complex constructs that are multifaceted, sometimes contradictory, implicit or explicit, activated by contextual demands, both stable and dynamic, and best understood as integrated systems (Fives & Buehl, 2012; Parajes, 1992).

Shulman (1986) brought forth the argument that teaching is more than a process-outcome delivery of content and academic exercises. He expanded this narrow view of teaching through defining and examining the sources of teacher knowledge. One of his greatest contributions to the teacher education literature is his conception of pedagogical content knowledge (PCK), wherein the educator considers and facilitates how students might understand and learn specific subject matter. Although I found the clarity of Shulman's (1986) teacher knowledge categorizations appealing, I also found it somewhat limiting within the context of an applied discipline. Most nurse educators are educated as nurses – not teachers – and the curriculum from which they teach is more eclectic and less subject-centered than more traditional academic disciplines. I soon

realized that I was more interested in how nurse educators understood teaching than I was in what they purported to know about teaching. What educators believe about teaching filters, frames, and guides the types of problems they identify, decisions they make, and actions they implement within their teaching practice (Fives & Buehl, 2012; Gill & Fives, 2015; Parajes, 1992).

Beliefs about teaching play a pivotal role in knowledge acquisition and interpretation, learning task definitions and selection, interpretation of course content, and monitoring of knowledge comprehension (Parajes, 1992). Studies on teacher beliefs began in the early 1980s in response to the beginning of the constructivist revolution within education (Skott, 2015). At the time, researchers began with the premise teacher beliefs would become the default explanation for teaching practice – but this did not entirely prove true (Fives & Buehl, 2012; Skott, 2015). The studies on teacher beliefs in teacher education were riddled with methodological issues. Qualitative research was coming into use in Education as some quantitative approaches overlooked the meaning of items and a teacher's response to them, as there seemed to be no guarantee that standardized instruments would carry the same connotation between participants and researchers (Skott, 2015). Furthermore, standardized instruments were criticized as imposing understandings of teaching solely created by the researchers and not the participants (Skott, 2015). Qualitative studies held their own challenges with vague definitions of constructs and variation in data construction techniques within the context of specific interview situations (Gill & Fives, 2015; Skott, 2015). Perhaps one of the biggest misconceptions amongst researchers in that era, however, was the notion that beliefs were reified structures devoid of context (Fives & Buehl, 2012). Without context and an understanding that teaching practices are dynamic and the outcomes of individual and social acts of meaning-making, the explanatory power of such studies in relation to teaching practice was quite limited (Skott, 2015). Skott (2015) contends that the primary change in approaches to such studies lies in a shift away from mental reifications towards some understanding of the person in practice. He posits that there is a reciprocal relationship between the immediate social interaction of teaching and an educator's beliefs. He further argues that researchers must consider the prominent role that context plays in belief-practice relationships.

One of the most noteworthy debates within studies on educator beliefs is whether or not beliefs about teaching are fixed or malleable (Kagan, 1992; Hollingsworth, 1989)

Wideen et al. (1998) reviewed over 100 empirical studies to critique the influence and role of prior beginning teacher beliefs in relation to program interventions in modifying those beliefs. They concluded that a change in educator beliefs is possible but extremely difficult outside an understanding of the educators themselves and without consideration of the larger education system in which they teach. Tschannen-Moran, Salloum, and Goddard (2015) echo a similar refrain, stating that context matters because collective cultures influence educator practices through perpetuating a set of tacit assumptions and beliefs about the proper way to think and behave. Likewise, Buehl and Beck (2015) contend that various internal and external factors within the educational context support or hinder the enactment of teaching beliefs and that educators "should be attuned to the role that reflection and awareness play in supporting the congruence between teachers' beliefs and practices" (p. 81).

These particular findings of educator beliefs may have considerable significance for the current nursing education movement towards more learner-centered and integrated ways of teaching. Prawat (1992) challenges education reform efforts that cast educators in the passive role of receivers of innovation. He argues that in such contexts educators may be pressed to alter their teaching practice in ways they do not fully understand and which conflict with their existing beliefs about teaching in some way. He criticizes "mindless eclecticism" in teaching strategies that equate activity with learning, the notion of a curriculum as a fixed agenda, the tendency to separate learning and application, and the belief that generalization mediates the process of transfer. Prawat identifies the tendency to equate activity with learning as "naïve" constructivism as activity in itself does not determine how students reflect on their actions, explain what they did, and make sense of their learning. He argues that engagement in itself is not the measure of educational value and that curriculums with fixed agendas tend to focus more on the delivery of content rather than the meaning-making of students. Prawat echoes Wideen et al.'s (1998) contention that attempting to transform the teaching practice of educators through repacking content and delivery is counterproductive without reflecting on the more substantive issues of what educators perceive, interpret, understand, and believe about teaching within their educational contexts and larger disciplinary system – this is akin to "rearranging deck chairs on the Titanic" (Wideen et al., 1998, p. 167).

Nurse educators may hold multiple, even contradictory beliefs, about teaching that are dependent on the contexts in which they teach, as the development of teaching beliefs are dynamically related to the situations in which they occur (Fives & Buehl, 2012; Skott, 2015). This may explain, in part, why Benner et al. (2010) observed that nurse educators use significantly different teaching approaches in the classroom and clinical setting. In the classroom, the research team observed nurse educators focus on the subject matter they needed to convey, whereas in the clinical setting nurse educators focused on student understanding and assumed more of a coaching role. Two main assumptions about teaching may underlie the differences in these approaches. First, the majority of nurse educators that Benner et al. (2010) interviewed believe that the learning of theoretical knowledge should precede the learning of practical knowledge. Second, many nurse educators assume that the learning of generalized theory can be directly transferred into specific practice situations.

Benner et al. (2010) challenged the epistemological divide between formal and practical knowledge and the assumption of learning transfer knowledge from one context to another. The development of formal and practical knowledge in the context of professional practice and ways of knowing, in terms of holding, understanding, and using such knowledge, may be distinct forms of knowledge but they are mutually interdependent and – the direction of this interdependence cannot be assumed (Fenstermacher, 1994). Consequently, it cannot be argued that the knowing of formal knowledge precedes the knowing of practical knowledge. Moreover, the notion of learning-transfer, the learning of something in one context that is later applied to another context, cannot be assumed. What, how, and when learning transfer occurs remains subject to debate among researchers – especially when distinguishing between *performance*, as in training, and *learning*, as in conceptual understanding (Druckman & Bjork, 1994). Although Benner et al. (2010) created three narrative exemplars that modelled how formal (*knowing that*) and practical knowledge (*knowing how*) might be integrated into teaching practice, the underlying epistemological basis for this paradigm shift may have been lost in translation. As discussed earlier in chapter one, the current literature in nursing education predominately focuses on directives for the conceptual organization of nursing content and the implementation of active/learner-centered teaching strategies in the classroom. This reminds me of MacKinnon's (1989) reflective framing of teaching as *mediating action* – teaching that centers on applying the right

teaching technique to the appropriate corresponding problem. What remains assumed or unknown is the ways in which nurse educators interpret such literature.

2.3.3. Lessons from Higher Education

My review of the literature on knowledge and beliefs in teacher education showed me that there remain diverse interpretations among scholars as to what knowledge and beliefs about teaching entail. There are numerous dimensions to teaching – educator roles, teaching aims, subject matter, relationships with students, awareness in teaching situations, teaching approaches and pedagogy (andragogy), assessment and evaluation of learning, and professional development. Skott (2015) emphasizes the importance of attempting to understand these various dimensions of teaching in the context of educator experiences and their teaching situations in order to gain a better understanding of the teaching approaches and student interactions that emerge in practice. Teacher knowledge and beliefs serve as filters for interpreting experiences, frames for interpreting problems, guide teaching practice, and what is accepted as evidence of learning (Fives & Buehl, 2012; Parajes, 1992; Pratt, 1998; Shulman, 1986).

Ramsden (2003) maintains that the fundamental expectation of educators in higher education is for students to gain a greater awareness and understanding of the key concepts and higher-order thinking required to address the problems, needs, and broader aims of their discipline. He argues that this requires a higher quality of student learning. He states, “High-quality learning depends not just on pass or completion rates, but on the nature of the knowledge, skills, and conceptual understanding that students have acquired” (Entwistle, 2010, p. 19). Research in higher education indicates that student conceptions of learning affect their approaches to learning (Marton & Booth, 1997; Marton et al., 1997; Marton & Säljö, 1997). Trigwell and Prosser (1996) have also indicated a relationship between an educator’s conceptions of teaching and their conceptions of learning. Likewise, the way that students perceive their learning situation, in terms of what is expected and rewarded by educators, affects what they perceive learning to be (Entwistle, 2009; Prosser & Trigwell, 1999; Ramsden, 2003). Students who are primarily focused on coping with course requirements, tend to use more surface approaches to learning, such as reproducing and describing, rather than using deeper approaches to learning that require relating and explaining course material in an attempt

to understand for themselves (Entwistle, 2009; Marton et al., 1997). It is reasonable to say that the way educators approach their teaching influences the *quality* of approaches students select for their learning (Kember & Gow, 1994; Entwistle, 2009; Prosser & Trigwell, 1999; Ramsden, 2003; Trigwell, Prosser, & Waterhouse, 1999).

Although the terms *belief* and *conception* may hold similar meanings (Parajes, 1992), the term *conception* is more commonly used in higher education (Kember, 1997). Recognizing the considerable difficulty that researchers in teacher education had in operationalizing conceptual definitions about beliefs across studies (Fives & Buehl, 2012; Parajes, 1992), Pratt (1992) offers a definition of what he believes conceptions entail. He states,

> Conceptions are specific meanings attached to phenomena which then mediate our response to situations involving those phenomena. We form conceptions of virtually every aspect of our perceived world, and in so doing, use those abstract representations to delimit from, and relate it to, other aspects of our world. In effect, we view the world through the lenses of our conceptions, interpreting and acting in accordance with our understanding of the world (Pratt, 1992, p. 204).

Pratt defines conceptions as the specific meanings people attach to their experiences of phenomena in the world. He argues that people view, interpret, and act in the world through the meanings they have created about the world. Likewise, Entwistle and Walker (2002) contend that people typically do not construct abstract conceptions about their experiences from a pre-existing system of formally defined concepts. Instead, the researchers argue that people typically construct recollections and fragmentary bits of knowledge from their experiences that they piece together to satisfy the particular demands of the situation they are currently in, Marton and Booth (1997) purport that people come to understand the world as they experience it and structure their awareness of those experiences in particular ways. Thus, the ways in which people describe their experiences of phenomena often represents their conceptual structuring of those phenomena.

The majority of researchers who have studied conceptions of teaching in higher education used naturalistic frameworks with no preconceived hypothesis of teaching (Kember, 1997). Many conducted interviews that were open-ended within a semi-structured framework (Kember, 1997). Several researchers sought to identify variations in how educators might perceive and understand teaching, using a grounded qualitative

methodological approaches referred to as a phenomenography (Akerlind, 2004, 2008; Calkins et al., 2012; Gonzalez, 2011; Pratt, 1992; Prosser et al., 1994; Trigwell & Prosser, 1996; Van Driel et al., 1997; Virtanen & Lindblom-Ylanne, 2010). Pratt (1992) defines phenomenography as method of describing the qualitatively different ways people understand an aspect of their world, but it does not attempt to explain the reasons for that variation. Instead, it attempts to provide a general map of the different ways that a phenomenon is understood. The point of departure with the phenomenographic methodology from other qualitative approaches is the unit of analysis – the focus of phenomenography is gaining a *realist* understanding of the possible qualitative variances within a particular type of *experience,* not the *individual* construction of those experiences (Marton & Booth, 1997). Notwithstanding the differences in methodological approach, Kember's (1997) review of 13 qualitative and phenomenographic studies on academic conceptions of teaching indicated that both approaches yielded similar findings. Other than Pratt (1992) who identified five conceptual variations of teaching with no hierarchical ordering, the remaining studies categorized conceptions of teaching between two predominant orientations: teacher-centered/content orientated and student-centered/learning-orientated. Kember (1997) synthesised his review of studies on conceptions of teaching into an ordered conceptual continuum.

Kember's (1997) hierarchical organization of teaching conceptions moves from teacher-focused to student-centered categories. He created five categories: teaching as imparting information, teaching as transmitting structured knowledge, teaching as teacher–student interaction and apprenticeship, teaching as facilitating student understanding, and teaching as conceptual change and intellectual development. Kember interpreted the conceptual categories of teaching as stable constructs that were relatively independent of each other, even though the categories were ordered in accordance to more sophisticated understandings about teaching. However, other researchers have argued that conceptions of teaching are developmental and relational in nature (Akerlind, 2003, 2004, 2008; Gonzalez, 2011; Prosser & Trigwell, 1999; Trigwell & Prosser, 1996; Virtanen & Lindblom-Ylanne, 2010). Accordingly, *higher* conceptions of teaching are thought to gradually emerge out of the *lower* ones "through reflection and integration, resulting in an expanded awareness of the nature of learning and academic study" (Virtanen & Lindblom-Ylanne, 2010). Despite the differences in

interpretation of whether conceptual categorizations of teaching are relatively fixed or fluid, both Kember and Kwan (2002) and Trigwell and Prosser (1996) argue in agreement that fundamental changes in teaching are unlikely to happen without changes to educators' conceptions of teaching.

The core assumption underlying studies about conceptions of and approaches to teaching is "the importance of understanding the meaning or range of meanings of teaching, as experienced by university teachers, and the intentional nature which teachers approach their teaching" (Akerlind, 2004, p. 363). Akerlind (2003) maintains that consistent commonalities across such studies show that educators in higher education primarily focus on two key dimensions in their understanding of teaching. She states that the first dimension relates to educators aim towards the transmission of information to students or the development of conceptual understanding in students. And the second dimension relates to a primary focus of educators' towards themselves and their teaching strategies or the students and their learning and development. However, missing from this summation is the intermediate student-teacher interaction and apprenticeship conceptual category as previously identified by Kember (1997) and Van Driel et al. (1997). Samuelowicz and Bain (2001) challenged the idea of an intermediate conceptual category between teacher-centered and student-centered teaching orientations. They argued that conceptual orientation to teaching is determined by the educator's purpose and the relational nature of student-teacher interaction and not the interactions themselves, or whatever information was or was not transferred to the student.

As a nurse educator, a conception of teaching situated between being teacher- and student-centered caught my attention for several reasons. First, the majority of hierarchical conceptual models of teaching seem to focus mainly on the conceptual development of students and offer a limited explanation as to how they might develop the skilled know-how knowledge of practice disciplines. Second, of the studies that do mention apprenticeship as a possible conceptual understanding of teaching (Pratt, 1992; Kember, 1997) offer a limited explanation of the variances in how educators might interpret such teaching in the context of practice. And third, in an attempt to move away from transmissive approaches to teaching, the nursing education literature is replete with directives for active teaching and learning strategies. Similar to Entwistle and Walker's (in press) figure 1 representation of *directing active learning,* the researchers, Van Driel

et al. (1997) identify a *student-directing* conception of teaching in addition to teacher-centered and student-centered conceptions of teaching. They state,

> In short, this student-directing teaching conception may be represented by the image of students being engaged in different sorts of learning activities, which are carefully being planned and controlled by teachers in order to cover a fixed amount of subject matter. The teachers wish to help and support the students as much as they can, by offering explanations, presenting demonstrations, hinting at possible solutions, giving feedback, and so on (Van Driel et al., 1997, p. 115).

Despite the addition of learning activities and support for the students, Weimer (2013) and Samuelowicz and Bain (2001) would likely argue that this portrayal of teaching remains teacher-centered as its predominant focus remains on what the teacher is doing rather than the student's role in learning. Teaching that is more learner-centered focuses on the interplay between students and teachers, understanding students' ways of thinking about subject matter, how students approach, engage, and reflect on learning activities in relation to what they are learning, and ways of encouraging students to develop their own integrative conceptual understandings of what is being taught (Entwistle, 2009; Ramsden, 2003; Weimer, 2013). In other words, the focus of teaching moves from what the teacher is doing to "what the *students* are experiencing in any teaching-learning situation and the potential impact of teachers' actions upon student experiences" (Akerlind, 2008, p. 634).

My interest in an intermediate conceptual category of teaching rests not on the agreement of its classification among researchers. Rather, I am interested in possible parallels between the current focus of nursing education literature on teaching strategies, and this can be construed along a continuum of increasing awareness and understanding about teaching. To me, it presently seems that much of the nursing education literature has represented learner-centered teaching as a set of teaching strategies rather than a significant change in the conceptual understanding of teaching. As many researchers have pointed out, significant changes to teaching approaches are unlikely to occur in the absence of conceptual change (Akerlind, 2003, 2008; Entwistle & Walker, 2002; Kember, 1997; Kember & Kwan, 2002; Prosser & Trigwell, 1999; Ramsden, 2003; Samuelowicz & Bain, 2001; Trigwell & Prosser, 1996). Ramsden (2003) argues that much of post-secondary teaching remains based on the assumption that students will learn if educators transmit information in lectures, present information

online, or have students do activities in class. Consequently, it is not surprising that “all too often in education, pundits, and some researchers for that matter, seem to believe that they have found *the* method which all teachers should use” (Entwistle, 2010, p. 16).

If teaching is viewed from the perspective of selecting the right instructional techniques, then it is understandable that a learner-centered teaching paradigm would be interpreted as implementing the *correct* teaching strategies. However, teaching strategies in themselves do not determine an educator’s conceptual orientation in teaching (Kember & Kwan, 2002). The same set of teaching strategies can be used in multiple ways. How the educator understands teaching is the basis of their use (Entwistle, 2009, 2010; Ramsden, 2003). Several researchers (Kember & Kwan, 2002; Pratt, 1998; Prosser & Trigwell, 1999) argue that conceptions of teaching are embedded within approaches to teaching – however, each does so differently. Pratt (1998) describes an approach to teaching as a combination of teaching actions, intentions, and beliefs about knowledge and learning. Prosser and Trigwell (1999) simply describe a teaching approach as a teacher’s intentions and strategies; whereas, Kember and Kwan (2002) depict a teaching approach as a predominant focus on either content delivery or student learning combined with teaching strategies for instruction and assessment, and accommodation for student characteristics and experiences. As there is no singular or consistent definition of what a teaching approach entails, I have defined a teaching approach within this study as the combination of an educator’s teaching intentions (aims), teaching focus (content delivery versus learning-centered), teaching strategies (a combination of teaching methods and instructional design), evaluations of learning and teaching, and their perception of their teaching role and relationships with students.

An increase in learner-centered teaching language and changes in teaching strategies has not been particularly successful in altering the teacher-centered orientation of nurse educators (Johnson-Crowley, 2000; Schaefer & Zygmont, 2003). Self-identification with the aims of learner-centered teaching did not always coincide with its implementation (Ellis, 2016; Johnson-Crowley, 2000). There was little agreement as to which learner-centered teaching strategies facilitated student learning and how to evaluate the effectiveness of such strategies (Brown et al., 2009). And perhaps more importantly, the teaching focus of many nurse educators remained centered on their teaching role rather than the learning experiences of their students (Greer et al., 2010).

Learner-centered conceptions of teaching are viewed as more complex and sophisticated than teacher-centered conceptions because they focus on what the students are experiencing in a learning situation – the students' reactions are not taken-for-granted but taken seriously, and their conceptions of what and how they are learning are central (Akerlind, 2008). Akerlind (2008) and Entwistle (2018) elucidate that less sophisticated understandings of teaching are not so much wrong, just incomplete. Weimer (2013) states that learner-centered teaching requires decentralizing the role of the educator. Letting go of control can be difficult sometimes. Weimer shared her own struggle of giving up her authoritarian role in the classroom in which she "directed virtually everything that happened in the classroom" (p. 7). Conversely, teaching in nursing education is *high stakes* at times because it involves not *only* educators and students – it involves the care, welfare, and safety of patients (Benner et al., 2010). There are times in the clinical setting that is appropriate for nurse educators to be directive, especially when a patient is potentially at risk. Yet, if nurse educators primarily teach *preemptively* to prevent common mistakes from happening, they will likely view learning as knowledge accumulation and teaching as transmissive as a means to prevent errors (Samuelowicz & Bain, 2001). If changes to teaching in nursing education are based on the premise of promoting deeper learning and creating nurse graduates who engage in integrated learning knowledge use and sophisticated modes of inquiry (Benner et al., 2010), perhaps there are times when nursing students would benefit from more choice and freedom in their learning (Entwistle, 2018). Too much teacher control and heavy workload are linked with surface approaches to learning among students (Entwistle, 2018). Moreover, attempting to promote deep learning through overly scripted questions and learning activities often has the unintended effect of promoting superficial learning among students (Ramsden, 2003). Students often perceive this type of learning situation as finding the right answers to the teachers' questions, rather than learning how to approach, think, and question what they are learning for themselves.

From my interpretation of these studies, what has become clearer to me is that significant qualitative changes in teaching require more than external changes comprising the implementation of teaching strategies. Although this particular study does not directly focus on how nurse educators might change how they conceive of teaching, I often wonder about it. If learning is viewed from the perspective of an expanding awareness, whereby learning depends upon the different ways in which people

experience and understand a phenomenon in terms of which aspects of the phenomenon are discerned and not discerned (Marton & Booth, 1997), then I am not certain that understanding teaching in terms of a *fixed* organization of conceptions within the dichotomous poles of teacher-centered and learner-centered paradigms (Kember, 1997; Samuelowicz & Bain, 2001) is particularly helpful when thinking about teaching development. Entwistle (2018) proposes that a nested hierarchy of teaching conceptions might best be interpreted as educators *developing* through conceptual categories of teaching with increasing teaching experience and expanding awareness of the interplay between teaching and learning and relationships with students. He contends that conceptions of teaching involve emotions and are not solely a cognitive enterprise. The results from a study Trigwell (2012) conducted suggests that there are significant relations between the ways educators emotionally experience teaching and the ways they approach teaching – "with positive emotions being associated with student-focused teaching approaches and negative emotions with transmission approaches" (p. 607). The writings of Brookfield (1995), Grimmett and MacKinnon (1992), Olsen (2008), and Palmer (2007) add layers of richness to this dimension, as they discuss how as educators, *we learn what we live and we teach who we are* – and the joy and vulnerability that can sometimes bring when teaching students. Finally, Entwistle (2018) acknowledges the limitation of using a general heuristic model of teaching, as with hierarchies of teaching conceptions and approaches, because their implications for practice still have to be drawn within specific disciplinary contexts and important elements can be lost from abstracted, decontextualized accounts of teaching. He suggests that educators might benefit from bringing together detailed, contextualized, and personal accounts of their teaching, such as Walker's narrative account of how his own conceptions of and approaches to teaching evolved over the years – as presented in Entwistle and Walker (2002) – together with previous research findings. As Akerlind (2004) suggests, the experiences of *engaging in teaching* may not be fully understood separated from the larger context of *being a teacher*.

2.4. How the Literature Informs this Study

In Chapter One I introduced this thesis as an empirical study of BSN nurse educators' conceptions of teaching interpreted through and alongside my own narrative of expanding awareness about teaching. I constructed this literature review after I

completed the coding and initial analysis of this study. The analyses within this literature review of teaching conceptions are, in part, shaped by my analyses of the interviews with the participants of this study about their teaching experiences, reflections of my own experiences as a nurse and nurse educator, recent learning and research experiences as a doctoral student, and ongoing dialogue with the teaching literature, nurse educator colleagues, nursing students, and members of my academic community in education. I believe that this literature review helps inform this study by offering the reader some account of *who and how* in the construction of this research study (Fenstermacher, 1994) and by *providing multiple theoretical perspectives* from which to consider the data and possible interpretations of its findings.

Some readers may wonder how such an approach to the literature can provide an objective account of teaching, as I have crossed the *discourse boundaries* between researcher and educator throughout this review (Fenstermacher, 1994). Palmer and Zajonc (2010) discuss objectivity in the light of truth claims made by individuals. They state,

> I believe in objectivity, which is to say that I believe in a model of knowing that goes beyond truth claims made by individuals on merely subjective grounds. Objectivity, rightly understood, emerges from testing what we *think* we know in the context of a community of inquiry guided by shared principles and practices. But I also believe there is no way to eliminate human subjectivity from human knowing – after all, another name for science's way of testing validity in community is "inter-subjective verifiability." Not only is eliminating subjectivity impossible but, as Polyani argues in *Personal Knowledge,* we would know hardly anything were it not for the subjective foundations of knowing, including bodily knowledge (Palmer & Zajonc, 2010, p. 27).

Likewise, Entwistle (2018) upholds the significance of bringing together narrative accounts of teaching with previous research about teaching to bring about more sophisticated understandings of teaching and learning. Accordingly, I have given an account of how I have come to understand a broader scope of teaching literature and research and why I think it matters for nurse educators.

In Chapter Five, I use Entwistle and Walker's figure of *Developmental in Thinking and Conceptions of Teaching* (as cited in Entwistle et al., 2000) as a representational means for situating the findings of this study in the conceptions of teaching hierarchy that research literature often describes. However, I have largely drawn from

MacKinnon's (1989) organizational reflective framing scheme of teaching as a conceptual framework for this study: (1) reflection as mediating action, (2) reflection as deliberating among competing views of teaching, and (3) reflection as reconstructing experience. I have deliberately moved away from interpreting the teaching literature as a cookbook approach for "how to teach" and identifying with the "correct teaching paradigm" towards a deeper examination of teaching and reconstructing taken-for-granted assumptions about teaching, learning, and students within the context of nursing education. This framework paved the way for me to examine the interviews I conducted with nurse educators about teaching. The methods by which I sought to engage in this examination are presented in the following chapter.

Chapter 3.

Research Methodology

In the previous chapters, I brought forth the argument that the way nurse educators conceive of teaching is important because it has implications for how they approach teaching and how their students learn (Entwistle, 2018; Kember & Kwan, 2002; Trigwell et al., 1999; Prosser & Trigwell, 1999; Ramsden, 2003). The central aim of this study is to explore how BSN nurse educators conceive of teaching and how such conceptions might manifest in their approaches to teaching. This chapter provides a descriptive account of the methodological approach I used to construct this study. I begin with the epistemology that informed this study's research questions and design and proceed to provide an overview of my research questions, study purpose, and underlying assumptions. I conclude by elaborating on the methodological processes I used, as well as the study's limitations, trustworthiness, and ethical considerations.

3.1. Epistemological Positioning of Study

As a teacher and researcher, I hold a constructivist perspective of knowledge. I view knowledge as something that is constructed through human interaction with the world (Lincoln & Guba, 2013). Not only do I believe that humans construct understanding through the active interpretation of their experiences with world phenomena, but I also believe that humans act in the world in accordance with their social situations (Crotty, 1998). Thus, I subscribe to the notion that "knowledge is not 'discovered' but rather *created* (Lincoln & Guba, 2013, p. 40). However, there are many faces of constructivism and there is not one singular philosophy or pragmatic approach that represents its entirety (Perkins, 1999). Marton and Booth (1997) commit to a realist constructionist ontological grounding for phenomenography, whereas I am more aligned with Richardson (1999) who argues that the categorizations of teaching conceptions cannot be viewed as representing an independent empirical reality, because the way in which people describe their experiences still depends on how they *construct* those accounts. Studies that focus on human interpretation, such as this one, are situated within qualitative paradigms that focus on the socially constructed nature of

understanding phenomena, interpretive processes, and relationships that shape inquiry (Denzin & Lincoln, 1998).

An Interpretive Description (ID) qualitative approach is epistemologically and methodologically appropriate to the research questions I wish to explore because it allows me to hypothesize about the constructions of understanding that nurse educators use to create their conceptions of teaching (Bogdan & Biklen, 2007; Denzin & Lincoln, 2005; Lincoln, Lynham, & Guba, 2011; Weiss, 1994). Similar to other studies, Kember and Kwan (2002) concluded that approaches to teaching are strongly related to educator conceptions of teaching. Thus, my approach to ascertaining conceptions of teaching is more indirect. Instead of asking participants to directly articulate their conceptions of teaching, I had participants describe their approaches to teaching and rationale for doing so, by asking them broad questions about their teaching experiences. The rationale for choosing this approach rests on my own assumption that at times people are unable to articulate how they know. I believe that I developed this notion through working with people as a nurse in mental health. My methodological approach deviates from a phenomenographic approach in that I am not seeking to recreate a generalized conceptual model of conceptions of teaching. Instead, I am attempting to do as Skott (2015) suggests by shifting away from “mental reifications per se (to some understanding) person-in-practice” (p. 25). He also maintains there is a reciprocal relationship between educators’ conceptions of teaching and the larger social practices in which they teach. Attempts to understand the conceptions of teaching as a purely mental phenomenon is limiting because it offers little insight into why certain conceptions may form as they do. Similar to Goodman’s (1978) notion of worldmaking – *how they make their world* – nurse educators create and evaluate their conceptions of teaching within an existing constructed system of nursing practice. Therefore, I have sought to explore my research questions in a way that touches on the contextual and relational facets of teaching that participants may encounter within the existing world of nursing. Finally, it may be useful to note that what I consider to be the *reflective core* of nursing practice and nursing education is not unlike the reflective core of education that MacKinnon’s work brings to light. Nor is it unlike the work of the educational researcher chooses an Interpretive Descriptive approach in that the intent is to go beyond surface answers towards an “expanded way of making sense of some problem or issue” (Thorne, 2016, p. 192).

3.2. Research Purpose and Questions

The purpose of this study is to identify some of the conceptions of teaching that nurse educators hold and their manifestation in teaching practice. To be clear, I do not use the word conception to mean a rational cognitive process through which people acquire a structural understanding of a concept. Instead, I am using the word conception *experientially* in that way that Entwistle and Walker describe it – explanations that are "typically constructed from a series of recollections and fragmentary bits of knowledge, pieced together on a specific occasion to satisfy the demands of the question, the questioner, and the specific context" (Entwistle & Walker as cited in Hativa & Goodyear, 2002, p. 19). It is from this perspective that I am researching how nurse educators conceive of teaching. In particular, I am interested in learning more about what nurse educators' conceptions of teaching are and how those conceptions of teaching relate to various contextual and relational facets of teaching practice (Skott, 2015). I hope that such insights prove useful to nursing education policymakers, coordinators, and educators who wish to improve the quality of teaching within their BSN programs.

3.2.1. Central research questions.

I explore three central research questions in this study. How do BSN nurse educators conceive of teaching? How do those conceptions of teaching manifest in their teaching practice? And why might such conceptions form as they do?

The contextual and relational facets of teaching I explore in interviews with participants about their teaching experiences include:

- Teaching Context: What motivates nurse educators to teach? How do they describe nursing practice? What do they think is important for students to learn? How do they develop as educators? What challenges do they identify in their teaching practice?
- Teaching Aims: What is the focus of their teaching? What do they hope to accomplish in their teaching? How do they decide this? What are the goals they articulate for their students?
- Teaching Role: How do nurse educators perceive themselves as educators and their role in helping students learn? What do they perceive as their teaching responsibilities? What do they perceive as the learners' responsibilities?

- Teaching Strategies: How do nurse educators describe their teaching: What technologies, pedagogies, strategies, etc. do they include?

- Learning: How do they describe learning? How do they know if their students are learning? And how do they assess the effects of their teaching on student learning?

- Relationships with Students: How do nurse educators understand their students' learning? How do they describe their relationships with students? How do they provide feedback to their students? How do they perceive students who struggle with their learning?

3.3. Underlying Assumptions

The assumptions that underlie my research questions include the belief that the participants of this study care about teaching; otherwise, why would they spend time talking about it? I also assume that participants will describe their teaching experiences to me in the way that they are aware of those experiences. I also believe that the context of nursing education and nurse educators personal experiences of learning and teaching shape their awareness. Drawing from Marton and Booth's (1997) work on *Learning and Awareness*, I believe that awareness rests on the ability to discern something within a given context, in the form of parts and wholes, and is subject to change. Participants may be aware of several aspects of teaching simultaneously, but some things are foregrounded and backgrounded depending on context, purpose, and focus. I also assume that there may be aspects of teaching that are not within a participant's awareness. Finally, I believe that learning is an expansion of the ways that people are aware of and relate to their experiences. Thus, I put forth that conceptions of teaching are not necessarily fixed orientations to teaching, as educators can expand their conceptions through the various ways they come to discern, interpret, reflect, and reinterpret their experiences.

3.4. Interpretive Description

I spent considerable time trying to identify a methodological approach that fits with the aim of my study. I read about various qualitative approaches such as narrative inquiry, grounded theory, ethnography, phenomenology, and case studies (Creswell, 2014; Denzin & Lincoln, 2011, 2013; Lincoln & Guba, 1985; Patton, 2015) and I was unable to identify anything that seemed to directly describe what I was trying to

accomplish with my study. I also explored phenomenography (Marton & Booth, 1997), which studies the variant structures of awareness but realized that the aim of my study was not to recreate a generalizable hierarchical continuum of conceptions of teaching. Instead, I was interested in learning how nurse educators interpret teaching more specifically within the context of nursing education. It was through reading Merriam (2009) I realized that the type of qualitative research that I was designing fell into the realm of basic qualitative research, which posed difficulty for me when I tried to describe to others the type of qualitative study I was designing. Beyond the fact that my methodological approach had no name, there was also the problem of ascertaining the clarity of generic studies within the research literature (Caelli, Ray, & Mill, 2003). An "anything goes" would not be credible within health disciplines that are heavily steeped in evidenced-based practice (Morse, 2012; Thorne, 2011; Thorne, 2016; Thorne & Sawatzky, 2014; Thorne, Stephens, & Truant, 2016). This mattered to me because, for my study to have an impact on nursing education, it needed to line up with the disciplinary logic of nursing.

The discipline of nursing is situated within the epistemological worlds of scientific inquiry, human experience, and behaviourally applied practice, with its disciplinary logic centering on enquiry that creates knowledge that is useful to nursing practice and the health of people within society (Thorne, 2016; Thorne et al., 2016). However, nurse educators straddle the worlds of two applied disciplines – nursing *and* education. Nurse educators must also address research questions that pertain to matters of learning. The way that nurse educators address questions of learning and teaching is shaped by the disciplinary logic and context of the nursing discipline. Thus, my study aims to address the phenomenon of teaching within the context of nursing education.

It was through one of my nursing colleagues that I was introduced to interpretive description as a potential methodology for this study. Interpretive description (ID) is a conceptual label that Thorne applied to a noncategorical methodological approach developed by Thorne, Reimer, and MacDonald-Emes (1997) to address the practice questions of *applied* disciplines. Thorne (2016) explains that the purpose of applied qualitative research is often different from the disciplinary questions of anthropology, sociology, or psychology; as applied disciplines must address questions in a way that extends beyond abject theorizing and detailed description – towards the interpretative analysis aimed at practice use. Although borrowing methods from naturalistic inquiry,

ethnography, and grounded research, she distinguishes ID from these types of inquiry, including other forms of generic qualitative research, by its grounding in disciplinary logic and interpretive orientation. ID does not essentialize lived experiences such as in phenomenology, it does not create theories of unconscious social processes as in grounded theory, and it does not interpret data within the context of entire cultural systems such as ethnography (Thorne et al., 2016). Instead, researchers who use ID examine phenomena with the goal of identifying patterns and themes, while accounting for similarities and differences, to generate interpretive insights for practical use (Hunt, 2009; Thorne, 2016; Thorne, Reimer, & O' Flynn-Magee, 2004).

