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Enacting Narrative Pedagogy: The Lived Experience of Prelicensure Baccalaureate Nursing Faculty

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ENACTING NARRATIVE PEDAGOGY: THE LIVED EXPERIENCE OF
PRELICENSURE BACCALAUREATE NURSING FACULTY

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy in Nursing Education

Nova Southeastern University

Suzanne Wurster
2020

**NOVA SOUTHEASTERN UNIVERSITY
HEALTH PROFESSIONS DIVISION
COLLEGE OF NURSING**

This dissertation, written by Suzanne Wurster under direction of her Dissertation Committee, and approved by all of its members, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY IN NURSING EDUCATION

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Abstract

Background. Prelicensure baccalaureate nursing faculty manage up to five generations in the classroom. Each generation has its own unique educational needs and learning styles, which present pedagogical challenges for nursing faculty. Students need to be prepared to provide care for complex patients in a changing healthcare environment. Research-based pedagogies, such as narrative pedagogy, enable faculty to use teaching and learning approaches in which students can translate knowledge acquired in the classroom to their clinical practice.

Purpose. The purpose of this study was to understand the lived experience of prelicensure nursing faculty as they implemented narrative pedagogy in the classroom or clinical settings. The research question was *What are the lived experiences of prelicensure nursing faculty using narrative pedagogy in the classroom and clinical settings?*

Methods. Qualitative descriptive phenomenology was used for this study; constructivism provided the philosophical underpinning. Eleven participants from three universities comprised the purposive sample of prelicensure nursing faculty who had varying degrees of experience implementing narrative pedagogy and agreed to individual semistructured interviews. Data analysis with qualitative methods revealed five themes: (a) Exploring Narrative Pedagogy, (b) Experience Using Narrative Pedagogy, (c) Student Experience, (d) Faculty and Administrative Dialogue, and (e) Critical Thinking.

Conclusions. The findings indicated that all participants and their students experienced narrative pedagogy as beneficial to teaching and learning. Nursing faculty can confidently implement narrative pedagogy in prelicensure nursing education. Narrative

pedagogy provides a robust method of teaching that fully prepares students for the complexities of today's nursing practice.

Chapter One

Problem and Domain of Inquiry

Today in nursing education, faculty are faced with an increasing generationally diverse student population. Students in today's nursing programs are characteristically different than students from previous generations (Johanson, 2012), and this diverse student population has different learning styles and educational needs. Faculty must manage significant generational challenges on college campuses (Hannay & Fretwell, 2011) with most often five generations represented in college classrooms. These generations include veterans, Baby Boomers, Generation X, the Millennial generation (Toothaker & Taliaferro, 2017) and Generation Z.

According to Toothaker and Taliaferro (2017), Millennial students are different from those in previous generations because their learning takes place through the use of nontraditional pedagogies. The newest generation of learners, who are beginning to enter universities, are those in Generation Z. This generation learns best by observation and experiential practice (Shatto & Erwin, 2017). Millennial and Generation Z students do not learn well with the use of conventional lecture-style format; therefore, faculty need to use research-based pedagogies (Shatto & Erwin, 2017).

In order to meet the needs of all students, nursing faculty need to incorporate innovative teaching and learning approaches into both the classroom and clinical settings (Candela, Dalley, & Benzel-Lindley, 2006). Faculty may be reluctant to implement active teaching and learning approaches because prelicensure nursing education requires

high-stakes testing. Upon graduation, students must take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and successfully pass in order to practice as registered nurses. Nursing schools are accredited by nursing accrediting bodies in order to maintain accreditation and must uphold a pass rate of first-time examinees of 80% or greater (Accreditation Commission for Education in Nursing, 2017; Commission on Collegiate Nursing Education, 2018; Department of State, 2017; NLN Commission for Nursing Education Accreditation, 2016).

A basic component of pedagogical practices lies in the faculty's ability to understand a variety of learning styles and learning preferences among nursing students (Toothaker & Taliaferro, 2017). However, without teaching strategies that are research-based, faculty tend to rely on conventional pedagogies (Ironside, 2014). This reliance means that faculty continue to be committed to teaching conventionally as they were taught (Ironside, 2014). Brown, Kirkpatrick, Mangum, and Avery (2008) stated that conventional pedagogies do not satisfy the needs of today's learners and do not meet the needs of nursing education innovation.

Nursing education is based on theoretical knowledge which will guide and direct the future practice of students. In the clinical environment, students apply and integrate the information that they learned in school to the care that they provide to actual patients. The problem with conventional pedagogy is that students do not develop the critical thinking skills which are essential for contemporary nursing practice (Diekelmann, 2003a; Dyson, 2018). Students are treated as spectators, and the teacher's knowledge is considered superior to the student's knowledge and experience.

Nursing students need to be prepared to meet the challenges that they will experience in nursing practice; they need to be able to integrate the knowledge and skills that they learned in the classroom to the real-life healthcare environment (Allan & Smith, 2010; Diekelmann, 2004a). According to the Institute of Medicine (IOM, 2011), nursing education must evolve to prepare nurses to be able to deal with the realities of healthcare in the 21st century. When faculty create a dynamic learning environment, students will become more effective learners and, therefore, more effective practitioners (Shatto & Erwin, 2017).

Research-based pedagogies, such as narrative pedagogy, allows faculty to provide a learning environment where students can apply the knowledge they have learned in the classroom to the clinical area (Allan & Smith, 2010). Narrative pedagogy helps students to develop skills of judgment, which are necessary for complex healthcare situations (Diekelmann, 2004b; Vandermause & Townsend, 2010). The *NLN Research Priorities in Nursing Education* recommends that research outcomes should be transformed into evidence-informed educational practices (NLN Commission for Nursing Education Accreditation, 2016).

Problem Statement

Several researchers have called for transformation of nursing education (Brykczynski, 2012; Ironside, 2014). However, nursing faculty tend to use conventional pedagogy. This approach does not permit faculty to apply the new knowledge that is generated from research and advancing technology. Students are then at a disadvantage when entering the healthcare field (Brykczynski, 2012). Conventional pedagogy has been created with the assumption that learning is rational and orderly and proceeds in a

sequential process (Dyson, 2018). The classroom is teacher-centered with their knowledge honored and considered greater than students' knowledge and experience (Dyson, 2018).

Purpose of the Study

The purpose of this research study was to understand the experiences of prelicensure nursing faculty as they implement narrative pedagogy in the classroom or clinical setting. The pedagogical practices that faculty implement can greatly impact students' ability to apply nursing knowledge to the care of their patients. The findings of this study provide nursing faculty with knowledge of how to implement the research-based pedagogy, such as narrative pedagogy, in their classrooms or clinical settings, and to explore the outcomes of the implementation.

Research Question

The research question was *What are the lived experiences of prelicensure nursing faculty using narrative pedagogy in the classroom and clinical settings?*

Significance of the Study

Narrative pedagogy allows faculty to use student experiences as a basis for learning. This pedagogy also allows students to explore different perspectives. It is not a replacement for conventional pedagogies, but rather it is a valuable tool that can be used in combination with other pedagogical practices (Diekelmann, 2003b; Walsh, 2011). This study can impact nursing education, nursing practice, and nursing research by illuminating nursing faculty's experiences in implementing narrative pedagogy in their classrooms and clinical settings.

Nursing Education

Nursing faculty are faced with an insufficient research base of teaching strategies, which leaves them with the continued commitment of teaching as they were taught (Ironsides, 2014). They must contemplate the effectiveness of how educational interventions will improve learning and how the interventions will ultimately improve patient care. Due to the ongoing changes in healthcare, faculty need to provide the necessary tools for students to make thorough clinical judgments (Herron, Sudia, Kimble, & Davis, 2016). Faculty's implementation of narrative pedagogy will promote transformation of knowledge that has been learned (Senior & Telford, 2015).

Narrative pedagogy is focused on interpreting experiences and exploring the shared meanings of real-world experiences from a variety of perspectives (Diekelmann, 2001). This pedagogical practice can be used for both teaching and learning. Narrative pedagogy assists faculty in preparing nursing students to be able to think through changing situations; to listen, interpret, and respond to multiple perspectives; and to collaborate with others to ensure patient-centered care and safety (Ironsides, 2006). These skills are essential for students to develop reflective and effective practice (Corbally & Grant, 2016; Diekelmann, 1990; Diekelmann & Diekelmann, 2009).

Nursing Practice

It is well known that critical thinking is essential to nursing practice, especially with today's increasingly complex patient care (Ironsides, 2006). Pedagogies are means by which faculty approach teaching and learning. Narrative pedagogy helps students develop reflective skills for clinical practice, which is essential to nursing practice (Brown et al., 2008). With the focus on thinking, narrative pedagogy shows students how thinking is

required for knowledge and application of theory into practice (Ironside, 2003b). When faculty use narrative pedagogy, students develop reflective practice skills, which assist them to think about their experiences from multiple perspectives, reflect on experiences, question their typical or inherited ways of listening and responding to patient situations they encounter, and think in innovative ways (Ironside & Hayden-Miles, 2017).

Nursing Research

This study contributes to nursing research to add to the limited evidence that exists for faculty implementation of narrative pedagogy in today's classes. Without research-based studies, nursing faculty are hesitant to implement narrative pedagogy in didactic classes (Ironside, 2003a). This study supports nursing faculty in meeting the challenges of improving the learning environments (Andrews et al., 2001).

Philosophical Underpinning

The philosophical underpinning for this study is constructivism, which originated with Berger and Luckmann (1967). The major elements of constructivism include understanding, multiple participant meanings, social and historical construction, and theory generation (Creswell, 2014). Constructivists desire to understand the meaning of the world in which individuals live and work (Creswell, 2014). Constructivism holds that, rather than passively absorbing knowledge, individuals are substantially involved in the attainment of knowledge and the formation of the cognitive operations and strategies they use every day (Damico et al., 2015).

According to Hall, Griffiths, and McKenna (2013), individuals do not discover knowledge, but rather they make or construct the knowledge. Constructivism correlates to narrative pedagogy because the pedagogy emphasizes the prior experiences and skills

created by students (Swenson & Sims, 2000). Educators who implement narrative pedagogy create an environment that involves discussions or interactions with other individuals. Narrative pedagogy uses similar adult learning principles as constructivism, including experiential learning, reflective practice, and situated learning (Merriam, Caffarella, & Baumgartner, 2007).

Research Tradition

This research study used a qualitative approach based on narrative interviews with the philosophical orientation of phenomenology. Descriptive phenomenology is a type of qualitative research through which researchers strives to describe human experience (Polit & Beck, 2012). The goal of descriptive phenomenology is to explore, analyze, and describe a phenomenon (McConnell-Henry, Chapman, & Francis, 2009; Streubert & Carpenter, 2011; Van der Zalm & Bergum, 2000).

Descriptive phenomenology involves four steps: bracketing, intuiting, analyzing, and describing (Polit & Beck, 2012). Polit and Beck (2012) described bracketing as a process of researchers identifying and recognizing any preconceived beliefs and opinions about the research study. Bracketing may be difficult to achieve completely, but researchers should strive to separate any presuppositions in order to confront the data in its purest form. Qualitative researchers also use reflexivity to guard against any personal bias in making judgments. Polit and Beck (2012) defined reflexivity as a process of critically reflecting on oneself and of examining and documenting personal values which can affect data collection and interpretation.

Intuiting takes place when researchers are open to meanings that the participants associate with the phenomenon. The analysis phase includes researchers extracting

noteworthy statements, categorizing, and making sense of the critical meanings of the phenomenon. During the describing phase, researchers seek to understand and define the phenomenon.

For this study, in-depth personal interviews were conducted with the participants either face-to-face or through online technology. During the interviews, the researcher took observational notes and audio recorded the entire interviews using open-ended, iterative questioning. After the data were analyzed, a member checks (Creswell, 2014) were completed with a select group of participants who verified that the information collected and interpreted was accurate.

Through this descriptive phenomenological study, the researcher determined the facilitators and barriers that prelicensure nursing faculty experience in using narrative pedagogy in the classroom and clinical settings. The researcher prompted the participants to self-reflect and discuss their teaching experiences with narrative pedagogy. This study was conducted at three universities with participants who were faculty employed in prelicensure baccalaureate programs, who were nurses, and who taught in either the classroom or clinical setting or both.

There is a direct relationship in descriptive phenomenology on the research method and the participants' views instead of restricted meanings (Creswell, 2014). The interactions between the participants and the researcher involve a social interaction in which data are collected (Creswell, 2014). The researcher interpreted and made sense of the meanings that the participants expressed about their worlds. Open-ended questions were used during the interview to allow the participants to share their views of their experiences with narrative pedagogy.

Theoretical Framework

The theoretical framework for this study was that of narrative pedagogy. Narrative pedagogy is focused on interpreting experiences and exploring the shared meanings of real-world experiences from a variety of perspectives (Diekelmann, 2001). Diekelmann (2001) introduced narrative pedagogy after a 12-year study. This concept originates from researchers' use of interpretive phenomenology to hermeneutically analyze students', teachers', and clinicians' lived experiences in nursing education. Narrative pedagogy is not simply about storytelling but is rather an approach for teaching and learning. With the teachers' use of narrative pedagogy, students begin to explore, deconstruct, examine, and critique their experiences.

Definition of Terms

The following terms were used throughout the study and include the definitions that follow to clarify the constructs.

Concernful Practices. The concept of Concernful Practices was originally derived from shared experiences of students, teachers, and clinicians (Diekelmann, 2001). Nursing faculty and students share experiences in nursing education, meaning that students show faculty how interested they are in a class by participating. Thus, the focus shifts from exclusive teaching to learning (Ironside, 2015). When narrative pedagogy is implemented, faculty need to focus on the transformation that is occurring with the students (Ironside, 2015). The Concernful Practices were redefined by Diekelmann and Diekelmann (2009) as nursing practice evolved, in which a shift took place from the content or skills being learned to how the educators and students understand the situations that they encounter. Ironside (2015) observed that the shift in language is significant because language shapes

thinking. The experiences that are cocreated by nursing educators and students matter as much as what the educators teach (Ironsides, 2015).

Critical thinking. Nurses need to use multiple ways of thinking in their nursing practice; these ways include critical thinking and clinical reasoning. Students need to learn which patient situations require the use of critical thinking and which ones require clinical reasoning (Benner, Sutphen, Leonard, & Day, 2010). According to Billings and Halstead (2012), critical thinking is a complex process and not the only way of thinking for a nurse. Critical thinking often includes problem solving and clinical decision making. Nurses need to develop a high level of critical thinking skills to be able to respond to the needs of each patient. The students move from context-bound concrete knowledge to higher forms of knowing and thinking, such as formal, operational, and more abstract thinking (Benner et al., 2010).

Clinical reasoning. Benner et al. (2010) defined clinical reasoning as the ability for nurses to reason during patient situations that are constantly changing. Nurses must take into account the context and concerns of the patient and family and patient trends and trajectories in order to provide the highest level of nursing care possible. For nurses to be able think quickly and implement therapeutic interventions, good clinical reasoning skills are essential. When nurses use clinical reasoning, they are capturing patient trends and trajectories. During these times, a nurse typically asks the what-if questions about the patient. According to Benner et al. (2010), in patient care situations, nursing students are aware of the need to think actively about and use their knowledge.

Conventional pedagogy. Conventional pedagogy can be focused on outcomes or competency-based education, such as communicating content and skills to the learner (Diekelmann, 2001; Ironside, 2001, 2014). Dyson (2018) described conventional pedagogy as follows: teaching is telling, knowledge is facts, and learning is recall.

Nursing student. A nursing student is an individual who is currently participating in a nursing program. For this dissertation, the nursing students were enrolled as prelicensure nursing majors (registered nurse [RN] baccalaureate program; American Association of Colleges of Nursing, 2008).

Nursing faculty. Nursing faculty are individuals who are licensed as registered nurses and teaching in a prelicensure nursing program. Faculty may be full-time or part-time, dependent upon the number of classes that they teach.

Chapter Summary

Most nursing faculty continue to rely on conventional pedagogy; they do not use research-based pedagogies. Narrative pedagogy applies knowledge and theory to nursing practice. This descriptive phenomenological research study explored the lived experience of prelicensure nursing faculty who implemented narrative pedagogy in their classroom or clinical settings.

Chapter Two

Review of the Literature

Nursing faculty are well aware of the ongoing changes to the healthcare system; therefore, they need to prepare graduate nurses who will be able to meet the needs of patients, work collaboratively, and deliver safe, competent care. According to the Institute of Medicine (IOM, 2011), nurse educators must evolve in their teaching strategies in order to prepare future nurses to deal with the realities of healthcare. Registered nurses need to be equipped to provide comprehensive care to individuals throughout their lifespans. Today's healthcare requires nurses to effectively use clinical reasoning, specifically during complex patient care (Forsberg, Ziegert, Hult, & Fors, 2014). After collecting patient data, nurses need to make clinical decisions that combine their knowledge and experience, positively affecting patient outcomes (Forsberg et al., 2014).

Minimal literature exists on faculty's use of evidence to guide curriculum design, evaluation, educational measurement, and program development (Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach, 2015). Andrews et al. (2001) stated over 15 years ago that there is a need for new research-based pedagogies for nursing education and that the need has never been greater. Nursing education strives to produce nurses who are knowledgeable, critical thinkers, and problem solvers (Senior & Telford, 2015). The Institute of Medicine (2009) predicted that "by the year 2020, 90 percent of clinical

decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence” (p. 1).

Narrative pedagogy is a research-based pedagogy in which students and faculty share and interpret experiences relating to patient care. The unique aspect of narrative pedagogy is that it was developed within nursing education rather than originating outside and brought into nursing (Ironside, 2001). Scheckel and Ironside (2006) affirmed that narrative pedagogy provides faculty with a research-based approach to aid in the development of students’ critical thinking and problem solving.

Historical Overview of Phenomenon of Interest

Diekelmann (2001) introduced narrative pedagogy after a 12-year study analyzing the lived experiences of students, teachers, and clinicians in nursing education.

Diekelmann used interpretive phenomenology to hermeneutically analyze the results from the study. Pedagogies are approaches in which faculty approach schooling, learning, and teaching. Narrative pedagogy is not simply about storytelling but rather a strategy for learning. With the use of narrative pedagogy, students begin to explore, deconstruct, examine, and critique their own and others’ experiences.

A review of the literature was completed on the topic of narrative pedagogy. Diekelmann (2001) stated that narrative pedagogy provides an opportunity to reform nursing education. Narrative pedagogy is an approach for teaching and learning which involves faculty in thinking differently than they have about nursing education. This new approach does not include selecting, sequencing, and covering content (Diekelmann, 2002; Ironside, 2015). Instead, there is a shift of attention to interpretation of shared experiences during the process of learning nursing, inspiring inherited perceptions, and

imagining ways in which nursing education and practice can be enhanced (Ironsides, 2015). Narrative pedagogy is a research-based pedagogy for nursing education.

In the literature search, several subthemes emerged within the topic of narrative pedagogy. These are Concernful Practices of Schooling Learning Teaching, implementing narrative pedagogy, implementing and evaluating narrative pedagogy, evaluating narrative pedagogy, and students' feedback of narrative pedagogy. Pertinent studies are reviewed for each of the subthemes.

Concernful Practices of Schooling Learning Teaching

Diekelmann's (2001) 12-year study described the mutual experiences among nursing students, teachers, and clinicians throughout numerous states in the United States. The study used interpretive phenomenology, and through the use of hermeneutics the interviews were analyzed. After 2 years of interviews, a chain of converging threads led to Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009). According to Diekelmann (2001), the Concernful Practices are not methods or strategies for classroom teaching. Instead they focus on how teachers and students experience teaching and learning. The Concernful Practices of Schooling Learning Teaching offer a new language for discussions and converging conversations which provides opportunities for self-reflection of the embodied experiences. From this study, narrative pedagogy was discovered, and it is used as an approach to schooling, learning, and teaching (Diekelmann, 2001).

After further research on Concernful Practices, Diekelmann and Diekelmann (2009) revised the language to represent what is important in nursing programs. The

revised Concernful Practices of Schooling Learning Teaching include 10 areas (Diekelmann & Diekelmann, 2009):

1. Presencing: attending and being open,
2. Assembling: constructing and cultivating,
3. Gathering: welcoming and calling forth,
4. Caring: engendering of community,
5. Listening: knowing and connecting,
6. Interpreting: unlearning and becoming,
7. Inviting: waiting and letting be,
8. Questionings: sense and making meanings visible,
9. Retrieving places: keeping open a future of possibilities,
10. Preserving: reading, writing, thinking-saying, and dialogue.

When nurse educators invite students to learn with them instead of from them, they encourage the students to work together by cocreating transformative experiences (Ironside, 2014). Ironside (2014) conducted a study which focused on *Inviting: waiting and letting be*, one aspect of Concernful Practices. It was found that the use of narrative pedagogy did not diminish content and skills essential to safe, quality nursing practice (Ironside, 2014). When students and faculty transform the way they dialogue during nursing courses, the dialogue can change the way that they reflect about and experience the courses.

Schooling, learning, and teaching are inseparable; where there is learning there is teaching. However, teaching does not take place from only educators to students. It is vital that the educators allow learning to be a collaborative effort (Ironside, 2014). Ironside

(2014) found that when faculty implement narrative pedagogy, they pay the same amount of attention to course objectives, outcomes, or competencies as in conventional pedagogy. Instead of faculty solely focusing on presenting content, they should be asking students questions to reflect on their experiences. Such questions provide them opportunities for thinking and learning (Ironside, 2014). The traditional way of thinking for faculty is to fit more content and skills into nursing courses, but this method does not better prepare the students for practice (Ironside, 2014). Transformation of nursing education involves more than the use of conventional pedagogies (Ironside, 2014, 2015). Although narrative pedagogy is not a one-size-fits-all approach, it is nevertheless a persuasive call for nursing educators to reevaluate their teaching and learning approach.

Ironside (2015) sought to further understand current use of narrative pedagogy and how it provides for significant transformation in nursing education. Throughout the case study research, it was found that faculty who use narrative pedagogy switch their thinking from selecting, sequencing, and covering content to interpreting the shared experiences (Ironside, 2015). The shift in language and focus for faculty is important, as it changes both their thinking and relationships with one another. The experiences that faculty cocreate with students is as important as the content faculty teach (Diekelmann, 2004c).

More than sharing stories, describing experiences, or providing examples of patients, narrative pedagogy involves focusing on what was important to students during a specific situation, what they noticed, and how they interpreted the situation and circumstances (Ironside, 2015; Ironside & Cerbie, 2012). As the situations are further discussed and examined, students realize that they share the same concerns, ideas, and

past experiences and how they relate to their learning in nursing (Ironside, 2015). Through these conversations, educators and students reflect on additional ways of thinking.

Narrative pedagogy does not involve curriculum revisions, supplies, equipment, or even all faculty buy-in. This approach consists of faculty and students developing behaviors and sharing their reflections on their current understanding of nursing (Ironside, 2015). Because narrative pedagogy is a research-based pedagogy, it can fundamentally transform nursing courses and programs.

The Concernful Practice of *Listening: knowing and connecting* was further explored by Bowles (2016) to understand how it this practice experienced by faculty. Enabling narrative pedagogy provides an opportunity for students to have an influence on their learning experiences. Faculty and students develop and build relationships through the process of listening, and it is also intensely used in teaching and learning. Rather than students having a single perspective, they can learn through narrative pedagogy to hold a variety of viewpoints. The focus of teaching and learning should be shifted away from the faculty and instead viewed as a cooperative dialogue. Faculty should not be hesitant to use silence as a truly important component of teaching and learning. Narrative pedagogy surpasses traditional pedagogies through a changed way of thinking about teaching and learning (Bowles, 2016). Bowles' findings supported the use of narrative pedagogy as broadening teaching practices currently used in nursing education.

A significant part of a nursing classroom is for faculty to focus on a student-centered learning environment, which can promote retention within the discipline of nursing (Diekelmann, 2004c, 2005; Williams, 2010). Many nursing students experience a time in which they want to quit school and give up; faculty can play a significant part in

helping the students persist and flourish as nursing students. Through several interviews, Williams (2010) uncovered several themes that related to Diekelmann's Concernful Practices, such as *Keeping Open a Future of Possibilities*, *Knowing and Connecting*, and *Unlearning and Becoming*.

In a follow-up study, Williams and Burke (2015) sought to determine persistence in the nursing major. They arrived at one major theme, which was *Doing Learning Knowing Speaking*. The findings indicated that faculty-directed narrative pedagogy can help students develop a reflective practice early in their nursing careers. The important aspect to reflective practice is that faculty must intently use components of Concernful Practices: listening, interpreting, and questionings to help students develop personal meaning from each clinical experience. Concernful Practices can take many shapes and forms in nursing education, and it is not solely focused within in a classroom environment.

The theme of *Learning to Lecture* was originally identified by Young (1999) and further studied by Young and Diekelmann (2002). The latter study acknowledged that lecturing continues to remain the main style of teaching in undergraduate nursing education because faculty are able to cover a substantial amount of content in a limited amount of time (Young & Diekelmann, 2002). However, understanding multiple modes of lecturing is beneficial for faculty preparation in nursing education.

During the interviews, the authors uncovered the 10 components of the Concernful Practices. For example, faculty *construct* quizzes or examinations. They reflect the practices of *knowing and connecting* with students through obtaining information, building relationships, and discovering what is important to their students. Knowing and connecting lead to *caring for the community* of students. Faculty can be *present* through

listening, attending, and being open, which are important for them to determine what students already know. When faculty *connect* with their students, they can then *construct and cultivate* future learning experiences which will assist them in *assembling* their lectures.

Further, after lecturing, faculty *question* students and partake in a *dialogue*. When faculty use exemplars in lectures, students will then use *thinking and calling forth* previously learned information. When lecturing, faculty also prompt students' skills of *reading and interpreting* to best determine the students' understanding of the material. Lecturing is a complex skill that appears to be very simple, and new faculty need better preparation. Young and Diekelmann (2002) recognized and observed that developing a science of nursing education can significantly impact lectures as well as the strategies and practices of new faculty.

Implementing Narrative Pedagogy

Within the lives of students and teachers in nursing education. Diekelmann (1993a) sought to discover the meaning of practices which are formed by behavioral pedagogy, according to Heideggerian principles. Acknowledging that the behavioral approach to nursing education does not come without intrinsic difficulties, Diekelmann (1993a) pointed out that rather that faculty should reflect on these issues. Two themes were focused on in the study: *Applying Content as Thinking* and *Content as Neutral, Unproblematic, and Consensual*. Diekelmann (1993a) emphasized that faculty should not teach knowledge but rather should create an environment of unending, meaningful dialogue between students and faculty. The difficult part for faculty may be how they can preserve the integrity of courses, content, and analytic thinking while focusing on the

development of practical knowledge and reflexive or situated thinking. Diekelmann (1993a) reiterated that faculty implementation of narrative pedagogy would transform nursing education.