Epistemologically, Thorne (2016) uses the word interpretation in a way that is similar to Crotty (1998), who views human social phenomena within a non-dualistic philosophical tradition. She attempts to eschew what she perceives as a false dichotomy between objective and subjective forms of knowledge by locating human social phenomena within the traditions of philosophers such as Ricoeur, Heidegger, and Gadamer, who put forth that reality is not something out there to be discovered inasmuch as it is socially constructed through the interpretations of how people experience the world around them. Thorne locates the subjective and intersubjective interpretations of experience within what is known as the hermeneutic cycle – a process of interpreting the collective interpretations of human experience within the experiential context from which those interpretations are derived. Thus, Thorne identifies one of the primary objectives of ID as putting the analysis of human experience back into the disciplinary context of its practice field, with the intent of shifting the ways from which the problem under study is customarily considered and generating new knowledge that is relevant to its applied practice context.

Thorne (2016) describes the methodological approach of ID as resting heavily on inductive analysis that seeks to understand phenomena in a way that identifies its characteristics, patterns, and structures. She encourages the use of broad research questions to gain an overall sense of the phenomenon under study and concurrent comparative relationships between data construction and analysis throughout the study. Thorne advises against line-by-line coding in favour of broad-based codes that are guided by questions such as "What is going on here" and "What am I learning about this?" (Hunt, 2009; Thorne, 2016). Although the analytical aim of the researcher is to identify themes within the data actively, the findings are ordered in a way that shows the

relationships amongst themes and presented in a coherent narrative that yields plausible insights for practical use (Hunt, 2009; Thorne, 2016)

3.5. Study Design

Although I used ID as a methodological guide to design this study, my study also differs from this approach in several ways. First, I was not studying an aspect of a phenomenon that had not been studied before in other disciplines outside of nursing. My study aims first to ascertain how nurse educators conceived of teaching and then to extend that understanding of teaching, alongside other previous literary interpretations of teaching, within the context of nursing education, in an attempt to generate new analytical insights about teaching for applied disciplines. Second, as a novice researcher, I struggled with what Richards and Morse (2013) refer to as project pacing issues, as I was still conceptualizing my understanding of qualitative research and learning to code and set up a data management system in the midst of data construction, which I believe stymied my approach to *constant* comparative analysis. Third, because I wanted to enhance my understanding of teaching and learning, I continued to read across bodies of related literature throughout the construction of this study. This had the effect of continuously expanding and shifting my own understanding of teaching in a way that would likely enable me to notice themes and patterns that were initially outside my awareness. I suppose that, in my own way, I was trying to address Meno's paradox of how can you search for something when you do not know what that is? (Marton & Booth, 1997). Therefore, my approach to this study is not as inductive as ID might suggest, as I am also drawing on deductive forms of reasoning.

I designed this study to unfold in an emergent way. I did not start this study with a completed literature review and preselected conceptual framework. Instead, I identified possible areas of enquiry largely based on the work of Bain (2004), Grossman (1990), Olsen (2008), and Shulman (1986, 1987) – each of whom focused on various aspects of teaching in different ways. I intended to engage in an iterative process of writing and analysis throughout the study. First, I intended to construct and analyze data concurrently. Then I planned to write up preliminary findings – before moving towards writing a literature review that was grounded in the findings. Finally, I intended to revisit the literature review, analysis, and findings, while writing the discussion portion of the study.

My initial plan for this study was to conduct two sets of interviews, with the second set of interviews predominately as a means of member checking. However, the purpose of my second set of interviews evolved into something different from originally planned. After reading through the first set of interviews, I realized that I had some thin areas of data and there were a few areas about teaching that some participants had identified that I wanted to explore further with other participants. So while I designed the first set of interviews to get a broad overview of participant teaching experiences, the second set of interviews focused more on the design, focus, feedback, and evaluation of a qualitative assignment in the hopes that I would be able to ascertain more about how participants identified evidence of learning, perceived student approaches to learning, provided student feedback, and evaluated the effectiveness of their teaching. It was at this point that I decided to incorporate documents from the participants' course syllabi as a visual reference to guide the interview process.

3.6. Recruitment and Participant Selection

To learn more about how BSN nurse educators understood teaching, I purposefully recruited BSN nurse educators across a variety of places in Metro Vancouver to broaden my participant selection and guard against a single site influencer and expression of what teaching may be in nursing education. I had initially planned to recruit nurse educators through Sigma Theta Tau (Xi Eta Chapter), Inspire Net, and the Association of Registered Nurses of British Columbia (ARNBC) and six BSN programs in Metro Vancouver. However, I later changed my mind about recruiting from my own BSN program, as I soon realized that my familiarity with the program would jeopardize my ability to remain open and curious as a researcher. Of the places I recruited, I received participant responses from Sigma Theta Tau and four BSN programs. I did not receive any responses from one BSN program, despite repeated attempts at recruitment, until late into my set second of interviews from one participant, who unfortunately did not meet the inclusion criteria. The participant that responded to the Sigma Theta Tau broadcast worked in one of the four BSN programs that responded, so I have categorized the participant accordingly.

The recruitment process was difficult at times. I was delayed in obtaining all the necessary ethics approval and permission letters from each BSN program and nursing agency. By the time I was able to send email recruitment letters to BSN programs for

distribution and post recruitment posters on BSN department bulletin boards and nursing social media outlets it was summer, only one eligible participant responded. It was not until the start of the fall term at educational institutes that a snowballing effect started to take place, whereby my first few participants actively started to recruit other nurse educators to participate in the study. Once a potential participant contacted me, I talked with the person for five to ten minutes via telephone to determine the fit with the inclusion criteria, provide more information about the study and determine a location to meet.

To be eligible for the study participants had to be over the age of 19, actively teaching within a BSN program in Metro Vancouver, and willing to engage in one-on-one interviews with me. I excluded respondents who were not actively teaching within BSN programs in Metro Vancouver because they needed to be able to describe, in detail, specific examples of their teaching interactions with students, which I thought may prove difficult if they were too far removed from teaching practice. I also decided to exclude respondents who had closely established professional relationships with me, as I was concerned that the relationship might influence how they responded to interview questions. In total, I received 19 responses – five were excluded. Three respondents were not teaching in BSN programs within Metro Vancouver, one had not taught nursing students in several years and no longer was teaching, and another respondent expressed interest as the second round of interviews ended. To ensure fairness, I reviewed my decision to exclude potential participants with committee members.

By the end of the recruitment and participant selection process, 14 participants from four different BSN programs consented to participate in the study. All participants were either actively teaching or had recently taught in either the classroom, clinical, or lab setting – or a combination of the three. The teaching experience of participants ranged from seven to 35 plus years, and their education varied from baccalaureate to doctorate level. Of the 14 participants, only one was male.

Table 1. Participant Demographics

Institute	University	University	College	College	Total Number
Participants	4	3	2	5	14 Participants
Gender	4 Female	3 Female	2 Female	4 Female 1 Male	13 Female 1 Male
Education	1 PhD 2 Masters 1 Bachelor	2 Masters 1 PhD student	1 Masters 1 PhD	2 Ph.D. 1 PhD student 1 Masters 1 Bachelor	4 PhD 2 PhD students 6 Masters 2 Bachelors
Years Teaching	1 = > 35 2 = 25-30 1 = 5-10	1 = 25-30 2 = 10-15	1 = > 35 1 = 25-30	1 = > 35 2 = 25-30 1 = 15-20 1 = 5-10	3 = > 35 6 = 25-30 1 = 15-20 2 = 10-15 2 = 5-10
Clinical Only				1	1
Class Only	2	1	1	1	5
Lab Only	1				1
Class/Clinical/Lab			1		1
Clinical/Class	1	2		2	5
Clinical/Lab				1	1

3.7. Constructing Data

I use the words *constructing data* rather than *data collection* in reference to the active role that researchers play in shaping interviews with participants in a way that goes beyond the collection of surface answers to carefully crafted questions, towards exploring more in-depth understandings of what else is happening within the participant's responses (Thorne, 2016). Consequently, I thought a lot about how I wanted to approach interviews with participants. In preparing for the interviews, I met with one of the committee members for a session on interviewing, read several interviewing books that pertained to research, conducted a mock interview with one of my work colleagues, and had my supervisor and doctoral classmates give me feedback on the process I had planned to use for my interviews. I wanted to be thoughtful about how I positioned myself with the participants, as I wanted more than 'knee jerk' responses to a series of semi-structured questions and was more interested in responding to what my participants were saying and looking for nuanced understandings to explain their responses (Brinkmann & Kvale, 2015; Thorne, 2016).

I was mindful of how I might be perceived during interviews. I was aware that some participants might identify with and perceive my role as a fellow nurse educator, as an indication of authenticity and credibility, whereas others may view my position as a doctorate student and researcher as potentially threatening to how they perceived their own roles as educators. The way I perceived myself was as a novice researcher who was exploring with others the nature of a phenomenon that I did not fully understand. Thus, I tried to establish more of a colleague-to-colleague versus a researcher-to-participant rapport throughout the interviews. In keeping with an epistemological stance that knowledge comprises socially constructed interpretations of experiences with world phenomena, I approached participant interviews using Brinkmann and Kvale's (2015) conception of an interviewer-traveller wandering together with participants as they shared their teaching experiences with me.

This meant that I did not conceive of interviewing as the collection of data to be later validated for correctness (Brinkmann & Kvale, 2015). Instead, I viewed the interview as a socially constructed interaction, whereby my semi-structured questions and responses shaped the direction of the interview, but the primary focus remained on exploring and understanding the experiences of the participants (Bogdan & Biklen, 2007; Weiss, 1994). The approach I used to interview participants was highly interactive in that I would often reflect back my interpretation of what they were communicating within the interview to lead them into fuller descriptions of their experiences and allow for correction to misinterpretations (Entwistle, 2018). Thus, the participants and I constructed data together through our intersubjective responses with each other (Brinkmann & Kvale, 2015; Thorne, 2016). Several participants commented on the depth of our interviews together.

I realized that for me to get as close as possible to the subjective experiences of participants that I would have to use some advanced interviewing skills (Brinkmann & Kvale, 2015; Thorne, 2016; Weiss, 1994). Alongside my interview experience of working as a nurse in mental health, I primarily drew on Martin's (2016) *evocative empathy* to hear the implicit messages within the conversation and Weiss's (1994) interview techniques for gaining greater specificity of participant experiences. Throughout the interviews, I paid attention to observing the facial expressions, body language, and affective responses of participants as they were talking, assisting the participants to provide detailed descriptions of their experiences, and following up on statements for

further exploration and clarification in an attempt to grasp and interpret the situation as the participant might (Martin, 2016; Weiss, 1994).

I did not use a sequential linear approach to interviewing. Although my interview protocols are extensive, I used them as a general guideline for discussion rather than as a series of questions to address. Instead, I introduced participants to a few broad areas of discussion that related to my research and interweaved specific interview questions where applicable to the participants' narratives. The rationale behind this approach was that I wanted to remain open to what else might be happening in relation to how participants experienced the phenomena we were exploring together (Brinkmann & Kvale, 2015; Thorne, 2016). Despite the fluidity of this process, it did not detract me from addressing the key areas of my interview protocol, as I would eventually cycle back towards any pertinent area that I thought required further elaboration. The interviews, however, were longer – on average, they ranged from 90 to 120 minutes.

Sample 1. Interview Protocols

First Interview

- What drew you into nursing? How did you come to teach nursing?
- What do you remember most about being a nursing student? Describe yourself as a student. Share with me some of your experiences learning. Describe one of our best nursing classes. What types of things would happen when you were in that class? Describe one of your worst classes. What types of things would happen when you were in that class? What were some of the thoughts and emotions you experienced when learning in nursing? How did you manage those experiences? Was there anything your instructors did that helped make those experiences better or worse for you?
- How long have you been teaching? What kinds of things have you taught? What do you teach now? How does a typical class unfold? How do you prepare a lesson or learning experience for students? What types of things do you do to create a learning environment? Tell me about some of your teaching successes? What evidence do you have about the success of your teaching? Tell me about some of the teaching mistakes you have made. What have you learned from those experiences? What are some of the consistent dilemmas or challenges you have had when teaching students? What would be the most recent example of that happening? How do respond when that happens?
- Tell me about the kinds of students you teach. How would you describe your relationships with students? How do you think students would describe your teaching style? What types of things should nursing students be responsible for when learning? Describe to me what a strong student looks like. How do

you recognize a student who is struggling? How do you handle conflict with students? How do you respond if a student is disruptive or won't follow course guidelines?

- What do you think are some of the most important things for students to learn about nursing? Why are these things important to learn? Tell me about how people learn. What kinds of things do you do to help and encourage students to learn? What types of learning challenges do you see your students encounter? How do you help students with this?

- What do you think is the hardest thing about teaching? What brings you the most satisfaction? What do you see as some of the biggest challenges that nurse educators face for teaching and learning in nursing education? What types of things do you think is important for nurse educators to know about teaching? What types of things would you like to know more about as an educator? Is there anything else you would like me to know about what we discussed today?

Second Interview (with course syllabus, assignment criteria & marking rubric)

- Perhaps we could start by you telling me a little bit about the course you teach. What is it designed to help students learn? What types of assignments do you have in this course? How many times have you taught this course? Is this course something you created?

- Review assignment together in the syllabus. What do you see as the learning aims for this assignment? How do you see the assignment fitting into the overall learning trajectory of this course? Why does this assignment contain these particular components? How do you prepare students for this assignment? What do you hope to see when students do the assignment?

- Typically, what happens when students approach this assignment? Do you have a recent example of this happening? What happened? How do you ascertain how students might actually understand this assignment? Where do students tend to get stuck with this assignment? What types of challenges does this create? Does there seem to be limitations on certain types of understanding with some students? What is your response to this inside? (Surprised? Seem obvious?)

- What types of feedback do you frequently give students about this assignment? Could you share a recent example where you gave this type of feedback? How do you think students might understand or view the feedback? How do they typically respond? (Surprised? Upset? Indifferent? Would they consider it?) What happens if after you've given feedback and the student still seems to be struggling?

- What are you using (rubric or template) to assess student learning on this assignment? Anything you would change? Or is this something you follow fairly closely? Are there others teaching this course with you? In what ways

are you different from the other educators in terms of types of feedback or grading? How does this tend to work for students?

- How do you end up evaluating the effects of your teaching when it comes to this assignment? Is there anything you would change or do differently? What have you learned over time about how to teach this course? Is there anything else that you would like me to know?

To put the participants at ease, I conducted interviews in a private space of their choosing within their work environments. I also asked each participant permission to use a voice recorder during the interview, so that I could fully attend and respond to what they were saying without the distraction of note-taking. All participants agreed to this request. To ensure that the voice recorder was not inhibiting the participants during the interview, I often moved it to the side out of direct view so that participants would feel more comfortable when talking with me.

Over the course of a year, I engaged in 20 interviews. I conducted two sets of interviews. The first set of interviews involved all 14 participants and focused on the participants' trajectory into nursing education, personal experiences of learning in nursing school, learning to teach, descriptors of students, description of current teaching, and perceptions of student learning. Because the first set of interviews did not provide me with enough information to ascertain how the participant's descriptions of teaching related to their facilitation and understanding of their students learning, I designed a second set of interviews.

The second set of interviews involved six of the original 14 participants and focused on an assignment with students in a theory course that required a higher degree of educator-student interaction and feedback of a more qualitative nature. The six participants were selected on the basis of their teaching assignment – teaching a theory course – and availability for a second interview. I chose to focus on a qualitative assignment in a theory course as opposed to exploring the pedagogical approaches used in the clinical setting, as Benner et al. (2010) indicated that nurse educators struggled more with teaching *theory* in the classroom than *practice* in the clinical setting. The researchers maintain this difficulty stems from the "tenacious assumption that the student learns abstract information and then *applies* that information to practice" (Benner et al., 2010, p. 14) – thus, inadvertently creating a dichotomy between theory and practice as opposed to facilitating its dialogical relationship.

Prior to the second interview, participants sent me their course syllabus, assignment criteria, and marking rubric. Drawing from the material each participant sent me, I created a specific interview protocol for each participant that addressed the general description of the course, learning aim of the assignment, student understanding of and approach to the assignment, types of feedback given and received about the assignment, and the participant's assessment of the assignment. During the second interviews, I also readdressed certain areas from the first interview for clarification and further expansion.

While the first set of interviews took place over the course of one term without incident, the second set of interviews proved more challenging to obtain. Although all participants agreed to have a second interview with me, only six participants met the criteria of currently teaching a theory course and were available at the time of the second interview. I also had challenges securing course documents before the interivew and scheduling interviews in a timely manner due to participant work schedules, holidays, and illness. Therefore, I ended up conducting the second set of interviews throughout two terms instead of one.

Following each interview, I wrote fieldnotes on the same day, either in the library or at home (Bogdan & Biklen, 2007; Emerson, Fretz, & Shaw, 2011). A transcriptionist transcribed each interview from the audio recordings. Once I received the interview transcripts, I checked them against the audio recordings to ensure accuracy and wrote marginal notes in the transcripts about what I was noticing. I then created participant summaries to gain a sense of how each participant addressed each area of the interview. I created two sets of summaries for each participant. The first set of summaries were extensive, ranging from 10-20 single-spaced pages in length, and included extractions from my fieldnotes and marginal transcript notes. I then created a concise 2-4 page narrative summation for each interview outlining the key messages the participant had conveyed. I have provided partial samples of an interview transcript with marginal notes, a fieldnote, and a small section of an extended participant summary. Marginal notes are presented in italics to set my analytical comments aside from transcribed data. I have used pseudonyms and purposely presented a variation of samples to protect participant identity.

Sample 2. Portion of Interview Transcript with Marginal Notes

M: I'm wondering, when you've been teaching, if you've come across some consistent dilemmas or challenges or any kind of patterns that you've noticed emerging as an educator?

Ellen: So as I said to you earlier, younger students – you were the boss. How high do you want me to jump, when should I be there? They were a bit more moldable, if you will. You know that I mean that with all love.

M: I come from that generation. I hear what you're saying [Laughs]

Ellen: They respected you in a different way. They looked up to you. They thought your knowledge was wow! You did that. I would say that as we've moved and transitioned and as we've got older students, as we've got more experienced students, there's less respect. In some ways, there's less. Well, how much do you want me to do? There's less of 'I say and you do.' And that's okay to some extent but there's some dynamics that are a bit challenging teaching these days. And I was just saying to a colleague last night, I think for the first time, no not for the first time, I mean, I would say that this has been happening for 5-6 years, but it seems to be getting more challenging.

I feel sick going into class to teach. I feel like I'm in an environment where I'm worried about everything I say – everything I do – because everyone's coming from such a diverse background, and I can't be all things to all people. But what I do know is nursing. And what I do know is what you need to have. What I believe I know – is what you need to have in order to function out there. But you've got a sea of computers and as soon as you say something and they disagree with you. They're googling it and then they're challenging you.

There's a lot less respect. Less seem to be – not a deference – I don't want people to genuflect – but to recognize I am boss to some extent and I'm very collaborative. I mean, I've been very respectful. I just feel that sometimes, it's like, you're just nervous all the time. You're anxious. Your stomach is in a knot. Every time you say something, you're worried about being challenged.

M: Can you think back to your most recent event when that happened?

Ellen: Yeah. I mean just recently in class the student sort of said, 'Well I don't know about that.' This student is a paramedic, right. This isn't a paramedic course. This is nursing. 'Well, paramedics use this tube?' And I said, 'I'm not familiar with that tube.' 'Well, we're using it all the time' Well, I know that this person is a paramedic. So I'm simply like, 'yes, we're not using it.' Or when you talk about something or say something. And then, like for it wasn't me but it was a colleague that was a guest speaker, who just retired recently, an expert in palliative care talking about system management and end of life care. Now with all due respect to the students, they may have had personal experience. They may have had professional experience, if they've been in some other discipline working in some other environment, but they don't necessarily know everything either. Well, one the

students sort of said, 'didn't you know that the legislation has changed just last week?' Now that's okay, but you could do it in a bit of a collegial way? Saying well 'I noticed and have it' is almost like, 'You didn't know. And you should know because you're up there teaching me. And how is it I know more than you do?'

Marginal Notes

Expressing how she is internally responding to her perception of continuously being challenged and students not respecting her expertise. Struggling to meet the diverse background of students and feels like her knowledge expertise is competing with and being crossed examined via technology. Concerned about being challenged and what that might mean for her role as an educator. Brings in the emotional dimension of teaching that often is missed in the literature. Reminds me of Palmer and Brookfield. Need to have participants expand more on the notion of expertise in relation to teaching and learning. Speaks to role.

Following each interview, I immediately created fieldnotes. My purpose for creating fieldnotes was to help me capture descriptive and reflective information for later use. I found these notes incredibly helpful when reviewing transcripts as it helped me remember pertinent details surrounding each interview that I might have otherwise forgotten. These notations also provided me insight about my own focus during the interviews, which is something I had to consider throughout the entire study.

Sample 3. Portion of a Fieldnote

I met with Patricia on a college campus inside a small meeting room in the nursing department. When we met, Patricia had just finished teaching a two-hour class. Although she looked visibly tired, she was gracious and welcoming. Throughout the interview, it sometimes seemed that Patricia had already thought about what she wanted to tell me and her answers sounded slightly rehearsed. I had a difficult time shifting the conversation from her telling me what she thought about teaching to describing her experiences of teaching. Rather than trying to control the interview, I decided to go with the natural flow of the conversation to see what developed.

One of the dominant themes that Patricia expressed was the culture of fear and intimidation that she, herself, experienced in nursing school and sometimes saw manifested in the practice of other nurse educators. She spoke at length regarding the need to move past objectifying patients and students – connecting with them as humans. Patricia maintained that many educators teach as they were taught and were afraid to change from what they've always known.

Patricia repeatedly told me that the best way to teach students was to just talk to them. Despite my repeated attempts for clarification, I'm not entirely sure what she meant by "just talk to them." It was at this point, her answers began to take on an esoteric feel for me. Perhaps it was the nature of the discussion, in which she was trying to tap into a tacit type of knowing. Sometimes this defies words. Reminds me of Schön's and Benner's work.

The participant summaries that I created after each interview were a compilation of extractions from the fieldnotes, marginal transcript comments, participant data, and notations about potential tensions or patterns I was noticing. I organized the participant summaries according to the main discussion areas of the interview. With each reading of the transcript, I was careful to locate the participant's words that addressed these areas, alongside page numbers, as participants did not always discuss topic areas in only one section of the interview. This process provided me with a narrative sense of each participant as an educator. After reading through each extended narrative summary multiple times, I created more concise descriptive summations for each participant. The extended participant summaries allowed for a narrative means of understanding each participant more holistically and it provided an auditable trail of how I arrived at particular conclusions in my participant summaries. Although this process was laborious, it provided me with a fairly strong comprehensive sense of the data at an individual case level. This was important to me, as I did not want to completely decontextualize my understanding of what participants were trying to say and miss possible cues in ascertaining why participants might conceive of teaching as they do.

Sample 4. Section of an Extended Narrative Participant Summary

Relationship with Students

Caitlyn described her relationship with students in the following words: "Love my students. Even if I start the semester off thinking, I don't think I like this batch. By now it's October 1st, love them all! They're so hopeful, they bring hope to nursing…. I get most of my energy from the students. I find it really encouraging to see them learn and to see them progress through the term and just to get to know them as people" (p. 3).

However, Caitlyn also admitted that she was a direct communicator, which she realized, can cause challenges. "I'm sometimes hard on my students…. I am a pretty harsh communicator. Sometimes I'm not even aware of it and in fact, I didn't really know about it until my boyfriend pointed it out to me a few years ago. He said, 'you are bossy!' And I say to my students the first day of clinical when we are in that little orientation thing, I say, 'listen I'm pretty pedantic, boring, dull, but super strong and I'm not

even aware of it. So if I say to you can you do this or do this – I don't mean it to be directive. That's just the way I sometimes communicate – without thinking. So if that occurs, please just say to me, 'can you back off a little bit? Or did you mean this?' I won't be offended if students come to me and say, 'I feel like you're being bossy.' So far no one ever has" (p. 26).

Caitlyn shared how she wanted to be approachable with her students. "And just sort of keeping open communication and caring with those students, so that they are not afraid of their clinical instructor. They are able to come to me and say, I need help or this is a stupid question. "I don't want to wear white in practice. I don't want to be distanced from them. It makes people nervous." (p. 26).

She explained that she cared deeply for her students. "But you know you go into it and you think. You want to do a good job. These students deserve to have an instructor who cares about them and who cares about nursing, right? It's exhausting but at the same time, there's a huge amount of responsibility. Every now and then, you think about it. 'Wow, I have to do a good job because these students are going to be the next generation of nurses'" (p. 27).

Caitlyn described how she tried to build confidence in her students "I never had a clinical instructor who micromanaged me. Although I probably am pretty vigilant at the beginning, but then I'll back off once I can trust the student. Not micromanaging – being a little bit more relaxed about making mistakes. People make mistakes. Nurses make mistakes. Nursing students make mistakes. I know the potential when I look at a student and assign them to a patient. I know what the potentials are for possible errors. And I will watch them at those times. But otherwise they are free to make mistakes. That's how we learn – as long as they are not the one where they are going to feed the dysphasic patient. Not that kind of mistake [laughs]. I don't want to be hanging over their shoulders, it robs their confidence and I think I learned that from my own experiences as a student" (p. 25).

Sample 5. Section of a Brief Descriptive Participant Summation

Perception of Student Learning

Kate talked about how students often perceived the assignment and the specific areas where they tended to struggle. She stated that students often lacked experience and knowledge about healthcare projects and that students should not be expected to know what they had not been taught. Kate observed that students often struggled to transfer previous learning from other courses to this assignment because of how they had been taught by other educators. She maintained that some educators do not possess the depth of knowledge needed to teach subject matter comprehensively.

Kate did not view learning as something that was unproblematic for students. She noted that students often struggled to make sense of what

something might mean and knowing how to interpret knowledge in specific contexts. She focused on how students understood what they were learning and how they put things together holistically. Kate maintained that students learn best through experiences, examples, discussions, practice, and lots of feedback. She stressed the importance of students learning to do things properly and had students redo each section of the project assignment until they did it right. Kate stated that she provided students with detailed feedback by telling them how to improve and modelling what she wanted them to learn. Kate also shared that she was careful not to overwhelm or embarrass students when providing feedback. She contends that students can only improve on so many things at once and that they don't learn well when afraid.

3.8. Approach to Analysis

With Thorne's (2016) words ringing through my ears, "My discipline has relatively little use for mere description without purposeful direction" (p. 39), I wanted to generate analytical insights about teaching that would be useful to nurse educators within the larger context of nursing education. I reviewed several books on analytical approaches to qualitative data. I ended up drawing primarily from Wolcott's (1994) depictions of description, analysis, and interpretation and Thorne's (2016) *Interpretive Description* to develop an analytical approach that I thought was in keeping with the purpose of this study and the logic of my nursing discipline.

I would like to convey to the reader that my approach to analysis was precise and straightforward, but that would be less than honest. My analytical process was messy and confusing at times. I do not perceive my analysis as beginning with coding. It began with jotting marginal notes on the transcripts, creating fieldnotes, and writing participant summaries. Qualitative data can be analyzed in numerous ways, and there is no singular method to a "correct interpretation" of what something may mean (Brinkmann & Kvale, 2015). What I can offer the reader, however, is an authentic descriptive account of how I organized the data, identified patterns and themes, and generated a hypothesis of what might be going on and why. My approach to analysis was a highly iterative and overlapping process that did not proceed in a tidy linear progression. Nevertheless, I can describe my analytical approach as repeatedly cycling through three types of analysis: content analysis, comparative analysis, and thematic analysis. As I have already described my analytical process of creating participant summaries, I will now describe my process of coding data.

3.8.1. Coding Data

As I had generated a lot of data through participant interviews, marginal transcript notations, field notes, participant summaries, analytical memos, research journal, and course syllabi documents that I had collected, my first task was to organize all the data. After removing all participant identifiers, I organized two large binders according to participant pseudonym and interview number to house the participant transcripts and related data. I also created a similar filing system electronically, which I stored on a password protected removable hard drive and in the SFU vault, a cloud storage service for SFU faculty and students. Finally, I uploaded participant interviews onto NVivo, a computer software program for qualitative analysis.

I attended several NVivo software classes and read Miles, Huberman, and Saldaña (2014) and Saldaña (2013) to learn how to code. After several false starts, whereby I repeatedly created elaborate coding structures that became overly complicated to use, I took Thorne's (2016) advice to heart and started coding more inductively. I started with more broad-based coding themes and held off restructuring the codes into finer groupings until I had a better sense the data corpus holistically. I chose this route because I did not want to predetermine my coding with a priori theory and to prevent myself from prematurely deriving codes in the data (Thorne, 2016). I engaged in both inductive and deductive analysis while coding. My knowledge of priori theories did influence the types of things I noticed in the data, but I also consciously chose not to organize my coding schemes according to any theory, so that I would potentially be able to derive new patterns from the data.

I started my coding by organizing the data into five broad-based coding schemes: teaching, learning, students, educators, and nursing. Within each broad-based coding scheme, I repeatedly read the data while addressing the basic question of "what is going on here" (Richards & Morse, 2013; Saldaña, 2013; Thorne, 2016). I purposely chose not to code line by line. I was more interested in coding descriptive units of conversation in search of thematic patterns (Thorne, 2016), as individual words or expressions in themselves convey only partial meaning outside of their context. I then grouped the data within each broad section into a series of descriptive codes.

Table 2. Sample of a Code

Broad Scheme: Learning

Category: Beliefs about Learning	Code Definitions
Expert Knower	References to participants describing themselves as experts. e.g., expertise, lots of experience, know a lot, specialty area
Cognitive Process	References to learning as a function of how the brain processes information. e.g., remember and apply, retain information, learning style, mapping, conceptual organization, storing it in your brain
Experiencing	References to learning through experience. e.g., clinical practice, simulation, reflecting on experience, doing, hands-on, in my experience most students don't learn out of a textbook, some are book smart but couldn't nurse their way out of a paper bag
Active	References to learning as requiring activity. e.g., active participation, learning activities
Inquiry	References to learning through questioning. e.g., Socratic questioning, problem solving, clinical reasoning, critical thinking
Constructing	References to learning through constructing understanding, interpreting meaning, or building on experiences. e.g. don't come in with nothing, construct meaning, multiple interpretations, I'm a constructivist in terms of how I think of things
Students Responsible	References to students responsible for learning. e.g., accountable, take responsibility, can't do it for them, learning plan, responsible to know this, you should know, you need to work on this

3.8.2. Comparative Analysis

I decided to work the data into a series of matrices so that I could conduct a comparative analysis of how participants addressed particular aspects of teaching. Examples include learning to teach, sources of teaching knowledge, teaching roles, teaching methods, teaching aims, learning beliefs, expectations of students, learning assignments, evaluation of learning, student feedback, teaching challenges, and relationships with students. During this process, I conducted numerous NVivo text queries and often referred to participant transcripts and summaries to ensure that the way I organized and interpreted the data remained within context.

Drawing from Saldaña (2013) my approach to comparative analysis involved examining the data for patterns by specifically looking for descriptions of behaviour, explanations of why something might be happening, and statements from participants that might indicate particular beliefs or values. Many of the themes were directly

observable in the data, whereas other themes were at a more latent level, embedded within participant narratives. As recommended by Miles et al. (2014), I made comparisons for similarities and differences, clustered and counted, and constantly asked myself if what I was noting was plausible. I wrote brief memos to outline my process of identifying patterns and themes. Upon the completion of 17 matrices, I synthesized all of the data from the matrices into a summative document that addressed "What is happening here?" "What variations exist?" (Thorne, 2016, p. 57) and "How could this be explained?" (Richards & Morse, 2013, p. 51). This process was extensive but provided me with a more nuanced sense of the data across participants.

Table 3. Portion of a Matrix

Description of Students

Participant	Demographics	Projected Attitude	Emotional State	Overt Behaviour	Motivation Focus
P1 Ellen	More life experience 27-28 average age 80% hold degrees capable knowledgeable creative "work ethic different" from previous generations – more likely to call in sick not interested in bedside nursing Different backgrounds with different needs	Less respect "just tell us what we need to know" Want "the right answer"	Under tremendous pressure to perform Overwhelming Demoralizing "I know they freak out" "feel they are not measuring up" "Stresses and strains on students are enormous" "Put lots of pressure on themselves" "Don't want to make mistakes" "Recognize that they've got people's lives on their hands"	Challenge teaching Challenge assignments Challenge questions Challenge grades Avoidance Not wanting to participate	Focused on Grades "Moving up the ranks" Want positions of leadership Job mobility
P2 Cathy	A lot of students from other countries –ESL Not a lot of younger students May have had education in other countries (e.g. physician) Have family responsibilities		Panic in their eyes when they don't understand	Work together solving problems in the classroom Not always prepared	

Participant	Demographics	Projected Attitude	Emotional State	Overt Behaviour	Motivation Focus
P3 Kate	Lower mainland students Middle class Both male & female students	'Thought he knew everything' 'no need to learn'	Stressed	Ignored email and phone message regarding assignment	Want a job A way out of poverty for some
P4 Aliya	Student demographic varies – young to mature Average 20-27 Lots live at home Some work	Didn't like feedback "I know what I'm doing!"	Too busy, too rushed Anxious	Wouldn't listen to nurses or instructor and did own thing	
P5 Caitlyn	A bit older now, more mature A lot already have a university degree Heavy workload – accelerated program	Think they know	Defensive and angry Disillusionment Anxiety Don't feel prepared for types of responsibility they face Fear of making a mistake	Attempts to manage heavy workload – takes over whole life	Want a really good job

3.8.3. Thematic Analysis

My aim was to see the data in a way that was "beyond the obvious" (Thorne, 2016); so while compiling the data into matrices allowed me to visualize similarities and differences across participants, I was not satisfied that I had yet organized or analyzed the data into something that was particularly meaningful or useful. The constellations of smaller content and thematic patterns I had noted within the matrices did not mean much in and of themselves.

At this point, I realized that I needed to be clear on the level of analysis I was trying to create. What then, is the purpose of this study? I realized that I was not going to create new conceptual labels for the conceptions of teaching, as they already existed in the education literature. Yet, I found the theoretical models on conceptions of teaching too limiting for the context of nursing education, as the focus of these models is not situated to practice disciplines. The analytical aim of this particular study is not to create new conceptual theories, inasmuch as extend the data towards an interpretive account of the conceptions of teaching that participants hold about teaching. To achieve this

analytical objective, I decided to do two things: (a) summarize the contextual themes and teaching challenges in nursing education to create the context for interpretation and (b) foreground the data that related to how nurse educators approached teaching, in an attempt to understand the variations of conceptual understanding about teaching within a particular teaching approach. Conceptions of teaching are often embedded within a teaching approach and are related to an educator's idea of how learning occurs (Prosser & Trigwell, 1999; Ramsden, 2003). This, in turn, affects the way that an educator perceives students and student learning (Prosser & Trigwell, 1999; Ramsden, 2003). As I described earlier in Chapter Two, I have defined a teaching approach as the combination of an educator's teaching intentions, teaching focus (content delivery versus learning centered), teaching strategies (combination teaching methods and instructional design), evaluations of learning and teaching, and their perception of their teaching role and relationships with students.

I decided to begin my analysis of teaching conceptions by extrapolating examples of participant teaching activities and assignments from the data corpus and applying questions that pertained to teaching intentions, focus, strategies, and roles. I asked questions of the data, such as how do the participants refer to their teaching role? Where does their focus primarily lay when teaching – covering content or ascertaining student understanding? What are they hoping to achieve with their teaching? What do they perceive as evidence of student learning? When students struggle to learn, how do they explain it? Within the descriptions of similar teaching activities and assignments, I was beginning to note significant variations to teaching approaches amongst participants – despite a similar description of the teaching methods they used while teaching. My focus shifted from the participants' activities of teaching towards trying to locate the participants' perceptions of their role, intentions, and students while teaching. To facilitate this analysis, I engaged in an extensive process of writing, reanalysing, and rewriting the themes I identified in the data. This was the most extensive phase of analysis – one that I cycled through repeatedly.

3.9. Limitations to Methods

One limitation of this study is that the participant sample mostly consisted of regularized faculty who were interested in talking about their teaching experiences. Missing from this sample are perhaps participants who teach into a BSN program on a

contract basis or who might be teaching in BSN programs for other reasons than a desire to teach nursing. I may also be missing participants who dislike or are indifferent to teaching and may not wish to share their experiences due to disinterest or potential feelings of anger or embarrassment. Another limitation to this study was the timing of the initial recruitment, occurred during the summer when many faculty members might have been away on vacation or professional development. Unfortunately, one BSN program that did not respond to the email or poster recruitment despite repeated attempts.

The majority of research on conceptions of teaching has predominately relied on participant interviews as a means of ascertaining the way that participants conceive of teaching (Akerlind, 2008; Kember, 1997) – although some researchers have also used questionnaires or inventory scales (Gow & Kember, 1993; Prosser & Trigwell, 1999; Samuelowicz & Bain, 1992). There were also researchers who advocated the use of observation as a means to confirm if an educator's descriptions of teaching matched their teaching practice (Kane, Sandretto, & Heath, 2002). I chose the method of semi-structured participant interviews as the primary means to construct data for this study because my research aim was to learn about how nurse educators conceive of teaching – not to discover the discrepancies between teaching conceptions and practice. I also chose not to engage in interviews with predefined questions and inventories, as predefining constructs is not conducive to an inductive approach to research.

Although I did incorporate other methods such as fieldnotes and course documents, I did not do so as a means of methodological triangulation to confirm a fixed social reality towards a single position (Massey, 1999; Sandelowski, 1993). I created fieldnotes to assist myself to remember the details of my interviews with participants and to augment the audio recordings with observations of participant mannerisms and emotional expressions when talking as a means of keeping text representation of verbal expression within context. I chose to use syllabi and assignment documents as a means to facilitate the second interview – not as a unit of analysis. Many of the participants that I interviewed about a student assignment did not either create or solely develop the materials in use. Consequently, the documents in themselves might not represent how the participant conceives of teaching. The use of documents was a powerful way of assisting participants to remember things about the assignment they might have otherwise forgotten and it provided a basis to thicken their descriptive accounts (Sheridan & Chamberlain, 2011).

Finally, depending on the research framework in use, most qualitative studies are not designed to create claims of generalized truth (Patton, 2015). Further, Cronbach (1975) concluded that generalizations from social phenomena tend to decay because such phenomena are too variable and contextually bound. This assertion may cause some to question what qualitative studies can offer. Lincoln and Guba (1985) emphasize that qualitative findings and their possible applications can be transferred to other situations that share similar contexts and conditions, but that such transfer is contingent upon the ways in which readers construe such findings to fit their particular situations. The transferability and extrapolation of qualitative findings largely depend on the availability of information-rich data that allow for readers to evaluate, interpret, and determine what is trustworthy, relevant, and useful to their own contexts (Patton, 2015). Thus, I have provided rich data descriptions in Chapter 4.

3.10. Trustworthiness

My initial understanding of trustworthiness, an evaluation of the methodological rigour that a researcher uses to enhance the credibility, transferability, dependability, and confirmability of his or her descriptions, interpretations, and claims (Guba, 1981; Guba & Lincoln, 1989; Lincoln & Guba, 1985), has shifted since the onset of this study. I have come to realize that enhancing trustworthiness is more than adherence to methodological technique to ensure rigour but also involves continuity of epistemological stance (Sandelowski, 1993). Rolfe (2006) explains that there are many interpretations within the qualitative research community of what trustworthiness entails – ranging from a positivist orientation of providing scientific evidence (Morse, 2015; Morse, Barrett, Maylan, Olson, & Spiers, 2002) to Lincoln and Guba's (1985) gold star of member checking towards Sandelowski's (1993) argument that there is an epistemological incongruity in inferring that member checking confirms the "correct" interpretation of an intersubjective reality. Sandelowski and Barroso (2002) argue that criteria for appraising the trustworthiness are based on the insight and experience of the reader to make quality judgments about the research they are reading rather than a list of explicit predetermined criteria – and that "judgments about research can only be made by the way the research is presented to the reader rather than directly about the research itself" (Rolfe, 2006, p. 308).

As I locate my own work within the constructivist/constructionist paradigm, I have come to understand that each study presents a unique perspective (Rolfe, 2006). Therefore, I have attempted to establish the trustworthiness of this study by the way I have authentically represented myself as a researcher (Ball, 1990; Koch & Harrington, 1998) and demonstrated a clear trail of reflexivity, analysis, and decision making throughout my entire study (Koch & Harrington, 1998; Rolfe, 2006; Sandelowski, 1986; Sandelowski & Barroso, 2002). This has not been easy as I have often struggled with internal questions of representation and interpretation throughout the study (Koch & Harrington, 1998). How do I participate in the making and interpretation of the data in ways that are transparent and yet not self-indulgent? (Koch & Harrington, 1998). I have come to realize that the rigour of qualitative research is not established through a set of rules to follow (Koch & Harrington, 1998; Rolfe, 2006; Sandelowski, 1986; Sandelowski & Barroso, 2002). Thus, I have attempted to signpost to readers 'what is going on' while researching by locating specific orientations within the literature and my positioning of such throughout the entire study (Koch & Harrington, 1998).

To enhance the credibility of data construction with participants, I clarified meaning and possible interpretations of participant responses *throughout* interviews, wrote field notes that contained my observations and impressions of our interactions together, and engaged in a particular type of member checking during my second set of interviews. I did not engage in member checking as a means of establishing the accuracy of transcription, validity of analysis, or as a form of intervention. Instead, I engaged in member checking as to seek further clarification in places of ambiguity and to learn if areas of my evolving analysis across participants rang true to their experience (Thorne, 2016). I was also careful to bear in mind that both participant agreement and disagreement had the potential to lead to false confidence of interpretation or potentially derail good analytical interpretations (Thorne, 2016). Sandelowski (1993) explains that participants may have difficulty recognizing the interpretation of other participant experiences as variances of their own and it is not feasible to assume that the participants and researcher share similar epistemological positions or approaches to analysis. Thus, participants may disagree with interpretations, as there is no single or static interpretation in reality – as even people's perspectives and interpretations of their own narrative accounts can change over time (Padgett, 2008; Rolfe, 2006; Sandelowski, 1993). I engaged in member checking and listened for discrepancies so that I could

explore further why those discrepancies exist (Padgett, 2008), rather using member checking as a means of validation.

Peshkin (1988) argues that while a researcher's subjectivity is "a garment that cannot be removed" (Peshkin, 1988, p. 17), it is still something that needs to be managed. Without reflexivity, a researcher's values can either consciously shape or unconsciously create blind spots that dispose the researcher to see what he or she *does* or *do not* see (Peshkin, 1988). To heighten my reflexivity, expose my bias, challenge my interpretations, I engaged in regular debriefing about this study with committee members, peers from my academic cohort, and two nursing colleagues from my workplace, as a means of ongoing consultation and feedback (Lincoln & Guba, 1985; Padgett, 2008). I also engaged in ongoing journaling and memo writing (Cox, 2012; Saldaña, 2013) and actively sought out discrepant cases within the data (Maxwell, 2013; Padgett, 2008) to demonstrate evidence of reflexivity throughout the entire study. I am also aware, however, of the limitations of reflexivity as a methodological approach to examine the awareness of my own constructed perspectives as a means of documenting how I came to know what I know within the study, without speaking for participants and becoming some kind of omniscient narrator of truth (Pillow, 2003). Therefore, it will be up to the reader to determine if I have given enough information from the participant accounts to support the analytical interpretations I present and if the study's findings have potential use in other contexts (Creswell, 2014; Lincoln & Guba, 1985; Maxwell, 2013; Sandelowski & Barroso, 2002).

Finally, I have taken heed to Thorne's (2016) warning of making claims of data or theoretical saturation, especially for small qualitative studies. Thorne contends that there is always room for new and infinite variations of experiences within practice disciplines. Instead, what I will claim is that I had enough of a participant sample to discern the repetitive patterns and variations within the data to support this study's findings.

3.11. Ethical Considerations

Prior to the commencement of this study, I received ethics approval from SFU's Office of Ethics Research, as well as the necessary ethics approval and/or letters of permission from the post-secondary institutions of BSN programs within Greater Vancouver. The SFU Office of Ethics deemed the study a minimal risk, as they did not

perceive educators talking about their teaching experiences as greater than those encountered by the participants in their workplace did. Still, I have two ethical concerns that extend beyond the ethics approval of this study: protecting the confidentiality of participants and the potential impact on participants in reading this study. I became more concerned about protecting the confidentiality of participants in a way that extended beyond the usual concerns of data security. I took precautions to protect the confidentiality of the participants by removing all identifiable information from the interview transcripts and course documents and using pseudonyms. I stored audio recordings and electronic data on an external encrypted hard drive inside of a locked cabinet at my home office. Nonetheless, despite these efforts, I cannot ensure participants will not reveal their own participation in the study to other participants, as many of the participants were recruited through snowballing. I also cannot ensure that participants who are known to each other will not be able to identify each other's contributions to the study. I have done what I can to minimize this by not revealing the identity or participation of participants in this study. I have also put forth considerable thought into and have sought feedback as to how to portray participant narratives in enough detail that will still allow me a way of contrasting variances without inadvertently revealing too much detail that will expose the identity of participants to readers. Thus, I decided to mask the participating institutions within my thesis as a means to further protect participants from identification and prevent the contrasting of institutes and BSN programs. Therefore, I have not placed the ethics documents or consent form in the appendices as it names all the institutes.

I am also mindful that in-depth qualitative interviews have the potential to uncover highly sensitive and personal information (Merriam, 2009; Padgett, 2008; Patton, 2015). All participants in this study presented rich narrative accounts of their teaching experiences, with several participants sharing experiences that conjured up moments of emotional vulnerability. While wanting to remain sensitive and respectful of participant experiences, I also wanted to guard against over-identification with the participants as a nurse educator – something that Thorne and Darbyshire (2005) refer to as delusions of intimacy. Equally concerning to me was how participants might interpret the way that I integrated various conceptual frameworks with the data as a means to evaluate or pass judgement of their teaching practice. I would like to stress to participant readers that their participation in this study signals to me that they likely care about their

teaching very much. Any variances of approaches to teaching that I put forth in this study are means of assisting other educators in understanding the different ways teaching can be understood within the contextual complexity of an applied practice – such as nursing education. And finally, I wish to reiterate once again that my own conception of teaching has been evolving since the onset of this study and I am mindful that all interpretive analysis is situated, partial, and incomplete (Brinkmann & Kvale, 2015). With this, I am ready to introduce the participants of my study and turn now to a discussion of findings and analyses.

Chapter 4.

Nurse Educators as Teachers

Like nursing, teaching has artistic and scientific aspects. Conceptions of teaching involve entanglements between these aspects of teaching. Through my review of the teaching literature, especially from scholars such as Dewey, Schwab, Shulman, and Schön, I have come to understand the *science of teaching* as a systematic approach to creating a theoretical basis for the justification of teaching practice. Likewise, I have come to understand the *art of teaching* as the way educators interpret the use of theoretical knowledge, create practical knowledge from their experience, and embody the relational aspects of teaching practice. Benner, Brookfield, Palmer, Schön, and MacKinnon are academics and educators who have greatly influenced my thinking in this regard. The epistemological underpinnings of my expanding conceptual awareness of teaching and learning are informed by philosophers such as Scheffler, Hirst, and James, and by education researchers such as Entwistle, Marton, Booth, Hounsell, Ramsden, Prosser, and Trigwell.

To learn more about how BSN nurse educators conceive of teaching, it is necessary to gain some understanding of the larger teaching context of nursing education and how nurse educators experience teaching within such a context. I have organized the presentation of findings in this study into three broad areas. The first section of this chapter describes the larger context of nursing education and some of the teaching aims and challenges within that context. In this section, I seek to lay the groundwork for a later discussion in Chapter Five about why conceptions of teaching might form as they do in nursing education. In the second section, I describe three approaches to teaching and present the possible variations of teaching conceptions embedded within each approach. It is here that I seek to answer the questions of how BSN nurse educators conceive of teaching and how these conceptions manifest in their teaching practice. Finally, I present a succinct summation of the study's key findings, which I later expand upon at greater length in Chapter Five.

4.1. Context of Teaching in Nursing Education

Although the participants of this study were selected from four different BSN programs within Metro-Vancouver, I do not present a comparison between specific sites. Instead, I portray the context of teaching in nursing education by how the participants describe what motivates them to teach, how they describe nursing practice, what they think is important for students to learn, how they develop as educators, and the types of teaching challenges they encounter.

4.1.1. Desire to Make a Difference

The majority of participants expressed a *desire to make a difference* in nursing and nursing education as their motivation to teach. No matter their trajectory into nursing education, whether by recruitment or by choice, participants indicated that they wished to improve either the pedagogical relationships with students or a qualitative aspect of teaching and learning in nursing education.

Many of the participants expressed concern for *how* nursing students are treated in nursing education and described how they thought nurse educators *should* treat students. Much of the concern regarding the treatment of nursing students stemmed, in part, from what they witnessed from other nurse educators with students and a recollection of their own negative encounters with nurse educators when they were students. Patricia shares her own experiences of learning as a nursing student and her observations of how nurse educators treated the students in a hospital unit where she once worked as a nurse.

> Patricia: The way we were educated was based in fear. It was clearly a medical model. We were very much subordinate to physicians. There was no place in it for the nurse. There was no place in it for the student. There was no place for the person who was a person. It was just so focused on deficits and on negativity and on what's wrong. And not about let's make it better, but what's wrong. And it just seemed to me to be very negative – to be very down. And that the joy of being with people, and working with people, and helping people was missed. And the whole notion that the nurse is a person too was missed. And that the whole idea that the nurse had some rights too was missed. And that nurses know a lot more than some of those physicians, that part, was completely missed. So to me, it was just – it was so very functional. So I just felt that there had to be a way because I was seeing we were having students come in and I thought, 'these young people

> aren't being educated any different than what I was.' And it was so wrong. It was just so wrong.
>
> M: What were you observing?
>
> Patricia: I was just observing teachers as taskmasters, focused on skills. I didn't think that thorough and comprehensive assessments were being completed. I don't think students were being encouraged to do that. I was seeing students scared, you know, 'if I make a mistake she's gonna fail me. I can't ask my teacher.' There was a real need for us, as staff nurses, to protect the students from their teacher.

Another participant, Grant, echoes a similar concern. He states,

> If you go online and you do a Lit search on bullying in nursing its pandemic. You pick any country in the world, its pandemic. The educator is making their life a living hell….I found when I was in nursing school and when I became a teacher in a nursing school, students were traumatized by the behaviours of other clinical instructors – condescending, disrespectful. 'My way or the highway.' 'Half of you are gonna fail before you're out of this course.' Negative, negative, negative.

Few participants described their own experiences in nursing school in a positive light. Many expressed a desire to improve teacher-learner relationships in nursing education. Grant shares his vision of what pedagogical relationship in nursing education *ought to be*.

> Teaching is the sharing of knowledge between two people based on experience. The essence is, it's not one way. It's two way based on people's experiences and perceptions and having the strength of self to say, 'I'm wrong' or 'I didn't do that right.' I love reflecting. Being able to reflect and modify and change has nothing to do with ego. It has to do with the wellbeing of the students, who in turn, I hope will pass that well-being on to other patients.

Not all participants reported negative learning experiences in nursing school. A few participants expressed precisely the opposite and expressed how much they enjoyed their nursing education. Caitlyn is such an example. She states,

> There is not one day that I was in clinical practice where I didn't actually say out loud, I have the best nursing education in the world! They really believed what they were doing. So they worked together as a cohesive unit. There was just such an integration and they were all really kind. That was the thing I think. In a word – really caring. They really were. They wanted us to do well. They were hard on us but not too hard.

Whether the participants of this study shared positive or negative accounts of their learning experiences as nursing students, the majority conveyed a desire to teach in a way that did not harm the integrity of their own students and created a positive teacher-learner relationship.

Other participants described choosing to become a nurse educator because they wanted to influence the future of nursing practice. For instance, Ellen stated that she became a nurse educator to teach "in a way I thought things should be and then nursing would be better overall." Similarly, Caitlyn shared that she wanted to help shape the practice of future nurses.

> I have to do a good job because these students are going to be the next generation of nurses. And this is the beginning of their nursing. I want them to learn that they have to do things well. And they have to be thorough, and compassionate, and kind.

Finally, some participants admitted that they had never planned to become nurse educators but were recruited into teaching from their nursing positions by other nurse educators. The majority of participants that were recruited into teaching stated that they remained nurse educators because of the realization that they enjoyed helping students develop as people and grow into nurses. Only one participant disclosed that she became a nurse educator to accommodate a personal lifestyle need.

4.1.2. Broad Scope of Teaching and Learning

Nursing is a practice discipline comprised of many types of theoretical and practical knowledge. Nursing knowledge is created from within its own discipline and from the knowledge of other related academic and practice disciplines. The scope of nursing education is broad and encompasses numerous subject areas to teach and learn. Caitlyn explained,

> Nursing school is a great amount of volume work. There's a lot to know in a short period of time and I think it's the breadth of knowledge that's required. So they have to learn pathophysiology, and also a little bit of humanities, and it's not just a single track program. Nursing is very broad and it encompasses a lot of different topics. So they have to switch gears all the time going from nutrition, pathophysiology, [and] communication skills, you know? It's very broad. And I also think it encompasses so much of your life. Because they're also, in addition to learning all this information, are being socialized into a new professional role. And

> that certainly doesn't happen in an English degree. You know? They are taking on a whole new role and a new persona in a sense.

Nursing education also involves a complex process of social learning and ethical comportment that changes people. It is different from academic disciplines in that it necessitates the socialization and ethical comportment into a professional role that emphasizes the core values and responsibilities of nursing practice. Graduate nursing students often change the way they view the world after graduating from nursing programs. Caitlyn elaborated,

> I think it's something that's different to everyone, but I've talked to students a lot about this and there is really a change that you see. They come in, it's sort of internalizing the values of the profession so that they really begin to look at the world as a nurse. I mean, you are a nurse you know. You can't go back, right? [Laughs] Even if you don't work as a nurse, you are still a nurse now.

In other words, nursing education involves more than the acquisition of specialized knowledge and skill – it changes the way learners see the world.

4.1.3. Regulated Professional Practice

Registered nursing is a regulated practice that requires baccalaureate nursing education programs to ensure that their curriculum prepares nursing graduates to successfully meet entry-to-practice competencies and the professional standards of practice. It is not possible to practice registered nursing in North America without passing the National Council Licensure Examination (NCLEX) – a licensure exam that measures the competencies required of entry-level registered nurses. Vivian elucidated,

> You cannot practice unless you pass the NCLEX. We can give them a really great education with entry-level competencies and better thinking. Better critical thinking and problem-solving; looking at nursing in a more global way; in a more contextual way; being relational. We can teach them all of that. But then, they have to write the NCLEX, which doesn't match clearly everything that we've taught. So, it's a little tiny piece, but they still need it in order to practice. So we still have to provide it. That, I think, is that pragmatic piece. I think you've got to be practical because you know in the end, you might have a fantastic thinking nurse. Advocating for vulnerable marginalized populations and doing all the things that we want a 'thinking nurse' to be. But if they don't understand the NCLEX then they don't pass it. They can't practice.

Vivian pointed out that no matter what other things nurse educators might think is important for students to learn; in the end, the bottom line is that students must be able to pass the licensure examination to practice nursing.

Not all participants are convinced that the NCLEX, the US exam that recently replaced the Canadian Licensure Exam (CNE), is the right focus for Canadian nursing programs. Patricia elaborated on her concerns.

> The problem with the NCLEX is that they want the NCLEX to be universal. So they're trying to take it to the United Kingdom and they're trying to take it down into Mexico. But the thing is that they want one exam for everybody. Well, what the availability of technology is in Mexico, even in terms of sterile dressings, is very different as to what's available in Canada. What they can clean with down there is very different from what we might use to clean up here. So the issue is that the exam becomes so generic and so vague because everybody has to be able to answer the same question. It can't be anything but a simple exam. And they say it's about safety. Well, what are you going to test? In the United States, they use chlorhexidine to clean pin-sites and they leave the scab on. In Canada, you use normal saline to clean the pin-sites and you take the scab off. So they consider the scab protective. We consider it a bacterial medium. Now that's a tremendous difference in philosophy.
>
> There's a fear that as the regulatory bodies gain more strength that they will move to the same system that the United States is moving to. Which is that your accreditation will be based on your NCLEX results. So you have poor results? No accreditation for you.

Whether or not nurse educators agree with the philosophical merits of the NCLEX exam, it remains a powerful regulatory presence in nursing education. Fifty percent of participants indicated that they felt a responsibility as educators to prepare nursing students to pass the NCLEX. Although the majority of participants denied teaching directly to the exam, many referenced using or creating NCLEX style questions in their evaluation methods in an effort to prepare students to write the exam. Patricia explained that the NCLEX is linked to more than determining which nursing students meet the regulatory competencies and licensure requirements to enter nursing practice, it is also potentially linked to accreditation. Meeting accreditation requirements determines whether a nursing program remains operational or not. Therefore it was not surprising when one participant sheepishly admitted, "I hate to say that we taught to the NCLEX. I don't like to say that but we'd try to cover as much." Nursing programs that fail to meet regulatory requirements cease to exist.

4.1.4. Teaching Aims of Nursing Education

The majority of participants identified the overarching teaching aim of nursing education as preparing students to practice nursing. As one participant stated, I want to "put out strong nurses that are ready to work." Shulman identifies three fundamental dimensions of professional work – "to *think,* to *perform*, and to *act with integrity*" (Shulman, 2005, p. 52). Likewise, Benner et al. (2010) three professional apprenticeships of nursing education: cognitive, practice, and formation and ethical comportment. Similarly, the participants of this study described the three dimensions that Shulman and Benner et al. portrayed but used slightly different words. They described the teaching aims of nursing education as involving cognitive, relational, and technical dimensions of nursing practice. Shulman (2005) and Benner et al. (2010) both indicate that all three dimensions of professional work are overlapping and need to be taught in an integrated manner. However, Shulman also noted that all three dimensions may not receive equal attention across the professions. Similar to Shulman's observation, each participant placed varying amounts of emphasis on each dimension of nursing practice. Although some participants emphasized some dimensions more than others, most participants described each dimension of nursing practice as a teaching aim that was important for students to learn. I have ordered these teaching aims in accordance with the frequency that participants spoke of them.

Cognitive

The number one teaching aim that all participants repeatedly emphasized was importance of teaching students to *think like a nurse.* While the participants used slight variations in nomenclature and stressed some aspects of thinking over others, there was a strong collective theme as to what thinking like a nurse actually entails. This includes understanding the sciences, interpreting knowledge to specific contexts, being able to identify and prioritize patient care problems, viewing the situation holistically, and engaging in clinical reasoning and nursing judgment. The majority of participants stressed the importance of student learning biology, pathophysiology, and pharmacology as a basis of foundational knowledge. As one participant explained, "You have to be able to clinically reason, but you can't clinically reason if you don't have the knowledge in order to be able to do that." Most participants articulated that students need to possess a

foundational knowledge base in the sciences before they can develop the higher order thinking skills required to competently practice nursing.

Of interest, despite the emphasis of evidence-based practice (EBP) in the nursing literature, only five participants spoke of the importance of teaching students how to interpret and use research in nursing practice. The majority of participants who stressed this aspect either held doctorate degrees or were in the midst of completing their doctorate degree. This may suggest a correlation between research experience and the use of research in nursing practice.

Relational

All participants purported that the relational components of nursing are extremely important for students to learn in nursing education. They described these relational components as the ways nurses interacted with people and self-managed in the healthcare setting. Often embedded within their descriptions of relating to others were value statements of how students *should be* with patients and look at the world as a nurse – "be thorough, and compassionate, and kind." Many participants emphasized that they wanted their students to understand that patients were multidimensional human beings and not diagnostic labels. The participants also highlighted the importance of how students conveyed information to patients and interdisciplinary healthcare members, explored and advocated for patient needs, and engaged in teamwork when providing nursing care. Several participants maintained that the relational dimension of nursing also involved how students related to themselves in how they approached learning and managed stress. This often translated into the expectation of students being able to identify and take responsibility for their learning and management of physiological and psychological needs.

Several participants maintained that nurse educators generally did not teach interpersonal communication skills well. One participant hypothesized that nursing programs may not have effectively integrated *how to use* communication skills in varied healthcare settings, situations, and roles throughout their curriculum. Finally, although several participants expressed the importance of interdisciplinary communication and teamwork, only five participants directly spoke of the importance of students understanding their professional role within a larger interdisciplinary and societal context. This might not be a particularly significant finding, as the focus of the interviews within

this study did not center on the professional role of a nurse. However, it may suggest the need for further exploration.

Technical

Only half the participants spoke of the importance of teaching students technical skills such as the organization of nursing care delivery, implementation of technical procedures, and the use of healthcare technology. Surprisingly, the three participants who taught in the nursing lab emphasized the importance of teaching students to communicate with patients above their learning of technical skills. The participants identified that students sometimes fail to consider the patient experience when performing nursing procedures. As one participant observed, many of her students "just want to do stuff" and "anybody can do stuff. It's not the skill, right." Instead, the participant wanted her students to expand their focus beyond the implementation of technical skills. Although she wanted students to be technically competent, she also wanted them to identify the rationale behind the selection and use of technical skills, educate patients about the treatments and procedures they were receiving, communicate with patients during the implementation of those skills, and note how their patients were responding.

4.1.5. Trial and Error Teaching Development

Most participants in this study did not have formal teaching education or previous teaching experience when they first became nurse educators. Although some participants indicated that they may have taken an education course in their graduate nursing program, few participants held teaching certifications or degrees. Many of the participants described learning through their own volition of reading education books and attending professional development seminars and receiving evaluative feedback from students about their teaching.

Several participants described teaching themselves to teach. One such participant identified herself as a trial and error teacher. "I just taught myself, just trial and error. I was a trial and error teacher. I still am a trial and error teacher." She expounded

> It's not very good. You don't get a lot of help. There's that mentality, 'well, we hired you and go for it. You've got the education behind you. You should be able to do this. You should know.'

The assumption that nurses should know how to teach was not something this participant found particularly supportive or helpful. Another participant shared a similar experience and illuminated the effect it had on him.

> Would I recommend that? Never! Not now – not now. What I would recommend is certainly go and see how other people do it, but please have the preparation first. The fundamentals of teaching – it is a bumpy road. I went through hell. I went through hell – absolutely, I did.

Even participants who held previous teaching education or experience did not find the process of learning to teach straightforward or easy. Several participants stressed the importance of new nurse educators receiving teaching education and mentorship, although few actually described receiving it themselves when learning to teach. Many participants, did, however, indicate that they could approach colleagues with questions if they felt unsure about how to handle a specific teaching situation or thought they needed additional support.

4.1.6. Teaching Challenges

Nursing is challenging to teach. Although nurse educators can likely identify many types of challenges in their teaching practice, I was able to identify a number of prominent themes across participant interviews. These themes include relating to students, managing heavy workloads, integrating theory and practice, adapting to teaching differences, and coping with psychological distress.

Relating to students

Nursing students have changed. Although the type of student that participants described varied slightly demographically across institutional settings, as there were differences in institutional mandates, admission requirements, and program delivery, there were more commonalities than differences in the ways that participants described their students. Overall, today's nursing student tends to be slightly older and educated, culturally diverse, career orientated, grade focused, anxious, and more difficult to engage and manage. The changing demographics of nursing students have created new relational challenges for nurse educators when teaching.

Age and previous educational attainment were the biggest differences that participants described across nursing programs. The previous educational attainment of

students varied from one year of post-secondary to graduate level. Accelerated nursing programs with higher academic requirements for admission generally had older students with more substantial education attainment. "We've got closer to 80 percent that have a degree." Whereas participants from community-based programs with longer delivery durations described a greater variance in age and educational attainment among their students. On average participants described the age of their nursing students as ranging in the early twenties onward, with mid to late twenties cited most.

Participants report that nursing students in Vancouver are culturally diverse. Some participants articulated difficulty balancing their respect for cultural diversity while maintaining the standards and competencies of nursing practice. In particular, concerns were raised around language barriers and conflicting social norms within the context of the clinical setting. As one participant explained, "There are some cultures that the teacher is the ultimate. Do not ask questions. Do not challenge. Do nothing. What the teacher says is the law." The participant expressed concern that such deference towards authority figures would hinder the types of communicating, questioning, and reflecting that nursing students needed to do in order to provide safe competent nursing care to their patients. Similarly, another participant shared how her student initially refused to assess an elderly patient's depressive symptoms because it was deemed disrespectful to ask elders personal questions in her culture. The student struggled to work through the differing expectations of the nursing role and her cultural norms. This difficulty is sometimes further compounded when English is a second language (ESL) for the student. One participant expanded on this difficulty.

> You also have to realize that most of your students are translating and then translating back. So things that are colloquialisms for me, mean nothing to these people. So if I was to say to some of the students, 'people are really, really upset' they think that you're really wicked. They would take it very literally.

Sometimes the intended meaning of words and messages can become lost or distorted between language translations. The participant went on to express concern that nurse educators might too often assume comprehension among ESL students and fail to check for understanding as often as they should. As any type of miscommunication in nursing practice has the potential to lead to serious errors and consequences, she stressed that nurse educators should be even more vigilant in ascertaining how their students understood things when language barriers were a factor.

Several participants shared that they believe nursing students are more career-focused than ever before. Many participants believed that most students entered into nursing to develop a career and improve the quality of their lives. As one participant articulated,

> A lot of people who come to nursing are usually people from the middle class. The same with me. I was even in a lower class I would say because my folks were refugees in Lebanon. So we did not have a lot of money and a sponsor helped me to finish my education. So I strongly believe in education and helping people because that is their ticket for better care for themselves, and better family, and community life. So I cherish that. So I make sure that when I'm teaching. I factor in everything to provide the students [with] the help they need to be successful.

Similarly, other participants maintained that students entered nursing today because they believe it offers greater job mobility, security, and career advancement. "They feel that if they had nursing it would allow them more credibility, a bit more of job movement opportunity." As an example, when one of the participants asked their student, "Why are you in nursing? Why are you doing this?" The student responded, "Because I wanna be an administrator." Conversely, these statements in themselves do not indicate that all students go into nursing chiefly for career advancement. There is likely a broader mix of reasons as to why students enter nursing. As one participant surmised, "I think now, there's a mix between students who really want to be a nurse and students who want to be a nurse because it's a really good job and they'll get a job." Some students may enter into nursing as a vocational calling while others may enter into nursing primarily for career orientated reasons.

Several participants maintain that gaining entrance into BSN programs is extremely competitive. In Metro Vancouver, demand is great, space is limited, and a high grade point average (GPA) is required. For students who hold ambitions to further their education once completing their nursing education, this is particularly important. One participant reported that it is not uncommon for students to approach her for higher grades.

> Their thing is they need a higher grade. 'I'm going to med school I need a higher grade.' The typical response is, the minute they get their grade they'll email me and say, 'can we meet? I don't understand why I got this grade. I worked on this assignment, you know, for six weeks. I put a lot of work into it, and I'm usually an A student.'

As another participant explained, "Now they're ultra-competitive and they only want the grade. And if they don't get the grade they are very angry with you." Often this translated into students primarily attending to "the work that gives them marks." One participant maintained that students evaluate educator teaching based on the grades they received. She stated,

> Well, students are focused on grades. And if you get good grades, you're a good teacher. If you're nice to them, you're a good teacher. If you meet their needs, you're a good teacher, right? So what is good teaching? I don't know anymore.

Consequently, several participants shared that they often felt challenged and pushed by students to give them higher grades. One participant even claimed that *grade inflation* was "quite prevalent in nursing education" in an effort to appease students.

Almost all, 13 out of the 14 participants, noticed high levels of anxiety among nursing students. One participant illuminated the extent of the anxiety that she saw within her students,

> You know what's surprising to me is the level of anxiety. I just didn't understand the level of anxiety that students have in class and in clinical. I understood you being anxious in clinical, cause it's a whole different situation – something that you're not familiar with. You become familiar with it. Every term gives you more familiarity. But school you would think would be something that you would understand. But people are really anxious in school and some of it has to do with the context of the student's life, right? So if we have older students who have family responsibilities, they're trying to ensure that they're kids are home from school or picked up. They're anxious about having to stay late or come early. They can't do all those things. And they can't put in the time that they need to really study because of all their family responsibilities. But they're torn, right? So then that increases their anxiety. So we find we're working very closely with counselling all the time.

Students today are often juggling multiple responsibilities outside of school. As one participant concluded, "students have got way more expectations on them and I would not want to be in their shoes."