A combined approach of conventional and narrative pedagogy was used to assess the transformation in a graduate nursing course (Brykczynski, 2012). With this combined pedagogical approach, Brykczynski (2012) used action research to stimulate change within the stakeholders. The faculty recognized that they were revising their courses in response to students rather than engaging the students in a rational pedagogical approach.

The findings showed that students were able to successfully determine the importance of assessing the nursing needs of an entire family. Moreover, the students also showed passion for evidence-based behavioral interventions that confirmed effectiveness (Brykczynski, 2012). The classroom environment changed from passive to active learning, and the students moved from more abstract thinking to more practical and clinically relevant assignments and ideas. Brykczynski (2012) concluded that when faculty implemented narrative pedagogy, they also helped to enhance the clinical relevance of the scholarship of teaching.

Andrews et al. (2001) conducted a study that used hermeneutical or interpretive phenomenology to analyze group interviews. The group consisted of teachers who implemented narrative pedagogy and the Concernful Practices of Schooling Learning Teaching. The study uncovered two themes that were present throughout all group members' interviews; these were *Decentering Skill Acquisition and Content* and *Attending to the practices of thinking* (Andrews et al., 2001). It was determined that curriculum

revisions do not need to take place for contemporary reform in nursing education (Andrews et al., 2001).

Rather, small changes can occur, such as changing from the focus on acquiring skills to the students learning the content and creating experiences that use the practices of thinking. Conventional pedagogies are focused on reading, writing, thinking, and dialogue, but they are generally considered separately. However, in narrative pedagogy, reading, writing, thinking, and dialogue are practiced collectively. Therefore, narrative pedagogy assists in developing future possibilities for significant reform in nursing education (Andrews et al., 2001; Diekelmann & Mendias, 2005).

Another study using Heideggerian hermeneutics was conducted by Ironside (2005b) to determine how faculty use new pedagogies in different ways that direct their attention to teaching thinking. The aim was for faculty to move their attention from conventional pedagogies to developing new teaching pedagogies that will assist students in recall and application of content. Ironside (2005b) determined that, with faculty attention away from conventional pedagogies, narrative pedagogy provided opportunities for students to practice interpreting, questionings, and thinking in the context of nursing.

The faculty focus should not be on having students memorize nursing knowledge, but rather on considering how students can be invited into nursing conversations through lecture, questionings, interpreting, and multiperspectival thinking (Ironside, 2005b). Registered nurses need to be able to manage patient care situations that are unclear, unpredictable, complex, and constantly evolving. Conventional pedagogies do not allow registered nurses to be ready to manage these patients in the ways needed. Nursing

practice is not prescribed, logical, or always predictable, and nurse educators need to prepare students to manage and respond to patient care situations (Ironside, 2005b).

Application of knowledge involves critical thinking, which can be developed through the use of narrative pedagogy. Prior to faculty implementation into the learning environment, Scheckel and Ironside (2006) held a faculty development session to increase the pedagogical literacy of faculty and their skill in enacting narrative pedagogy. One major theme emerged as part of the data analysis: *Cultivating Interpretive Thinking*. This theme was previously defined as “nurturing thinking which is analytic, reflective, embodied, multi-perspective (pluralistic), contextual, and communal” (Scheckel & Ironside, 2006, p. 159). Scheckel and Ironside (2006) noted that faculty can use narrative pedagogy to make small changes in order to develop students’ interpretive thinking, which includes analytic thinking commonly used in critical thinking. Scheckel and Ironside (2006) further determined that narrative pedagogy allows students and faculty to re-envision how they provide patient care and to realize that their thinking affects the nature of the care provided.

Students need to learn how to think, talk, and act as professional nurses. A crucial decision-making ability for nurses involves critical thinking, priority setting, and a rich understanding of patient situations (Evans & Bendel, 2004). For students to develop critical thinking and problem-solving, faculty need to view students as active learners. Educators tend to use lecture methods, which impart only knowledge to the students. However, registered nurses need to develop and use critical thinking (Evans & Bendel, 2004); therefore, the behaviorist paradigm is no longer suited for nursing education (Peters, 2000). Nurse educators should reflect on their use of teaching strategies and

whether they include critical thinking, clinical judgment, and the use of problem-solving
NLN Research Priorities in Nursing Education.

Narrative pedagogy can be implemented by the use of storytelling, which is a means of sharing and interpreting stories (Davidson, 2004). Storytelling can be used to simplify difficult patient situations to develop students' reflection and promote critical thinking. Students can often recall complex nursing knowledge and processes through the faculty's use of stories (Gidman, 2013). Davidson (2004) uncovered three themes from a storytelling approach with students: *Personalizing Learning*, *Participatory Learning*, and *Group Trust or Safe Environment*. *Personalized Learning* helps students identify their learning needs, which can nurture ideal learning. *Participatory Learning* involves the faculty's facilitation of learning to provide students the opportunity to participate actively. *A Safe Environment* and development of trust are important aspects in the use of storytelling, because the safety of the environment allows students to share intimate stories. Storytelling provides an opportunity for the students to be able to relate real-life examples to concrete didactic data, make content seem more realistic, and prompt recollection of information. With such a strategy as storytelling, Davidson (2004) observed that faculty's incorporation of more diverse teaching strategies can improve the students' experiences in the classroom.

Another study used stories from film and literature for students to analyze completely through critical and reflective thinking (Kirkpatrick & Brown, 2004). The students participated in a *Make a Difference* project in which stories were used as part of the service-learning component. The stories assisted students to develop reflective practice. Kirkpatrick and Brown (2004) determined that using narrative pedagogy can help

to prepare students for difficult-to-discuss topics with patients. Through stories, narrative pedagogy enhances students' understanding and empathy in relation to relationships, responsibilities, family, and love, as well developing responsibility for critical thinking and reflection.

To determine the learning that takes place from students listening to narratives of compassionate care as well as determining their preferred story formats, Waugh and Donaldson (2016) delivered four short stories in different media formats to students. During the analysis, two themes were uncovered, *Learning the Stories* and students' perceptions of *The Value of Different Media Formats and Other Potential Users*. The short stories generated significant student participation and engagement in a classroom environment, which led to further discussion of their experiences in practice. Reflective practice was incorporated into the discussion, and the students were able to consider how they would have reacted to the patient scenarios. From this study, Waugh and Donaldson (2016) found that faculty's use of digital narratives can lead to improvement of patient outcomes and job satisfaction. Through the narratives, nurses develop compassionate caring skills, which incorporate the affective domain into learning.

Case studies are another way that narrative pedagogy can be used as a teaching strategy to assist students to link course content by drawing from previous knowledge and their own experiences (Laver & Croxon, 2015). The use of case studies can help students transform through application of knowledge and skills; gain the ability to feel confident in questioning, contributing, articulating, and discerning; gain the ability to integrate new meaning to new and old learning; and to increase their understanding and interpretation of reality. Laver and Croxon (2015) stated that teaching needs to be transformative and

student-centered, which will help students perform as competent nurses. In nursing education, the application of knowledge should be focused on real-world clinical experiences.

Alternative and nontraditional teaching strategies, such as case study analysis, problem-based learning, and narrative pedagogy, were used in a nurse practitioner curriculum (Swenson & Sims, 2000). A research-based pedagogy, such as narrative pedagogy, helps to advance reading, writing, thinking, and conversation in order to connect faculty and students. Narrative pedagogy is not simply a teaching or learning strategy; rather, this approach creates an environment of active, interpretive learning of converging conversations between students, faculty, and other healthcare providers (Swenson & Sims, 2000). This pedagogy helps to promote clinical reasoning skills in nursing students, encourages their learning needs, and empowers them to attain their own goals.

Implementing and Evaluating Narrative Pedagogy

Beard and Morote (2010) explored the effect of narrative pedagogy on meeting learning objectives in a medical-surgical nursing course. According to Beard and Morote (2016), common obstacles to implementing narrative pedagogy is fear and hesitancy on the part of faculty and concern that learning objectives would not be met. However, narrative pedagogy is not primarily focused on knowledge acquisition. In the Beard and Morote (2010) study, prior to class, the students were assigned a chapter to read and a podcast lecture to listen to, which was on caring for patients with visual impairment. Then, during class a pretest was administered, after which the students were given a story

which described nursing caring for a visually impaired patient. Students were asked to discuss their interpretations and feelings. Fifty students were then administered a posttest.

After Beard and Morote (2010) completed a paired-samples t test, they found that the mean for the pretest was 3.75 with a standard deviation of 1.35, and the mean for the posttest was 4.68 with a standard deviation of 1.16. The results had a 95% confidence interval. According to Beard and Morote (2010), these results support previous studies that indicate that learning does occur when faculty implement narrative pedagogy.

In another study, narrative pedagogy was implemented during a redesigned introductory nursing course to determine students' perceptions of the classroom learning climate, how implementation was experienced by both the teacher and the students, and how to teachers and students could develop new partnerships (Ironside, 2003a). The course involved the students and teachers writing and sharing stories of caring for another individual, which allowed for exploring of caring practices. Interpretation of these stories further explained caring practices in both general and nursing practice. The College Classroom Environment Scale (CCES) was used as a pretest to determine the students' anticipation of the learning environment, and the CCES was also used as a posttest to determine how students actually experienced the course (Ironside, 2003a). The findings of comparison showed no statistical significance, but Ironside (2003a) acknowledged that result may have been due to the way narrative pedagogy was implemented and the tool used by the students for evaluation. Further research is needed to determine the efficacy and effectiveness of various teaching and learning styles.

Through an integrative review, Brady and Asselin (2016) sought to (a) determine what learning outcomes were found when faculty used narrative pedagogy with

undergraduate prelicensure nursing students, and (b) how the effectiveness of narrative pedagogy was evaluated. Brady and Asselin (2016) found nine themes. These were (a) *Thinking: Challenging Assumptions and Considering Multiple Perspectives*, (b) *Empowerment*, (c) *Interconnectedness With Others*, (d) *Learning as a Process of Making Meaning*, (e) *Ethical and Moral Judgment*, (f) *Evaluation of Narrative Pedagogy*, (g) *Student Perceptions*, (h) *Faculty Perceptions of Appropriate Evaluation Methods*, and (i) *Quantitative Evaluation*.

The findings of the Brady and Asselin (2016) study showed that when narrative pedagogy is implemented, many positive outcomes result. Students learn to challenge their own assumptions, take responsibility for their own learning, and begin to think in a different way. Empowering students allows them to interpret their own experiences and develop an appreciation for the skills that they have learned and identified as useful in nursing. Narrative pedagogy may also help to improve students' ability to become patient advocates.

Several different relationships develop as a result of narrative pedagogy, not only between students and faculty but also between students and their patients. Further, students may begin to appreciate the meaning and significance of the course material, and faculty help students to develop connections between their prior experiences and the course content. In-depth personal learning may occur with the implementation of narrative pedagogy, which can improve the students' ability to make moral and ethical decisions (Brady & Asselin, 2016).

Brady and Asselin (2016) also determined that students who participated in a simulation found it to be a safe environment for learning, which led to the students being

better prepared for clinical settings. Faculty perceived that narrative pedagogy was able to prepare students for standardized exams. As a result of this review, Brady and Asselin (2016) encouraged faculty to consider educational culture when implementing narrative pedagogy, as well as how the interventions will improve patient care. Brady and Asselin (2016) concluded that it is beneficial for nursing faculty to contemplate implementing narrative pedagogy to improve students' thinking, empowerment, interconnectedness, moral and ethical judgment, and learning as making meaning.

To determine nursing students' perceptions of their roles as patient advocates through implementation of narrative pedagogy, Gazarian, Fernberg, Sheehan (2016) used the Protective Nursing Advocacy Scale tool. The use of digital stories was implemented in the classroom, and the faculty conducted an in-depth discussion. The results of this study indicated a significant difference in the students' perceptions of their roles as advocates when narrative pedagogy was implemented compared to when it was not used. The findings of Gazarian et al. (2016) thus support those of Brady and Asselin (2016).

Faculty and Student Experiences of Narrative Pedagogy

Young (2004) explored the possibility of faculty use of narrative pedagogy in the clinical setting. From the data analysis, three major themes were revealed regarding faculty: *Trying Something New: Responding to Boredom*; *Trying Something New: Creating New Partnerships*; and *Trying Something New: Taking Risks* (Young, 2004). The first theme revealed that faculty may experience feelings of becoming bored with using the same teaching strategies. Unfortunately, the boredom can lead to faculty becoming disengaged and having a negative potential impact on engagement with students. The second theme revealed that faculty may not have energy to change their current teaching

practices to new pedagogies. Creating and collaborating with colleagues or creating new partnerships, such as with a nurse manager on a clinical unit, can help nursing faculty build rapport that is essential for students in learning. The third theme revealed that making changes in nursing education certainly does not come without risk. Also, faculty may feel uncomfortable when they are trying something new, such as narrative pedagogy, and they may resist the change because of the work involved. However, Young (2004) concluded that narrative pedagogy can be used to challenge the assumptions of conventional pedagogies.

Ironside (2003b) explored how students' thinking abilities were influenced by underlying nursing and pedagogical assumptions rather than faculty continuing to focus on finding more efficient and effective strategies for teaching critical thinking. Safe, competent nursing practice requires more than students having only content knowledge. Rather, they need to have an engaged understanding and tenacious thinking about both the patient experience and the context of care.