All participants described challenges in managing student behaviour sometimes. The two challenging behaviours that participants identified most were incivility and anxiety. The participants described incivility in terms of attitudes and behaviours they found either disrespectful or disruptive when teaching. These included challenging

expertise, exuding know-it-all attitudes, coming to class late, bullying other students, arguing about grades, lying and cheating, dismissing feedback, not coming prepared to class, and overtly refusing to participate in learning activities. One participant stated, "The students these days just seem to have an attitude that I haven't come across before." Another shared,

> I think that sometimes I've had groups where they're so angry and people who think that they know [Laughs]. I said it to my clinical group the other day. I said, 'and even though some of you think you don't need a safety net, (tsk) you do. So, I will be there.' But it's like they think they know. All they have to do is read the book or go to clinical and they know. They don't need anything else. And they're almost angry at having to be in class. They're angry at having to be marked. And they're angry that somebody is assessing them – that somebody is saying, 'you know, I think the next time you do that you might wanna try this.'

Some participants attributed the incivility they experienced as specific to the millennial generational, whereas other participants related these changes to the changing student demographics. As one participant explained,

> They're not eighteen years old. Though when they challenge me, which they often do, and I appreciate that they come in with their own perspective and they say, 'well what about this? We haven't thought about this.' And then, I'll think to myself, 'oh my gosh, I wish I had the eighteen-year-olds who were starry-eyed and lovely not afraid, but, who thought I was God,' whereas, these students don't. I mean they value what I bring, but they also bring lots. So some of them are a little bit cocky even.

The participant realized that questioning knowledge and assumptions was part of how students learned but admitted she found it easier to teach students who respected her role as an expert and did not challenge what she taught.

Although many participants expressed distress over their encounters with student incivility, it was student anxiety that they described as having to manage most. Anxiety was described as manifesting in students through avoidance, reluctance to participate or speak up in class, panicked facial expressions, tearfulness, difficulty articulating thoughts, expressing feelings of being overwhelmed, and performance difficulties. What differed among participants were the explanations of why student anxiety existed.

Some participants attributed student anxiety to the combined intensity of the nursing program and complexity of student lives, whereas others maintained that student anxiety was a manifestation of specific student characteristics, such as cultural

differences, poor coping skills, and difficulty with self-management. The way that participants perceived student anxiety mattered, as it affected their approach to managing it. For example, one participant spoke of needing to understand the student context and set forth realistic expectations of students, whereas another participant viewed student anxiety as "not my job." If the students could not learn to manage their anxiety they were deemed "not fit to nurse."

Several participants described their students as disengaged. Many participants expressed that they either had challenges holding their students' attention while teaching or engaging students in learning activities. Participants described using exemplars, unfolding case studies, group discussions, student presentation, and simulations in the classroom. Often students were expected to prepare for class by watching online lectures and completing online learning modules, quizzes, and required readings. Yet, instead of finding students curious, interested, and prepared to participate in what they were learning in class, several participants indicated that the opposite occurred. Students often did not come prepared for class – they had not done their assigned readings, watched the online videos or PowerPoint presentations, and completed the pre-class assignments, and did not want to participate in group activities or learning exercises in class. One participant shared her shock at her students' refusal to engage in a group learning activity she had prepared.

> So I was finished my 20-minute lecture that I normally do and then I wanted to break the students up into groups to work on things. And at that point in time, there was a number of students who just rolled their eyes. One girl had her feet up on the desk and they didn't want to do it. They said that they'd already done it in another class and they didn't really care to do it.
>
> I came from a school where when the teacher told you to do something – you did it. You didn't question. You did it because that's what you were being taught. And you needed to learn the stuff that they were teaching.

And another participant conveyed the frustration she experienced when her students had not reviewed the online information she had prepared prior to the class. She stated,

> So I just felt – I just said, 'The next time I come in and if you're not prepared, I'm just going to say, you know what, do self-study. The stuff is all there. It's what you need. It's the rich discussion in class you'll be missing because all kinds of things are brought up and we go on all kinds of tangents about things and students ask questions.' And I said, 'I put a lot of work into having you being prepared for the

> class and if that's not something you feel like you want to do, either that, or if you don't feel you want to, don't come to class because I'm not going to just sit and feed you the information. I want you to participate.'

In response, many participants offered explanations as to why their students did not seem engaged in their learning. One participant described her students as "lazy learners" and that students just wanted to be told what to know and do. She stated,

> They would like me to just pour in what they need and then, 'I'll know everything I need to know. And not only will I know it, I'll just be able to automatically do it.' It doesn't work that way.

Similarly, another participant maintained that students were almost impossible to please. She stated,

> Sometimes like, they say they want more engagement, more collaboration, more case studies, so they can work things through. But when you give it to them, 'just lecture it to us [Laughs]. Just give us the details. Just tell us what we need to know.' On one hand, they're saying, you know, 'this is what we want from you.' So, when you give feedback, 'it's you didn't do enough of that!' And then you get feedback. 'You didn't do enough lecturing.' And so, you can't win for losing.

Further, some participants maintained that students had shorter attention spans due to computer technology, social media, and iPhone addiction.

Not all participants attributed disengagement to specific student characteristics such as short attention spans, having know-it-all attitudes, or lazy learners who just want to be "spoon-fed." One participant identified that educators may also teach in a way that is oblivious to their students learning experience. She states,

> You actually can teach a course in a way that you can remain oblivious to the learning experience. And I think by having large classrooms and poor relationships with students that can continue. So I think there's also something about the way we structure programs that lets us live in our bubble and kind of be oblivious to what's going on.
>
> I think the challenge of teaching is not the course that you're delivering. It's understanding the students who are receiving it, right? So the challenge is not the course for me. It's getting to know the students. It's understanding what I'm building on.

The participant wonders – what is it about the ways nursing programs are structured and the ways that educators focus on their teaching that '*lets us live in our bubble and kind of*

be oblivious to what's going on.' Likewise, another participant expounded on her beliefs about what it takes for 'good educators' to engage their students in learning.

> Someone who can stop thinking about what their goals are for the course and listen to what the learners want, recognize, and see. Read their faces. Read their non-verbal. If they are not understanding a word you are saying, why are you still talking? Why aren't you finding another approach to it? If you keep telling people and they are sitting there blankly staring at you, how much do you think they are learning? I don't think they are learning. I think you've got to change it up. So that's what I think would be effective. Somebody who's in tune to their students

Again, the participant points to a need for nurse educators to be *'in tune to their students'* if they want them to learn. Indeed, students may have the personal characteristics and expectations of teaching that other participants pointed out. These too can raise challenges with student engagement. But perhaps, it is also the ways in which nurse educators understand and relate to their students' conceptions of what they are learning and how they perceive their learning experiences that affect how students engage in their learning.

Managing heavy workloads

Participants described workload issues for both themselves and their students due to the amount of content in nursing curriculums. The amount of course content that nurse educators are expected to teach and the amount of assigned work that students are expected to complete keeps expanding. Moreover, the amount of time available for teaching and learning is reduced within accelerated and compressed programs.

Several participants expressed concern for how the heavy workload was affecting their students. One described what she observed in her class. "They were just sitting there like zombies. It's such an intense program Michelle that they just – they're not even processing 10 percent of what they're getting in a week." Similarly, another participant maintained that the student workload in her program was so heavy that it did not allow students "to be doing much else than keeping up." The participant went on to say that she suspected that educators did not often reflect on how the cumulative workload of courses and clinical within nursing curriculums might affect students.

One participant elaborated at length on how nurse educators sometimes failed to consider the potential implications of continuously adding content to their courses in an effort "to cover" everything. She used her own course as an example.

> So what has happened with this course – this is my own feeling – is that it has become, as the first course, the dumping group for everything that people don't really want to teach later, cause they want to get to more interesting things. And so there's a certain amount of 'well you have to do this, cause in my course I want to do this. And I need them to have the beginning understanding of this thing.' You know, I think that a lot of that was done. And so, there's an awful lot of stuff that we seem to need to cover in this course because six other courses think it needs to be covered.

Part of the reason that this participant believes nurse educators keep adding more content to their courses is the context of nursing education. Nurse educators are responsible to keep both patients and students safe in the clinical setting.

> So I think there's a certain amount of anxiety because the stakes are high. Nurses have a really important role in the healthcare system, and we can't have nurses practicing badly. And I think people really feel very anxious that they're responsible for making sure that everything goes right in practice. But I think one of the things I've let go of is that I can't cover everything.

Some nurse educators may view *knowledge as prevention*. From this vantage point, adding additional course content likely seems prudent – especially if the added content is perceived as something that prevents students from making mistakes and harming patients.

However, a few participants questioned if the emphasis of covering content and increasing student workload actually prepared graduates to nurse competently. One participant expressed concern that many BSN programs seemed to be reducing their number of practice hours. The participant maintained that she thought new graduates are so poorly prepared that the health authorities are now questioning what nursing education is doing. She states,

> I'm really concerned about practice – 'practice-ready.' It seems like the health authorities have to do so many hours of new grad hours and getting them ready to practice. And you know, I hear comments on that. 'Oh, they're not ready. Or they're missing this. They're missing that. Missing basic care or missing critical thinking.' And then I think, 'Oh my gosh!' You know? 'What are we doing in nursing education?'

Several participants expressed concern that nursing students were no longer receiving "enough clinical experience" to meet the nursing competencies that the health authorities expected from graduates.

Integrating theory and practice

All participants in the study indicated that nursing students needed to apply the theoretical knowledge about nursing to the practice of nursing. Participants often referred to this as *applying theory to practice.* Nurse scholars often refer to the practical knowledge of nursing as an *"art" – knowing how* and the theoretical knowledge of nursing as a "science" – *knowing that.* Because much of nursing knowledge is based in the sciences, the majority of participants tended to refer to the theoretical knowledge *(science)* of nursing interchangeably with the biological, pathophysiological, and pharmacological *sciences.*

The majority of participants, 11 out of the 14, maintained that nursing students must first learn theoretical knowledge then later apply that knowledge to practice. However, several participants also noted that their students were not able to *transfer* such knowledge in a way that was usable in nursing practice. In other words, some students did not know how to use theoretical knowledge in practice contexts. One participant described what she observed.

> Nursing is an art and science, right. Students can do well on exams but couldn't bust their way out of a wet paper bag in the clinical settings. They've theoretically got it but can't actually put it into practice. Because they're very much in their head. And they're not in the art and science piece of it right. So there's that skill piece of it. There's that knowledge piece of it. There's that application piece of it. And it all synthesizes really by your basis of understanding of the pathophysiology of what's going on with the client.

The participant indicates that students cannot apply what they do not know. And yet, she also states that some students have *'theoretically got it but can't actually put it into practice.'* The participant goes on to explain that students need to learn the skills of practice in a way that is grounded in theoretical understanding. This raises the question of what do examinations that measure theoretical understanding really tell nurse educators about their students' ability to *practice* nursing. There is also the possibility that exams may not even provide an accurate indication of what students actually *understand* about nursing. According to one participant, "Exams are just exams. They are

really a reflection of the fact that you could read the question and answer with information at that point in time. That you knew the answer that day." The participant explained that the practice of nursing was not something that could be readily determined through short-term measurements of knowledge gains and theoretical comprehension.

Similarly, another participant maintains that "an exam, in my idea from the years that I've been through, is a moment in time of knowledge. It's just a moment in time. And it's all written work." He expands further,

> When it comes to their homework that they have in the classroom, or the papers they have to write, or when they have quizzes – that is an indicator that learning has occurred but it's also an indicator that memorization has occurred and they integrated that knowledge. It doesn't mean that they can apply it.

What is particularly interesting about the participant's comment is that he refers to the integration of knowledge in a theoretical sense but still separates it from practical knowledge. The participant later goes on to share what he sometimes observes in the clinical setting. He states,

> The only way that you can say 'they're gonna be a good nurse' is to be involved in the clinical….I don't know in your practice but I've seen many a student – brilliant when it comes to writing class – can't organize their way through a paper bag on the ward. I firmly believe the quintessential way of evaluating students – if they have got their knowledge base and are able to integrate that knowledge into patient care – is to be in a clinical environment. You can do simulation, yeah okay, you can do simulation. Simulation is a tool to help but the actual hands-on patient care – that's where you're gonna see it. There are so many people that would disagree with me. That's my opinion.

The participant was not alone in his stance that the clinical environment is the best place to evaluate students in their nursing ability to practice nursing. Other participants concurred. Furthermore, several participants suggested that students learn to practice nursing by practicing nursing. I believe that most nurse educators would likely argue that *this* is why nursing education has clinical rotations and why nursing students are evaluated on practice competencies. Nevertheless, the problem remains that the *art and science* of nursing, both of which are required in nursing practice, are often taught in separation and linear sequence – the theoretical (science) preceding the practical (art). If students are to integrate theoretical and practical types of knowledge together in their

nursing practice, there is little indication of how this might occur when taught in such a way.

Adapting to teaching differences

No two educators interpret and approach teaching exactly the same way. That is one of the problems of assuming a shared understanding of generalized teaching aims, philosophies, approaches, and roles among educators. As one participant expounded,

> There's no way that two teachers can ever teach the same way. It's because we're different people. We're different people. Different experiences. Different beliefs about what students need to know. Different thoughts on teaching and learning. You can't ever teach the same way.

Yet, not all participants were at ease with these differences. Some felt there needed to be more agreement in *following the rules* in order to promote teaching consistency among educators to ensure that students received similar learning experiences within and across courses. One participant articulated,

> I feel very strongly around rules and regulations [Laughs]. Rules are meant to be there. I feel strongly about equity. And it's not that people don't feel strongly about equity in the school. They do. I don't want to come across like I'm a hard person but rules are made and they're there for a reason right? And sometimes what happens is people adjust those rules because it suits them at that moment in time. And what I sort of say is, 'you know what? I don't think that's fair. I don't think that's equitable. We all have to agree to do things in certain ways. I can't be the big baddie. I can't be that person when they come to my course. Then you've let them do whatever they want to do and I'm the one that says no that ain't happening, right?' We have to have some philosophical underpinnings that are the same.

Although there may be some need for teaching consistency in nursing education, nurse educators may draw from a variety of teaching conceptions that influence the ways that they approach teaching. One participant shared how she differed significantly in the way that she approached teaching the same course with another nurse educator. She described how she thought her colleague might perceive her approach to teaching.

> The other faculty person sees me as someone who fills the vessel as opposed to expanding the mind. I'm there and I dump the information in and they don't believe to do that. But I also think part of it is that they're quite a bit further removed from the actual practicalities of clinical and students. For me, I always look at how I can best support the students to be ready to go into clinical because they are caring for actual people.

The participant felt a need to justify her focus on ensuring that her students received and reviewed all the theoretical and practical content they needed prior to entering the clinical setting, whereas the other nurse educator taught more experientially and questioned students on what they observed and how they interpreted those experiences. The participant attributed these differences in teaching approach to the other educator not fully comprehending the gravity of the clinical context.

The differences in teaching approaches also stood out in the ways that nurse educators evaluated their student assignments. Although participants who co-taught courses with other educators all used marking rubrics to grade assignments, there was often a difference in the interpretation of rubric criteria, grading focus, and types of feedback they gave students. As one participant elucidated "the other person just didn't notice the things that I noticed about it." She went on to explain why she sometimes differs from her colleagues in grading the same research assignment.

> So if you're a teacher and not a researcher and you also, you don't have a Ph.D., or you're not really very comfortable with research methodology, and you tend to think that, if it's written it's true, you're a lot less skeptical than I am. Which, basically, I think, 'just because you wrote something, just because something is published doesn't make it true.' There's an awful lot of terrible literature and bad research studies. So I have a healthy disrespect let's say for research, whereas some of my colleagues don't. They're still very at that point that like 'wow it's published. That's so great.' So we have a different perspective

She further explained, "The reason why we disagree is not because fundamentally I'm right and they're wrong. It's just we have a different perspective." The participant attributed these differences to the way she critiqued research studies. The differences in focus and interpretation of the assignment stem from her experiences as a researcher.

What these differences in teaching conceptions and approaches may suggest is that the art of teaching can never be reduced to a science. Educators can conceivably interpret the same educational research, the same institutional policies, the same curriculum, the same courses, the same assignments, and the same students in different ways. No matter how much teaching content and evaluative processes become standardized and *objective* – it always involves some form of *interpretation* by educators and students.

Coping with psychological distress

Not all emotions that nurse educators experience while teaching are positive. Several participants indicated that sometimes an aspect of the relational components of their teaching distressed them in ways that negatively affected the way they perceived their teaching situations, and altered their emotional states in ways that decreased their satisfaction in their teaching role as nurse educators. Sometimes the psychological distress that participants described contained an ethical component and at other times, it did not. Therefore, I have refrained from categorizing *all* participant descriptions of psychological distress as *moral distress* – a form of psychological distress often described in the nursing ethics literature. Often the distress began with the participant's perception that something in their teaching was not happening the way they thought it *should* be happening in their relationships with students, colleagues, and their role as a *nurse* educator.

Some participants who taught at more researched based institutes did not feel valued in their BSN program. More than one participant articulated their perception of a hierarchal divide between nurse educators who taught practice and those who conducted research. One participant maintained that there has always been a "rift" in her program between "the professors and the peons." She expounded,

> It's very demeaning. The clinical associates feel the least valued of anyone but the lecturers also feel undervalued. And we are running this undergraduate program. If they didn't have us they'd be out.

The participant, who had taught in her program for more than 30 years, became tearful sharing her perception of how the theoretical creation of nursing knowledge held more merit than did the practical aspects of nursing knowledge and skill that she and other colleagues taught to nursing students. She stated, "I'm just going to do my job and go home, right? I'm disengaging completely from the politics around here." Her plan was to focus on her students, disengage from her program, and make it to retirement.

Because nursing students had changed so much over the years, several participants expressed distress over the difficulties they sometimes experienced engaging students – particularly in the classroom setting. Many participants reported difficulty in engaging students even when they implemented a wide variety of teaching strategies. One participant shared,

> I get a lot of the eye-rolling, a lot of the yawning, the boredom. I don't know if it's just the cohort we have but it's very pronounced this semester for some reason and I'm finding that I have to think about new ways of presenting information to keep them engaged.

Another participant described a similar response from students. She expanded on how the experience of teaching a seemingly disengaged group of students affected her.

> I find that I usually typify that as moral distress. That's how I would because that's how I tend to feel it [sighs]. It's hard for me because I walk away thinking, 'what more can I do? What can I change? How can I be different? What can I change in the class? What do I need to do so that they will reengage? How do I keep them?' And I can be quite entertaining because I can role-play and I can do a lot of this stuff, but how can I grab them? Because I'm not.

The participant found consolation in the fact that her teaching with this group of students would soon end.

> Well they have, what about 12 to 13 weeks with me? So it's quite minimal. And whatever I can impart and give them along the way – if they can take it and use it, that's lovely. If they chose not to, that's who they are. And I often I tell people, I say, 'Don't worry about it because a lot of these people are only going to be in nursing for two years and then they will sell real estate.' You know you can tell that some of these folks aren't going to stay, that they will not find a place because they don't want to engage with human beings. And you have to be able to do that. You have to be willing and want to engage with people.

She concluded there was nothing more she could do and the students who did not *want to 'engage with human beings' because* '*that's who they are'.* In the end, it was her job to impart knowledge and it was the students' responsibility to take *'it and use it.'* She maintained that it was not possible to make students care about nursing when they did not care about people.

Several participants reported that not only were students more difficult to engage, but they were also "know-it-alls" who did not respect the knowledge and practice expertise of the nurse educators who were teaching them. As one participant explained students "need to listen" but "they don't want to." She elaborated,

> They think they know everything and they won't listen to me. That bothers me because I think, you know, I will be the first to say I don't know everything and I haven't been through everything and I'm not the be all and the end all, but I do think that occasionally you should listen to the words that come out of my mouth.

Another participant described her experience of teaching students who challenged what she was teaching in class.

> You're talking about a subject and they're on their iPhones or iPads or their computers and they're looking up the information and then they'll say in front of the whole class, 'you're wrong because the internet says that.'

Other participants described similar interactions with students in the classroom. One participant described how these type of experiences affected her.

> I feel sick going into class to teach. I feel like I'm in an environment where I'm worried about everything I say, everything I do, because everyone's coming from such a diverse background, and I can't be all things to all people. But what I do know is nursing. And what I do know is what you need to have. What I believe I know – is what you need to have in order to function out there.

The participant went on to share that she never reviewed her student evaluations anymore because it was "soul-destroying." "I mean, I had feedback from students that basically said, 'well really it would be nice if we got someone teaching this course that knew what they were talking about.' I've only done med-surg for thirty years." She concluded that student evaluations about her teaching were not beneficial because "a lot of it is not constructive." "You know, what can I do about that? That's your personal opinion. I don't want a personal opinion."

A few participants described the conflict they sometimes felt between their role as an educator to students and their responsibilities as a nurse to patients. The *duty to accommodate* students who have particular learning, psychological, or physical needs was something for which some participants expressed concern. One participant maintained, "The lawyers that need to understand how this is fitting into our practice and they don't have that yet. They're accommodating the students as victims [Laughs] and not seeing that they have responsibilities to the profession." She elaborated,

> Maggie: I listened to some nurses in this workshop that I was just in. And they had a duty to accommodate a nursing student that had an anxiety disorder and was popping Ativan on the ward. Her own prescription of Ativan. Go figure! And that was what came out from the lawyer and mediation. They had to accommodate this student. That frightens me. So it's not been challenged in court. It's not been. And who's got the money to go to court and do a constitutional challenge? And some university is going to have to do that soon because lawyers are making decisions that are not grounded.

> M: So it's the rights of the individual over the safety of a patient population potentially?
>
> Maggie: Yes it is. And what do we hold true in nursing? 'It's protect the patient at all costs.' This is a huge moral distress for educators. Huge, huge, huge! And I can speak to that over and over again. I've had huge moral distress over this.

The participant went onto share how this type of situation affected her.

> Maggie: I'm seeing that as a very difficult thing right now for me in my aging years [Laughs] and do I have to change my thinking one more time to accommodate this when it kind of bangs up against my values.
>
> M: Which are?
>
> Maggie: My values are that I think nurses need to be good team players. They need to be disciplined in their thinking. They need to be disciplined in their actions. And when you're anxious you can't do that.

The participant's values as a nurse conflicted with what she was expected to do as an educator and this created a psychological conflict for her in her nurse educator role.

4.1.7. Summary of Contextual Findings

The identification of BSN nurse educator conceptions of teaching may not be sufficient, in itself, to address some of the more salient teaching issues in nursing education without some understanding of why such conceptions may form as they do. Skott (2015) argues that it is important to situate conceptions about teaching practice within the various relational and contextual situations in which they are formed. In this study, most of the participants described a desire to make a difference in nursing and nursing education. The ways that participants had been taught themselves as nursing students influenced the ways they conceived of how nursing should be taught. The participants described nursing education as a broad scope of subject matter and professionally regulated competencies that needed to be covered in order to maintain licensure and accreditation requirements. The majority of participants conveyed that they aimed to teach students the cognitive, relational, and technical aspects of nursing practice. Most participants described developing their teaching through trial and error. Some of the teaching challenges that participants described include relating to students, managing heavy workloads, integrating theory and practice, adapting to teaching

differences, and managing psychological distress. I discuss some of the potential implications of these contextual issues on teaching in nursing education in Chapter Five.

4.2. Teaching Conceptions and Approaches to Teaching

Conceptions of teaching influence approaches to teaching (Kember & Kwan, 2002). Educators approach teaching in accordance with their previous experiences of teaching and learning, how they conceive of teaching and learning, and their perceptions of their teaching situation (Prosser & Trigwell, 1999). Thus, conceptions of teaching are embedded within educator approaches to teaching (Kember & Kwan, 2002) but may also remain outside their awareness (Marton & Booth, 1997). Awareness is shaped from experience and rests on the ability to discern something with a given context (Marton & Booth, 1997). Accordingly, educators may be both aware and unaware of several aspects of teaching simultaneously (Marton & Booth, 1997). Therefore, I have approached my understanding of how participants conceive of teaching inferentially – through the ways that participants described their approaches to teaching – teaching intentions, focus, and strategies, evaluations of learning and teaching, and their perception of their teaching role and relationships with students. In this section, I present the findings of my first and second research questions together as they are conceptually intertwined – how do BSN nurse educators conceive of teaching? And how do those conceptions of teaching manifest in their teaching practice?

Conceptual models of teaching typically portray conceptual variations of teaching between two predominant epistemological orientations: (1) knowledge as absolute and teaching as imparting knowledge and (2) knowledge as a reasoned interpretation and teaching as facilitating conceptual change (Akerlind, 2003, 2008; Entwistle et al., 2000; Kember, 1997; Kember & Kwan, 2002; Prosser & Trigwell, 1999; Ramsden, 2003; Samuelowicz & Bain, 2001; Trigwell & Prosser, 1996). Yet, researchers may interpret the relationship between these conceptual variations in different ways. For instance, Samuelowicz and Bain, (2001) represent each conceptual organization of teaching as a dispositional focus towards teaching that is relatively fixed and separate from each other. And Pratt (1998) writes about five types of teaching perceptions in higher and adult education: transmission, apprenticeship, developmental, nurturing, and social reform and differs from researchers who present conceptual variations of teaching “as a hierarchy of more or less developed views” and describes “each perspective as a

legitimate view of teaching, subject only to variations in the quality of implementation" (Pratt, 1998, p. xiii). However, in this study, I found that it possible to have a nurturing disposition towards students and still predominately conceive of teaching as an act of transmitting knowledge. Further, it is also possible to engage in an apprenticeship approach to teaching and draw from a conception of teaching that is predominately transmission focused and evaluative or learning focused and developmental. Consequently, I take a similar position to researchers such as Akerlind, Entwistle, Ramsden, Trigwell, Prosser, Marton, and Booth who purport that various conceptual understandings of teaching are situated within a relational continuum of expanding awareness about teaching and learning that range from less sophisticated to more complex conceptions of teaching and learning. Educators who hold more advanced conceptions of teaching may still draw from transmissive approaches to teaching – depending on what they perceive their teaching context and situation calls for – but they are aware of their teaching judgment in this regard and remain cognizant of their conceptual orientation towards teaching (Akerlind, 2008). Similar to Marton and Booth's (1997) depiction of learning as an *expanding awareness,* Virtanen and Lindblom-Ylanne (2010) argue that higher conceptions of teaching are thought to emerge out of lower ones – thus, Akerlind (2008) and Entwistle (2018) elucidate that less sophisticated understandings of teaching are not so much wrong, just incomplete.

Throughout this study, I have used the terms *teaching methods* and *teaching strategies* interchangeably, as much of the teaching literature has done, in reference to the sorts of teaching and learning activities and processes that educators use for instruction – e.g. lectures, tutorials, simulation, self-directed learning, group learning, case studies, presentations, online-modules, flipped classroom, etc. However, teaching strategies, in themselves, do not necessarily indicate a particular conceptual orientation or understanding of teaching (Kember & Kwan, 2002). Therefore, it was not possible for me to infer a particular conception of teaching based on the participant's description of teaching strategies alone. Instead, I listened deeply for references about particular ways of understanding teaching, learning, and students within their descriptions of their approaches to teaching. I have earlier defined a teaching approach as the combination of an educator's teaching intentions, focus, and strategies, evaluations of learning and teaching, and perceptions of their teaching role and relationships with students. Educators who focus more on themselves and what they are doing while teaching tend

to view teaching and learning from a transmissive orientation and focus more on *covering content* and have students who focus more on the *reproductive requirements* of their course (Entwistle 2009, 2018; Prosser & Trigwell, 1999; Ramsden, 2003). In turn, educators who view knowledge and learning as a *constructive process* seem to focus more on their students and their students' learning and tend to have students who focus on the *meaning and understanding* of their studies (Entwistle 2009, 2018; Prosser & Trigwell, 1999; Ramsden, 2003).

By analyzing the ways participants described their approaches to teaching and how they interpreted specific teaching experiences, I was able to identify three underlying conceptual categories of teaching: transmitting knowledge, apprenticeship learning, and facilitating understanding. I have situated the apprenticeship conception of teaching as an intermittent category between transmitting knowledge and facilitating understanding. As I previously discussed in Chapter Two, with the exception of Pratt (1998), an apprenticeship conceptual category of teaching remains poorly delineated within the majority of teaching conception models in higher education literature. Yet, apprenticeship teaching is a vital part of understanding the signature pedagogies in the professions (Shulman, 2005). Kember (1997) and Van Driel et al. (1997) postulated that apprenticeship may be an intermediate student-teacher interaction that is situated between transmissive and facilitative conceptions of teaching. Apprenticeship as a conception of teaching is different from knowledge transmission and facilitation of understanding because it is characterized by practicing practice – especially within the practice situations of uncertainty (Shulman, 2005), and yet such a conception of teaching can still be characterized by either a *knowledge as absolute* or *knowledge as a reasoned interpretation* epistemological orientation (Entwistle, et al., 2000). In this section, I present how these three conceptual categorizations of teaching may manifest within various approaches to teaching.

4.2.1. Transmitting Knowledge

Teaching approaches are not something that can be solely determined by types of teaching methods or strategies that an educator implements. Educators can interpret and implement the same teaching strategies in a variety of different ways for a number of different reasons. Although all participants indicated that they used a wide variety of teaching strategies, this did not mean that they did not hold a transmitting knowledge

conception of teaching. The majority of participants provided accounts of relaying propositional knowledge to students in the form of class lectures, PowerPoint presentations, assigned course readings, and references to textbook information and online sources. Often participants depicted learning as a process of covering the content from the course syllabus with the aim of students acquiring and retaining the knowledge they were given or had gathered from expert sources. Once the students had covered the content they needed to know, they were expected to reproduce and apply this knowledge in practice contexts. If students encountered problems in their learning, the participants often associated these issues with student deficits. Shown here are a number of ways that a transmissive conception of teaching can present itself in teaching.

Presenting Information

I could identify with Anna as she described her early attempts at teaching, as I did something similar my first time teaching. Anna had just been hired as a new educator and was given a course to teach two weeks prior to its onset with students. She received little guidance in her preparation to teach the course. Understandably, Anna was concerned about covering the course material. She stated,

> I would come in. I would have like an hour and a half PowerPoint, like 60 slides. I would read through them. Every once in a while I'd look up, and this is like my very first class, every once in a while I would look up to see if anyone had any questions [laughs] and then maybe I'd give them a class assignment to do.

At this point, Anna understood teaching as imparting information. Teaching was synonymous with reading PowerPoints to students. However, Anna soon began to notice that students did not always seem to remember what they had been told. She recounted an experience of when she made reference to her students about a class she had co-taught with another nurse educator the week prior.

> 'Ok I want you to think back to your first advanced communication class with Toni. Think about what was on that first page. Think about that table that was right there on the first page. What did it say?' Total blank. So they weren't critically thinking about the content of that week so that they could come up with genuineness, empathy, respect – which were the three things I wanted them to come up with. Whatever happened in that class, they didn't analyze it. They didn't talk about it. Something happened and then it didn't sit in their mind.

Anna was surprised students did not retain the information and could not reproduce the correct answers to her questions about content. For whatever reason, the information '*didn't sit in their mind*.'

Patricia designed a *flipped* course that required students to view online PowerPoints with audio prior to class so students would dialogue more about their understanding of what they viewed online in class. She shared how to make online PowerPoints effective.

> You need to make them a little snappy. The other thing is that Millennials need something to grab them and it doesn't have to be much, so a pre-test, a worksheet, anything, anything will kind of catch them, and help them hold onto information and material, engage them. So you must constantly be finding things for them.

Nonetheless, Patricia was surprised when some of her students did not score as well as she expected on the two class pre-tests she gave in preparation for a learning activity she had created for them. She stated,

> They have two five-mark pre-tests and they're totally taken from the PowerPoints. So there's no reason for anybody to get less than five, yet they do. Some of them manage to get three. It's hard to believe, but it's true.

Patricia went on to say that there was no reason for students to perform poorly because all they had to do was "read those PowerPoints." However, Patricia also acknowledged that not all students liked on-line PowerPoints. She elaborated,

> I've had students say, 'I don't like the PowerPoints.' Humph, I'm sorry (tsk), but you know what? That's the way we're doing things, so I'd suggest you listen to them. 'Well, you talk too fast'. So well, how do you manage in clinical? I talk fast when I'm up here too. 'Yeah, well yeah.' The thing about those PowerPoints is that you can download them and you can play them over and over again. You can stop them. You can read them as just text. You can do it however you want but the PowerPoints are there to stay, and I am not lecturing to you in class.

As long as Patricia was not actually *lecturing in class*, she did not perceive herself as transmitting knowledge to students. Although Patricia did involve her students in unfolding case studies and simulation experiences, as a means to promote a more in-depth understanding of the content she was teaching, there was still the expectation that students needed to retain and reproduce the information they were presented with from the online PowerPoints.

Grant shared that although he knew his students "can hear me yammering" – "sometimes you know the lights have gone out." In response, Grant incorporated frequent breaks and "worked the room" to keep his students' attention. For Grant, *working the room* consisted of walking amongst and circling his students as he conveyed information and provided demonstrations for them. He elaborated further.

> I don't care, sit wherever you want and you could have your computer in front of you, I would have mine. And I would have my screen back here and my clicker so I could have slides or I can bring up some videos that I wanted to demonstrate what's going on. In some cases, I will have big pieces of paper, easels, and I'm drawing stuff, but I'm not very good, I tell them that my way of drawing is more Picasso and sort of less Van Gogh, because it's all over the place and there's all this messy, ok. They get the point. But that's probably what you'd see, and I don't stand at the front, I work the room.

Grant went on to explain that he needed to keep the students' attention because he was there to give students important information. He stated,

> I do not want you to be texting or checking those machines while I'm up here yakking at you. Quote, unquote, I said, 'You're paying me, remember that.' I keep going back to that. 'You're paying me. I want you to get your money's worth. Listen to what I have to say because you need to know this stuff and I'll stop and say okay, half an hour, check your world.'

It was crucial for students to listen to Grant because he was hired to provide them with important information and they needed to get their '*money's worth*.' From this vantage point, Grant was doing his best to fulfill his role as an educator by ensuring that he fully delivered what the students had purchased.

Implementing Activities

After coming to the realization that her students did not retain information well when she only lectured, Anna decided to incorporate learning activities into her teaching. She shared her rationale.

> So if they're doing activities, if they're debating, they're going to remember what they did in class. Whereas if I'm standing lecturing, they just blank over. They're not going to remember anything I said.
>
> Where it will be group work, have them presenting, have them building something that helps the class learn, for example, building a game, jeopardy game or something like that, where they're doing something in a group, where they're still

> managing to get the information that they need to get but doing it with a little bit more fun.

Anna had ascertained that students remember better when they are doing something in class that was a '*little bit more fun*.' Although Anne's teaching strategies had changed, her focus remained on students '*managing to get the information that they need*.' This meant changing the way she transmitted information to her students.

Erika expected her students to come prepared to class, as she was not going to "feed" them information in class. She explained that she had already provided students with the content they needed in an online PowerPoint. Erika explained that she wanted her students to review the online PowerPoint prior to class because she believed that it would assist them in having a "rich discussion" in class about what they were learning. The purpose of this discussion was for her students to learn how to conduct a newborn assessment. She offered a few examples of the types of questions she handed out to her students in class. "What would you look for when you are assessing a newborn's eyes? Or what would you assess when you're assessing the skin?" Erika expected her students to know the answers to these questions because "There's lots of good information on the PowerPoint. I would expect them to have perused the PowerPoint." She went on to describe how a typical discussion might unfold in her class.