In the Ironside (2003b) study, two themes emerged during the data analysis: *Thinking as Questioning: Preserving Perspectival Openness*, and *Practicing Thinking: Preserving Fallibility and Uncertainty*. *Thinking as Questioning* involves continual questioning by the students to make meanings of and recognize the significance of their learning experiences. The theme of *Practicing Thinking* also involves recognition of thoughts the students had never had before. "When enacting narrative pedagogy, thinking shifts from being a means to an end to cycles of interpretation in which uncertainty and fallibility are preserved" (Ironside, 2003b, p. 513). Students then become able to determine the best answers for nursing practice situations that are complex and

unpredictable. Ironside (2003b) projected how narrative pedagogy can be the future of nursing education by identifying aspects of thinking, teaching, and practice that may be mistakenly obscured by faculty use of only teaching pedagogy.

Ironside (2006) sought to understand students' experiences in a classroom environment in which faculty has implemented narrative pedagogy. The data analysis revealed the emerging patterns of the Concernful Practices. However, Ironside (2006) focused on the theme of *Learning and Practicing Interpretive Thinking*, which reflects the theme of *Interpreting: Unlearning and Becoming* from the Concernful Practices. In this study, students and faculty needed to unlearn their prior ways of thinking in nursing practice, which can often be very limiting. The experiences indicated that assumptions were challenged, which prompted the students to think through and interpret the experiences from different perspectives. In these ways, interpretive thinking adds another dimension to the students' understanding (Ironside, 2006).

Faculty can construct the course as an open learning environment that is richly filled with discussion, which leads to students developing the ability to interpret meaning and significance for themselves. Implementation of narrative pedagogy moves beyond the traditional emphasis on cognitive gain and skill acquisition. In the Ironside (2006) study, narrative pedagogy provided opportunities for students to envision new ways of approaching patient care as well as ensuring patient-centered care and safety.

An important component of patient-centered care and safety is the need for nurses to be connected to their patients. In the initial phase of the study by Ironside, Diekelmann, and Hirschmann (2005), students who had engaged in narrative pedagogy found that they were able to know and connect with their patients (Ironside et al., 2005). Student

experiences revealed that faculty should not assume that students can automatically learn how to listen to their patients and become more proficient at nursing interventions. Faculty should place the same amount of emphasis on students connecting and listening to their patients in clinical settings as they do for completion of a particular intervention or even demonstration of required skills.

Critical thinking is a significant component of nursing education, and it is imperative that nursing faculty teach students how to think critically, specifically in the clinical environment. Ironside (1999a) desired to understand which teaching strategies are commonly used in clinical courses. The findings revealed that nursing students need to be able to apply the knowledge learned in the classroom to patient care situations in the clinical environment. It is vital for students to recall information, but faculty should rather be focused on having the students interpret the patient situations. Not all patients will require the same nursing interventions; therefore, students need to develop situated, embodied, and related thinking (Ironside, 1999a).

A follow-up study was conducted by Ironside (1999b) from the standpoint of faculty. The study described the faculty's experience in providing opportunities for students to learn and practice thinking in a clinical environment. The findings included the need for faculty to build time into clinical practice for students to discuss their experiences and what occurred in the patient care situation. These reports offer a time of reflective thinking for the student (Ironside, 1999b). During this dialogue time, faculty can establish correlation between course content and patient care situations as well as helping to increase students' practical knowledge rooted in the patient care.

A concern for nursing faculty is preparing the next generation of nurses for their future practice (Ironside, 2004). There continues to be emphasis on covering all the content added to the curriculum. Faculty are challenged with the amount of content in nursing education as well as implementing teaching and learning strategies. However, the focus should be placed on how to provide the content knowledge without overloading the curriculum. Ironside (2004) studied additions to the curriculum and how they affect faculty. From this study, two themes emerged from the data analysis: *Covering Content* and *Teaching Thinking: Deconstructing the Additive Curriculum* (Ironside, 2004). When faculty reflect on their teaching practice, they may uncover difficulties in lecturing and attempting to present all the content. However, when faculty relinquish the “content approach,” the focus is removed from the teacher and the content of the course. This revised approach helps the students to connect with each other and the instructor and places emphasis on sharing and interpreting experiences. Ironside (2004) confirmed that conventional pedagogy is no longer suitable when used exclusively in nursing education.

Chapter Summary

There is a significant need for faculty to modify their teaching strategies to meet the demands of the rapidly changing healthcare system. Narrative pedagogy has been recommended as an effective approach to teaching for over 20 years, and it emphasizes the importance of teaching students critical thinking and problem solving. These skills are essential for the application of knowledge and theory into nursing practice. A major goal of nursing education is to teach students how to think as nurses, which, in turn, can translate to the students’ ability to provide safe, effective patient care. Previous studies indicate that narrative pedagogy is an effective research-based approach to teaching and

learning in nursing education. When narrative pedagogy is used, students learn and practice interpretive thinking, which helps them to discover how their backgrounds, assumptions, and experiences will inform their nursing practice. The current study adds to the literature on nonconventional approaches to nursing education through illuminating the lived experiences of prelicensure nursing faculty when implementing narrative pedagogy.

Chapter Three

Methods

Nursing faculty experience many challenges, including an increasing generational diversity among students, different learning styles and preferences (Gray-Miceli, Aselage, & Mezey, 2010), retention of students, and improving students' readiness for practice (Dahlberg, Ekebergh, & Ironside, 2003; McNelis et al., 2014). There have been numerous calls for reforming nursing education to be more focused on active learning for future nurses to be adequately prepared to provide care for complex patient situations in the community setting, the aging population, and ongoing changes in the healthcare system (Benner et al., 2010; Carvalho et al., 2017; IOM, 2011; Spector & Odom, 2012). According to the American Organization of Nurse Executives (2015), nursing education needs to address the changes and complexities in nursing practice.

Students in nursing classes bring prior knowledge and diverse experiences with them, and educators need to implement teaching approaches that will incorporate these experiences into learning (Diekelmann, 1993b). According to Diekelmann (1993b), when the focus is not exclusively placed on conventional teaching, more learning will take place. Educators become the learners with the students, and learning becomes the central theme in the classroom or clinical environment. Collaborative learning creates mutual

respect and trust and leads to student empowerment through an enhanced teacher-student relationship (Dahlberg et al., 2003; Rodgers & Nealand, 1993).

Research Design

This research study used phenomenology; this is a qualitative approach rooted in the philosophical tradition. Phenomenology was developed by Husserl (1962), and “it is used to refer to both a philosophy and a research approach” (Richards & Morse, 2013, p. 67). The emphasis is placed on human experience (Heidegger, 1975; Koch, 1995). A researcher who uses descriptive phenomenology seeks to achieve a careful description of the lived experiences of everyday life of the participants with regard to a specific phenomenon (Dreyfus, 1991; Polit & Beck, 2012).

The lived experience includes how individuals hear, see, believe, feel, remember, decide, evaluate, and act (Polit & Beck, 2012). Descriptive phenomenology concentrates on the generation of knowledge that stresses “direct exploration, analysis, and description” of a particular human phenomenon (Matua & Van Der Wal, 2015, p. 24). Phenomenology provides a descriptive, reflective, interpretive, and engaging mode of inquiry from which the participants’ core of the experience can be produced. The focus of this research method is on the lived experience of the participants and their perception of their presence in the world.

According to Richards and Morse (2013), two major assumptions underlie phenomenology. The first assumption is that perceptions provide researchers with evidence as it is lived and not as it is thought to be lived. The second assumption is that human presence is meaningful and of value. A common phenomenological phrase is *being in the world*, which recognizes that individuals live in their separate worlds and their

worlds and meanings are comprehensible only in their own contexts (Richards & Morse, 2013).

Richards and Morse (2013) recognized when the researcher conducts a phenomenological study, “the researcher attempts to understand, or grasp, the essence of how people attend to the world” (p. 69). Matua and Van Der Wal (2015) affirmed that a researcher needs to focus on describing the first-hand experiences being explored. In the current study, the researcher sought to discover the experiences of nursing faculty as they implemented narrative pedagogy with their students. The researcher recalled that participants’ responses and descriptions were their perceptions of their lived experience. The researcher was thus able to enter into the conversation with participants with no presuppositions by noting assumptions, knowledge, and expectations.

Data were gathered through participant interviews, the primary method of data collection in descriptive phenomenology (Polit & Beck, 2012). The conversations with the participants, the interviews, were audio recorded, and the researcher took observational notes. Both recordings and observational notes were transcribed by the researcher. These transcribed notes and conversations were used for analysis and as the basis of reflection. Through the interviews, the participants used a process of reflection, and the researcher used thematic analysis to describe and interpret the meaning of the participants’ lived experiences (Richards & Morse, 2013). Phenomenology provided the researcher with insights into the meaning of the participants’ experiences. Through analysis of the participants’ experiences, the researcher achieved insights into their lived world.

The aim of this descriptive phenomenological study was to describe the lived experience of prelicensure nursing faculty using narrative pedagogy in the classroom and

clinical settings. This study sought to understand the shared practices and collective meanings of the nursing faculty. From analysis of the nursing faculty's interviews, themes to answer the research question were generated.

Problem Statement

Ironsides (2014) and Brykczynski (2012) observed that there have been several calls for transforming nursing education; however, most nursing faculty tend to use conventional pedagogical approaches. Conventional approaches, in which the assumption is that learning is rational and orderly and a sequential process cannot keep up with the new knowledge that is generated from research and advancing technology. Faculty does not transmit this new knowledge to students, and the students are at a disadvantage when entering the healthcare field (Brykczynski, 2012). Dyson (2018) described conventional pedagogies as teaching is telling, knowledge is facts, and learning is recall. The problem with conventional pedagogy is that students do not develop critical thinking skills which are essential for contemporary nursing practice (Dyson, 2018). Students are treated as spectators, and the teacher's knowledge is considered superior to the students' knowledge and experience. However, in many cases, students' healthcare experiences may be more recent than those of the teacher (Dyson, 2018).

According to Benner et al. (2010), there is limited research evidence to demonstrate that traditional teaching strategies are effective in developing clinical reasoning abilities for students. Lecture format classrooms fail to promote critical thinking development (Popil, 2011). However, the traditional lecture mode remains the predominant instructional strategy in nursing education. Nurses need to use discernment in their judgment and decision making in order to manage patients with complex care

(Brown Tyo & McCurry, 2018), and educators should facilitate the development of clinical judgments (Dehghanzadeh & Jafaraghaee, 2018).

Diekelmann (1993b) pointed out that educators should focus more on students' learning and use class time to think together. Instead the educators spend a large amount of time immersed in the curriculum. Nursing education is focused on covering all the content needed for future nurses; however, educators should be focused on incorporating how students can learn decision making, critical thinking, and clinical reasoning (Diekelmann & Smythe, 2004; Spector & Odom, 2012). In order to provide competent nursing care, it is essential that nurses use clinical reasoning and problem-solving processes (Brown Tyo & McCurry, 2018; Carvalho et al., 2017; Facione & Facione, 2008).

Prelicensure nursing education needs to provide meaningful learning experiences that integrate classroom and clinical experiences (Benner et al., 2010; Dahlberg et al., 2003; Spector & Odom, 2012). An instructor-centered approach to teaching does not allow for open discussion, dialogue, and storytelling; neither does this approach allow the student to integrate new knowledge with previous knowledge and experiences (Carter, Creedy, & Sidebotham, 2016; Gray-Miceli et al., 2010). The most important aspect for the educator to focus on is whether the student is genuinely learning (Gray-Miceli et al., 2010).

Traditional teaching strategies are not to be dismissed completely, but rather integrated with active learning approaches, which can enhance teaching and learning in nursing education (Diekelmann, 1993b). Active teaching and learning approaches can greatly impact students' application of knowledge, specifically in the patient-care setting

(Benner et al., 2010). Nurse educators should use research-based teaching and learning pedagogies to help transform nursing education (Breytenbach, ten Ham-Baloyi, & Jordan, 2017; Dahlberg et al., 2003).

Research Question

The research question was *What are the lived experiences of prelicensure nursing faculty using narrative pedagogy in the classroom and clinical settings?*

Phenomenology

To answer this question and fulfill the study purpose, the qualitative phenomenological approach was used. According to Creswell (2014), qualitative studies are used by researchers to describe a research problem that can best be understood by exploring a phenomenon. Schmidt and Brown (2012) noted that qualitative methods are valuable in answering descriptive research questions. When researchers use phenomenology, they can explore meaningful experiences of individuals (Matua & Van Der Wal, 2015), such as in the present study, an exploration of nursing educators using narrative pedagogy in the classroom or clinical setting.

Descriptive Phenomenology

Phenomenology is used in nursing research to explore and understand an individual's lived experience (Polit & Beck, 2010). Additionally, phenomenology can help to describe related thoughts in participants' minds (Streubert & Carpenter, 2011). The methodological design for this study was descriptive phenomenology. Descriptive phenomenology is a type of qualitative research, through which the researcher seeks to understand and describe human experience (Polit & Beck, 2012) while maintaining the

fullness of the experience to arrive at as real a depiction as possible (Van der Zalm & Bergum, 2000; McConnell-Henry et al., 2009).

Descriptive phenomenology was developed by Husserl (1962) after work that was completed by Kant, Hegel, and Brentano (Polit & Beck, 2012). The Husserlian descriptive phenomenological method was determined to be the most appropriate for the research question because the aim of the descriptive phenomenological approach is to focus on the lived experiences of participants and their descriptions of the essence of the phenomenon without changes or interpretation by the researcher (Finlay, 2011; Giorgi, 2012; Hamill & Sinclair, 2010). Descriptive phenomenology involves four steps: bracketing, intuiting, analyzing, and describing (Polit & Beck, 2012).

Characteristics of Descriptive Phenomenology

Bracketing. Descriptive phenomenology requires the researcher to identify and recognize any assumptions, biases, beliefs, experiences, judgments, knowledge, perceptions, preconceptions, and presuppositions that could affect interpretation of the data. Identification is accomplished through bracketing or *epoché* (Ahern, 1999; Beech, 1999; Chan, Fung, & Chien, 2013; Dowling, 2004; Gearing, 2004; Holloway & Wheeler, 2010; Koch, 1999; LeVasseur, 2003; Polit & Beck, 2012; Streubert & Carpenter, 2011; Wall, Glenn, Mitchinson, & Poole, 2005; Wertz, 2005; Wojnar & Swanson, 2007). The researcher seeks to put aside any previous knowledge and assumptions (Koch, 1995; LeVasseur, 2003; Sorsa, Kiikkala, & Astedt-Kurki, 2015) to understand the lived experiences of the participants. Bracketing may be difficult to achieve completely, but researchers should strive to separate any presuppositions to confront the data in its purest form. The goal of bracketing is for the researcher to not impact the participants'

understanding of the phenomenon under study (Sorsa et al., 2015), in the present case narrative pedagogy in the nursing educational setting.

According to Sorsa et al. (2015), if bracketing is not completed, the data may be biased and reflect the researcher's views. Bracketing can be conducted before the interviews, during the interviews, or during analysis of the data. Before the interviews, in the current study, the researcher sought to identify perspectives regarding the use of narrative pedagogy in a written form, which helped bring perspectives into awareness. During the interview process, the researcher maintained a nonjudgmental approach to allow the participants to uncover their emotions and discuss their experiences (Corbin & Morse, 2003; Sorsa et al., 2015). The researcher documented any thoughts, feelings, or perceptions that arose throughout the research study in order to determine any possible issues or themes (Hamill & Sinclair, 2010). Once the research study was complete, the researcher determined whether the bracketing was carried out according to descriptive phenomenological principals (Sorsa et al., 2015). This review process helped to establish trustworthiness of the study (Hamill & Sinclair, 2010).

Reflexivity. Polit and Beck (2012) defined reflexivity as a process of critically reflecting on oneself and examining and documenting personal values which can affect data collection and interpretation. Qualitative researchers use reflexivity to assist them in minimizing the impact of previous knowledge that could bias data collection and analysis (Ahern, 1999). The researcher must be reflexive to bracket, which is an essential skill in qualitative research studies (Ahern, 1999; Chan et al., 2013; Finlay, 2008; Guillemin & Gillam, 2004). Reflexivity also allows the researcher to act responsibly in ethical conflicts

(Guillemin & Gillam, 2004) or establish a basis to deal with unexpected situations in a comprehensive ethical fashion (Haahr, Norlyk, & Hall, 2014).

Analyzing and intuiting. The analysis phase includes extracting noteworthy statements, categorizing, and making sense of the critical meanings of the phenomenon. Intuiting takes place when researchers are open to meanings that the participants associate with the phenomenon (Polit & Beck, 2012). In addition, during the describing phase, the researcher comes to understand and define the phenomenon (Polit & Beck, 2012).

Research Assumptions

Several assumptions were made for this study. (a) Narrative pedagogy has value as an active learning teaching and learning approach. (b) Faculty are committed to examining their teaching experiences. (c) Faculty will honestly respond to the research question and critique their teaching methodologies based on student outcomes. (d) Faculty are also aware of a variety of teaching pedagogies and how they can be implemented in the classroom. (e) Exploration of the facilitators and barriers to specific teaching methodologies, as in this study, will result in a clearer understanding of the use of narrative pedagogy in the classroom and clinical settings. (f) Faculty desire to improve student outcomes, and through reflective practices, the faculty can arrive at new insights about themselves and others and apply their insights to their teaching.

Setting

Prelicensure baccalaureate nursing faculty were recruited from the division of nursing at three universities. The first setting was a private, coeducational Roman Catholic university (University A). The institution is located within the main line area of Chester County, Pennsylvania. The second setting was a comprehensive public institution also

located in Chester County, Pennsylvania, and is the fourth largest university in the Philadelphia region (University B). The third setting was a private, not-for-profit university, whose main campus is in Broward County, Florida in Southern Florida. The university has satellite campuses located throughout the state (University C).

With regard to the first two universities in Pennsylvania (Universities A and B), Chester County is located in southeastern Pennsylvania, with the land area 759 square miles. Chester County's population is 519,293, with 15.7% age 65 and older. The median household income is \$96,656, and in 2017, 4,816 Chester County families (3.6%) were below the poverty level. Chester County's population consists of 443,075 White, 39,229 Hispanic or Latino, 29,921 Black, 29,680 Asian, and 16,409 individuals who identify as two or more races (County of Chester, 2018).

With regard to the third university in Florida (University C), the total population of Broward County is 1,861,726, with 63% ages of 18 and 64. The total land area is 392.5 square miles, and the median household income is \$39,657. A total of 21.2% of the population are below the poverty level. Broward County's population consists of 730,844 White, 513,443 Hispanic or Latino, 506,654 Black, 64,100 Asian, 32,921 individuals who identify as two or more races, 10,204 other, 2,682 Native, and 868 Islander (Broward County, 2016).

Sampling Plan

The sample was faculty who are nurses teaching at one of the three universities. All faculty taught in a prelicensure baccalaureate nursing program. The faculty were responsible for teaching in either the classroom or clinical courses.

Sampling Strategy

Purposive sampling was used to recruit nursing faculty who had experience using narrative pedagogy to teach nursing topics or concepts. Purposive sampling involves volunteer participants who are selected based on characteristics that align with the purpose of the study (Richards & Morse, 2013). The selected participants need to know about the phenomenon of interest (Richards & Morse, 2013). In an effort to recruit enough participants for data saturation, the researcher also used snowball sampling. In snowballing, current participants recommend other potential participants, allowing the researcher to gain the names and contact information of the potential participants (Polit & Beck, 2012; Richards & Morse, 2013).

Eligibility Criteria

For the sample to be created for this study, inclusion and exclusion criteria were developed. These criteria dictated the sampling frame for the researcher to recruit participants. The criteria were specific to the problem and purpose of the study.

Inclusion criteria. Inclusion criteria included faculty who were nurses with a minimum of a Master of Science in nursing degree. Participants may have had a variety of years of nursing education experience, with a minimum of 1 year of teaching experience and had to speak English. Nursing faculty had to be presently teaching in either the classroom or clinical setting. The participants also had to have had previous narrative pedagogy exposure. Faculty were included if they taught across all nursing programs, not only in a prelicensure program, depending on their teaching and experiential background. Ideal participants were exposed to narrative pedagogy within 3 years of the study to

ensure good recall of information. All participants met the inclusion criteria for the research study.

Exclusion criteria. Exclusion criteria included faculty who were nurses with less than 1 year of teaching experience, as well as faculty who did not speak English. Faculty who did not teach in a prelicensure baccalaureate program were also excluded.

Additionally, faculty were excluded if they did not teach either in the classroom or clinical environment.

Sample Size

In qualitative research, the ideal sample size is reached when data saturation is achieved (Polit & Beck, 2012). Data saturation is a point in the research process at which no new information is discovered in data analysis; therefore, data collection can be concluded (Polit & Beck, 2012). When the researcher examined similar qualitative studies on narrative pedagogy (Andrews et al., 2001; Bowles, 2016; Davidson, 2004), the average sample size was 10. In the present study, data saturation was achieved at nine participants, and two more interviews were conducted, which ensured no new information was uncovered. Therefore, 11 interviews were conducted (Polit & Beck, 2012). The participants were able to reflect on their experiences and communicated them effectively during the interviews.

Participant Profiles

Eleven full-time female nursing faculty participants were interviewed. Their ages ranged from 35 to 70 years, and their years of teaching experience ranged from 2 to 20

years. Ten participants were White, and one was Hispanic/Latino. The majority of the participants ($n = 9$) had a doctorate degree: five Doctor of Philosophy (Ph.D.) degrees, three Doctor of Education (Ed.D.) degrees, and one Doctor of Nursing Practice (DNP) degree. Six of the nine participants with doctorates held the rank of Assistant Professor, and the remaining three participants held the rank of Instructor. The remaining participants ($n = 2$) had a Master of Science in Nursing (MSN) degree and held the rank of Instructor.

All participants taught in the classroom setting, and seven also taught in the clinical setting. Six participants were employed at one of the two private universities and five were employed at the public university. Descriptions of each participant follow. The researcher assigned all participants fictitious names and modified some information about them to maintain confidentiality.

Amelia. Amelia is a 58-year-old nursing faculty member who works at a private university and has less than 5 years of teaching experience. She is currently in the process of obtaining an Ed.D., as it is required to remain in her current position. She teaches in both the classroom and clinical settings, with her main area of focus in prelicensure and RN-BSN programs.

Sophia. Sophia is a 60-year-old nursing faculty member with a doctorate who works at a private university and has 8 years of teaching experience. She teaches primarily in the Master of Science in Nursing program but also coteaches the leadership course in the prelicensure program. In addition, she is focused on incorporating many interactive teaching strategies to keep her students involved at all times.

Charlotte. Charlotte is a 35-year-old nursing faculty member with less than 5 years of teaching experience. She has her Ph.D. and works at a public university. Her

nursing expertise was focused on geriatrics, and she currently teaches in the prelicensure nursing classroom and clinical settings. She is committed to implementing a variety of teaching and learning approaches in the classroom.

Emma. Emma is a 49-year-old nursing faculty member who works at a private university. She is currently working on obtaining an Ed.D., as it is required to remain in her current position. She has 8 years of teaching experience and now teaches pediatrics and health assessment in the prelicensure classroom. In addition, she teaches in the RN-BSN program.

Jane. Jane is a 60-year-old nursing faculty member who works at a private university. She completed her Ph.D. in 2019 and desires to continue research in nursing education. Jane has 15 years of teaching experience and teaches in both the prelicensure classroom and clinical settings. Furthermore, her focus is fundamentals and medical-surgical nursing courses.

Ava. Ava is a 55-year-old nursing faculty who works at a private university. She recently completed her Ph.D. and has less than 5 years of teaching experience. Her primary focus of teaching is maternal-child, and she teaches in both the prelicensure classroom and clinical settings. She has been implementing the flipped classroom (greater student engagement than in conventional teaching, teacher as facilitator) for approximately 1 year in her maternal-child classroom.

Evelyn. Evelyn is a 40-year-old nursing faculty member with a doctorate degree who works at a public university. She has 18 years of teaching experience and currently teaches in both the classroom and clinical settings. Furthermore, both traditional and

accelerated prelicensure students attend her classes. She incorporates numerous interactive teaching strategies and prefers to not use the traditional lecture mode.

Abigail. Abigail is a 60-year-old nursing faculty member who has her Ed.D. and 20 years of teaching experience. She currently works at a public university. In addition, she focuses on teaching fundamentals, medical-surgical, and critical care. She teaches in a classroom setting which has both traditional and accelerated prelicensure students.

Emily. Emily is a 70-year-old nursing faculty who works at a private university. She has her Ph.D. and 15 years of teaching experience. In addition, she teaches in the classroom setting across all nursing programs, including prelicensure, RN-BSN, and Master of Science in Nursing. She has implemented narrative pedagogy for several years and recognizes it as a necessity for nursing education.

Scarlett. Scarlett is a 50-year-old nursing faculty member with 10 years of teaching experience. She has her DNP and currently works at a public university. For her DNP practicum, she studied digital storytelling. She teaches both traditional and accelerated students in the prelicensure nursing program. Her main focus of classroom teaching is in the areas of medical-surgical, oncology, and end-of-life care.

Grace. Grace is a 55-year-old nursing faculty member with the MSN who works at a public university. She has less than 5 years of teaching experience and teaches both traditional and accelerated nursing students in the classroom and clinical setting.

Recruitment

After approval from the Nova Southeastern University Institutional Review Board (Appendix A), the researcher requested letters of approval to collect data from the three participating universities. Approval was granted (Appendices A, B, C), and the researcher

then sent a recruitment flyer (Appendix D) to the administrative or identified research individual at each setting requesting participation of faculty in the research study. This person disseminated the request for participation to all nursing faculty who taught in prelicensure classroom or clinical courses. The request included a brief overview of the proposed study, and the interested participants contacted the researcher via email. The researcher then emailed the interested participants a demographic form and requested they complete it and return it via email to the researcher (Appendix E).

Protection of Human Subjects

All efforts were employed to prevent harm or risk of harm to study participants. Nova Southeastern University Institutional Review Board (IRB) approval was obtained prior to contacting potential participants and collecting data (Appendix A). In addition, approval to collect data was obtained from each setting (Appendices A, B, C). Participants were informed of their rights in a consent form the researcher sent to them after they indicated willingness to participate (Appendix F).

In the consent form, potential participants were assured of confidentiality and the voluntary nature of their participation. They were also informed that they had the option to withdraw from the study at any point. Further, participation in this study was at no cost to participants nor were they compensated.

Participants submitted their signed consent forms (Appendix F) via email to the researcher prior to the interviews. At the start of the interviews, the researcher invited questions and addressed them. Each nursing faculty member was assigned by the researcher a number to protect confidentiality throughout the study. Names and identifying information were removed from data and stored separately in a password-

protected file on the researcher's computer. Identifying information was maintained in a separate password-protected file. Access was restricted to identifying information with only the researcher having access. Further, in data analysis, the researcher was the only individual with access to the data in the NVivo software used.