> I'll hand out questions in some of the classes. Like in the newborn class, I assign a certain amount of content around the assessment of the newborn. So you're in this group of three and you're doing the head, the mouth and the torso. 'What information would you think is important about that?' So during that time I have a PowerPoint with the head and that on. And I say, 'So what do you think is important about the head?' I give the answer. There is some discussion. I say, 'Who's got questions for these folks?' The other students ask questions and then I put up a little summary and I say, 'great, you've handled all these points and think about this one.'

In this example, the group activity and discussion was a way for Erika to ascertain how much content her students had retained from the PowerPoint she had put online. Once the students had addressed their assigned questions, she presented them with answers, identified information they might have missed, and summarized key areas of importance for them to remember.

While some participants speculated that a student's failure to learn correlated with their learning approach, others indicated that a failure to learn was a reflection of

student deficiencies. Such deficiencies included failing to listen to what educators told them or other negative personal characteristics such as being anxious or arrogant. Most participants, 11 out of the 14, maintained that many of the students they taught held *know it all* attitudes and half indicated that students did not listen, as they should. Half of the participants indicated that student learning could be improved if students knew how to learn better. The learning strategies participants cited most often include identifying their learning style, creating mind maps, and writing better course notes. As one participant told her students,

> You can't just go to a biology class or a patho class and listen or just take your scrawly notes and say, 'well okay that's it, I'll read these notes from class.' You've gotta take those notes and make better notes and then condense them into that one-pager.

In the end, the majority of participants indicated that it was the student's responsibility to learn, as it is part meeting the BCCNP practice standard of *self-regulation.* Self-regulation means that students must demonstrate responsibility for their own learning and actions and practice nursing consistently within the standards of the nursing profession. One participant summarized this principle succinctly.

> So I can give you tons of stuff as an educator. I can talk to you in class. I can talk to you in clinical. I can tell you all the things that I think are important. I can show you all my tricks of the trade. I can tell you what I think is safe and what is not safe. We can debrief. We can talk. We can do whatever. But at the end of the day when you walk away from here, it's only you that determines what kind of practitioner you're going to be.

From this statement, it is clear that nurse educators are responsible for ensuring that students have been told and shown what they need to learn and that students are ultimately responsible for the kind of practitioner they become.

4.2.2. Apprenticeship

An apprenticeship can mean many things. The word apprenticeship can be used to represent a person serving under a master to learn the technical aspects of a particular trade or skill or it can refer to the broader civic responsibilities and experiential learning of professional practice. Despite the various depictions of apprenticeship in higher education literature, apprenticeship usually involves the practice of something within the physical and social context of that practice. In professional apprenticeships,

the focus of learning centers on the integration and use of theoretical and practical knowledge within a community of practice. Using knowledge within a professional context requires conceptual understanding and practical skill. One is insufficient without the other. Apprenticeship in professional disciplines involves more than ascertaining various levels of understanding among students; it also involves helping students develop the ability to know when and how to use such knowledge in practice situations. For that reason, apprenticeship teaching could be potentially viewed as an intermittent conceptual categorization of teaching situated somewhere between transmissive and facilitative orientations to teaching. The focus of teaching is more than the transmission of knowledge – it requires using knowledge which may encompass various levels of conceptual change prior, during, and after the process of using knowledge within a situated context of practice. Perhaps understanding when and how conceptual change occurs alongside the development and integration of practical skills within a practice discipline is one of the biggest mysteries of professional education. I am not convinced that there is currently a conceptual model of teaching within the higher education literature that adequately explains this teaching and learning phenomena in *practice* disciplines and such an endeavour is outside the scope of this study. Therefore, my aim for this section is to show how participants can vary in their teaching focus, role, and expectation of students in the practice context.

All participants who taught clinical described their teaching role as a mixture of facilitating learning and evaluating performance. Participants coached students through clinical situations while also evaluating them on the standards and competencies of nursing practice. The participants portrayed coaching as a combination of teaching methods that included ascertaining knowledge, modelling skills and supervising performance, and providing feedback. Yet, the focus of teaching could be potentially viewed more evaluative or facilitative depending on how the participants conceived of teaching and learning, their teaching situation, and their teaching role. Further, not all participants may agree on what the ratio of facilitative to evaluative components of teaching should be in the clinical setting. As one participant stated, "Yeah, we have to evaluate the students but as far as I'm concerned it's 90% teaching and 10% evaluating. More teaching needs to go on and less evaluating." It is doubtful that all nurse educators would agree with this statement as some may counter that it is the students' responsibility to learn and the educators' responsibility to evaluate students on what they are expected to

learn. Clinical is often the context where nurse educators expect students to demonstrate their learning through performance.

Teaching Role and Expectations of Students

The teaching role and expectations for student performance varied significantly between participants. Admittedly, some of these differences can likely be attributed to the level of nursing student and area of clinical practice that the participants taught. In clinical, patients are the primary focus. Nurse educators and students are both responsible for patient safety. However, what this translates into in terms of teaching focus – facilitating understanding versus evaluating performance – often varies in accordance to what they expect of their students and understand their teaching role to be within a particular context.

Maggie taught on a high acuity unit. She maintained that nursing "is the toughest thing you will ever do in your life" and that she wanted to "put out strong nurses that are ready to work." Maggie described herself as "very strong and that's very intimidating" and admitted that she was known as "the hardnosed one" among the faculty. "I am strong. I am firm but I'm fair and I'm kind or I like to see myself that way [Laughs]. There's days that I'm not." She stated that the other faculty warned students prior to entering her rotation, Maggie is "going to push you but you are going to learn." She added, "And its uncomfortable, it gets squeamish, and it gets hard." In order to prepare her students for the challenges of nursing practice she "did not baby" her students. Babying a student meant telling them "good job," letting students choose easier patients, and not pushing and challenging them. She expressed frustration with educators that had never failed students. Often she responded to this situation by having a discussion with them.

> You know, isn't this the fourth student that comes from your group that doesn't have time management skills? How did they manage their time-management skills on your ward and then become incompetent on my ward?

Maggie went on to say that "some students just need to fail" She did not buy into the explanation from other instructors who stated, "Oh well they're having a day." She responded, "And how many bad days have they had? [laughs]."

Maggie watched her students "like hawks" in the clinical setting and focused on ascertaining how much knowledge her students knew and could apply. She clarified what she meant by the word *knowledge.*

> Well that is the foundational stuff that we teach – the theoretical foundation. So whether it's a science or art, there's knowledge in both areas. So I'm trying to find out what they've retained and what they can apply.

Maggie would often have students perform physical assessments on their patients in front of her while she asked questions about what they knew and understood about their patients' diagnosis and presentation. Maggie explained what she was trying to achieve with her students when she did this. "I'm prompting them to give them my knowledge. I'm getting them to apply their knowledge. Like that student that I just failed, she had all of the knowledge but she couldn't apply it." Maggie elucidated that although students might be able to articulate knowledge, they sometimes did not know how to use it. And when that happened, students failed.

Patricia taught a medical surgical clinical rotation. She maintained that it was not realistic for nurse educators to expect their students to be for prepared clinical practice. She stated,

> And there's this sense of people that they have to come prepared. They don't have to come prepared. They don't know what they're going to see. This sense of 'students aren't prepared to do this' – well no, that's why they're a student and that's why they're with you. Students don't know what hemorrhage looks like, you have to tell them. When a person's bleeding, they don't know. You have to tell them. And this notion that they should know is wrong and that's the same way that I was educated that you should know these things. Well, you can't know. Nobody is born a nurse. Nobody comes into this world knowing what happens on those units or what happens in the community. You cannot know. It's learned. It's all learned behaviour. And you can learn to be with someone as long as you care. You can learn that you can learn what hemorrhage looks like. You can learn all of these things but somebody just has to give you an opportunity to learn and take some of that awful expectation away.

Patricia maintained that students would learn by "simply by being with you." She elucidated further,

> They'll learn your wisdom. So your wisdom is that you know how to care for people and you can impart some of that. They will learn that from you. They will gather it whether you want them to or not.

Ellen taught on a surgical unit. She maintained that her role in the practice setting was to help students develop their knowledge and skills in a way that was safe and organized. She shared she expected her students to be responsible for their learning and stated, "I'm not their mother, you know. I don't feel that is my job." Ellen elaborated,

> I know sometimes students find me intimidating. I mean they certainly have told me that. I don't think I'm intimidating but I have high standards. The bar is high. I set that bar really high. I expect you to strive for that bar. I'll do whatever I can do to help you strive for that bar. In the clinical setting, I say to students, 'I may ask you questions that you won't understand but I'm doing it to help you think to help you broaden your horizon. If I expect you to know something, I'll clearly tell you that you should know this information and it's not appropriate not to know this information. So I will be at the level that you're at. I'll clearly be able to tell you that you're doing well or you're not doing well and that we will work together on those kinds of things.' So I'm always engaged in that way from the very beginning of my teaching.

Cathy taught a surgical rotation to novice level students. Cathy maintained that one of the most important aspects of her teaching was being able to understand how her students perceived their learning, and offer them the experience and support that they needed to meet their learning objectives. Cathy clearly laid out her expectations to students on their first day but she did not want them to be afraid to learn. She stated,

> I always explain to the students that in the first half of our clinical experience, all I'm going to be doing is teaching. I'm going to help, I'm going to mentor, I'm going to coach, I'm going to demonstrate and I'm not evaluating you because you have not had the exposure to these situations. And then we're going to sit, we're going to talk after every clinical. I'll make notes on what I see. I'm going to share these notes with you but I'm also going to tell you what I've seen and make some suggestions. And then in the evaluative phase that will continue and you'll know long before the end of the clinical experience whether or not you're meeting the requirements.

Cathy explained to her students what they could expect from her teaching at different phases of the clinical rotation in an effort to communicate that she understood students were learning and how she would provide evaluative feedback throughout the rotation. If students struggled with their learning, she would ask, "Okay, so how are we going to get you to where you need to be? Which is not where you are right now but better?" She would then meet with students after clinical to explore any conceptual misunderstandings that students struggled with on the unit. Often this meant that the student would map out their understanding of how things related together while she guided their thinking through

questioning. Cathy also offered remedial time in the lab with her students to help them practice their skills. In order to help students succeed, Cathy stressed that educators needed to have a good relationship with their students.

Ascertaining Understanding

Part of teaching is ascertaining what students actually understand what they are learning. Yet, exactly the type of understanding educators attempt to determine and the way they inquiry into student understanding may vary significantly. Participants who tended to view learning as an increase in knowledge accumulation tended to focus more on knowledge reproduction, using a quiz and answer format. Participants who held a more constructivist conception of learning tended to ask questions that centered more on how students linked things together and created the rationale for their conclusions.

Janice taught a maternity clinical rotation to students. She articulated one of her roles as an educator was to "help pull out concepts" from students thinking so they would be able to apply that knowledge to practice contexts. She followed up on this statement with an illustration.

> Here's a really neat example. The flowsheet for newborns it's got anterior fontanel on it and I say to the students in orientation, 'look at that. What are you gonna check off for that?' And they kinda look. And I say, 'how old is your patient?' And I say, 'what are you gonna check off for that?' And frequently there's one good student in the course in that group that can figure that out. Fontanels close at eighteen months, so to know that comes from biology. And so you know, when they give the answer I said, 'how'd you know that?' And I sorta almost jump and I'm excited and they say, they kinda look at me, 'I just knew'. I say, 'but you learnt that somewhere.' And they usually will say 'biology.' And I say, 'you remembered it and you applied it at the right time and right place.'

Janice went on to explain that the student's recital of the right information at the right time was evidence of critical thinking. Although extremely pleased with this particular student's recollection of knowledge, Janice estimated that it was "less than fifty percent" of the time that her students were able to automatically transfer relevant theoretical knowledge into their practice situations. Nevertheless, she supposed that students could remember better with "a bit more with prep."

Likewise, Aliya shared a story about a first-year nursing student who was unable to link information from her biology course to the medication she was about to administer

to a patient. Aliya asked the student, "Remember you learned about potassium in biology? Now how are you gonna prove it out here that you know biology?" Aliya expected her students to already link these types of knowledge together prior to entering the clinical setting. She explained how her students could do this.

> Well, they would have to look that up in their textbooks about the diagnosis and the skill. They could look into their lab manuals. And now, as I tell them, 'You guys got it easy. Just go to YouTube.'

Aliya maintained that acquiring and applying nursing knowledge was "*easy*." If students did not know something, all they had to do was look it up. She went on to share the process of how she cued students to remember what they needed to know.

> So then I'll say, "In biology, you guys learned how many cc's the kidney makes of urine. What is that magic number?" So then they'll be looking at me, looking at me and they toss-up these numbers, higher, lower, they'll play a little game until they get the right number. So then, it sticks in them.

In this scenario, Aliya used a quiz and answer format to discover how much knowledge her students had retained.

Maggie stated that she was teaching her students "how I think about a patient. And so I'm trying to get the big picture mapped out to what's important. And then I get them to find the relationships between all the information." She provided an example of how she ascertained what her students understood about their patients.

> 'What do you recognize? What are you stumped at? So where are your knowledge gaps?' So I'll ask them, 'what you see in front of you right now and what do you see is the priority? And so well he's got a heart. What do you associate with the heart problem? What are you going to look for? How are you going to validate? What are you assuming here right now? What do you know about this patient?' So I'm doing that critical thinking just giving them those prompting questions to get them to analyze things properly, to recognize things that are important and learn their salience. And I'm implanting my questions into their heads in a sequential fashion.

Maggie was modelling to her students how she thinks about patients and the types of questions they needed to consider when assessing patients. However, Maggie also viewed the questions she posed as something she implanted into the heads of her students – rather than asking students to come up with their own questions. In this way, teaching remained a form of knowledge transmission despite the questions she posed.

Ellen described how a typical clinical day unfolded with her students. The students did assessments of their patients following the morning report and created their plan of action, outlining their patients' nursing diagnosis, problems and priorities of care. She would then schedule with them any skills she needed to supervise. Later in the day, Ellen pulled each student aside and asked the following questions.

> 'So present your patient to me. What have you done? What's your thinking on it?' So that's where you start to tease away at their thinking and I say to them, 'okay that's great, you've done the skill. You know that skill was pretty good but a skill's only one piece of it, right? So how are you putting the pieces together? How are you putting that psychosocial picture together for this client? How are you doing that communication piece? How are you engaging with a multidisciplinary team? What do you understand about what's going on in the underlying pathophysiology? What do you see as the long term prognosis for this client? Yes, you've done this dressing. Yes, you've done this skill. So what are your next steps? So why do you think this lab value is out of whack? Why do you think this patient is on this drug? Sure you know that this is on an ACE inhibitor but why is this client on the ACE inhibitor? Why is it relevant for this client? Why is this dose different than that dose?'

Ellen explained she wanted her students to be "questioning and thinking" about what they were doing. She often told her students, "There's always more to learn it's when you stop asking the questions that you might as well pack up your case and go home." Ellen stated she did not give students the answers. If students could not answer her questions, she would send them away to work on it. Ellen elaborated that while she did not expect perfection, she did expect students to take responsibility and ownership for their learning and nursing care. "If a student makes a mistake I say, 'okay let's go talk about it. Why do you think that mistake happened?'" She explained she wanted her students to rectify and debrief about their mistakes so they did not make that same mistake again.

Cathy maintained one of the most important aspects of her teaching was understanding how her students perceived and understood what they were learning. She viewed her role as helping students to become aware of the necessary knowledge and skills they needed through Socratic discussions. If students started to sound like they were reproducing something they had read to answer her questions, she would respond, "Do not give me back the textbook. Give me your words." She expounded,

> In the clinical, I really want to understand that the student knows what they're going to do and why. So usually, it starts with 'so tell me a story about your patient

> and or your patients? Who you are going to go see first? Why? What is it about your report and the information that you gathered that is saying to you, I need to go there first? And then tell me what you understand about why they're here and how the other comorbidities tie into or cloud the picture that you're going to be looking for?' So again, a very Socratic methodology where I'm asking them to tell me.

She elaborated,

> And what I expect to hear them saying is 'this is what I've seen. This is what I've done. This is my assessment. This is what I'm planning to do and what do you think? What would you be doing in that situation?'

Cathy believed her students would grow into this role as they gained experience caring for patients on the unit. Part of that process was providing students with opportunities to take the lead in explaining their patients' presentation, identifying priority problems, asking pertinent questions, planning nursing care, and taking appropriate action.

Modelling Skills and Supervising Performance

The majority of participants described modelling skills to students in the clinical setting in a way that was similar to Schön's '*Follow Me'*– the process of the student learning to emulate the performance of the coach more closely and '*Joint Experimentation'*– the student and educator work together and dialogue about the rationale behind their actions as they proceed.

Both Caitlyn and Anna described a *'Follow Me'* process of coaching students through nursing skills. Caitlyn shared how she taught her students to conduct a head-to-toe assessment of patients. She stated,

> I take the four students to the bedside of a patient and I do a head-to-toe assessment and tell them. Usually, I've been pretty lucky to find patients who just let me talk about them the whole time. And it takes about an hour probably and then they have a baseline idea of what is involved in doing it. Where to put the stethoscope, those sorts of things. How to listen to heart sounds. What a neuro assessment looks like. And then during the first month of the term, I'll go to the bedside with each student individually and have them do the head-to-toe with me.

Similarly, Anna maintained that most students "don't know how to do a mental status exam. They need me there to watch me do it a few times." She elaborated,

So the first time I'm pretty much doing the conversation. I let them start it off and then I move forward so they can see how I talk to patients and how I get information out that's important. And then the second time around, I say, 'okay you do it and I'll add anything you forget.' And then the third time I'm like, 'can you do this on your own? If you think you can, great. If not, I'll be there but I'm not gonna say anything this time.'

The '*Follow Me*' modelling process that the participants described bears some semblance to the old adage in medicine – '*see one, do one, teach one*.' Several participants described getting their students to teach and practice the skills they had learned with other students. As Aliya observed, "I've found over the years it's best to give one student information, watch them give it to the next and have that next student give it to the others, so learning keeps taking place"

Grant taught both in the lab and clinical. He described more of a '*Joint Experimentation'* coaching process in teaching his student how to give an intramuscular injection to a patient on the unit.

Grant: Right now I'm on acute medical mental health unit area at St. Paul's Hospital. And we had a patient the other day that needed psychotropic medication, so they had to have a zed-track. 'I've never given an IM before. How do you get a zed-track?' I said, 'For you, I'm going to show.' Anyhow, so we sit and we talk and we talk anatomy, we talk placement, we talk technique. Poor thing she was all over like this.

M: Shaky hands, of course.

Grant: 'So we're gonna do it in the vastus lateralis okay? We're doing the leg.' Cause we'd go in and we'd assess the patient. That's the best part – I taught her all of this. Reminded her that you need a larger needle because the viscosity of the fluid because it's oil based, not water based. So anyhow, we go in there and I said, 'I want you to measure. Show me how you measure.' Put her hand here, put the hand there, thumbs there, boink, and I puckered it up. I said, 'you feel that muscle right there? That's the vastus lateralis. That's the one you're after." I said, 'I'm gonna help ya.' So I said, 'I put my hands on here like this. Now you can put your hand here cause you got your syringe and needle.' And I said, 'Now I'm just gonna slide that muscle a little to the right and then you stick it in. And then you do it and then you remove it and I'll slide it back to the left. It'll be a four-handed.'

M: [laughs] Four-handed IM?

Grant: She went in there easy-peasy. She talked to the patient. I said, 'Get in there. Talk to the patient. Tell him what you're gonna do.' She did the pre-teaching. She and I came in there together. We raised the bed up, all the proper things, washed the hands, put the gloves, everything. After that, then I said, 'Please give me an

> evaluation. How do you think you did?' I always get them to evaluate themselves first. Then I'll tell them, 'Yes, you're insightful. Very good, you did it right!' or 'I think you lacked a little insight here. Let me suggest you follow up on blah, blah, blah.' I don't say, 'No, you're wrong!' Don't do that. I don't' do that. So I get to know the students as people, alright.

Grant's process of modelling skills to students involved teaching and working beside the students as they implemented a new skill for the first time. They dialogued together about what they were doing as they proceeded.

Providing Feedback

Providing feedback to students is an evaluation of performance – whether formal or informal. What I noted is the type of feedback and the way participants gave feedback seemed related to their expectations of students and how they perceived their role as educators.

Aliya stressed repeatedly that positive feedback should only be given to students "they deserve it and they worked really hard." She maintained that she was objective and not emotional when she gave students feedback. Aliya explained her role was to provide students with direct feedback on how to improve their clinical performance in order to meet the nursing competency standards of that rotation. In the event that she ends up needing to fail a student because they did not meet practice indicators, she stated, "I just give them the documentation." Aliya stated she was not too concerned about how her students might respond to her feedback. She elaborated,

> And to me, it doesn't matter what the student says to me. I'll tell you right now you can post it everywhere. I don't care if they disrespect me. I don't care if they spit on me. But they have to make sure they are safe in giving that care to that patient…. If that patient got the care they deserved for that day from that student, I'm happy. I'm never gonna see them again. They could bad mouth me all they want.

The bottom line for Aliya was to ensure patients received the proper care they needed and evaluate her students on their ability to provide that care. Her relationship with students was not the focus. She maintained that this process worked well for her students, as the majority of them met the practice indicators needed to pass the rotation.

Maggie shared she did not receive much support as a nursing student and was expected to learn everything herself. She stated her best instructor "pushed me hard and

found all my weak areas and exposed me." Maggie indicated in her early years as an educator she would vacillate from "taking the little weaklings under my arms and try to get their legs up and get them into it" to telling students "you need to learn this, figure it out. And so it would become independent learning for them." Maggie went on to explain she believed that it was important for educators to be compassionate and create safe learning environments for their students. She stated over the years that she become gentler, and less judgmental in her communication, and more curious about her students' perspective. Maggie provided an example of how she tried to support a student who was struggling in her rotation.

> I had one, two semesters, peeling her off the ceiling just daily and I finally sat down with her and I said, 'I can't do this. I can't keep coaching you, counselling you. It's not my job. My job is to teach you nursing, not to manage. You need to self-manage. Now I'm going to put an Early Alert on you. I'm going to recommend that you get in for some counselling and get some strategies going on for cognitive behaviour and management of your behaviour. This is self-management. I would recommend – I have an app on my phone, a meditation app, and you can set it to what you want.' I said, 'here, try this app. Just to get yourself under control and see if that works for you.' I'll give them resources and it's up to them. But I'll set limits and say, 'You need to have your time management down on two to three patients by the end of this. So let's put a learning plan together right now. This week you're going to have x number of patients. Next week you're going to have x. And what about the week after? How are we going to progress on it? What tools are you going to bring in to help you with your time management? How are you going to get there? What will you need?' And get them to identify. And tell them that 'you will fail' [Laughs]. They need to hear that 'you have a right to fail and that's okay.'

Maggie explained, "Anxiety is something that's self-control and if you don't have self-control as a nurse, you're going to get into trouble. And we are seeing our students are more anxious." Despite Maggie's intention of supporting her student with helpful suggestions, the underlying approach to the situation reminded me of a prevalent maxim in nursing education – *Nurse Educators don't fail students. Students fail themselves.* And if students do not take responsibility for their learning and self-management then they have '*a right to fail.'* In other words, it is a nurse educator's job to teach and the student's responsibility to learn. Failing is something students do to themselves when they choose not to learn.

Grant met with his students regularly throughout the rotation to provide them with ongoing feedback about their performance in clinical. He described his teaching and

learning relationship with students as a "partnership." When students struggled to understand or do something, he would often spend extra time with the student to work with them through their thinking and skills. Nonetheless, there were times that Grant could not pass his students into the next clinical rotation. He provided a specific example of informing a student that she not going to be successful in the rotation.

> There was one particular student; I told her 'I don't think that you're going to be meeting the requisites of this course.' I didn't say, 'you're gonna fail!' I hate using that word. Cause a lot of students have gone through me and have not been successful. I said, 'it's not that you're a failure you just haven't got the hang of it yet. So I want you to do it again and the reason I want you to do it again is – I try to make it compassionate – because you're gonna have such a strong base and you're gonna move on and be perfect. You're all worried because you want to go through with your cohort. To heck with your cohort. It's you and your patients. You have to have a strong background. You have to know what's going on. You have to be confident and the only way you're gonna get it is to do it again.'

However, Grant also admitted that despite his and a student's best efforts that sometimes a person was "just not cut out to be a nurse." He stated that some of his students are very bright but likely better suited to another profession. On one occasion, he assisted a student to transfer into a pharmacy program because he believed in her other capabilities so strongly. Grant expounded that he wanted to be sure that his students never gave up on themselves as developing human beings. Grant viewed his role as an educator as extending beyond teaching students about nursing. He also saw his role as helping students grow towards developing their potential in life.

4.2.3. Facilitating Ways of Understanding

Every discipline has its own connotation of what it means to *understand* because their disciplinary questions, frameworks of inquiry, and criteria for evidence often differ. And even scholars in the same discipline may not agree on what constitutes an understanding of something in their field. Therefore, what constitutes understanding in one discipline is not necessarily synonymous with another. This raises questions about what it means to understand in nursing education. The research literature in nursing education indicates that nurse educators do attempt to facilitate an understanding of nursing practice in both the classroom and clinical context but the teaching emphasis seems to be different in each context – hence, the lack of integration between theory and practice sometimes. The focus of classroom teaching in nursing education generally

tends to be more theoretical than practical due to the pervasive belief among nurse educators that theoretical understanding should precede practical application, as it is not possible to apply what is not known. The majority of participants in this study described the learning of foundational nursing knowledge as beginning with coursework – not practice. Students are expected to learn generalized foundational nursing knowledge in the classroom prior to entering the clinical setting and are expected to apply this knowledge to specific patient care situations. In this section, I identify what participants described as constituting an understanding of nursing practice and how they facilitated such understanding in the classroom.

All participants of this study identified that nursing students needed to learn how to *think like a nurse* if they were to *understand* nursing practice. The majority indicated that thinking like a nurse required students to understand the underlying principles of biology, pathophysiology, and pharmacology, the types of thinking processes nurses use to reason and make nursing decisions about patient care, and the ability to holistically perceive the person receiving nursing care. Several emphasized that they wanted their students to identify what was happening with their patients, why they might present this way, and what to do about it. One participant shared how students often struggled to link the relationships between data together in a way that situated their nursing care into a specific yet bigger picture about their patient. She stated,

> So they are not able to understand why they're doing what they're doing or to understand how the disease is causing them to see the symptoms that they are seeing. 'So I don't understand why my patient is so combative and so aggressive with me.' Well, why is that person here? 'Well, they've got diabetes, they've got end-stage renal failure, they've lost a leg, and they have COPD.'

However, in order for students to be able to link together what they were observing in their patients, they need a basis of comparison. As one participant elucidated, "They have to understand how the body works in order to be able to understand how the body is not working." She further explained that students needed to know how to prioritize the most salient aspects of what they were observing in their patients.

> I'll say to them, 'Why is that important? What's the trend? Is it relevant? Or is it irrelevant?' Because sometimes data you know, to use some of my other colleagues' words is foregrounded or backgrounded. Sometimes it's relevant and sometimes it's not, right?

For students to achieve this they would need to know how to *clinically reason* – ways of thinking through a clinical situation. She expanded,

> A lot about this is tools of thinking, right? Tools of ways of being, ways of organizing yourself, ways of correlating data, ways of seeing cues, ways of seeing themes in data, ways of analyzing that data. So it's not so much the content but in the process of using that content, per se.

Taken together, the participants of this study described thinking as a nurse a process of understanding principles, making linkages, situating knowledge, and identifying salience in practice situations. Participants described facilitating understanding within their students in four primary ways: structuring knowledge, directing learning activities, inquiring into perception, and providing feedback.

Structuring Knowledge

There are many ways to structure knowledge in a course and assignments are perhaps the most direct way for students to interact with such structures. While organizing content and providing theoretical frameworks may initially assist students to gain some comprehension of new concepts, there is also the potential to stymie students' efforts of constructing knowledge structures for themselves if existing categorizations of knowledge and frameworks for thinking are applied too rigidly. Because many of the participants I interviewed did not create the course they were assigned to teach, I did not focus on the structure of their course syllabi inasmuch as the way they interpreted and graded an assignment within their course that required students to qualitatively interact with the course material they were learning. What I wanted to understand better was how such assignments were being used as learning tools. For example, did the participants focus more on mastery of the thinking framework or tool, covering appropriate content, and adherence to the marking rubric or was their focus more geared towards understanding their students thinking and identifying areas where students might become stuck in learning how to think like a nurse. One of the dangers of an overuse of technical rationality in assignments is focusing more on the correct implementation of individual segments of an assignment in a way that potentially eclipses the broader aims of the activity, as the following examples illustrate.

Maggie taught a pathophysiology course. She stated that she wanted students to learn the major concepts underlying pathophysiology and intended to "try to get those

concepts drilled in." One of the learning activities Maggie implemented in her course was a group presentation project. Students were to organize themselves into small groups of four or five and create a twenty-minute presentation to deliver to their classmates about a disease or condition listed in the course syllabus. The presentation was to cover the related pathophysiology, etiology, pathogenesis, manifestations, and complications of the disease. Maggie emphasized that she wanted students to present in a way that was accurate, relevant, and impactful. Maggie and students in the class graded each presenting group with a rubric that rated the clarity, relevance, balance of content, visuals, handouts, and presenting style of group members. Most presentations "got 27/30 or higher." Presentations that rated highest "were just absolutely impeccable presentations, professional, timely, targeted, salient, visually dynamic, and creative – just like wow!" Students lost points for "nervousness, stumbling, not looking at the audience, not clear in their speech, you know, those presentation skills that the audience seems to be very aware of that." The focus of the assignment was structured to cover course content and present information in a way that was clear and memorable. There is little in this depiction of teaching that focused on how students understood what they were learning.

Another participant, Erika, also used group presentations as an assignment activity for her students. The purpose of the student led inquiry presentation was to have students engage in a critical analysis of the maternity literature that nurses often used to provide information to families with newborns. For this 30 minute presentation, students were to provide the background and rationale for topic selection; critically examine multiple sources of literature; analyze relevant policies and practice guidelines; link conclusions of analysis to practice implications; present in an organized way within the timeframe; use an engaging delivery style; engage classmates in discussion; and provide a comprehensive reference list using APA format. Erika elaborated on how she hoped to see her students present.

> What are the themes and how do they contrast and compare? All the articles are saying this. But this other article that was just written – this new information. And sometimes they'll do a chart, which is lovely, that says 'this is a particular thing and the professional literature says this and the lay literature says this and the grey literature says this and then the policies say this' and so there's no consensus on any of it. Or on this particular topic there was consensus across the board. So we feel that the information that families are getting is actually very true and very evidence based.'

However, more often than not that is not what she observed. She stated,

> What I'm finding with the students is that they will come, and rather than do a synthesis of the professional literature, they will do a summary of the different articles. And so they'll say, 'This article says this and that article says that.' So we've been working with the students and I've been giving quite a bit of direction. I do let them hand in an outline and then I give them feedback. I will go through and look at where I think they might add things or if they've got too much on the history – because they love to tell all about how a cesarean's done and that's really not the purpose.

The purpose of the assignment was to teach students to critique and synthesize relevant professional literature, create a critical analysis, summarize their conclusions and practice implications, and engage their peers in discussion. Although Erika indicated that she wanted students to be prepared and organized during their presentation, she deducted few marks for presentation anxiety. Instead she tried to provide feedback that was focused on specific positives and detailed comments with examples about how they could improve.

Ellen taught a nursing knowledge course that focused on caring for adults in medical surgical context. She stated that one of the biggest aims of her course was to teach students to think like a nurse by providing them with analytical frameworks for systematically thinking through information and understanding their patients in a more holistic way. Ellen created an assignment that draws from an online learning module and nursing case study and requires students to write a nursing care plan. She expected students to adhere to the nursing care plan template and assignment instructions precisely. The students were to identify three priority nursing diagnosis; write outcomes that are specific, measurable, achievable, realistic, and include a time frame; identify as many interventions as deemed necessary to provide safe, individualized, comprehensive care; identify missing information in the assessment data; provide a statement with literary support to justify the rationale for prioritization of nursing diagnose; include a title page and follow APA guidelines; and include a minimum of four current references from peer reviewed journals. Ellen posted a nursing care plan exemplar online for her students to review. When Ellen marked the assignment she focused on "the level of thinking" – how students linked the pieces together, how they identified what was relevant and irrelevant to the case study, and how they constructed their rationale to support their nursing care decisions. Despite Ellen's effort at providing clear assignment

guidelines and providing students with the "tools of thinking" in the form of a nursing care plan template, she concluded that students still did not understand what they were expected to accomplish. She stated,

> I'm reading their papers and they're not getting it [Laughs]. So it's not looking like this [holds up an exemplary] and the links aren't there. So what I was saying to you earlier – yeah, okay they're hypotensive but the rationale I'm getting is totally generic which is not irrelevant for sure but it's not relevant. So I'm saying to them, 'so you're right and you've got data and this is pretty generic and that's not bad but why is it relevant? What about this blood pressure is relevant to *this* client?'

Ellen noted that her students were still struggling to interpret and apply the generic theoretical information from their online learning modules, research journals, and nursing care planning framework in a way that was integrated and relevant to a specific patient situation. Although Ellen reported providing students with a surplus of written feedback, they did not discuss the assignment in class after it was completed nor was she aware of how they understood and responded to her feedback. Her hope was that students would be able to use the feedback she provided in future contexts.

Directing Learning Activities

All participants maintained that students needed to actively engage in learning activities to assist their understanding of key concepts and improve their ability to apply knowledge to practice contexts. Participants described implementing activities with the aim of students understanding something specific about the course material they were teaching. The types of learning activities participants described were similar – assigned reading material; online learning modules, PowerPoints, and quizzes; case studies; large and small group discussions; role plays; class presentations; games and debates; journals and papers; and sometimes, group projects and simulations. What varied significantly was *not the type* of activity participants used inasmuch as the *aims of using activities and how they implemented* such activities. Of interest, with the exception of class presentations, and even those had rubrics for students to follow, there were few learning activities whereby students had the opportunity to create or chose for themselves. Participants designed and directed almost all the learning activities they described implementing with students.

Janice taught a four-hour pediatric class each week. Realizing that she could not "stand there and lecture for four hours and them madly take notes," Janice decided to fill her

class with "fun learning activities." Amongst the large repertoire of learning activities she used, Janice sometimes had her students engage in case studies. She described how she incorporated them into her class.

> So there could be a couple. They're very fast moving – look at a case study, spend ten minutes, then come back with six groups, a five-minute quick sharing of it, and then move on to the next one.

Although Janice intends to engage her students in the course material, it does not appear that the students would have much time to engage in prolonged discussion or thinking from the way that she describes implementing a case study.