Risks of Participation

Two potential risks for participants were identified. The first was possible loss of time from their work because of the interviews and member checking. The second was loss of privacy because of the information participants shared. However, each participant was deidentified and pseudonyms assigned. Therefore, no real names were used in the study. Additionally, if a participant mentioned a particular institution, the name was removed from the transcripts.

Benefits of Participation

There were at least three benefits of participation. First, participants did not become fatigued or bored during the interviews and did not encounter any physical or psychological harm. Learned potentially beneficial information about narrative pedagogy from the interviews. Second, they gained increased knowledge about themselves and their teaching through the opportunity of self-reflection. Third, as a result of the interviews and dialogue with the researcher, the nursing faculty may feel empowered and may want to take risks with their teaching practice.

Data Management and Organization

Data Collection

From the completed demographic form (Appendix E), the researcher determined whether participants met the study inclusion criteria and verified whether they remained

interested in participating. The researcher then contacted participants to schedule individual interviews and emailed participants the consent form (Appendix F). They were instructed to return the signed consent form before the scheduled interviews. The researcher's contact information was available on the consent form, and participants were invited to ask questions about the study. Prior to the interviews, the researcher verbally verified participants' understanding of the consent form and its provisions.

The personal interviews were conducted in a semistructured format in iterative questioning, beginning with a major open-ended interview question (Appendix G). During the interviews, additional focused questions (Appendix G) were used to further understand the lived experience of nursing faculty with narrative pedagogy. These questions assisted the researcher to understand the lived experience of the participants regarding the use of narrative pedagogy. The researcher conducted the interviews both in-person and via online through a video conferencing service. The interviews were audio recorded for the researcher to review and analyze the information.

During the interviews, the researcher gathered field notes through observation, which included recording vocal intonations, physical expressions, and gestures which are not audibly recorded (Crist & Turner, 2003; Creswell, 2014). The interviews lasted approximately 30 minutes each. After the data were analyzed, four participants were randomly chosen by the researcher to review the findings (15 minutes) to determine whether the researcher had captured their lived experience.

Data Storage

All interview data were audio recorded, transcripts, and detailed observational notes about the participants were stored on the researcher's computer in password-

protected files. Identifying information about the participants was maintained in a separate password-protected file. Only the researcher had access to these files. The audio recordings will be destroyed 36 months after the end of the study.

Data Analysis

Data analysis was an iterative process. Once the data were collected, the researcher transcribed the audio recordings. Then the researcher immersed in the transcripts, reading them thoroughly for any errors or misinterpretations (Polit & Beck, 2012). The researcher analyzed the transcripts verbatim from the interviews. An important step of data analysis was ensuring that the transcriptions were accurate and authentically reflected the participants' interview experiences (Polit & Beck, 2012). Accuracy of transcriptions were completed in an intentional manner. Four participants were chosen to review the findings to determine whether the researcher has captured their lived experiences.

Creswell (2014) described six steps in data analysis: organize and prepare the data for analysis; read all the data; code all of the data, using the coding process to assist the researcher in generating themes; determine how the themes and descriptions will be represented in the qualitative narrative; and making an interpretation of the findings. Organizing and preparing the data for analysis involves transcribing the interviews and typing the field notes. Reading all of the data provides an opportunity for the researcher to reflect on the overall meaning. Coding is the process in which the data are organized into clusters of similar topics. Through coding, major themes emerged.

To manage and organize the data, the researcher used NVivo, a qualitative data management program. This software assisted the researcher in finding patterns in the data for further analysis and display of the themes and their relationships (Polit & Beck, 2012).

The researcher followed Creswell's (2014) steps, with the primary step of classifying and indexing the data (Polit & Beck, 2012). Thus, the interview data were converted to small, manageable units which were coded and could be retrieved and reviewed. From these units, the researcher identified underlying concepts and clusters of concepts. Once a concept was identified, the researcher labeled it; this labeling formed the foundation for a category. The categories were then developed into themes and then the data were coded according to these themes. The researcher determined how the themes and descriptions were represented in the narrative of findings. Direct participant quotations were used for each theme to illustrate the theme and bring richness to the data analysis and findings. Finally, the researcher made an interpretation of the findings and raised any questions from the results. Appendix H shows the timeline for the study.

Trustworthiness and Rigor

According to Denzin and Lincoln (2003), critical components of a qualitative research study include a socially constructed relationship between the researcher and the phenomenon being studied and credibility, dependability, transferability, and confirmability as aspects of rigor. The researcher applied each component of rigor to produce a sound research study. Authenticity was later added by Guba and Lincoln (1994), indicating the extent to which the researcher was fair and faithful in showing a range of realities and reflecting the participants' feelings about their lives as they are lived.

Credibility includes determining if the findings are believable and truthful through member checking. Consistency must be maintained between the participants' viewpoints and the researcher's interpretation of them (Ryan, Coughlan, & Cronin, 2007). In member checking, the researcher shared the findings with four selected participants in member

checking for reading and discussion to confirm the interpretations (Lincoln & Guba, 1985).

Dependability refers to the stability of the findings and consistency over time and conditions. The findings were documented to provide evidence of decisions that the researcher made throughout the research study (Ryan et al., 2003; Schwandt, 2015). The researcher provided adequate information for readers to determine the trustworthiness of the study.

Transferability refers to whether the findings can be transferred or applicable to other settings or groups. Researchers generally hope their studies and findings will be suitable in other contexts (Polit & Beck, 2012; Ryan et al., 2003; Schwandt, 2015). To enhance meaningfulness of a study, researchers provide “thick,” detailed descriptions (Denzin, 2001, p. 54). According to Lincoln and Guba (1985), these descriptions will assist other faculty to make decisions whether transfer of research findings can be considered as a possibility. The findings of the present study will be meaningful at other universities for prelicensure nursing faculty who are using or considering narrative pedagogy.

Confirmability refers to the determination that the findings are accurate and representative of the information provided by the participants. The researcher assured confirmability by selection of several participants to review the data analysis and ascertain whether the researcher captured their lived experiences. The interpretations and conclusions made by the researcher resulted directly from the data (Polit & Beck, 2012; Ryan et al., 2003; Schwandt, 2015). The researcher did not include any biases or personal

perspectives but rather developed the themes only from reflection on the information the participants provided (Polit & Beck, 2012).

Reflective Statement

In many qualitative studies, the researcher has preunderstandings and preconceptions (Ahern, 1999). Prior to this study, the researcher had experience with narrative pedagogy as well as teaching a variety of generations within in classroom and clinical settings. The researcher noted these experiences and resulting preunderstandings and preconceptions prior to the research study (Appendix I).

Chapter Summary

This research study used descriptive phenomenology and was focused on understanding the lived experience of the participants' implementation of narrative pedagogy in the classroom or clinical setting. The participants were faculty from three different universities which offered prelicensure baccalaureate programs and who were nurses teaching in prelicensure nursing programs. Semistructured personal interviews were conducted either in-person or via a video conferencing service. The personal interviews started with a grand tour question, followed by focused questions to understand the lived experience of the participants. The researcher transcribed all transcripts verbatim and organized and managed the data using NVivo software and with procedures to enhance trustworthiness and rigor. During the coding phase of data analysis, the researcher developed themes, supplemented by participants' representative verbatim quotations, and then interpreted the findings.

Chapter Four

Findings

Narrative pedagogy has been implemented and researched by educators for more than 15 years. Implementation of narrative pedagogy promotes new ways of teaching and learning. Narrative pedagogy assists faculty in preparing nursing students to be able to think through challenging and complex patient care situations because there is an emphasis on teaching of thinking. Use of narrative pedagogy, in the classroom or clinical settings, involves creation of discussion and interactions between faculty and students.

The purpose of this qualitative phenomenological research study was to understand the lived experience of prelicensure baccalaureate nursing faculty when implementing narrative pedagogy in the classroom or clinical settings. Data saturation was achieved at nine interviews, and an additional two interviews were conducted to verify that no new information was collected. The researcher completed data analysis with tabulation of the demographic sheet (Appendix E) and used NVivo, a qualitative data management program, for analysis through interpretation of the participant interviews and the uncovering of themes.

Themes

In the data analysis of the participants' interviews, the development of the categories was an intuitive process engaged in by the researcher, systematic and informed by the study purpose. From the categories, five themes emerged. These were Exploring Narrative Pedagogy, (b) Experience Using Narrative Pedagogy, (c) Student Experience,

(d) Faculty and Administrative Dialogue, and (e) Critical Thinking. Appendix J shows a pictorial representation of the themes in relation to narrative pedagogy. The depiction also shows that one theme, Faculty and Administrative Dialogue, was an outlier. The following discussion of the five major themes includes exemplar quotations from the participants.

Theme: Exploring Narrative Pedagogy

Narrative pedagogy offers faculty new ways to think about schooling, learning, and teaching (Diekelmann & Diekelmann, 2009). However, this strategy is more than just storytelling or sharing prior experiences. Rather, narrative pedagogy involves drawing students' attention to what was important in a particular situation, what was observed, and how these factors were interpreted by the nurse (Ironside & Cerbie, 2012).

The participants all used some form of narrative pedagogy in their classes, but how they became acquainted with the concept was very individualized. Many of the participants learned of narrative pedagogy through educational classes, nursing conferences, or literature. Several of the participants learned about narrative pedagogy through their peers.

Three participants recalled that they learned about narrative pedagogy in their doctoral classes. Emily stated, "My understanding goes back to my doctoral education when I first heard about it. And it was from, if I am not mistaken, by Nancy Diekelmann." Ava said that she learned about narrative pedagogy "through my dissertation or my doctoral classes," Grace noted, "I learned about it during my DNP classes." Scarlett remembered, "I learned about it when I was completing classes for my Master's."

Jane reflected that her knowledge of narrative pedagogy developed as her teaching style became transformed over the years:

Through my own teaching style over the years, I have had someone tell me that I do a lot of storytelling. I also learned about it through going to conferences and seeing it given a title was how I realized that's what I was doing.

Charlotte stated, "I learned about it in my first semester of teaching. My mentor used it in the classroom, and I thought it was interesting, so I wanted to learn more about it." Emma said, "I learned it through watching others over the last 4 years." Evelyn recollected that her knowledge came through "word of mouth and in the Billings book and maybe reading articles." Abigail noted that she learned about narrative pedagogy "by working with the people that I work with, just kind of start to recognize different ways to teach the same thing or how to get the students engaged."

One participant, Sophia, did not realize that she was using narrative pedagogy until she had researched the topic in the literature. Sophia described how she gained knowledge about narrative pedagogy:

Through researching the literature, I discovered what it is about. I didn't realize that I actually do that now. I didn't realize it in my own practice as I just do these things because I want to have fun. I didn't know that mixing it up in the classroom was actually narrative pedagogy. I thought that it was something very different.

The participants also described their understanding of narrative pedagogy. All of them incorporated storytelling. Storytelling involves recounting a nursing experience on a clinical unit which helps to describe feelings and meanings the nurse experienced of that occurrence (Heinrich, 1992). This kind of sharing can be extremely powerful and can be experienced from multiple perspectives (Wood, 2014). Students too have stories from meaningful events in their lives, Therefore, both faculty and students can make meanings out of their shared stories (Heinrich, 1992).

In corroboration, Scarlett stated, "Narrative pedagogy involves real-life scenarios and examples that are used in classroom to enrich learning. You can use them to help

bring the information to life for the students.” Sophia described narrative pedagogy as “different experiences to create a learning environment. It is not a straight lecture process. Stories are told, games are played. It’s like a flipped classroom.” Abigail said, “It involves storytelling or bringing concepts to life.” Jane reiterated, “It involves experiences through storytelling,”

Charlotte defined narrative pedagogy as this: “The word *narrative* means creatively, communicate clinical experiences. It involves how we teach.” Emma explained that “narrative pedagogy is storytelling where faculty are sharing stories for student learning. Sharing their own personal experiences to help with student learning.” Grace expressed her understanding of narrative pedagogy:

My understanding is that it is storytelling in the classroom or clinical settings. This is definitely necessary for today’s nursing classrooms and education. With the requirements of teaching, there is no way to lecture on everything that the students need.

Storytelling is an aspect of narrative pedagogy and can be used to enhance the learning experience (Diekelmann, 2001). Storytelling also involves cocreating new learning experiences with students (Diekelmann, 2003c). Not only teachers, but students can share clinical experiences that can lead to compelling stories and the creation of learning activities (Diekelmann & Lampe, 2004).

The participants had learned about narrative pedagogy through exploring literature and nursing conferences as well as their educational classes at the master’s and doctoral levels. Although the participants had different interpretations of the components of narrative pedagogy, all included storytelling as an approach they used in the classroom or clinical setting. As many of the participants realized, storytelling has the ability to change practices for nursing faculty (Diekelmann & Lampe, 2004).

Theme: Experience Using Narrative Pedagogy

Faculty implementation of narrative pedagogy involves a student-centered approach to teaching and learning. Narrative pedagogy can provide a substantive reform to nursing education because faculty encourage and emphasize nursing students' daily reflective practice (Kawashima, 2005). According to Kirkpatrick and Brown (2004), narrative pedagogy encompasses reflection, interpretation, and dialogue between faculty and students. Additionally, narrative pedagogy challenges the everyday assumptions of conventional pedagogy (Kawashima, 2005; Mitchell, Jonas-Simpson, & Crow, 2013). The participants discussed a variety of ways in which they implemented narrative pedagogy in the classroom or clinical settings through storytelling, case studies, unfolding case studies, gaming, and reflective practice.

Storytelling. Implementing narratives or storytelling can help students link theory to practice by applying educational content to a nuanced patient situation (McAllister, Ryan, Dodd, Goldenberg, & Brien, 2020). Storytelling can engender powerful learning (Moon & Fowler, 2008). Grace related, "My experience involves using my personal stories of nursing within the classroom setting." Emily preferred to use the students' stories rather than her own. She said, "I would rather get stories from students, from their experiences." Scarlett described her personal experience using storytelling:

I told a story from my critical care nursing experience, and it helped to bring the information into an application for the students. The students don't understand how chest tubes and ventilation really work in nursing, nor can they know how you provide nursing care. So, I tell stories to help bring it to life for them.

Jane described her storytelling this way:

I took what were words in a book and made them real. The book just gives you a very narrow perspective of how to do something. It doesn't include the what ifs and what can go wrong. That comes from storytelling.

Evelyn discussed her experience with implementing storytelling. She used it in both the classroom and in the clinical setting. She stated:

In the classroom, it might be related to a clinical experience that I had as a new graduate. Or a situation with a disease entity that I am discussing. The care of a patient with a pulmonary embolus, for example. In clinical, it might be about safety as a new graduate and some experience that I had. In particular, I had a bad experience with spiking a blood bag. During the lecture, during the clinical, when I speak about hanging blood, I tell them how I put a hole in a bag of blood when I spiked it. How I was sent home for unsafe clinical practice.

Case studies. Case studies assist students in correlating course content to practice (Laver & Croxon, 2015). Case studies can also benefit students by helping them to think differently and developing a diverse understanding of the role of the nurse (McAllister et al., 2006). When a case study is used, it facilitates increased participation and inclusion of students and leads to the creation of a learning community.

Many of the participants stated that they used case studies in the classroom setting as a way of implementing narrative pedagogy. Ava said, "I use case studies in class rather than teaching." Abigail was enthusiastic. "I love to use case studies. I am a huge fan, huge fan, of active learning, immersive learning, so PowerPoints are not my thing." Amelia discussed her use of case studies in the classroom setting and how they make the students think more like nurses. Furthermore, Amelia added, "They are allowed to make mistakes, and I make that very clear. They are learning this."

Unfolding case studies. Unfolding case studies provide another method of implementing narrative pedagogy, and they can challenge traditions and perceptions in treating patients (Laver & Croxon, 2015). Through unfolding case studies, students

acknowledge the learning and apply the course content into broader understandings. They think differently about meeting the needs of complex patients. According to Laver and Croxon (2015), unfolding case studies provide the students with social learning as they engage in the activity and provide feedback to their peers.

Evelyn discussed her experience with implementing unfolding case studies in the classroom setting. She stated:

As far as case studies, my entire cardiac lecture is an unfolding case study over a 2-week time frame. It starts out with a patient with CAD [coronary artery disease] who comes in with stable angina and goes home. Comes back and has unstable angina and gets a cardiac cath[eter]. It just unfolds from CAD until cardiac surgery.

Amelia described how she instructed the students to build concept maps through an unfolding case study:

They started using concept maps to build their case study, and then each group presents the facts to the class. Then the class, the groups that are not presenting, they give their input after the case study was presented.

Ava also implemented unfolding case studies in the classroom setting. She described how she had the students build a care plan while breaking down the case study. She stated, “I divide them into groups and give them a case study and then have them building a care plan from the case study or building a plan of action from the case study.”

Gaming. The faculty’s use of games in the learning environment can recreate a real-life situation and simultaneously be engaging, interesting, and memorable for the students (Boyd, Warren, & Glendon, 2016; Crookes, Crookes, & Walsh, 2013). Gaming can motivate students and lead to their development and assessment of knowledge and skills (Gallegos, Tesar, Connor, & Martz, 2017). Additionally, gaming can generate deep learning rather than passive, surface-level learning (Boctor, 2013). Quiz-style games allow

nurse educators to conduct formative assessments to determine if the students have been the learning outcomes (Baid & Lambert, 2010).

The participants had much to say about their use of gaming. Emma reported, “I use Kahoot©, and I know the students really like that.” Amelia added, “I’ve used Kahoot© and Socrative©, and the students have liked them both.” Sophia said, “I have used Poll Everywhere© and interactive questioning.” Evelyn discussed how she used a game that she calls “cardiac headbands.” “Students have to put all their books away. So, the screen on the PowerPoint says a word. It could say beta blockers, and they have to get their teammate to say that word.” Jane and Charlotte both noted that they have implemented a “Jeopardy© pharmacology game.”

Sophia discussed in more detail her experience with implementing games in her prelicensure leadership classroom. She stated:

I use the Price is Right© game. I ask the students what they think the price of an item is, and the students have to tell me what they think it is. The student who comes closest without going over wins that round.

Evelyn explained, “Any teaching that you can use that can make it more relatable can enhance student’s retention.” Sophia clarified that “our goal is to get them engaged, so they are paying attention to you, and that they are not tuning you out and just looking at their computers and emails.” Abigail expressed her enthusiasm. “I like to see students excited, engaged, and anxious about learning.” Ava told of her variation: “Instead of a PowerPoint I record my lecture on ECHO 360, and I give them the PowerPoint as they listen to the recording. Then, when they come to class it is all interactive learning.” Sophia discussed how her development of lectures greatly changed:

Whenever I sit down to write a lecture now, I am cognizant of the fact that I need to add things in it. I need to change things up. I need to make it more interesting. This is very different than 2 years ago.

Reflective practice. One of the aspects of the Concernful Practices of Schooling Learning Teaching is interpreting–unlearning and becoming. Reflective practice incorporates students’ interpreting their clinical experiences and leads the students to become improved nursing students. According to Scheckel and Ironside (2006), nursing faculty should ask the students to reflect on their clinical day and then share what the experience meant to them as they learn about providing patient care. Only one participant discussed using reflective practice with the students. Ava implemented reflective practice with the students in the clinical setting. She stated:

I have done clinical reflections, where I have provided the group with some open-ended questions to have them reflect on their clinical day. What did you learn today, and what did you apply from what we did in class? How did you feel about caring for a patient?

Throughout the discussions with the participants, the researcher was able to understand their experiences in using narrative pedagogy in a variety of teaching and learning approaches. Although the nursing faculty did not specifically discuss the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009), the researcher found that all areas were correlated. When the students and faculty shared stories, they were both *Assembling—constructing and cultivating*, *Gathering—welcoming and calling forth*, *Listening—knowing and connecting*, and *Inviting—waiting and letting be*. The faculty assembled the content for the game. The faculty then gathered, welcomed, and called forth and then listened for knowledge and connection, as well as inviting the students to play the game.

The students were *Presencing*—*attending and being open* and *Questionings*—*sense and make meanings visible*. The students were being open to the game and the information conveyed. Throughout the gaming process, they questioned, connected, and interpreted information in relation to the content they learned. Additionally, the students need to question further and make meanings of the information conveyed to determine appropriate answers.

With these processes, both faculty and students constructed the story to share, and they were both equally listening to what the other individuals described. Nursing faculty and students welcomed to storytelling, and the nursing faculty called forth and invited the students to share their stories. The students were open to the stories being shared, whether from nursing faculty or fellow students. Even though the students may have known some or much of the nursing information, they were able to connect the stories information they had learned.

Throughout the interviews, the faculty shared their experience using gaming. The researcher correlated gaming to narrative pedagogy, because gaming moved the emphasis away from lecturing on content to a focus on thinking in new ways about nursing (Diekelmann & Diekelmann, 2009; Ironside, 2015). Additionally, gaming can be connected to narrative pedagogy because it involves the students' exploring multiple perspectives related to a particular situation in nursing practice (Ironside, 2015).

When the nursing faculty discussed case studies and unfolding case studies and the students responded, many of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009) were identified. These included *Assembling*—*constructing and cultivating*, *Gathering*—*welcoming and calling forth*, *Listening*—

knowing and connecting, and *Inviting— waiting and letting be*, *Questionings—sense and making meanings visible*, and *Interpreting—unlearning and becoming*. The faculty constructed the case study and the students constructed the patient treatment plan. The students questioned the patient assessment, nursing interventions, and relevant information, and they needed to make sense and meanings of the pertinent data. The students finally interpreted the case study information to meet the basic needs of the patient.

Lastly, when the faculty incorporated reflective practice, the students were *Preserving reading, writing, thinking-saying, and dialogue*. The students continually thought about what they wanted to write in the reflection. They then wrote the reflection and shared their clinical reflections with their nursing faculty. The reflection may also be presented in a dialogue format with their clinical instructor.

Theme: Student Experience

Ironside (2003b) described how students developed a feeling of openness to a variety of perspectives when narrative pedagogy was used. It is important for faculty to remember that engaging and working with students can create reform and innovation in nursing education (Ironside, 2005c). All participants in this study described positive student experiences when they used narrative pedagogy and specifically discussed gaming, which were exclusively mentioned on course evaluations and in the multigenerational classroom.

Evelyn reported, “They love it. Very positive as a matter of fact.” Sophia said her students found narrative pedagogy very helpful: “The comments that I have had students write about me with regards to this is that they have found the change in activities

regularly to be very helpful.” Scarlett said, “The students state that they like what I do in class.” Emma remarked, “Students usually say things that it was meaningful and some do write that these activities were helpful.” Grace qualified the student experiences a little more: “For the most part, the responses have all been positive.” Abigail described some of her student experiences:

The students said that it really helped them pull the content together. That it really made sense to them. I also saw that they definitely seemed interested and involved in it. They definitely seemed to like bringing clinical experiences into teaching.

Gaming. Gaming has been found to produce positive student experiences (Allum, Blakely, Cooper, Nelmes, & Skirton, 2010; Cowen & Tesh, 2002). McEnroe-Petitte and Farris (2020) discussed how digitally connected nursing students enjoyed more active teaching and learning approaches than conventional approaches. Gaming can provide enjoyment as well as a positive change in teaching and learning and consequently make education more meaningful to the students (McEnroe-Petitte & Farris, 2020; Royse & Newton, 2007).

Evelyn incorporated gaming into the classroom setting and related how the students reacted: “As a matter of fact on our student evaluations, in the narrative part, most frequently students will write out about how they enjoyed the gaming in the classroom.” Emma noted, “I have had some responses from younger generations that they like gaming more.” Sophia implemented gaming specifically in the prelicensure classroom and commented: “One of the reasons that I think I use it more in the prelicensure world is that I have found that students like more interaction with their phones and their computers.”

Multigenerational classroom. According to Toothaker and Taliaferro (2017), the Millennial generation tend to be group-oriented learners. In contrast, the previous generations rely on traditional lecture and PowerPoints. Millennial students are technology-focused and prefer experiential learning (Toothaker & Taliaferro, 2017).

Sophia discussed how she strived to improve the student experience. She stated, “The I-Gen group [Generation Z] have been so entertained, with their cellphones primarily, that we as educators are gonna [*stet*] have to think of more and more ways to keep them entertained.” The age diversity of students varied among the universities, as several participants discussed having a combination of traditional and accelerated students in the same classroom and that narrative pedagogy enabled them to effectively teach of the students. Jane said, “Older students pay far more attention and interact, whereas younger generations have their heads down and may even be sound asleep.” Scarlett described the differences in accelerated versus traditional students:

The accelerated students are typically older students. They have seen more, done more, and they tend to pick up things more quickly. They are story driven, and they tend to participate nonstop. The traditional students don’t have enough experiences, so they are usually slower at learning different content.

Whatever the age group of the students, the participants described the student experience as being enhanced when the faculty used narrative pedagogy. The students shared their experiences with narrative pedagogy on the course evaluations—especially how narrative pedagogy enhanced their experiences. The students singled out the gaming approach and how effective it was for the multigenerational classroom.

Theme: Faculty and Administrative Dialogue

Peer faculty. Nursing faculty rarely have enough time to learn from their peers about teaching and the learning approaches that they have implemented successfully

(Ironside, 2005c; Wingo, 2017). The ability to share teaching philosophies and techniques with other nursing faculty may be difficult because of mutual time constraints (Wingo, 2017). Nursing faculty shortages, increased diversity among students, and increased number of students in classes increase the demands on nursing faculty and can impact their ability to share their experiences (Ironside, 2005c). Further, some nursing faculty might not feel that it is valuable to share their teaching experiences with their peers (Wingo, 2017).

Several participants mentioned they discussed implementing narrative pedagogy with other nursing faculty. Jane noted, “One faculty has told me to keep doing what you are doing because students seem to like it.” Emily reported, “Faculty will say that they will try it or that they think it is a good idea.” Evelyn discussed how the faculty used peer observations every year and said, “In my faculty peer observations, they will discuss about the use of unfolding case studies and the use of gaming.” Ava described a unique discussion that took place with another nursing faculty. This faculty member told Ava, ““You keep setting the bar too high.”” Charlotte discussed how she shared teaching and learning approaches with peers: “I have shared my information and activities with all faculty. They appreciate it, but I have found that [with] activities that involve time to develop, then faculty are less likely to develop and implement them.”

Administration. Many of the participants reflected that they did not receive any feedback from their administration. Grace stated, “My administrator hasn’t said anything to me about using it [narrative pedagogy].” Emma said she had no feedback from administration: “I haven’t had any specific responses from administration.” However, two participants received feedback from their administration. Evelyn shared, “My chair has

commented about the creative use of narrative pedagogy within the classroom.” Sophia related, “I do walk some of those things by the chair, and she is always interested in new ways to reach our students.”