Similarly, Kendra also implemented a case study as a learning activity in her nursing foundations course. She described starting her class with an unfolding case study that presented with an elderly woman who was experiencing chronic obstructive pulmonary disease and heart failure. She then asks her students "what do you think is going on? And what do you want to know next?" The students break into small groups to discuss what they think is going on and return to share their answers in a large group discussion. Once students have reviewed the various answers they have formulated, Kendra presents another piece of data for students to ponder.

> So what stands out for you in the assessment? So I listened to their chest and maybe we got some blood work and maybe we got a chest x-ray. This is what the chest x-ray looks like. And so what did we learn from this information and where do we go next? What do we think is going on? And so, it's really just unpacking a case study. Where they're kind of thinking about it and try to sleuth through things….So we basically just unfold and think together about it. And in the course of doing that and by listening to the answers they give and the questions they ask, I understand where people get stuck on things.

Kendra explained that she used the case study activity as a means of teaching students how to inquire into a practice scenario that grew increasingly complex. She stated, "I think working through case studies is partly around the desire to help people to think like a nurse. How would you think through this if you were thinking with your nursing hat on?"

Kendra was thoughtful in how she directed the case study. She shared that she often imagined how her students might perceive the case as it unfolded and where they might get stuck in their thinking. She states,

> I try to imagine if I was a person that really didn't understand this at all, for whom this wasn't obvious. How would I make sense of it? What would be the things that I would struggle with? That if I understood those things, I could go 'oh, this all makes sense to me, I can put this all together myself now!' And then I think, I learn those things from students. So I pay attention to the students in my classroom when I'm teaching.

In turn, she found herself asking, "Is this really the best way to do this? Does my teaching create learning?"

Inquiring into Perception

Inquiry is an art form that I have yet to master and I have come to appreciate the skill of listening and asking questions. In my earlier years of teaching, I would often pose a question, wait for students to give me the *'right'* answer, and tell them the answer again just in case they missed it the first time. I think students learned that if they waited long enough, I would eventually give them the answer I was looking for. Sometimes I still catch myself implementing a '*tell me what you think you know, so I can tell you what you need to know*' inquiry style. However, I have begun to realize over the years that what I know as an educator does not matter as much as ascertaining how my students are perceiving and constructing an understanding of what they are learning. One of the ways for an educator to ascertain how their students understand something is to inquire into their perceptions and interpretations of what they are trying to learn. All participants reported asking their students questions. The differences in how participants described asking questions laid primarily into why participants were asking the questions in the first place. Did the participant want to ascertain how much of a textbook explanation a student could recite or was the participant curious and responsive to how their students thought through their learning experiences?

Vivian wanted to ensure that her students understood the main points of the course readings they were assigned. One of the class activities that Vivian implemented was to organize the students into small groups to discuss the main points of the course readings from the textbook they were assigned and then to reconvene the students together to discuss different parts of the readings. Although Vivian would ask her students questions about the readings, she noted that students sometimes struggled to answer the questions she posed. Because Vivian taught "brand new students" who had just entered the nursing program, she thought it might be "hard for them to read a chapter

and see what the main points are." Therefore, despite her attempts "not to lecture," she found herself often needing to "explain the main points according to the textbook." In this account, the aim of Vivian's questions seemed to center on ascertaining how much of the textbook content her students correctly understood.

Ellen divided her students into small groups to work on a case study guided by a prepared list of questions. Students were to identify and rank the priorities of the case study and provide a rationale for the decisions they made about the case. Ellen circulates around the room to observe and listen as students work through the activity to "get a sense of how they're thinking." She reported that during the large group discussion that follows, she never gave students the answers to the questions they worked on. Ellen acknowledged students sometimes become frustrated by the lack of a definitive answer but explained she wanted students to realize nursing practice is often about "shades of grey." There might be more than one way to effectively address a particular situation. Ellen's teaching focus in this context was not centered on soliciting the *correct* answer from her students inasmuch as trying to understand their perceptions of the situation and the rationale behind the construction of their answers. She elucidated with an example.

> Ellen: For example, the class last week where we had a liver case study – one of the questions in the case study was 'you've got all of these things to do, what's your priority? Rank it in priority order of why you would do that.' So we didn't get to that question before we were wrapping up class. And one of the students said, 'can you just go over this before we wrap up for the session?' And I said, 'sure, so tell me what you think?' 'Well, I would have done this.' 'So why would you do that? What's your rationale?' Cause that's always what it's gotta be. It's gotta be based in something. So they said, 'that seems like a pretty good rationale to me' and then another student raised their hand and said, 'well that's not what we would do' 'Okay, so what would you do?' And then they said, 'well I would have done this first and this first.' 'Why?' 'Because if this is the way it is, this is why.' That's a pretty good rationale as well. Right? So it's not right/wrong.
>
> M: Right. What is your rationale for the choices and decisions you've made?
>
> Ellen: And it's contextually driven. So in this situation, it was should I start the IV for somebody who is in liver failure or should I give them antiemetic because their bolus and they're vomiting, right? Do they have an IV? Yes. Do they need a bolus? Okay, how much is the bolus? How quick are you going to give the bolus, right? These are all questions you need to ask yourself before you're able to make a reasonable decision. If the patient is vomiting right now and they've got a running IV then you give them the antiemetic. If they're not vomiting, and most of these

> patients have more than one IV, then you might give them a bolus, depending on how fast you want to give the bolus, right? And how fast you give the bolus depends on how old the patient is and how they're able to tolerate it. So a bolus is not a bolus. It's not a bolus is just a bolus of IV fluid.
>
> M: It's very much about the context you're looking at and the situation that you're in.
>
> Ellen: Absolutely. So you need to in your clinical reasoning, as a student and as a nurse, not just go well there's a rank order, bang, bang, bang, bang, bang. Is that rank order relevant for this client at this moment in time?
>
> M: And what's emerging in front of you.
>
> Ellen: Exactly and that's the on the spot thinking. So we try and do that in the classroom, along with giving that underpinning knowledge that they need to have in order to make that clinical reasoned decision.

In this example, it appears Ellen is describing her attempts to shift her students' understanding beyond the technical rationality of prescribed clinical pathways towards practicing clinical reasoning within a specific patient care situation – a situation that may require "on the spot thinking." It was the dialogue and reflection in/on practice Ellen was seeking rather than a reiteration of *textbook a*nswers.

Kendra did not aim to teach her students "everything in the Lewis textbook about Med-Surg." Although she sometimes directed her students to the textbook as a source of information, she wanted her students to become "inquisitive and curious and critical thinkers." Kendra stated the focus of her teaching was not the content of the course she is teaching inasmuch as "understanding the students I am building on." Kendra maintained there is "real requirement for engagement" in teaching students how to inquire into their learning and make sense of things for themselves. Part of this engagement involved providing opportunities for students to expand their awareness and interpretation of their own clinical experiences. She shared,

> I guess the other thing I do is ask them in class, 'Did anybody have a really interesting case study?' So the last time one of the girls… had a really good case example that she had thought through in terms of doing concept mapping of what all was going on here. And so then I asked her, 'Would it be okay with you if we talked about your patient at the beginning of class? We can change names and cut the gender and various things but even if we could just talk through how you thought about this in terms of mapping the complexity of this patient, right?' And so we did that together in class. So she sat with the microphone at the front of the

> class and her worksheet from clinical. And I drew all over the board and drew connections, and asked them to kind of volunteer stuff about like is there anything that stands out for them, or any questions, or what else. And they would drag information from her and we'd just put it all on the board.

Kendra went on to say she had students inquire deeper into case studies using theoretical pluralism as a means of analysis. She stated,

> I think this idea of theoretical pluralism is probably the most useful to nurses because we don't practice in one kind of setting. We practice with different kinds of people that have different kinds of needs and if we knew a lot of different models and theories or ways to think through things we're equipped to be versatile minds.

It was at this point in our conversation together Kendra clarified a misconception that I assumed about her use of theory in the classroom – the assumption that theory leads practice and those students' first learn theory and then later transfer it into the practice setting.

> M: When you talk about your teaching, this really interesting course, and clinical stemming from that course is there an assumption of learning transfer?
>
> Kendra: Right, so I think you just assumed that I teach theory and then the clinical stems from my course.
>
> M: And maybe that's wrong?
>
> Kendra: I'd say it's probably the other way around. Which is, I know where they are in clinical. And I'd say we have some goals in terms of what we hope to accomplish in the first term of the program. The class is aimed at supporting their clinical practice versus the other way around.

She expounded,

> Nursing is a practice profession and so of necessity clinical practice is what drives what people would learn. But I think also what we see as things going awry in clinical practice also drive how we might change how nurses practice.

Kendra maintained the purpose of theory in a practice discipline is to support practice. Theoretical knowledge is often derived from the problems of practice. This knowledge, in turn, informs how nurses might change practice. From this perspective, the relationship between theory and practice is more reciprocal than linear. For that reason, Kendra argued against the assumption of classroom teaching leading the focus of clinical. Instead, she used theory as a means to help students better understand their practice

experiences and drew from the experiences of practice to facilitate an understanding of the course material students needed to learn.

The focus of Kendra's teaching lay in how the students were *using* knowledge to expand their existing awareness of practice. Kendra paid close attention to her students' responses and types of questions they raised. "I'm listening to their discussion. You can see when people really don't understand something and you can see the nature of their not understanding." In response, she sometimes detoured from what she planned to teach because that "might not be what they're ready to learn." Sometimes the evolving discussion between her students and herself presented as a more relevant focus. She elaborated,

> I learn by thinking together with other people. And so I feel like learning is an unfolding of understanding versus an arrival at something. I think some people have the idea that learning is something that the recipient does alone when they don't know something – that it's just knowledge based or something. And I think learning is more akin to what people consider science is – which is a construction of something. So learning is something that people do by making new connections between what they know and what they're considering and maybe even constructing new understandings. It's not a thing that I know that I'm giving to someone. It's a co-construction of 'this is how this makes sense.'

Kendra implemented class activities as a medium into student perception. In other words, it is not the learning activity in itself that facilitates student understanding inasmuch the discourse it generates into how students are constructing new understandings of what they are learning.

Providing Feedback

All participants who participated in the second interview maintained that assignment feedback is important for student learning. Some participants stressed the importance of providing detailed feedback on the marking rubric in the hope students would be less inclined to challenge their grades. What varied most amongst participants was the focus and depth of feedback given and awareness of how their students responded to and potentially used the feedback they received. Due to the time constraints of the term and workload of the course, they were teaching a few participants were able to comment much on the latter. This is unfortunate, as other than a justification for a particular grade, it remains largely unknown how effective their feedback was for improving student understanding and performance.

Patricia has her students engage in two surgical simulations throughout her course. The purpose of the simulation exercises is for students to assess and intervene with patients who present with multiple medical complications and healthcare issues following surgery. Patricia noted students appeared to struggle most with taking the simulation exercise seriously, communication, and working together as a team. Because there is limited class time, numerous students, and little faculty assistance with the simulation, Patricia does not debrief with the students following the simulation. Instead, she has students write a reflective journal about their experience that she set up online for them to follow. The primary focus of the questions center on what the students observed in the patient situation, what they did in response and what they might do differently next time, and what they have learned from their experience in the simulation. Patricia shared she typically thanked the students for their reflection, acknowledged it was difficult, specified what they did effectively, and offered suggestions for how they could improve. When she provides corrective feedback, she does so, gently. She stated,

> When I have to say some things that are negative, I try and say it in a way that's not damning. It's not going to make them feel bad. I just need them to know that there's areas where they need to continue to devote attention, and that's often how I say it.

Patricia admitted she did not know much about how students responded to or used the feedback they received. So while the students may have told her they enjoyed the simulation experience, she did not how students actually incorporated the feedback and learning they identified into future clinical practice.

Kendra implemented a case study nursing care plan assignment aimed to assist students in further developing their abilities in critiquing research and using nursing knowledge within a situated context of practice. For this assignment, students were to draw upon a case of a patient they had cared for in clinical and create a nursing care plan. The assignment also included a five-page paper submission to provide a contextual overview of the patient, understanding of the patient's condition, assessment, and top three nursing diagnoses. The paper was to be written in APA format that included four scholarly references. The students were then to select their top nursing diagnosis and offer a rationale for each choice, followed by a detailed nursing care plan based on their selection. The students were then to write a reflection of what they

learned, how they might use this knowledge in the future, and if they would do anything differently next time.

Kendra noted most students seem to struggle with situating generalized knowledge into specific patient context. She elaborated,

> Fundamentally, one of the problems with this assignment is a disconnection between who the person really is they were caring for, so that the person's pull for a treatment that is individualized and meets their needs, and the push from what we know to work. There's some kind of mismatch and the student doesn't have the insight to really be able to solve that problem.

She described how she differentiated between a stronger and weaker assignment. She stated,

> The inexperienced student will just grab care plans and not personalize them. And so for me, that's like a clear difference between a really good assignment and a not-so-good assignment. A really good assignment personalizes the care plan to this individual, recognizes the uniqueness of this patient's situation or person's situation in life, and tailors the care to that individual and family…The next sign I'd say would be sort of, unquestioning use of evidence… So the good student looks at the flaws in their study and says 'well they said this but the study was done with men who were businessmen in New York City. Here we're dealing with rural Mrs. Little So-and-so. It may not apply to her context, or it wasn't about women, right?' So the good user of literature is critical or skeptical and has a healthy skepticism of the value of a study. The uncritical will choose a study from Africa or India, about honey dressings and put it in the North American context and say, 'the best strategy for an infected burn wound is a honey dressing.'

She shared the type of feedback she gave students and her rationale for doing so.

> I try to leave them feedback that is positive and opportunities for learning. So a lot of times students think they're being clear when they haven't explained the links and I don't know unless they write it down that they know what something means, right? So I can only grade what is being communicated to me, not what they were thinking when they wrote it. And so sometimes they think that what they were thinking when they wrote it should be clear from what they wrote and that's not true. And I think that's probably true of every new writer – you think you're a lot clearer than you are. And so some of my feedback is like, 'I think you know more than you're telling me here,' 'Can you explain this?' 'I think you're making a good point but you need to explain the pathophysiology better,' or 'I agree with your priority for any patient with diabetes but think about the context of dementia and how will that impact this focus on improving knowledge?' So I try to give general feedback, not edit-y specific feedback and I try to balance my feedback to appreciate what they're doing well because I think if you don't tell people what

> they're doing right, they stop doing it. So you need feedback on what you're doing correctly but then you also need to have someone push your thinking.

From this description, it appears Kendra's feedback is aimed at specifically assisting the student to expand their awareness about how to interpret literary evidence in a way that was relevant to the patient they were caring for in clinical. Kendra admitted that despite all the written feedback she gave students, she did not know how they received or used it. Ideally, she would like to have her students show how they incorporated her feedback by having them complete a similar type assignment again later in the term. However, her teaching situation would not allow for it. She had too many students, too much content, and not enough time.

Kate implemented a twelve-week project planning with her students. Students worked in pairs with a health agency on practice change project as identified by the agency practice leader, students, and clinical nurse educator. The project assignment involved several components: a project plan and timeline rubric, literature review matrix, and a project summary that included a deliverable and presentation to the healthcare agency. Students were not graded on the assignment but self-evaluated their progress with her on a satisfactory/unsatisfactory basis. If students were performing unsatisfactory on an aspect of the assignment, she would provide direct feedback and coaching until they achieved the desired level of performance. Often this meant students engaged in an iterative process of discussion, research, analysis, writing, and practice. Kate explained while the purpose of the project assignment was to render an evidence-based deliverable to a healthcare agency that she ultimately wanted students to develop their critical thinking by learning to use the knowledge they had learned from previous related research courses into a practice setting. Despite previous related courses, students still struggled to identify and interpret agency issues, project parameters, key stakeholders, related research, analytical approach, and deliverable presentation.

Kate emphasized the importance of giving students ongoing feedback that they were expected to implement and re-evaluate. She stated, "So, I'll give them a lot of feedback. I say, 'use it, fix it, and send it back" and "I give it back to them until it is ready. If it is five times bad, it is five times bad." She explained why she took this approach.

> Feedback is important for learning. It reinforces what things you do good and the areas that you need to grow. Learning is about growing. And to be able to grow,

> you need to have the feedback in the areas that require attention. It also challenges people. If we're not challenged, we don't grow as much.

Kate reported that when the students succeeded in the end, they were pleased with the results of their effort. She shared, "And so, what the students said at the end is they learned a tremendous amount. All the students and they really know that I care about their learning." In this example, Kate illuminated how she followed up on how students used her feedback and how she continued facilitating their learning further within a context of offering ongoing challenge, support, and care. Kate demonstrated how feedback could create an environment for significant learning depending upon how the feedback is focused, given, facilitated, used, and evaluated for effectiveness. For Kate, *learning is about growing.* Kate communicated to her students by the ways that she interacted with them about their learning that she truly cared about their learning and success as students.

4.2.4. Summary of Teaching Conceptions and Approaches to Teaching Findings

The task of summarizing my findings is daunting and I find it challenging to place them in watertight categories. From the ways that participants described their approaches to teaching, I was able to discern three predominant conceptions of teaching: teaching as transmitting knowledge, teaching as apprenticeship, and teaching as facilitating ways of understanding. Participants who described their conception of teaching as transmitting knowledge tended to focus on knowledge delivery methods and used activities as a means of fostering student engagement and knowledge retention. These participants tended to evaluate student learning in accordance with how well students were able to retain and reproduce information when needed. The participants who held this conception of teaching often viewed their teaching role as primarily delivering knowledge and evaluating learning. The process of learning was the student's responsibility. Failure to learn was often attributed to specific student characteristics or deficits, rather than a reflection of a particular teaching situation or approach to teaching and learning. Participants who held this particular conception of teaching tended to describe more instances of psychological distress when students challenged their knowledge expertise, teaching approach, or learning expectations. Conversely, participants who focused more on how their students perceived their learning situations and how they constructed an understanding of what they were learning seemed to be

less threatened when students challenged their expertise. Instead, they focused more facilitating conversations and implementing activities that challenged and expanded their students' conceptions of what they were learning. The participants described their role in facilitating understanding within their students in four primary ways: structuring knowledge, directing learning activities, inquiring into perception, and providing feedback. The variances within these approaches related significantly to participants' teaching aims, the ways they focused on their students' learning, and types of feedback given. Interestingly, few participants were able to describe how students interpreted and used assignment feedback other than to ask for higher grades. Finally, all participants who taught clinical depicted an apprenticeship conception of teaching – described as a type of coaching that involved ascertaining knowledge, modelling skills and supervising performance, and providing feedback. All participants coached students through clinical situations while also evaluating them on the standards and competencies of nursing practice. The focus of teaching could be potentially viewed more evaluative or facilitative depending on how participants conceive of teaching and learning, their teaching situation, and their teaching role.

4.3. Six Key Findings

The scope of this study is broad due to the number of teaching facets I explored with participants in order to gain a more holistic understanding of how nurse educators conceive of teaching, how such conceptions manifest in their teaching, and why such conceptions might form as they do. I now provide a more succinct account of what these findings may represent collectively in the form of six key thematic findings that I extrapolated thematically from the body of findings I have presented in this chapter. I broadly organize these six key findings around the facets I explored with participants about their teaching experiences. I introduce these findings here and later expand upon them at greater length in Chapter Five, followed by a deeper discussion of analytical insights and recommendations for future practice.

The first three key findings relate to the contextual facets of teaching in nursing education that I explore with participants. The fourth, fifth, and sixth findings relate to how participants conceived of and approached teaching, in terms of teaching aims, teaching strategies, and teaching roles, evaluation of learning and teaching, and relationships with students. First, there are contextual constraints within the structure of

nursing education curriculums that may produce limitations to significant teaching reform in nursing education. Second, the majority of participants were not formally prepared to teach and often did not perceive enough support within their programs to develop fully as educators. Third, many of participants of this study described significant relational issues with students, colleagues, and their identity as educators. Fourth, the majority of participants emphasized *science* as the foundational basis for teaching and learning in nursing education. Fifth, although there was a wide representation of teaching conceptions among participants in this study, the majority of participants conceived of teaching in terms of delivering content, directing activities, and evaluating students for knowledge retention – particularly in the classroom. And sixth, a shared conception of and approach to teaching cannot be assumed in nursing education. The participants of this study demonstrated that teaching can be conceived of and approached in many ways – even when using similar types of learning activities and teaching strategies. I now move forward to Chapter Five for further discussion about the key findings of this study.

Chapter 5.

Discussion

I began this study with the following research questions: *How do BSN nurse educators conceive of teaching? How do those conceptions of teaching manifest in their teaching practice? And why might such conceptions form as they do?* To answer these questions, I have presented a narrative account of how 14 nurse educators in four BSN nursing programs across Vancouver have described their teaching experiences. From this account, I drew six key findings. The question now arises as to how we are to place these findings back into the extant research literature on nursing education – how do we situate these findings in current understandings? In other words, what is the *upshot* of the study? I raise this question now, as we prepare for the final concluding chapter of this thesis. Prior to my thesis, few studies in nursing education explored the teaching conceptions of BSN nurse educators and their approaches to teaching from such a broad analytical lens. I did so partly to develop a contextual representation of educator experiences and their teaching situations, and partly to bring to bear a history of thought and analysis from the field of curriculum studies. The contribution that such findings bring to the extant teaching literature in higher education generally and nursing education, in particular, is that they offer a *window* into some of the underlying and taken-for-granted assumptions that professionalized practice disciplines may hold about teaching and learning that extends beyond the more typical decontextualized identification of 'teacher-centered versus learner-centered orientations' to teaching.

What I aim to accomplish in this discussion chapter is an inquiry and reflection into the teaching practices of nurse educators that extends beyond reductionist and mechanistic approaches to understanding teaching – *technical rationality* – to offering an expanded perspective of how teaching might be framed and understood in nursing education. The broad scope of this study offers both advantages and limitations. Skott (2015) argues that the identification of teaching conceptions outside the context of educator experiences and teaching situations limit the understanding of teaching approaches and student interactions that emerge in practice. Decontextualized categorizations of teaching conceptions limit the interpretation for why educators might come to understand and act on teaching in ways that they do. Conversely, the limitation

of exploring such a wide scope of teaching is that the depth of analysis I offer does not extend existing theoretical models or add new conceptual language to the education literature. Instead, I offer analytical insights that have the potential to extend and, perhaps even reframe, some of the literary discussions on teaching in nursing education. What this study offers to higher education is an additional insight into the various perceptions of academic and practical knowledge and types of teaching tensions educators may encounter within a professional practice discipline.

To manage the extensive amount of information and analysis already presented within the literature review and findings, I have organized the discussion of this study into four sections. In the first section, I expand upon the six key findings I introduced in Chapter Four by connecting the findings of this study to some of the extant literature and research in nursing and higher education. I then present four analytical insights derived from these six key findings in an effort to engage in a deeper reflective dialogue about the present state of teaching in nursing education. The third section offers recommendations that can help inform policy, research, and practice within BSN nursing education programs and post-secondary institutions in higher education. Finally, I conclude in the fourth section by sharing some of my own researcher reflections and lessons learned while conducting this study.

5.1. Expansion of Six Key Findings

In this section, I offer some expansion of the six key findings I introduced in Chapter Four. These findings include (1) contextual limitations to teaching reform, (2) nurse educators generally not prepared to teach, (3) challenges in relational aspects of teaching, (4) “science” leads nursing and teaching practice, (5) covering content and directing learning activities, and (6) differences in understanding teaching. Following the synopsis of key findings, I will present a more in-depth discussion about a few of the analytical insights related to these findings and what can be drawn from the study as a whole.

5.1.1. Contextual Limitations to Teaching Reform

I sometimes wonder if the scholars responsible for shaping the identity and discipline of the nursing profession are on the same page with those who teach the

practice of nursing – especially from the perspective of educators who teach BSN students both in the classroom and clinical. One participant referred to this perceptual gap as the tension sometimes felt between the academic scholars and frontline educators of nursing – "the professors and the peons." Likewise, many of the participants spoke of the discrepancies they sometimes observed between the classroom and clinical setting. One participant commented, "Students can do well on exams but couldn't bust their way out of a wet paper bag in the clinical setting." Another exclaimed, "I'm really concerned about practice – 'practice-ready'…and I hear comments on that. 'Oh, they're not ready'…And then I think, "Oh my gosh! You know? What are we doing in nursing education?" This reminds me of Del Bueno's assertion,

> In the real world, patients do not present the nurse with a written description of their clinical symptoms and a choice of potential solutions…Knowing about does not equal making clinical decisions. Nursing is a practice art that requires the use of knowledge within a specific set of circumstances. Smart nurses are effective when they think critically, not when they can pass multiple-choice tests (Del Bueno, 2005, p. 281).

If nurse educators are indeed aware of this discrepancy in nursing education, as many of the participants suggest, why continue to teach nursing in a way that silos its theoretical and practical components? The answer may partly lie in the way nursing education is structured to address the nursing profession's regulatory and accreditation requirements.

Little has changed since Tanner (1998) identified the enormous pressure nurse educators felt to *cover* all the entry-to-practice competencies in the curriculum. Even if nurse educators wanted to significantly change the way they teach, it would not be easy in their present teaching context (Schaefer & Zygmont, 2003). Several participants spoke of the broad scope of content and amount of content they felt responsible to teach. Nursing programs in British Columbia must address all entry-to-practice competencies in their curriculums. And students must pass the NCLEX to practice nursing. Consequently, several participants indicated they felt responsible to prepare students for the NCLEX, even though many doubted that the NCLEX was a reliable indicator of nursing performance. Additionally, several participants indicated that heavy workloads and teaching differences among colleagues affected their ability to teach another way. Taken together, these findings reflect what Schaefer and Zygmont (2003) and Oyelana et al. (2018) indicated in their studies – that it may be the overarching

context of nursing education itself that has created the greatest barrier to significant teaching reform.

5.1.2. Nurse Educators Generally Not Prepared to Teach

Nurse educators might be prepared to nurse but that does not necessarily mean they are prepared to teach. Although some participants held education degrees or teaching certificates, the majority of participants had little formal teaching preparation. This corroborates Benner et al.'s (2010) finding that the majority of nurse educators are not formally prepared to teach. Even educators who hold advance graduate degrees within their discipline may not be prepared to teach (Bullin, 2018). As one participant shared, there may remain an underlying assumption in nursing education of "You've got the education behind you. You should be able to do this. You should know." Most participants described learning to teach through *trial and error* – an accumulation of teaching experiences composed of feedback from their students, professional development literature and seminars, and occasionally mentorship from their colleagues. The problem with trial and error teaching is that it sometimes offers a limited scope of reflective analysis. Mentorship might perpetuate unexamined practice (Eby et al., 2007) and student evaluations may be structured in a way that provides little feedback on the effects of teaching on student learning. Moreover, several participants expressed concern that nurse educators may continue to perpetuate intimidating teaching practices. Finally, some participants indicated that their trial and error experiences of learning to teach were less than ideal. As one participant ruminated, "I went through hell. I went through hell – absolutely, I did." Although I discerned little in this study to specify what the effects of teaching preparation might be, the findings suggest that nurse educators may need greater support in their teaching development. This finding corresponds with other research in nursing education that calls for a greater emphasis on teaching support and professional development for nurses transitioning into nurse educator roles (Anderson, 2009; Anibas et al., 2009; Cangelosi et al., 2009; Gardner, 2014; MacDonald, 2010; Schoening, 2013; Schriner, 2007; Siler & Kleiner, 2001).

5.1.3. Challenges in Relational Aspects of Teaching

All participants emphasized the importance of students learning communication skills, being able to understand their patients holistically, and conveying respect and empathy in their nursing care. They wanted their students to be patient-centered in their nursing. Although most participants spoke of science more frequently, several maintained that the art of nursing – its relational aspects – was perhaps the most difficult to teach and something, they believed, many BSN nursing programs still not did teach well. A few participants asserted that the communication and psychosocial science courses in nursing programs were often viewed with lesser importance and consequently poorly taught and integrated into nursing programs. Teaching the *art of nursing* was something less tangible for participants to teach and students to learn.

Interestingly, it was also the relational aspects of teaching – *the art of teaching* – where many participants experienced most distress. All participants indicated students had changed and were now more challenging to teach. Participants who presented as most distressed about their teaching relationships with students perceived students as less respectful of their nursing expertise. Schön (1983) noted that professionals who define themselves as *expert inquirers* and work with clients have a greater sense of freedom to reframe problems as they learn more about a particular situation than do *expert knowers* who tend to rely more on their professional persona and client deference to their role. Even participants who described implementing a supportive and caring manner towards their students became distressed when they perceived that students were not interested in listening to their knowledge or following their directives. It was their nurse educator identity as *expert knower* that seemed threatened most. There was also an indication that some participants may conceive of learner-centered teaching as the way they treat their students as opposed to how they focus on their students' construction of learning. Most participants indicated they cared about the wellbeing of their students but that, in itself, did not necessarily mean they held a learner-centered conception of teaching. Participants who used their expertise to facilitate and model more of an *expert inquirer* role presented as less distressed when students overtly challenged their knowledge. Rather, they reframed student challenges as an opportunity to query further into the student perceptions of what they were learning and were not afraid to learn from and alongside their students. Participants who identified less with their role as expert knower were also more apt to change their teaching approach in

accordance with their understanding of student responses and perception of student learning needs.

As a nurse educator, who teaches about the relational aspects of nursing in mental health, I too have noted teaching the art of nursing seems less tangible to teach. Although I often draw from theory to improve my nursing practice, my ways of being and implementing care with patients is largely borne of experience. Similar to Schön 1987, I have concluded that some types of teaching are best modelled and mirrored. *Patient centered nursing* is something nurse educators can *model* with patients and *mirror* in their interactions with students. Educators teach what they learn and students learn what they live (Olsen, 2008). From perspective, teaching can be conceived of an educator's *way of being with students* – a way of being that goes *beyond* the established generalized principles and technical skills of teaching (Grimmett & MacKinnon, 1992).

5.1.4. "Science" leads Nursing and Teaching Practice

Science is a powerful word that can mean many things. Science can be used in reference to a systematic research process, an accumulation of established knowledge, or a particular scientific branch or discipline. Science legitimizes professional practice (Shulman, 1998). The nursing education literature refers to the word *science* a lot – e.g. the art and science of nursing, nursing science, applied science, scientific method, nurse scientists, scientific discipline, scientific practice, scientific theory, and the science of teaching. All participants emphasized that students must have a solid foundation of scientific knowledge to practice nursing. Participants often used the word science and theory interchangeably. Part of effectively using science in nursing care is in *knowing how to think like a nurse* –identifying salience, using clinical reasoning, and making clinical judgments within situated contexts of practice. Almost all participants maintained that students would not be able to clinically reason or provide safe nursing care unless they first possessed a strong basis of theoretical knowledge. Thus, many of the participants described the teaching and learning of theory and practice in dualistic terms. The majority of participants spoke of theoretical knowledge as something to be applied *to* practice, rather than something to be learned *with* practice. Although theoretical knowledge may inform particular understandings of practice, it does not suffice to say that the learning of a professional practice always begins with the accumulation of

theoretical knowledge (Benner et al., 2010; MacKinnon, 2017; Shulman, 1998; Schön, 1987, 1987).

The nursing discipline prioritizes scientific knowledge but this does not necessarily mean that nurse educators teach science well – many do not (Benner et al., 2010). Part of the reason for this difficulty might stem from the ways in which nurse educators conceive of science. A conception of science as objective, generalizable, and absolute may translate into nurse educators first presenting students with generalized scientific information in the form of decontextualized principles, taxonomies and conceptual organizations, clinical pathways, and standardized critical thinking templates, in one format or another, with the expectation that students will later apply this information to designated learning activities in the classroom, for the purpose of helping students understand and retain such knowledge future application in the clinical setting. Of the six participants who taught nursing sciences in the classroom, only three described teaching science knowledge as an ongoing process of inquiry that requires practitioners to interpret its use in specific contexts of practice. As Thorne (2018) summarized, science may guide the practice decisions of nurses but it does not mean they can *uncritically apply* it in a standardized manner. Several participants indicated that their students struggled to interpret scientific literature and research in a way that was relevant to their patients. Often missing in the classroom is the ongoing inquiry, dialogue, and interaction with theory and practice in a way that allows students to construct and develop the knowledge needed for a sense of salience, clinical reasoning, and clinical judgment (Benner et al., 2010). The majority of participants who taught clinical described an in-depth process of inquiry and reflection with their students as they practiced nursing with patients. However, even in this context some participants still described focusing more on their students' recital of textbook knowledge and implementation of nursing tasks than on how students were integrating their nursing knowledge, technical skills, ethical comportment, and habits of thinking into providing patient-centered care.

Shulman (1998) contends that although scientific theoretical knowledge may be useful for capturing general knowledge about what is believed to be generally true and such knowledge is useful for understanding and implementing professional practice, it is the practitioner who interprets its use. Further, he maintains it is often the lessons of practice that inform theoretical understanding and knowledge development. Dewey

(1929) argues that it is not science itself that create rules of application to practice contexts and warns against unreflectively using science as a basis for standardized practice. Nursing students do need to understand how science might be used in nursing practice but that does necessarily suggest a linear progression of *theory to practice*. As Dewey, Shulman, Schön, MacKinnon, and Benner have all alluded, I too suggest that the learning of theory and practice is an integrated and reciprocal process in practice professions.

5.1.5. Covering Content and Directing Activities

Similar to Benner et al.'s (2010) findings, the majority of participants of this study described classroom teaching as different ways of covering content and directing learning activities. This is not particularly surprising, as it coincides Schaefer and Zygmont's (2003) finding that most nurse educators understood learner-centered as a type of teaching strategy. However, the implementation of classroom activities did not necessarily indicate a less transmissive approach to teaching. Although students were more active in the classroom, the activities were often highly prescriptive – with students answering scripted questions, using standardized analytical templates, and following precise rubric marking criteria. Several participants described imparting information to their students through flipped-classroom PowerPoints, online learning modules, assigned readings, presentations, and quizzes and discussions that focused on students reproducing the *correct* answer. From this vantage point, students are told what to learn, how to think, and how to act. There was little room for students to construct their own ways of understanding in assimilating and accommodating new information. Even when participants described student presentations, the students still had to follow precise rubric criteria to make marking consistent, easier, and grade disputes fewer. The problem with such an approach is it encourages a mechanistic world-view among students and does not cultivate the students own self-reliance and approaches in developing their reasoning and judgment abilities. It has already been decided for them.

In Entwistle et al. (2000), Entwistle and Walker link developmental trends in thinking and conceptions of teaching. Figure 1 is presented again below for the convenience of the reader; it is useful to return to this representation without flipping back and forth to Chapter 2 in order to discuss the findings of the study. This representation is useful for situating the findings of this study in terms of approaches and

conceptions of teaching in relation to epistemology. The majority of participants who taught in the classroom described teaching as ways that focused on content delivery and directing activities – a novice to intermittent conception of teaching. Few participants described their teaching role in the classroom from an expanded epistemological perspective – less than half. Similarly, although all participants who taught in clinical described an apprenticeship conception of teaching, the way that participants approached apprenticeship varied. The concept of apprenticeship teaching and learning could either be approached from either a teacher or learner orientation of teaching. Although many of the participants who taught clinical described an in-depth process of inquiry and reflection with their students as they practiced nursing patients, there were some who focused more on directing clinical activities and their students' recital of textbook and classroom knowledge – information as absolute and to be reproduced.

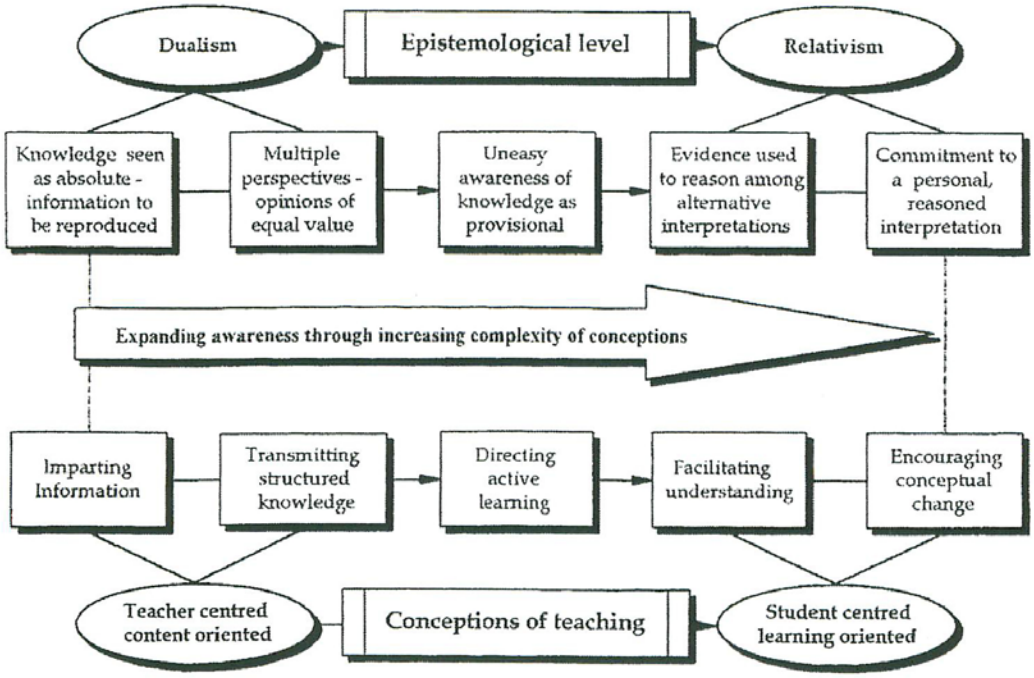

Figure 2. Developmental Trends in Thinking and Conceptions of Teaching

Entwistle and Walker's (in press) Developmental Trends in Thinking and Conceptions of Teaching. Adapted from Conceptions and Beliefs about "Good Teaching": An Integration of Contrasting Research Areas, by N. J. Entwistle, D. Skinner, D. Entwistle, & S. Orr, 2000, Higher Education Research & Development, 19(1), pp. 5-26. Copyright May, 2000 by Taylor & Francis.

A limitation to Entwistle and Walker's visual representation of teaching development is the potential for readers to interpret teaching development as a linear

progression of concrete teaching steps to implement rather than an abstract representation of conceptual development. The other limitation is that it offers little representation of how *conceptual understanding* and *practical knowing* might be integrated together – something extremely salient in *practice* disciplines. It is also possible that educators may first use activities and experiences as a medium for reflective inquiry *prior* to theoretical discussion (Benner et al., 2010; Dewey, 1938; Mackinnon, 2017; Schön, 1987).

Notwithstanding the potential of activities and experiences to foster learning, these things in themselves do not necessarily constitute learning and imply a less teacher orientated conception of teaching. In other words, the implementation of classroom activities does not automatically qualify as learner-centered teaching. Weimer (2013) argues that educators who make all the decisions about what students should learn, organize all the content, raise the majority questions, summarize the discussions, solve the problems, generate the examples, and construct the diagrams are still focused on delivering content, not student learning. Frequently participants described directing students to course content and quizzes that they were responsible to complete prior to class. Once in the classroom, students were often divided into small groups and directed to apply the information they had reviewed prior to class to answer a list of prepared questions stemming from exemplars and case studies. Many participants seemed to think that active learning was about activity and believe that as long as they were not lecturing and students were doing something – they were not teaching passively or transmitting information. However, activities in themselves do not necessarily indicate that teaching or learning has occurred (Hirst, 1971). For example, a lecture can be highly interactive and generate reflective dialogue among students and a case study can become another means of testing knowledge retention and reproduction of correct answers, depending on how educators clarify learning aims, and design and implement activities that generate inquiry and discussion with their students.

While all participants indicated, they noted their students' level of engagement and responses to questions, few participants described a substantial generative process of inquiry *with students* that builds from and challenges *students'* construction of understanding. Most participants maintained they were pressed for time and needed to move students quickly from one activity to another in order to address all the content they needed to teach. Several participants maintained that the application of generalized

knowledge to specific activities in the classroom would assist students in recognizing similar situations and knowing how to apply such knowledge in the clinical setting. However, such an approach has the potential to foster dualistic thinking. The learning of nursing practice knowledge is still viewed as a linear sequence – first the learning of generalizable theoretical information that is later to be applied to a practice context where knowledge becomes subject to provisional interpretation. Such an approach fails to consider that sometimes knowledge is embedded in the action of practice (Benner et al., 2010; Lave & Wenger, 1991; MacKinnon, 2017; Schön, 1983, 1987). Classroom activities, although helpful in theory, do not necessarily integrate theoretical thinking to practical know how.

5.1.6. Differences in Understanding Teaching

No two educators teach students the same way. What an educator personally and professionally brings to teaching is unique to that person and born of experience (MacKinnon, 1989; Olsen, 2008). The different ways participants approach teaching with their students is related to how each participant conceptualizes teaching (Kember & Kwan, 2002; Prosser & Trigwell, 1999). Many participants shared that the way they were taught influenced the types of teaching decisions they made with their students. One participant wanted to create strong nurses similar to the way she was *made strong* as a nursing student, whereas other participants wanted to teach differently from the way they had been taught and actively sought to be supportive with their students. Other participants admired certain educators from their nursing education and sought to emulate their practice. Participants also compared the students they taught to themselves as students. Often this showed most in the ways participants described learning. When students differed from the way that they learned as students the participants sometimes had difficulty relating to students who learned differently and struggled with their learning – especially if they had found learning relatively easy. Consequently, neither educators nor students enter into teaching situations as a blank slate. Their experiences of teaching and learning shape their present expectations of what they think teaching and learning *should be.* It is not surprising that the participants' described a range of teaching intentions, roles, and pedagogical relationships with students. Therefore, it seems misguided to assume shared meaning when discussing

various representations and philosophical orientations to teaching – even when the language in use is familiar.

Some participants primarily conceived of teaching as the responsibility they had to *cover* the curriculum, present knowledge and thinking tools, and evaluate student performance. Learning activities were often described as a way to engage students and assist their retention of knowledge. Other participants conceived of teaching as creating the learning conditions to facilitate dialogue and understand student perceptions of what they were learning. Apprenticeship, although practice focused, still tended to be approached from either a predominately transmissive or a facilitative orientation to teaching. Participants who held more of a transmissive conception of teaching tended to focus on student deficits as explanations for their failure to learn. Participants who focused more on how their students were understanding often re-evaluated their teaching approaches when students struggled to learn. The differences in how participants described their teaching aims, roles, approach, and relationships with students suggests that it would be mistaken to assume all educators understand and enact teaching in the same way. It may also suggest difficulty in creating a widespread teaching reform in nursing education via the implementation of standardized content, curricular reorganization, and teaching techniques – while bypassing nurse educators' *established* conceptions of teaching. Conceptions of teaching are often formed and socially perpetuated through *experiences of teaching and learning.* Ultimately, many educators tend to teach as they were taught (Johnson-Crowley, 2000; Olsen, 2008; Pratt et al., 2007; Shulman, 2010; Wideen et al., 1998).

5.2. Analytical Insights

The analytical insights that can be drawn from a synthesis of the extant philosophical and empirical literature on teaching conceptions and the findings of this study are presented below as four central insights about nursing education and other professionally regulated practice disciplines. These include insights regarding (1) professionalism, (2) interpreting curricula, (3) limitations of science, and (4) need for teaching education.

5.2.1. Professionalism Drives Nursing Education

Education is the vehicle occupations use to professionalize (Abbott, 1988; Larson, 1977; Shulman, 1998; Witz, 1992). A profession differentiates itself from an occupation, an activity of livelihood, by claiming specialized knowledge and expertise that require formalized training and theoretical knowledge (Abbott, 1988). Professions live within ideologies of their own creation and are allowed to define the standards against which their competency is judged (Larson, 1977). Professionalism is the identity of expertise and competence that professions create for themselves (Larson, 1977). Yet, not all researchers agree about what characterizes a profession. Some researchers emphasize professional autonomy (Forsyth, 1995), practice standards (Sullivan, 2005), controlled jurisdictions of expert labour (Abbott, 1988), and labour market control, power, and prestige (Larson, 1977; Witz, 1992). Despite the ambiguity in characterization, all professions concern themselves with credentialing and self-regulating their activities (Abbott, 1988; Forsyth, 1995; Larson, 1977; Shulman, 1998; Sullivan, 2005; Witz, 1992). Professions legitimize their work to the society through membership in the academy and reference to theoretical knowledge and scientific research (Shulman, 1998; Sullivan, 2005).

Shulman (1998) maintains that professions have six universal characteristics: (1) service to others, (2) specialized theoretical knowledge, (3) skill performance in practice, (4) exercising judgment in conditions of uncertainty, (5) learning from experience, and (6) being a member of a professional community. He contends all professions have signature pedagogies that contain three apprenticeships: theoretical knowledge, practical skill, and moral understanding (Shulman, 2005). Benner et al. (2010) worked with Shulman and the Carnegie Foundation to identify the signature pedagogy for nursing education. Shulman (1998) argues that to call something a profession is “to claim that it has a knowledge base in the academy broadly construed” (p. 517). Yet, he also contends that while academic knowledge may be an entitlement to enter into a profession, it is not necessarily essential to professional work until such knowledge proves its value in practice. Thus, the creation of academic qualifications to legitimize professional knowledge may not be particularly useful for enhancing practice when taught as foundational sciences and liberal arts separated from the practice field. Benner et al. (2010) maintain that learning theoretical knowledge in such a way holds little benefit in teaching students how to interpret and use knowledge in practice. Moreover,

the knowledge valued by academics may not be the same knowledge valued by practitioners (Shulman, 1998). Del Bueno's (2005) assertion that the majority of new graduate nurses do not meet the entry-level competency performance expected by healthcare institutions is not particularly surprising. The researcher goes on to question the adequacy of academic preparation and validity of the NCLEX-RN in determining practice proficiency. In such a case, technical proficiency may be preferred over the mastery of conceptual understanding (Shulman, 1998). Thus, Shulman (1998) contends that one of the biggest challenges of educating professionals in the academy is the inescapable tension it brings between theory and practice.

Several participants spoke of the ongoing tension they perceived between theory and practice. As one participant stated, "I don't know in your practice but I've seen many a student – brilliant when it comes to writing class – can't organize their way through a paper bag on the ward." Other participants talked of how students struggled to interpret generalized theoretical and research studies in a way that was relevant to the patients they were nursing. Many participants pointed to the broad scope of theoretical knowledge and practice competencies nurse educators are required to teach – something that Tanner (1998) identified over 21 years ago – as a reason to why they thought some students were struggling with their learning. One participant described to me what she saw in the classroom. "They were just sitting there like zombies. It's such an intense program Michelle that they just – they're not even processing 10 percent of what they're getting in a week."

The professionalism of nursing resides in the practice standards and competencies that nurses must meet. Tanner (1998) wryly joked about nursing education's 21-year curriculum and yet she could not "identify a single competency or set of core knowledge that I think should be left out" (p. 383). She continues, "It is my observation that nurse educators feel enormous pressures from both students and colleagues to 'cover' the content" (Tanner, 1998, p. 383). While regulated practice theoretically offers some protection to the public, it also makes it incredibly challenging to teach nursing students the proliferating number of competencies as the scope of nursing expertise expands. This is further complicated by the compression of many nurse education programs in an effort to graduate nurses more quickly. Nursing programs are regulated and cannot operate without accreditation from their governing

professional bodies. What gets taught in BC nursing curriculums is largely determined by what the BCCNP directs nursing programs to teach and the NCLEX requires. Although all participants underscored safety and competency, many indicated there was too much content to teach. As one participant surmised,

> Nurses have a really important role in the healthcare system, and we can't have nurses practicing badly. And I think people really feel very anxious that they're responsible for making sure that everything goes right in practice. But I think one of the things I've let go of is that I can't cover everything.

Adding to the perceived responsibility of teaching to a vast number of entry-level practice competencies, several participants indicated that nursing programs needed to prepare students to pass the NCLEX. One participant elucidated,

> You cannot practice unless you pass the NCLEX. We can give them a really great education with entry-level competencies and better thinking. Better critical thinking and problem-solving; looking at nursing in a more global way; in a more contextual way; being relational. We can teach them all of that. But then, they have to write the NCLEX…. if they don't understand the NCLEX then they don't pass it. They can't practice.

Even though several participants indicated they did not believe the NCLEX to be a true indicator of practice proficiency, they all acknowledged the potential ramifications that poor NCLEX results could have on their program. As one participant stated,

> There's a fear that as the regulatory bodies gain more strength that they will move to the same system that the United States is moving to. Which is that your accreditation will be based on your NCLEX results. So you have poor results? No accreditation for you.

Nursing curriculums are largely designed around nursing's ideology of professionalism – something that contributes greatly to over-loaded curriculums in BSN nursing education programs. Even if nurse educators wanted to teach nursing education significantly differently, they are still tightly bound to a larger professional structure that is largely beyond their control. The breadth and scope of subject matter and competencies that nursing programs are required to incorporate into their curriculums is not up for negotiation with the professional regulatory bodies. It is a mandatory requirement that all BSN nursing programs must accommodate if they wish to remain accredited and operational. Thus, I concur with Schaefer and Zygmont's (2003) appraisal that perhaps

one of the biggest barriers hindering the adoption of a more learner-centered teaching approach in nursing education is perhaps the context of nursing education itself.

Benner et al. (2010) are aware of the structural barriers and issues facing nursing education reform. They maintain that nurses today are undereducated and recommend a change requirement for licensure – recommending that "boards of registered nurses require graduates who pass the NCLEX-RN after 2012 must earn a master's degree within ten years" (p. 228). They also recommended, "Expanding the types of evaluations strategies, and especially including performance exams, will increase the validity of nursing, school programs of study to predict successful and safe practice of their graduate nurses." The researchers suggested that these performance examinations be given in simulation labs or with trained actors and in conjunction with the NCLEX-RN examination. What I find interesting about these recommendations is they point directly to the argument I have just made. The recommendations for increased education and regulatory requirements point directly to the ideology of professionalism. I also find the recommendation for separate examinations on practice performance and cognitive knowledge thought-provoking, as it makes me wonder about the integration of theoretical and practical components of nursing practice. How can nurse educators ever claim to teach an integrated professional knowledge base when we continue to treat theory and practice as separate entities? It is not that I necessarily oppose these recommendations, the increasing scope of nursing practice may warrant more education and perhaps the creation of a more integrated licensure examination is not feasible. My concern is that as nurse educators we might not reflect deeply enough for why things are the way they currently are in nursing education. If professionalism drives nursing education, then perhaps it would be useful to better understand the ideology behind the directives for nursing education. Would this type of reflection change anything about the direction of nursing education? I wonder.

Professionalism is at the heart of nursing identity. In many countries, nurses had to overcome a substantial amount of societal patriarchy in order to professionalize (Witz, 1992). Nurses are proud of their legacy as a profession (Malka, 2007; Witz, 1992; Zilm & Warbinek, 1994). Glennis Zilm who has written and lectured extensively on the history of Canadian nursing admitted that she has never conceived of nursing as anything but a profession (personal communication, Jan 15, 2017). Thus, I am acutely aware of the great pride nurses hold in their identity as a profession and I am sensitive to the nature

of my questioning. Nevertheless, I will continue to embrace the difficult questions, as Glennis encouraged, and not shy away from the provocative dialogue that such questions may bring, as it through questioning and reflecting in/on experience (Schön, 1983, 1987) that our learning and awareness grows (Marton & Booth, 1997). I believe that nursing's identity as a profession figures prominently in how we ought to reflect on teaching in nursing education, as I will explore below.

5.2.2. Nurse Educators Interpret the Curriculum

Larson's (1977) assertion that professions live within ideologies of their own creation and are allowed to define the standards against which their competency is judged reminds me of Goodman's (1978) notion of worldmaking. I do not pretend to understand all the deeper nuances of Goodman's philosophical discourse on world-making, but his claims that people create worlds by making versions of the things to which they refer, build modes of organization into those things, and create vocabulary to shape a description of the world they created, really resonate with me when I think of nursing as a profession. Nurses created the standards and competencies that define their identity as a profession. It is a world that nurses and nurse educators experience and interpret on both a collective and individual level. However, standards and competencies are shaped and constrained by the language used to describe them. Although the descriptions of nursing standards and competencies may be standardized, the interpretation of such is not. The way in which people describe their experiences still depends on how they *construct* those accounts (Richardson, 1999). Likewise, the way nurse educators interpret practice competencies is still contingent on how they construct such accounts within their teaching situations. In this context, the primary role of the educator is to translate knowledge they have transmitted from the curriculum into actionable use (Schiro, 2013). Yet, knowledge translation is not solely reducible to objective measures, as it is undergirded by the ways in which educators interpret and create meaning within particular situations of practice and the relational transactions and interactions that arise within learning and experience (Dewey, 1938; Schön, 1987; Lave & Wenger, 1991).

Nurse educators' ticking off a list of standardized competencies supported by descriptions of student performance in meeting those competencies does not necessarily indicate competence. Why? First, there is unlikely to ever be a universally

accepted definition of what it means to be competent (Garside & Nhemachena, 2013, p. 545). There is a lack of shared meaning between education institutes, employers, regulatory bodies, and patients about what a competency entails (Pijl-Zieber et al., 2013). Second, performance is not synonymous with knowing or learning (Druckman & Bjork, 1994) and competence may not be something that is generalizable or constant from one context to another (Garside & Nhemachena, 2013). Thus, "the distinction between learning and performance is critical because most training and task contexts differ in some way" (Druckman & Bjork, 1994, p. 25). Third, there are limited studies demonstrating the validity and reliability of competency assessment tools (Franklin & Melville, 2015; Pijl-Zieber et al., 2013). There may be limited congruency between differing assessors or even the same assessor at differing time periods (Franklin & Melville, 2015), and the assumption that the assessor is actually competent in the competency being assessed may not hold true (O'Donoghue & Chapman, 2010). And fourth, competence is "more than the sum of individual competencies" (Garside & Nhemachena, 2013, p. 543). Competencies often portray a static one-size-fits-all criterion that fails to consider the level of the learner and specifics of the context in which the competency is assessed (Benner, 2001; Franklin & Melville, 2015). Competence requires that the practitioner be able to make appropriate decisions and judgements and implement competencies according to the requirements of a specific context (Pijl-Zieber et al., 2013).

Consequently, it is not surprising when participants described vast variations in their expectations for student performance in the clinical setting. One participant described challenging a colleague's interpretation of time management skills. She stated,

> You know, isn't this the fourth student that comes from your group that doesn't have time management skills? How did they manage their time-management skills on your ward and then become incompetent on my ward?

Another participant maintained that students should not be expected to be prepared for clinical, stating,

> And there's this sense of people that they have to come prepared. They don't have to come prepared. They don't know what they're going to see. This sense of 'students aren't prepared to do this' – well no, that's why they're a student and that's why they're with you.

In contrast, another participant described her expectations of students this way.

> I don't think I'm intimidating but I have high standards. The bar is high. I set that bar really high. I expect you to strive for that bar. I'll do whatever I can do to help you strive for that bar…. If I expect you to know something, I'll clearly tell you that you should know this information and it's not appropriate not to know this information.

What participants expect of their students in clinical depends greatly on their interpretation of competency, students, teaching situation, and role as an educator. So while the nursing profession may have clearly defined competencies, it does not suffice to say that educators will interpret these competencies in similar ways.

Educators interpret the curriculum in relation to how they conceive of teaching. As I have already shown in Chapter 4, nurse educators can understand and approach teaching in different ways. Further, the notion of what *good teaching* entails remains largely subject to the perspective, purpose, and context of those engaged in a particular teaching situation (Prosser & Trigwell, 1999). As one participant remarked, "So what is good teaching? I don't know anymore." Since the publication of Benner et al. (2010) study, there has been a notable trend in the nursing education literature that focuses on the implementation of active learning strategies. Underlying this shift is likely the belief that *activities* help students integrate theoretical knowledge with practical application. Although all participants in this study described implementing a wide array of learning activities in the classroom, there was a striking difference between participant intention and approach to implementing such activities. Take, for instance, Anna, who stated,

> So if they're doing activities, if they're debating, they're going to remember what they did in class. Whereas if I'm standing lecturing, they just blank over. They're not gonna remember anything I said.
>
> Where it will be group work, have them presenting, have them building something that helps the class learn, for example, building a game, jeopardy game or something like that, where they're doing something in a group, where they're still managing to get the information that they need to get but doing it with a little bit more fun.

And compare that to Ellen implemented a case study activity in her class. She shared,

> And one of the students said, 'can you just go over this before we wrap up for the session?' And I said, 'sure, so tell me what you think?' 'Well, I would have done this.' 'So why would you do that? What's your rationale?' Cause that's always what

> it's gotta be. It's gotta be based in something. So they said, 'that seems like a pretty good rationale to me' and then another student raised their hand and said, 'well that's not what we would do' 'Okay, so what would you do?' And then they said, 'well I would have done this first and this first.' 'Why?' 'Because if this is the way it is, this is why.' That's a pretty good rationale as well. Right? So it's not right/wrong.

Anna and Ellen both use activities in the classroom but for different reasons. Anna described implementing activities for information delivery and memory retention, whereas Ellen described using a case study as a medium for generating dialogue on the students' rationale for their conclusions. Similarly, Maggie and Erika both implemented presentations in their course. The rubric that Maggie used to evaluate students presentations focused predominately on the delivery of content and presentation style, whereas Erika focused more on how her students critiqued and synthesized literature, created a critical analysis, summarized their conclusions and practice implications, and engaged their peers in dialogue. Both participants describe implementing the same type of learning activity but in different ways and for different purposes. Thus, there are qualitative differences in the ways educators interpret and implement the curriculum they teach.

Teaching is intentional and goal-directed and thus the activity of teaching can be differentiated from other activities (Scheffler, 1965). However, misunderstandings of teaching can lead to distorted views and approaches to teaching (Hirst, 1971). Not all activities can be deemed teaching activities that promote the intended learning in students (Hirst, 1971). According to Scheffler (1965) transmitting the collective heritage of knowledge is not to be confused with the process of learning. Rather, learning is generated from the learner's efforts at understanding and processes of rational discourse, principled judgment, and deliberation. For that reason, teaching is characterized by the intentional design of learning activities that are appropriate to the subject matter, learner, and learning context towards the attainment of a particular learning objective or outcome state (Hirst, 1971). Benner (2015) encourages nurse educators to shift away from teaching that encourages superficial learning about a topic to promoting a deeper understanding of how and when to use knowledge. Practitioners know that knowing how to do something involves more than knowing what needs to be done (Benner et al., 2010, 2011; Schank, 2011; Schön, 1983, 1987; Tanner, 2006). Knowledge is not transferred into new contexts from memories but builds on interpretations of personal experiences of the world – thus, "humans create meaning as

opposed to acquiring it" (Ertmer & Newby, 1993, p. 55). Thus, "how nursing practice is being learned is as important as what is being learned" (Ironside, 2003, p. 510).

Prawat (1992) challenges "mindless eclecticism" in the selection of teaching strategies and learning activities. He warns against "naïve" constructivism – the tendency to equate activity with learning. Prawat explains that activity in itself does not determine how students reflect on their actions, explain what they did, and make sense of their learning and that engagement in itself is not the measure of educational value. There are qualitative differences in how learners approach their learning (Marton & Booth, 1997; Marton & Säljö, 1997). "High-quality learning depends not just on pass or completion rates, but on the nature of the knowledge, skills, and conceptual understanding that students have acquired" (Entwistle, 2010, p. 19). Likewise, the way that students perceive their learning situation, in terms of what is expected and rewarded by educators, affects what they perceive learning to be (Entwistle, 2009; Prosser & Trigwell, 1999; Ramsden, 2003). Students who are focused on content reproduction tend to use more superficial approaches to learning, whereas students who attempt to relate and explain course material for themselves tend to engage in deeper approaches to learning (Entwistle, 2009; Ramsden, 2003; Marton et al., 1997). Shulman (1986) asserts that teaching is more than delivering subject matter and applying instructional skills; and Hirst (1971) contends that the way that educators design and implement learning activities matters. Therefore, it is reasonable to say that the way educators approach their teaching influences the *quality* of approaches students select for their learning (Kember & Gow, 1994; Entwistle, 2009; Prosser & Trigwell, 1999; Ramsden, 2003; Trigwell et al., 1999).

It may be tempting for nursing programs to make attempts at standardizing teaching practice in an effort to circumvent curriculum drift and promote teaching continuity. However, Shulman (1986) explicitly warns against the standardization of teaching. He explains that teaching strategies and learning activities are the *tools* that educators use to help facilitate students learning. However, the tools of teaching cannot replace an educator's interpretation of the subject matter, related pedagogy, and process of judgment. As an example, due to the development of a new curriculum and influx of new educators, my own BSN program attempted to implement standardized lessons plans for educators to follow in each course. Each lesson plan contained numerous scripted activities, thinking templates, and assignment rubrics for educators to

implement. Underlying this approach was the assumption that nurse educators could teach any part of the curriculum as long as they did not deviate from the lesson plans as designed. However, numerous students have since expressed dissatisfaction about their learning experiences to several educators and administrators about the heavy workload, superficial teaching, and meaningless learning activities. Weimer (2013) warns against the negative impact of over directing everything that happens in the classroom on student learning and motivation. Ramsden (2003) maintains that overly scripted questions and learning activities often have the unintended effect of promoting superficial learning among students. And Entwistle (2018) cautions that too much teacher control and heavy workload are linked with surface approaches to learning among students.

In Chapter 4, I identified that all participants in this study indicated that they implemented a wide variety of activities in their teaching. I situated this finding within Figure 1, *Developmental trends in thinking and conceptions of teaching*. Entwistle et al. (2000) suggest that *directing learning activities* may be an intermittent conception of teaching that is situated somewhere in-between teacher-centered and student-centered orientations of teaching. Likewise, Van Driel et al. (1997) identify a *student-directing* conception of teaching in addition to teacher-centered and student-centered conceptions of teaching. They state,

> In short, this student-directing teaching conception may be represented by the image of students being engaged in different sorts of learning activities, which are carefully being planned and controlled by teachers in order to cover a fixed amount of subject matter. The teachers wish to help and support the students as much as they can, by offering explanations, presenting demonstrations, hinting at possible solutions, giving feedback, and so on (Van Driel et al., 1997, p. 115).

Samuelowicz and Bain (2001) and Weimer (2013) would likely argue that this portrayal of teaching remains teacher-centered, as conceptual orientation to teaching is determined by the educator's purpose and the relational nature of student-teacher interaction and not the interactions themselves, or whatever information was or was not transferred to the student. However, if conceptions of teaching are viewed from a perspective of expanding awareness then it is possible the increased focus on implementing learning activities could also be construed along a continuum of increasing awareness and understanding about teaching (Akerlind, 2003, 2004, 2008; Gonzalez,

2011; Prosser & Trigwell, 1999; Trigwell & Prosser, 1996; Virtanen & Lindblom-Ylanne, 2010). Accordingly, *higher* conceptions of teaching are thought to gradually emerge out of the *lower* ones "through reflection and integration, resulting in an expanded awareness of the nature of learning and academic study" (Virtanen & Lindblom-Ylanne, 2010). Whether or not one interprets the findings of this study to indicate a collective expanding intermediate awareness of teaching in nursing education or a predominately teacher-centered orientation that remains unchanged in nursing education, two things seem certain. Educators interpret the curriculum in accordance with how they conceive of teaching and learning and fundamental changes in teaching are unlikely to happen without changes to educators' conceptions of teaching (Akerlind, 2003, 2008; Entwistle & Walker, 2002; Kember, 1997; Kember & Kwan, 2002; Prosser & Trigwell, 1999; Ramsden, 2003; Samuelowicz & Bain, 2001; Trigwell & Prosser, 1996). Thus, advocating for a *science of teaching* without first understanding how educators who are to implement that science conceive of teaching may be limiting.

5.2.3. Science of Teaching has Limitations

There is presently a heavy emphasis on the *science of teaching* in nursing education. The fundamental idea behind the science of teaching is that science will improve the quality of learning (Schiro, 2013). The NLN has directed nurses to "build the science of nursing education through the discovery and translation of innovative evidence-based strategies" (NLN, 2016, p. 5). However, the assumption that EBP is straightforward and can be applied directly to practice contexts is not warranted (Rolfe, 2016). EBP was never meant as a blanket cookbook application of research findings (Rolfe, 2016; Sackett et al., 1996). Though studies in nursing education have investigated the effectiveness of teaching strategies on learning, there remains limited evidence to support the best use of these strategies in teaching practice (Breytenbach, et al., 2017; Ferguson & Day, 2005; Oermann, 2007; McCartney & Morin, 2005; Patterson & Klein, 2012). Moreover, there remain numerous challenges to how educational research studies are designed, conducted, and interpreted in nursing education (Valiga & Ironside, 2012). And the contexts in which the research studies took place may bear little resemblance or have significant limitations in application to the practice situation at hand (Biesta, 2007; Rolfe, 2016).

One of the current trends in nursing education is the incorporation of teaching strategies believed to aid in the transfer of learning from one context to another (Giddens, Caputi, & Rogers, 2015). The majority of participants in this study made statements that inferred the ability of students to transfer what is learned in one situation to another. As one participant stated, "I'm trying to find out what they've retained and what they can apply." Another participant expressed excitement when her student answered a question correctly in the clinical setting with the information she had learned in biology. She expounded,

> When they give the answer I said, 'how'd you know that?' And I sorta almost jump and I'm excited and they say, they kinda look at me, 'I just knew'. I say, 'but you learnt that somewhere.' And they usually will say 'biology.' And I say, 'you remembered it and you applied it at the right time and right place.'

However, the same participant estimated that her students demonstrated an automatic ability to transfer relevant theoretical knowledge into their practice situations "less than fifty percent" of the time. Despite neurocognitive research on knowledge retention and the specific conditions in which learning transfer may occur (Bransford et al., 2000), Druckman and Bjork (1994) conclude that learning transfer is neither automatic nor easy to achieve. There is still not enough research in neuroscience that translates directly into educational contexts (Bruer, 1997; Brynes & Fox, 1998; Schunk, 2012).

Educators and students may mistake the recitation of textbook information and research studies as demonstrating their ability to transfer theoretical knowledge into practical use. While the students might be able to retain and recite knowledge from one context to another, this does not mean they know how to interpret what is relevant to a particular practice situation. Many participants noted that students often struggled to interpret how theoretical knowledge might be used in practice. One participant elucidated, "Sometimes data you know, to use some of my colleagues' words, is foregrounded or backgrounded. Sometimes it's relevant and sometimes it's not, right?" Furthermore, students might understand certain knowledge but struggle to translate how such knowledge links together in specific patient situations. One participant illuminated,

> So they are not able to understand why they're doing what they're doing or to understand how the disease is causing them to see the symptoms that they are seeing. 'So I don't understand why my patient is so combative and so aggressive

> with me.' Well, why is that person here? 'Well, they've got diabetes, they've got end-stage renal failure, they've lost a leg, and they have COPD.'

Her student could recite information from external sources but still struggled to understand what it meant for practice.

Nursing programs may point to student grades and NCLEX scores as evidence of student learning. Yet such measurements of student learning may not be directly indicative of future performance in nursing practice. Several participants expressed doubt as to what grades actually indicate about student learning. As one participant stated, "Exams are just exams. They are really a reflection of the fact that you could read the question and answer with information at that point in time." Another indicated that while exams may indicate a type of cognitive gain has occurred, "It doesn't mean that they can apply it." Del Bueno's (2005) 10-year study analyzing competency performance indicated that most new graduates did not meet expectations for entry-level clinical judgment and had difficulty translating theoretical knowledge into practice. The researcher later asserted, "Smart nurses are effective when they think critically, not when they can pass multiple-choice tests" (Del Bueno, 2005, p. 281). The majority of participants emphasized that students need to build a foundation of knowledge for nursing practice, yet the accumulation of such knowledge is still no guarantee of successful clinical performance. As one participant elucidated, "Like that student I just failed, she had all the knowledge but she couldn't apply it."

Likewise, nurse educators may be able to recite *textbook* answers about teaching philosophy and recite numerous research studies on teaching strategies but they still might not know how to interpret, link, and use such knowledge in their specific teaching situations. Studies in nursing education indicate that the identification and implementation of specific teaching strategies by nurse educators did not necessarily correlate with an in-depth understanding of what they were implementing or their effective use (Brown et al., 2009; Ellis, 2016; Greer et al., 2010; Jinks, 1999; Oyelana et al., 2018). In a survey study of 946 nurse educators, researchers found there was little agreement among educators as to which strategies facilitated student learning and they failed to describe how they evaluated the effectiveness of the strategies they used (Brown et al., 2009). This finding echoes Weimer's (2013) problematization of the catch-all phrase "active-learning strategies" to which many different definitions and strategies

are attached. She contends that there is no core agreement within the education research as to what the central elements of active-learning strategies contain and how significant learning might manifest and be represented. Thus, one of the most significant limitations to teaching as a science is the ways nurse educators portray science in their teaching practice. This might be better viewed as a set of tools that help nurse educators understand and inform their teaching in terms of decision making and judgment in relation to the intentional aims of learning and students' learning experiences (Dewey, 1938; Hirst, 1971; Shulman, 1986).

The notion of science as an objective means for discovering universal truths is appealing to those who hold an instrumentalist view of education – the job of teaching as fitting students to a curriculum of standardized tasks (Schiro, 2013). From this perspective, the primary role of the educator is to transmit the curriculum to students (Schiro, 2013). The educator shapes the minds of students through transmitting information from external sources and the learning of facts becomes knowledge through the use of standardized ways of organizing and processing information (Scheffler, 1965). Such an approach is also known as technical rationality – "instrumental problem solving made rigorous by the application of scientific theory and technique" (Schön, 1983, p. 21). Underlying technical rationality is the notion that the application of science to practical problems will inform practitioners of how they should act (Schön, 1983). However, Schön (1987) argues that the technical rationality of professional curriculums is not sufficient to prepare students with the competencies needed for the uncertainty of professional practice. Although the scientific theory of teaching and learning is useful for helping educators understand, organize, and fashion teaching practices in new ways, it was never meant to be used in a decontextualized way (Dewey, 1938; Schwab, 1959, 1969). Shulman contends that

> In spite of the importance of both theory and practice, professions are not simply conduits for taking knowledge from the academy and applying it to the field. The process of judgment intervenes between knowledge and application. Human judgment creates bridges between the universal terms of theory and gritty particularities of situated practice (Shulman, 1998, p. 519).

Thus, generalized theoretical frameworks and standardized approaches to problem-solving still require interpretation in the practice situation. Educators still must make judgments to interpret and use knowledge in specific teaching situations.

One of the potential challenges of teaching a curriculum based on standardized competencies is that it is easy to lose sight of students as people. Schiro (2013) contends that when educators perceive their role primarily in terms of transmitting the curriculum and measuring behavioural competencies that it becomes easy to partition the actions of students from the students themselves. Teaching becomes an objective means of shaping human behaviour and the act of learning is separated from the learner. Consider the words of the participant who summarized her experiences as a nursing student. She stated,

> There was no place in it for the student. There was no place for the person who was a person. It was just so focused on deficits and on negativity and on what's wrong. And not about let's make it better, but what's wrong. And it just seemed to me to be very negative – to be very down. And that the joy of being with people, and working with people, and helping people was missed.

Missing from this depiction of teaching is the relational component. In its place is a focus on deficits and negativity – a strategy aimed to eliminate weakness and deficiencies (Schiro, 2013). Thus, it becomes understandable why a participant who articulated her teaching aim as to "put out strong nurses that are ready to work" might tend to struggle to help students to manage their emotions while learning. Her objective is to create workers for the healthcare system. And part of that is to determine which students are fit to practice nursing. As she told one student who was struggling with anxiety in the clinical setting, "I can't do this. I can't keep coaching you, counselling you. It's not my job. My job is to teach you nursing, not to manage. You need to self-manage." She made clear to the student that it was her job to teach nursing and the student's job to self-manage her learning anxiety. From this perspective, the role of preparing nurses for the workforce is separated from the experiences of the learners as people.

Perhaps the most significant finding of this study is that, for a discipline that focuses predominately on the science of teaching, it was the relational aspects of teaching, the art of teaching, whereby many participants experienced most distress. Nursing students have changed. The majority of participants indicated that nursing students are now more difficult to teach. As one participant stated, they are no longer "the eighteen-year-olds who were starry-eyed and lovely – not afraid, but who thought I was God." Another participant shared that students "think they know everything and they won't listen." Numerous participants expressed that students now seemed more anxious. One

participant commented, "You know what's surprising to me is the level of anxiety. I just didn't understand the level of anxiety that students have in class and in clinical." Several participants indicated that students were now more grade focused. One participant stated, "If they don't get the grade they are very angry with you." Many participants spoke of their struggle to engage students when teaching. One participant described using a variety of teaching strategies and learning activities in the classroom and felt that she still was unable to please her students. She concluded, "You can't win for losing." Finally, some participants shared that they found reading student feedback hurtful – with one describing her experience of reading student feedback as "soul-destroying."

Palmer (2007) suggests that fear often pushes educators away from examining themselves as teachers and that it is often easier to hide behind intellectualism and teaching technique than attempt connectedness with our students and goes on to write eloquently about the vulnerability teaching can bring. He states,

> As we try to connect ourselves and our subjects with our students, we make ourselves and our subjects, vulnerable to indifference, judgment, ridicule. To reduce our vulnerability, we disconnect from students, from subjects, and even from ourselves. We build a wall between inner truth and outer performance, and we play-act the teacher's part (Palmer, 2007, p. 18).

Similarly, Brookfield portrays teaching as a human interaction that might not mirror back self-perceptions as an educator. He writes, "Seeing ourselves through students' eyes is one of the most consistently surprising elements in any teacher's career… often, we are profoundly surprised by the diversity of meanings students read into our words" (Brookfield, 1995, p. 34). Teaching can make educators feel vulnerable because teaching is not something that simply resides in the "intellectual mind of a teacher but requires the whole person" (Olsen, 2008, p. 21).

Grimmett and MacKinnon (1992) refer to the educator's *way of being with students* as craft knowledge – the art of teaching. Craft knowledge is unique to the educator and not something that can be taken up by educators as applied science. Rather, craft knowledge is the 'know-how' of teaching that goes *beyond* the established generalized principles and technical skills of teaching (Grimmett & MacKinnon, 1992). While craft knowledge does concern itself with how educators represent subject matter, it also involves "the teachers' tacit instantiations of procedural ways of dealing rigorously and supportively with learners" (Grimmett & MacKinnon, 1992, p. 393). The craft of

teaching draws from the educator's teaching identity created from "prior influences, current relationships, and affective dispositions" (p. 1). Educators learn what they live and teach who they are (Olsen, 2008; Palmer, 2007). Thus, the ways educators live, enact, and embody educational practices as they support students in their learning draws from their own experiences as human beings (Brookfield, 1995; Grimmett & MacKinnon, 1992; Palmer, 2007; Schön, 1987; Weimer, 2013). Consider the participant who described having the best nursing education in the world. She described her educators as "all really kind. That was the thing I think. In a word – really caring." The participant felt supported as she learned.

The ways in which educators identify themselves as teachers matters. The call for teaching reform in nursing education, alongside the inherent changes in nursing students, has created tension in how some participants have reconstructed their teaching identity and role as educators. Reconstructing self-as-teacher draws focus on how educators' identify their ways of being in relation to their experiences of teaching – all of which are shaped by their reflections on experiences as learners, educators, and personal biographies (MacKinnon, 1989; Olsen, 2008). Trigwell (2012) conducted a study that suggested a correlation between the ways educators experienced teaching and approached teaching. Positive emotions were more highly correlated with a learning focus, whereas negative emotions were more strongly correlated with a transmissive approach. Schön (1983) states, "we *name* the things to which we will attend and *frame* the context to which we attend to them" (p. 40). He noted that professionals who defined themselves as expert inquirers and work with clients had a greater sense of freedom to reframe problems as they learn more about a particular situation. Conversely, professionals who defined themselves as expert knowers tended to rely more on their professional persona and client deference to their role when solving problems and became more defensive when challenged. In this study, participants who tended to identify more strongly with the teaching identity of *expert knower* presented as more distressed than participants who modelled more of an *expert inquirer* role with students. Nurse educators can attend to how they frame problems by reflecting on the structure of their inquiry, how they define their role as an educator, and the ways that they choose to present themselves within a particular context. From this vantage point, we can see how the reflective and relational aspects of teaching come to life in the education of nurses, providing an outline for how the science and art of nursing education can be interwoven.

5.2.4. Need for Teaching Education

At the beginning of this thesis, I claimed to be *living the questions* (Palmer & Zajonc, 2010) of this study. Lately, this often translates into the types of conversations I have with some of my colleagues about their experiences of teaching a new concept-based curriculum in nursing education. One of my colleagues who taught in the clinical setting expressed concern that her students were simply reciting concepts from the classroom with little understanding of what those concepts meant. She wondered why her students seemed to be learning on such a superficial level. I shared with her what I had learned about this issue through my review of the higher education research. According to several education researchers on student learning (Entwistle, 2009; Gow & Kember, 1993; Marton & Booth, 1997; Prosser & Trigwell, 1999; Ramsden, 2003) there is a relationship to the quality of student learning and the quality of teaching – approaches to teaching influence the way students approach their learning. Students tend to approach their learning by their perceptions of the educational environment and the requirements that they perceive their educators to make of them (Marton & Booth, 1997; Ramsden, 2003). Educators who teach primarily through transmission discourage students from adopting deep approaches to learning (Gow & Kember, 1993). However, my colleague remained puzzled, as the educators in our program no longer lectured and used active teaching strategies. She wondered how it could be that students could engage in activities in the classroom and still learn on a superficial level.

My colleague is not alone in her perception that learner-centered teaching is directly related to the types of activities educators implement in the classroom. The majority of participants in this study described teaching in ways that suggest they conceive of classroom teaching as primarily covering content and directing activities. Similar to the results of Schaefer and Zygmont (2003) and Greer et al. (2010) the focus of teaching seemed to be centered more on the process of teaching than on the process of student learning. Consider the participants who assigned pre-readings, learning modules, and online PowerPoints prior to class and later questioned and quizzed students in a manner that prompted little more than a direct recitation of what they had read or to assist students in getting "the information they need to get but doing it with a little bit more fun." Similarly, like many nurse educators, consider the participant who implemented a small group presentation assignment in the classroom with a rubric that

primarily focused on the areas of content covered and presentation style of students. I often wonder what nurse educators are actually conveying to students about teaching and learning in such an instance. Could we, as nurse educators, be inadvertently socially reproducing a transmissive conception and approach to teaching and learning? If future nurse educators are learning, in part, about teaching from their experiences of teaching and learning as nursing students, perhaps there needs to be more consideration into how learning activities are designed, evaluated, and rewarded in nursing education.

Few participants had formal teaching education. Most participants described learning to teach on their own. As one participant stated, "I just taught myself, just trial and error. I was a trial and error teacher. I still am a trial and error teacher." While there have been collective efforts in nursing education to improve teaching, the attempt to shift nurse educators away from transmitting content towards more integrated and learning focused paradigms has been challenging and slow (Brown et al., 2009; Colley, 2012; Romyn, 2001; Schaefer & Zygmont, 2003). Further, the creation of nurse educator teaching competencies, development of CASN and NLN nurse educator certificates, encouragement of mentorship, and recommendations for doctoral preparation are not without limitation. Nurse educator certificates may inadvertently focus on the cognitive reproduction of teaching and learning theory. Teaching competencies remain subject to interpretation and not everything about teaching is reducible to a competency. Mentorship has the potential to foster the reproduction of unexamined teaching practices (Grossman, 1990; MacKinnon, 1996). And doctoral preparation is not automatically synonymous with being knowledgeable about teaching and learning (Bullin, 2018). Although nurse educators now implement a greater variety of teaching strategies (Brown et al., 2009), there is still not enough research to indicate how educators understand, implement, and evaluate the effects of such strategies (Breytenbach et al., 2017; Brown et al., 2009). The majority of participants in this study implemented similar types of activities into their teaching, both in the classroom and clinical context, but their teaching aims and focuses while doing so varied greatly.

Directing educators to incorporate new methods and approaches to teaching in the absence of understanding how they conceive of teaching and learning is problematic (Akerlind, 2003, 2008; Entwistle & Walker, 2002; Kember, 1997; Kember & Kwan, 2002; Prosser & Trigwell, 1999; Ramsden, 2003; Samuelowicz & Bain, 2001; Trigwell &

Prosser, 1996; Wideen et al., 1998). For example, Johnson-Crowley (2000) attempted to teach nurses in a graduate program about learner-centered teaching but with limited success. Similar to other studies on LTC in nursing education, (Brown et al., 2009; Ellis, 2016; Schaefer & Zygmont, 2003; Oyelana et al., 2018), she found that while participants were able to articulate new knowledge about teaching, they did not integrate this new knowledge into their teaching practice. Johnson-Crowley concluded that new educators were most likely to teach the same way that they were taught. Her findings coincide with Olsen's (2008) assertion that educators largely create their teaching identities from their previous experiences of teaching and learning. Olsen (2016) further contends that educators tend to trust their own experiences of practice over formalized theory. Similarily, Entwistle and Walker (2002) contend that people typically do not construct abstract conceptions about their experiences from a preexisting system of formally defined concepts, and Marton and Booth (1997) purport that people come to understand the world as they experience it.

Shulman (1986) contends that there is a lot to learn about teaching. He argues that teaching is more than delivering a curriculum, applying instructional skills, and communicating with personal style. Instead, Shulman approaches teacher knowledge more broadly. He argues that teaching requires knowledge of content, general pedagogy, curriculum, learners, educational contexts, pedagogical content knowledge, contexts, and knowledge of educational aims, purposes, and values as situated within each discipline's broader context. In the absence of teacher knowledge, Shulman maintains that educators risk subscribing to a technical rationale approach to teaching that focuses too much on procedural activities such as formulating questions, structuring assignments, planning lessons, and organizing learning activities. However, Shulman also warns educators against implementing a standardized approach to learning about teaching, as such an approach risks creating "an overly technical image of teaching, a scientific enterprise that has lost its soul" (Shulman, 1986, p. 20). Moreover, one of the potential consequences of reducing teaching to a technical rational process is the creation of overly scripted lesson plans and learning activities that inadvertently fosters superficial learning among students. Entwistle (2009) and Ramsden (2003) contend that students are more likely to adopt superficial approaches to learning when educators perceive teaching as the delivery of content through the implementation of correct

teaching strategies and incorporate assessments that reward knowledge recitation and retention.

It is no longer adequate to assume that being a nurse automatically qualifies one to teach nursing. Nor is it sufficient to assume that nurse educators will automatically know how to transform their teaching practice because they have attended nurse education workshops and conferences or read something about teaching and learning in the nursing education literature and research. Finally, it is no longer a question that nurse educators need to learn more about teaching and learning – as several studies in nursing education indicate that they do (Benner et al., 2010; Brown et al., 2009; Ellis, 2016; Greer et al., 2010; Oyelana et al., 2018; Schaefer & Zygmont, 2003). Perhaps nurse scholars need to explore in more depth the ways that nurses educators are taught to teach and the effectiveness of such approaches in fostering qualitative changes in teaching.

Akerlind (2004) maintains that one of the most effective approaches to teaching development is to focus on educators' conceptual understanding of the nature of teaching and learning within the larger context of *being a teacher*. She explains that the problem with the more traditional focus of developing educators' instructional skills is that it places greater emphasis on what the educators are doing in any teaching-learning situation as opposed to what is happening with the students they are teaching. In other words, the educators' awareness of teaching takes for granted the role of the student in an unproblematized way – the educator fails to fully consider students' perspectives about their learning. Rather, Akerlind advocates for an expanded perspective on teaching that increases the complexity of the focus on students. She states,

> For instance, a shift from a focus on the need to engage students in an active way in their learning to also being actively aware that this may not be enough to ensure the desired learning outcomes and that students may perceive opportunities for active learning differently (Akerlind, 2004, p. 643).

Akerlind (2004) posits that it may not be enough for educators to engage students in an active way without an expanded awareness of how students are constructing an understanding of what they are learning and their experiences of learning. Thus, it may not be enough for nurse educators to conceive of teaching as engaging students in activities; as it is possible to use activities as another means of delivering content, rather

than as a medium to create generative dialogue and assess how students are constructing an understanding of their learning.

MacKinnon (1996) explores how teaching might be learned as a form of apprenticeship-learning through joint work with more seasoned teacher educators. He contends that the learning of teaching must extend beyond a cognitive technical rational approach that views learning as a static collection of knowledge that is separate from everyday practices. Rather, MacKinnon advocates for a socioculturally situated process of learning. In this context, apprenticeship-learning becomes a means of learning within a community of practice – with the teaching of practice occurring inside the specific situations of practice (Lave & Wenger, 1991). MacKinnon (1996) maintains that such an approach to learning about teaching extends beyond a mechanistic and rational view of knowledge and incorporates the bodily enactment of practical thought into the development of a teaching manner – "elements of teaching behaviour that are sometimes passed from one teacher to another" (p. 655). Thus, educators through teaching at the side of others may assimilate certain teaching behaviours and characteristics. While it is up to every educator to develop their own craft knowledge, it may be *learning to teach at the elbows* with other educators that is the most influential, yet largely unformulated, part of that process (MacKinnon, 1996). However, MacKinnon also stresses that this also needs to include intentional reflection on teaching practice – as "apprenticeship without critical reflection will do nothing more than to propagate current practices" (MacKinnon, 1996, p. 659).

The way educators reflect on teaching matters. We cannot know how students perceive and experience the effects of our teaching without ongoing inquiry (Brookfield, 1995). MacKinnon (1989) offers three broad organization frames for reflection: (1) reflection as mediating action, (2) reflection as deliberating among competing views of teaching, and (3) reflection as reconstructing experience. Teaching that is framed as *mediating action* tends to place reflective focus on the types of instructional strategies used and the extent to which students completed their activities and assignments as structured. Successful teaching is determined in accordance with the degree educators follow mandated practice. Much of the literature focused on nursing education reform centers on redesigning the structure and content of nursing curricula and promoting the use of active teaching strategies (Benner et al., 2010; Candela et al., 2006; Forbes & Hickey, 2009; Giddens, Keller, & Liesveld, 2015; Tanner, 2010). Teaching reflection as

deliberating between competing views of teaching focuses on variances within conceptual orientations of teaching e.g. teacher-centered versus learner-centered teaching. One participant presented this type of reflection when she stated, "The other faculty person sees me as someone who fills the vessel as opposed to expanding the mind. I'm there and I dump the information in and they don't believe to do that." Although this level of reflection is useful for expanding conceptual awareness of teaching and how such conceptions might manifest themselves in practice (Akerlind, 2004, 2008; Calkins et al., 2012; Gonzalez, 2011; Pratt, 1992; Prosser et al., 1994; Trigwell & Prosser, 1996; Van Driel et al., 1997; Virtanen & Lindblom-Ylanne, 2010), it is limited in how it portrays the relational aspects of teaching. *Reflection as reconstructing experience* requires a level of reflection that has educators reconstruct their teaching situations, our role as educators, and revisits taken-for-granted assumptions about teaching. Without such reflection, it is possible to teach in a way that is oblivious to the experiences of our students. As one participant illuminated, "You actually can teach a course in a way that you can remain oblivious to the learning experience. And I think by having large classrooms and poor relationships with students that can continue." In turn, the participant finds herself repeatedly asking, "Is this really the best way to do this? Does my teaching create learning?"

Does my teaching create learning? The participant's question resonated deeply with me, as I think that is the question I have always wondered most about as nurse educator. I care about the quality of my students' learning. I care about connecting with them as people and the types of nurses they become. I often wonder, am I teaching in a way that helps nursing students learn deeply or am I superficially going through the motions of covering course content and ticking off clinical competency indicators? Benner et al. (2010) expressed concern about the quality of teaching and student learning in nursing education and its capacity to prepare students to enter a complex practice and meet the needs of a transforming profession. The researchers argued that "simply requiring more education will not be sufficient; the quality of nursing education must be uniformly higher" (Benner et al., 2010, p. 4). In turn, they created three beautiful paradigm cases of excellent teaching for nurse educators to emulate – filled with active teaching strategies and better ways to ask questions. However, these examples of ideal teaching practice still remain outside of each nurse educator's own experiences of being a learner and teacher. Perhaps there is something more to teaching than mediating action and contrasting competing views of teaching (MacKinnon, 1989). If nurse

educators want nursing students to embrace learning at a deeper level, then perhaps it begins with how we reflect on our roles as *nurses* and *teachers* and reconstruct our teaching and learning situations with students. Olsen (2008, 2016) contends that teacher identity is derived, in part, by an educator's personal history. There is something about teaching that strikes to the core of an educator's being – an intersection of connectedness between ourselves, what we teach, and our students (Palmer, 2007). Thus, educators bring something of themselves into their teaching (Brookfield, 1995; Grimmett & MacKinnon, 1992; Olsen, 2008, 2016; Palmer, 2007). Likewise, MacKinnon writes,

> There is something about human character and spirit that lies at the *heart of learning,* an emotive aspect of human nature and development that brings one to *put one's heart into something*, or to *have one's heart set on something*. The *heart* (core, center) of the matter is the *heart* (passion) of learning, that is, the emotive qualities associated with intrinsic motivation that make us *who we are* (MacKinnon, 2013, p. 16).

The majority of participants I interviewed did not seem to struggle with the technical and scientific aspects of teaching inasmuch as they were concerned about the relational aspects of teaching. How were they to connect with the hearts of learners within a larger teaching context that is designed to have nurse educators deliver a competency-based curriculum that remains overburdened with content? Is there room in nursing education for nurse educators to expand their conceptual awareness and understanding of teaching and learning beyond seeking out more innovative methods of content delivery towards fostering deeper understandings and more generative dialogues with students about their learning? The way that nurse educators conceive of teaching matters, as it is the lens that educators use to ascertain their teaching aims, how something is to be taught and evaluated, their teaching role, their understanding of students, and how they evaluate the effects of their teaching on student learning.

5.3. Recommendations

Drawing from the analytical insights presented in this study, I offer four recommendations to further support and develop the teaching practice of BSN nurse educators. These recommendations include (1) take teaching and learning seriously, (2) develop a research program in nursing education, (3) create a nurse educator graduate program, and (4) strengthen the BSN program leadership in teaching and learning.

5.3.1. Take Teaching and Learning Seriously

The participants of this study cared enough about teaching in nursing education to explore with me some of their experiences teaching in a BSN program. They were willing to reflect about their teaching practice in a way that suggested they took teaching seriously. Shulman (2010) ponders what does it mean to take something seriously? He posits that if educators profess to take teaching and learning seriously, then it means they take on the interests of nurturing the knowledge, understanding, and development of learners in a skilled and responsible manner and commit ourselves professionally to the scholarship of teaching and learning (SoTL). He defines scholarship as acts of teaching and learning that educators analyze and document, make public, susceptible to critique, and available for others to build upon. The SoTL is a means for educators to reflect together about their teaching practice. Shulman maintains that educators can no longer consume and treat all acts of scholarship indiscriminately without critique and to realize that scholars of SoTL are engaged in a work that cannot be accomplished alone. He elucidates, “Since we can’t do it alone, we depend on the scholarship of others as the building blocks for our own scholarship” (Shulman, 2010, p. 5). Shulman encourages educators, individually and collectively, to develop the SoTL in their respective disciplines – as “teaching can never be properly treated as something anyone does merely ‘on the side’” (Shulman, 2011, p. 6).

The Canadian Association of Schools of Nursing (CASN) encourages education, research, and scholarship in baccalaureate and graduate nursing programs in Canada. Though not mandatory, CASN (2019) offers a means for BSN nursing programs across to take teaching and learning seriously by offering a program of accreditation that focuses on strengthening the quality of curricular development in nursing education. The CASN also offers nurse educator research retreats, certification programs, continuing education courses, webinars, and interest groups in particular areas of nursing. Although nursing does have a few journals dedicated to SoTL, the addition of a research commons for *nursing education* that is accessible online may also be of benefit to nurse educators, as a way of systematically tracking the progression of seminal thought and research of teaching and learning in nursing education.

5.3.2. Research Program in Nursing Education

Much of the literature in nursing education presently focuses on curriculum reorganization and the implementation of active teaching strategies (Baron, 2017; Benner et al., 2010; Breytenbach et al., 2017; Brown et al., 2009; Giddens & Brady, 2007; Giddens, Caputi, & Rodgers, 2015; Tanner, 2007, 2010). Although I applaud the efforts to develop the science of teaching in nursing education, there is room for expansion in our discipline's research focuses on teaching and learning. My experience conducting this study has led me to believe that remains significant curricular issues in nursing education. I am not convinced that many of the recent innovative approaches to reorganizing curricular content and program delivery currently advocated in the nursing education literature have enough research evidence to widely proclaim their effectiveness at improving the quality of teaching and learning in BSN programs. It may be beneficial to develop a wide-scale research study in Canada that explores the experiences and outcomes of BSN programs who have recently implemented or attempted significant changes to their program based on the current teaching recommendations in the nursing education literature. I also recommend research efforts directed towards ascertaining the effects of the existing nurse educator teacher education courses, certifications, and programs on the quality of teaching in nursing education and a stronger research focus on the teaching development of nurse educators. Additionally, I encourage more research that focuses on nursing students' perceptions of their learning – studies that extends beyond identifying the characteristics of effective educators towards exploring more how students perceive the depth and quality of their learning experiences. Likewise, based on the findings presented in this study, I recommend more research that focuses on expanding the conceptual awareness and art of teaching in nursing education.

Finally, although I am aware that BSN nursing programs regularly engage with their key partners and stakeholders, I suspect a disconnection between interested parties about the current trajectory of BSN nursing education. Differing parties likely conceive of what is needed through different lenses – e.g. professional identity, political and economic stipulations, innovative and technological advancements, health authority requirements, educational institution planning, and the diverse healthcare needs of society. In turn, BSN nurse educators frequently hear that they must educate more nurses, with an expanded scope of practice, often in less time, and that nursing

graduates must be properly prepared for the current and future needs of healthcare. However, I sometimes wonder how much of this dialogue has been filtered through a deep understanding of the nature of teaching and learning in nursing education. Therefore, in an effort to address some of the more contextual issues of teaching in nursing education, I suggest the initiation of a provincial think tank with professional nursing bodies, BSN nursing programs, health authorities, leaders of educational institutes, and other interested parties for an expanded dialogue and in-depth assessment about the current direction of nursing education in British Columbia. I also suggest a provincial study with multiple BSN programs and health authorities on the transition of new graduates into their nursing roles.

5.3.3. Nurse Educator Graduate Program

There is documented evidence of curricular overload and a shortage of nurse educators who are adequately prepared to teach in nursing education (Benner et al., 2010). Consequently, Benner et al. (2010) expressed concern that the intense focus to correct the structural inadequacies of nursing education might inadvertently divert focus away from revitalizing the quality of teaching and learning in nursing education and efforts to better prepare the next generation of nurse educators. Although there has been an abundance of literature written about the positive effects of mentorship in nursing education programs, this effort may be stymied in improving the quality of teaching and learning of nursing education by its potential to unconsciously perpetuate taken-for-granted assumptions about teaching and learning. There may also not be enough seasoned faculty to mentor a large influx of novice nurse educators in nursing programs – something that may be further compounded by heavy workloads in nursing programs. The nurse educator webinars, courses, and certificates that CASN (2019) offers are a step in the right direction in taking teaching and learning in nursing education seriously, but I am not convinced that they go far enough. For example, in looking at the design of CASN's nurse educator certification program, it consists of three eight-week modules: Teaching-Learning Philosophies and Theories; Curriculum and Design, and Teaching-Learning Strategies, and a Canadian Certified Nurse Educator (CCNE) exam. The course requirements include live module webinars, module discussion forums, submission of an electronic portfolio, and successful completion of the CCNE exam. While the requirements of this certification may provide nurse

educators with theoretical knowledge about teaching and learning and encourage reflection on their teaching practice, it still may be too decontextualized from nurse educators' experiences of teaching. Similar to nursing, nurse educators learn to teach nursing more effectively through the professional apprenticeship style of teaching that Shulman (1998, 2005) and Benner et al. (2010) proposed for professional learning.

Perhaps nursing education could benefit from developing a graduate-level program designed at the Master's level for nurses who intend to pursue nursing education as a career choice. This is similar to the idea of nurse practitioner programs that require nurses to take master's level education to advance as a mid-level practitioner in nursing – nurses who are additionally trained to diagnose illness and disease, interpret diagnostic and laboratory tests, prescribe medications, and formulate treatment plans. All BSN nurse educators are presently required to obtain, at a minimum, master's level education in nursing or related disciplines to teach. It is not uncommon in Vancouver for nurse educators who teach in colleges and polytechnic institutes to acquire this education after they have been hired as nurses to teach in BSN programs. Similar to MacKinnon's (1996) conception of novice teachers *learning to teach at the elbows* with more seasoned educators, a master's of nursing education program could be developed with practicum experiences designed around the classroom and clinical courses that nurse educators are already teaching in their BSN programs. Perhaps this program could be created as a joint partnership between the Canadian Association for Schools of Nursing and the Nursing and Education departments at a university in the province. Such a program could potentially alleviate some of the weight that BSN programs sometimes encounter in preparing nurse educators to teach.

5.3.4. Leadership in Teaching and Learning

The act of teaching can quickly become a soulless enterprise when conceived primarily through the lens of market consumerism, social efficiency, and human productivity (Schiro, 2013). It is not that education should not be used as a means to build capacity in serving society e.g. nursing and the provision of patient care, but I often wonder what happens when educators begin to primarily conceive of teaching as an objective means to achieve a functional end, rather than as a means to educate people in expanding their ways of being and contributing something more to society. I also wonder how leaders in nursing education might build a deeper capacity for teaching and

learning development in BSN programs without fostering a culture of compliance and conformity that can inadvertently stem from the enforcement of standardized teaching practice. Shulman (1986) encourages educators to aim for teaching standards without standardizing teaching. Drawing from the work of Fenstermacher (1978, 1986), Shulman (1987) argues that the goal of teacher education "is not to indoctrinate or train teachers to behave in prescribed ways, but to educate teachers to reason soundly about their teaching as well as to perform skillfully" (p. 13). When programming administrators and policy communities are not themselves grounded in a deep knowledge of teaching and learning, it becomes tempting to uncritically consume research on teaching and learning for policy creation in a way that trivializes the complexities of teaching (Shulman, 1987). Perhaps administers of BSN nursing education programs might take measures to ensure that they are not only grounded in nursing but also, possess a deep understanding of teaching and learning within the context of their nursing education programs. Finally, leaders in nursing education may encourage a greater capacity for enhancing quality teaching and learning in their programs by assessing more adequately their decisions in hiring and promotion, considering ways of improving faculty retention, managing workload barriers, recognizing and rewarding educators who make substantial efforts to improve teaching, strengthening available resources for teaching development, and encouraging the SoTL among faculty in their program.

5.4. Researcher Reflections

I often reflect back to the participant who said to a student "Do not give me back the textbook. Give me your words." Those words burned in my mind. And so, in this section I make no reference to the extant literature on teaching and learning and *I give you my words*. I give you my words by sharing some of the lessons I have learned while conducting this study. Specifically, I share my experiences of (1) expanding awareness, (2) uncertainty and vulnerability, (3) reframing identity, and (4) moving forward.

5.4.1. Expanding Awareness

The experience of observing a family member receive nursing care caused me to pause and question my role as a nurse educator. The family member receiving care was also a nurse – we had gone to nursing school together and frequently discussed our

experiences of nursing practice. During the course of her illness and treatment, I concluded there needed to be some reconsideration about how nurses were educated today. It was at this point I began to reflect on how I taught nursing. Once I entered the EdD program at SFU, it became apparent to me how little I really understood about teaching and learning. My *growing awareness of what I did not know* ignited my interest in teaching. Never before had I reflected so much about teaching and learning. The experience of being a student in an education program while concurrently teaching in a nursing program heightened my awareness about the way I taught students. I often found myself reflecting on my experiences as a learner while simultaneously thinking about the learning experiences of my own students. Further, my own BSN program was – in the midst of creating a new curriculum at the time of this study and I found myself continuously questioning the premises about teaching and learning underpinning its design. In the end, it was interviewing participants about their teaching experiences, conducting a research study within an academic community that persistently challenged my thinking, continuously consulting the teaching literature in curriculum studies, higher education, and nursing education, and the ongoing teaching and learning dialogue with my nurse educator colleagues and EdD community that intensified the depth of my reflection about teaching.

5.4.2. Uncertainty and Vulnerability

Transitioning from an expert to novice role was not easy for me. I use the term *expert* loosely here, as I sometimes find myself questioning what that word really means. However, it suffices to say that I transitioned from the role of knowing what I taught as a nurse educator into the role of not always understanding what I was learning as an education student. I had forgotten how confusing and overwhelming learning could be at times, and I did not like the feeling of uncertainty and vulnerability it evoked. Like many students, the learning stakes were high for me. I was investing a lot of time and energy in learning something that was of importance and consequence to me. I was doing my best to balance my schoolwork with other life responsibilities, such as work and family. And I was fearful of not knowing, not learning, and not performing to the expectations of my academic community. It was during this time I realized the extent to which I had acquired a perfectionist mindset about learning during nursing school. I had internalized that it was my responsibility to learn knowledge perfectly before applying it to practice. I

have since had the opportunity to acknowledge, revisit, and reshape that belief. Learning is seldom a tidy progression of linear understanding. I now conceive of learning as an ongoing iterative process of reflection and practice – a process of coming to know that is often fraught with uncertainty, mystery, and messiness. Consequently, I have become more compassionate with my students as they learn. Becoming a student again has better enabled me to imagine learning through the eyes of my students.

5.4.3. Reframing Teacher Identity

The experience of returning to school has changed me. I now conceive of my role as an educator differently. The process of conducting a research study about BSN nurse educator conceptions of teaching forced me to reflect on some of my own assumptions about teaching and learning. I am embarrassed to admit that there was a time when I believed that learning was separate from identity. I suspect this belief stemmed from my epistemological perspective that students learned objective knowledge outside of themselves. I likely learned this, in part, from my ongoing participation in a health science community that highly values objectivity. Nursing students are to focus on how to apply generalized scientific knowledge to specific nursing care situations. As a nurse educator, I learned that students are to focus on their patients, not themselves. I somehow equated objectivity with strength and subjectivity with vulnerability. I assumed that if students subscribed to the notion of objectivity as they were learning, they could successfully distance themselves from any negative emotions that might impede their learning. I now realize how fragmented and dualistic my thinking was and the impossibility of separating the act of learning from the learner. Students are learning new ways of being in relation to whatever it is they are learning. I now believe learners bring their identity – *the ways they perceive themselves and their habitual ways of being* – into every learning situation they encounter. The act of learning changes how people come to know and relate to their experiences in the world. This epiphany has changed how I approach my students. I now explore directly into my students' perceptions of their learning – especially when I perceive they are anxious. I no longer conceive of learning as an objective act that is separate from the learner's identity. This, in turn, has made me more mindful about how I relate to my students as they learn. Students learn what they live in the process of learning. Therefore, I now contend that educators have a responsibility to be aware of their power to influence

student identity in relation to whatever they teach. Educators do not just teach subject matter and practice technique – they also teach who they are as people and how students come to know themselves as people.

5.4.4. Moving Forward

I perceive this study as another gateway into establishing new beginnings in nursing education. As a researcher and educator, I am acutely aware that I still have much to learn about conducting research and how challenging it is to address some of the persistent issues that seem perennial to teaching and learning. At best, this research study may expand the dialogue about teaching in nursing education by reframing issues and pointing towards an alternative approach to developing nurse educators. However, it still does not provide solutions to the broader societal and structural issues in nursing education that influence the way nurse educators teach. What this study brings to the table is an informed view of what it means to teach, what it means to teach nurses, and what it means to study nursing education. This is the conceptual basis on which we might productively think about reform in the BSN programs of British Columbia. What I have learned from conducting this study is only the tip of the iceberg addressing some of the deeper issues in nursing education. I am keen to share this research with others in nursing and higher education through journal publications, workshops, and conferences. I am especially interested in working alongside other educational researchers and program developers in conducting research and establishing programs that contribute to the enhancement of the quality of teaching and learning in higher and nursing education.

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