As these comments indicate, only a few of the participants discussed sharing of teaching and learning approaches with their peers or administrators. One participant mentioned that she received constructive feedback on the peer evaluation. Many of the participants stated that they do not receive feedback or have dialogue with their administration, with only two participants mentioning their chairs commented on their use of narrative pedagogy. The researcher found it interesting that faculty did not receive constructive feedback about teaching on an ongoing basis. Thus, this theme was an outlier because few of the participants spoke about engaging with peers or administrators about the use of narrative pedagogy.

Theme: Critical Thinking

Critical thinking is essential to nurses’ provision of safe, competent patient care (Rao, 2019). Critical thinking is extremely important for nurses and must be emphasized throughout nursing education (Laver & Croxon, 2015). The use of storytelling in nursing education, among other approaches, can help students develop critical thinking skills (Bhana, 2014). Active learning approaches, including group work and case studies, have been shown to increase problem solving and critical thinking (Braxton, Milem, & Sullivan, 2000; Kuh, Kinzie, Schuh, & Whitt, 2005; Laver & Croxon, 2015; Popkess & McDaniel, 2011).

All participants stated that their implementation of narrative pedagogy in the classroom or clinical setting increased the development of the students’ critical thinking.

Grace related, “I also do a clinical rotation, and I have seen where the students can apply the information from the classroom directly to the clinical situation.” Amelia recalled, “When they bring in examples from clinical into the classroom, I can see that they are critically thinking through the situation.” Evelyn observed, “It helps them to prioritize and [learn] how other people think and helps them to bring a clinical application to that component.” Ava saw how her students used critical thinking skills. She said, “I definitely see that they are bringing in those thinking strategies, social learning, and collaboration into the clinical setting.”

According to Byrne et al. (2020), the NLN Advancing Care Excellence for Seniors (ACE.S) helps to prepare nursing students to provide high-quality care to older adults. The use of unfolding case studies adds depth and value to the students’ learning experiences (Byrne et al., 2020). In this regard, Abigail discussed how she helped the students to develop critical thinking through unfolding case studies:

I’ve used NLN ACE.S and kind of have had those people come to life. The students have to unpack. We work together to unpack what is going on, what is happening, what is the big picture, and what are the considerations.

Critical thinking is a vital skill for nurses to possess to be able to provide care for complex patients. As reported, the participants discussed their experiences with narrative pedagogy and how their students developed critical thinking skills. Students had a better grasp of what was taking place with the patients and learned to focus on treatments and interventions that promoted better outcomes.

The researcher correlated the students’ development of critical thinking to areas of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009). These were *Interpreting—unlearning and becoming*, *Questionings—sense and*

making meanings visible, Preserving—reading, writing, thinking-saying, and dialogue, Retrieving places—keeping open a future of possibilities, and Caring—engendering of community. The students interpreted patient data, such as laboratory results or nursing assessments. They questioned the results and whether they made sense and had meanings to the patient situations. The students preserved the patient information by reading the findings, writing the relevant information into the patient charts, and dialoguing with other necessary healthcare providers. When students used critical thinking, they kept open a future of possibilities as to what may occur and what may need to be implemented with their patients. They cared for patients in difficult and complex medical situations.

Chapter Summary

Analysis of 11 participant interview transcripts and review of documents using descriptive phenomenology revealed five themes related to the nursing faculty's implementation of narrative pedagogy in the classroom or clinical settings. These themes were (a) Exploring Narrative Pedagogy, (b) Experience Using Narrative Pedagogy, (c) Student Experience, (d) Faculty and Administrative Dialogue, and (e) Critical Thinking. The participants did not specifically discuss the aspects of Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009) during the interviews. However, the researcher correlated the data to all 10 areas for both faculty and students: *Presencing, Assembling, Gathering, Caring, Listening, Interpreting, Inviting, Questionings, Retrieving places, and Preserving.*

The interviews revealed the researcher's insights into the nursing faculty's worldviews on their implementation of narrative pedagogy. In exploring narrative pedagogy, participants reported learning about narrative pedagogy through nursing

conferences, educational classes, and scholarly literature. Regarding the experience of using narrative pedagogy, although all the participants had used storytelling in their teaching, they did not identify other active learning approaches, including case studies and gaming, as components of narrative pedagogy, although they used these approaches.

The participants all relayed positive student experiences in the implementation of narrative pedagogy. However, generational differences dictated what approach was most successful. For most participants, dialogue with other faculty or administrators regarding their teaching and learning approaches was lacking. Finally, the participants affirmed that their implementation of narrative pedagogy could improve their students' ability to think critically, and all faculty agreed critical thinking is a vital component for entry into practice

Chapter Five

Discussion

The purpose of this descriptive phenomenological study was to explore the lived experiences of prelicensure nursing faculty who implemented narrative pedagogy within the classroom or clinical settings. Based on the participants' interviews, the researcher was able to better understand the experiences of nursing faculty and answer the study's research question. The five themes that emerged from the data were (a) Exploring Narrative Pedagogy, (b) Experience Using Narrative Pedagogy, (c) Student Experience, (d) Faculty and Administrative Dialogue, and (e) Critical Thinking. In this chapter, the researcher will summarize the findings; discuss the interpretations; integrate the findings with previous literature; provide implications for nursing education, practice, and research; and acknowledge limitations of the study.

Summary of the Findings

The findings of this study described the lived experiences of nursing faculty when they implemented narrative pedagogy in classroom and clinical settings. As described previously, narrative pedagogy is focused on interpretation of experiences and exploration of shared meanings of real-world experiences from a variety of perspectives (Diekelmann, 2001). The information gained from this study will assist nursing faculty in considering alternative, research-based pedagogies to use in the classroom and clinical settings

Exploring Narrative Pedagogy

The researcher explored narrative pedagogy with the prelicensure baccalaureate nursing faculty. The participants discussed how they learned about narrative pedagogy in Master's and Doctoral educational classes and nursing conferences and by researching the literature. Many of the nursing faculty were unaware of the scope of narrative pedagogy, However, all participants described their understanding as use of storytelling in the classroom setting.

Experience Using Narrative Pedagogy

The faculty described their experience with implementing narrative pedagogy, which included the use of storytelling, case studies, unfolding case studies, and gaming. Nursing faculty must explore research-based pedagogies that permit nursing students to apply the information learned in the classroom to the clinical setting (Crookes et al., 2013). Benner et al. (2010) observed that prelicensure nursing education can deliver powerful learning experiences, specifically when students assimilate classroom learning with clinical experiences. Having students memorize information, such as signs and symptoms, does not adequately prepare graduates to be safe, competent registered nurses (Benner et al., 2010). Emphasis must be placed on teaching and learning approaches that enable students to think deeply and critically. Furthermore, given the diversity of students encountered in nursing education, nursing faculty must engage students through multiple ways of thinking (Chicca & Shellenbarger, 2018; Crookes et al., 2013; Toothaker & Taliaferro, 2017; Wood, 2014).

Storytelling was found by all the participants to be a useful teaching and learning approach in the classroom, as storytelling leads to an additional way of thinking. The

participants described storytelling as having students discuss their personal or clinical experiences as well as faculty relating their own nursing experiences. When faculty used storytelling, they learned alongside the students by inviting students into these unique conversations.

Using ones' own nursing stories can transform words in a textbook into real-life patient scenarios, providing personal meaning from particular clinical experiences. One participant described a story of her experience in critical care and how she helped to bring the information to life for the students. Storytelling not only transfers knowledge but impacts student learning in the affective domain. Thus, storytelling can help students explore caring practices in multiple ways.

When nursing instructors allow students to share their stories, the students are benefited and make meaning and even examine their assumptions about providing patient care (Gazarian, 2010; Gazarian et al., 2016). Additionally, students can feel empowered and interconnected by examining and critiquing their experiences (Brady & Asselin, 2016). Storytelling can provide students with unique human experience and is essential to learning (Christiansen, 2011). Through the use of storytelling, students and faculty share and interpret their experiences connected to patient care. From the nursing faculty responses about their use of storytelling, the researcher correlated the data to six areas of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009). These were *Presencing—attending and being open*, *Assembling—constructing and cultivating*, *Gathering – welcoming and calling forth*, *Listening—knowing and connecting*, *Inviting—waiting and letting be*, and *Questionings—sense and making meanings visible*.

During the interviews, several of the nursing faculty discussed the use of case studies and unfolding case studies. Unfolding case studies can promote active learning and provide newness to the classroom setting (Popil, 2011). These unfolding case studies allow for affective learning to occur; students are able to identify with the patients and their health needs and determine appropriate nursing interventions in order to provide treatment (Popil, 2011). According to Laver and Croxon (2015), case studies provide the opportunity for students to extract new learning and meaning from previous knowledge and experiences. Further, students explore and deconstruct the case studies and determine what is important about the patient situation and how the elements relate to patient care. Each student may interpret the case study differently; therefore, it can provide a variety of perspectives regarding nursing assessments and interventions.

Several participants said that students enjoy case studies, making them think like nurses. One educator portrayed her cardiac lecture as an unfolding case study which took place over a 2-week period. The researcher correlated the information about case studies and unfolding case studies to three areas of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009). These were *Assembling—constructing and cultivating*, *Interpreting—unlearning and becoming*, and *Questionings—sense and making meanings visible*.

Use of gaming as a teaching pedagogy is one in which instructors use technology and keep students engaged. As the participants recognized, engaged students show increased attention, curiosity, and passion towards the topic that is taught or learned. Gaming is an active learning teaching approach to facilitate learning, and there is always a need for different ways to experience teaching and learning (McEnroe-Petitte & Farris,

2020; Royse & Newton, 2007), Use of games can reinforce knowledge, improve retention, promote collaborative learning, and encourage critical thinking (Rowles, 2012; Royse & Newton, 2007). According to Rao (2019), use of gaming in the classroom setting can help to prepare nurses for changing environments and nursing practice through the application of knowledge.

Several of the participants used gaming, specifically Kahoot®, Socrative®, Price is Right® and Jeopardy®, in the classroom setting. The participants asserted that they would continue to implement these games in their classroom settings, and that they are especially effective with the traditional students. The researcher correlated the information about gaming to seven areas of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009). These were *Presencing—attending and being open*, *Assembling—constructing and cultivating*, *Gathering—welcoming and calling forth*, *Listening—knowing and connecting*, *Interpreting—unlearning and becoming*, *Inviting—waiting and letting be*, and *Questionings—sense and making meanings visible*.

Student Experience

The prelicensure nursing faculty related that students had positive experiences with narrative pedagogy, as reported on course evaluations or through conversations with faculty. In these evaluations, students conveyed their appreciation of interactive methodology, specifically gaming and unfolding case studies. The statements from students on course evaluations emphasized that they were not bored in the classroom and that they enjoyed a variety of learning activities. The faculty reported that students also wrote on their evaluations and discussed with them their conviction that storytelling, unfolding case studies, and gaming were meaningful activities.

Many of the participants discussed how generations experience the interactive activities differently. Nursing faculty need to address the learning needs of multiple generations, including Generation X, Generation Y or Millennials, and the new Generation Z (Chicca & Shellenbarger, 2018). Traditional students, Generation Z, tend to prefer gaming activities, whereas older students, who may be Generation X or Y, appreciate storytelling. One participant expressed the need to continue to add more interactive activities to keep the younger students engaged. According to Chicca and Shellenbarger (2018), innovative teaching and learning approaches will be required to meet the needs of Generation Z.

Students need to be engaged with teaching and learning approaches and also need to see the relevance of course content to their practice (Crookes et al., 2013). Narrative pedagogy provides nursing students with the ability to transform traditional thinking and approaches into new ways through a variety of teaching and learning strategies. According to Ironside (2006), narrative pedagogy prepares students to be skillful in thinking from multiple perspectives as well challenging their own assumptions and understandings. This type of thinking is necessary for developing nursing practice environments and managing complex patient situations (Ironside, 2006).

Faculty and Administrative Dialogue

The researcher found it surprising that the participants had little dialogue with other faculty and administrators about the use of narrative pedagogy. The many demands on nurses' time may have explained this lack (Ironside, 2005c). In addition, some nursing faculty might not believe in the value of sharing their teaching experiences with peers (Wingo, 2017).

Several participants remarked that they had no dialogue with their peers; however, others had discussions with their peers regarding implementing narrative pedagogy. One participant stated that faculty need to share their teaching and learning approaches with their peers so others have the opportunity to learn and grow professionally. After sharing with their peers, participants discussed how their colleagues declared that they would try to implement narrative pedagogy.

The prelicensure nursing faculty reflected that their conversations with their administration was typically focused on course evaluations rather than teaching and learning. One participant reported discussions with the nursing chair about implementing interactive activities in the classroom setting, and another participant mentioned that she received constructive feedback on the peer evaluation. The researcher found it thought-provoking that faculty did not receive constructive feedback about their teaching on an ongoing basis.

Critical Thinking

All participants discussed their recognition that implementation of narrative pedagogy can increase the students critical thinking abilities. The conversations revealed how nursing faculty can see the development of critical thinking not only in the classroom but also in the clinical setting. Implementation of the varieties of narrative pedagogy, such as unfolding case studies, helps the students in many ways. One participant described how students *unpack* the information in an unfolding case study in which they use critical thinking to see the complexities of nursing care. Through the discussions with the nursing faculty, the researcher correlated the data about critical thinking with five areas of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009).

These were *Caring engendering of community*, *Interpreting–unlearning and becoming*, *Questioning –sense and making meanings visible*, *Retrieving places–keeping open a future of possibilities*, and *Preserving–reading, writing, thinking-saying, and dialogue*.

Integration of the Findings With Previous Literature

When instructors implement narrative pedagogy, they transform nursing education by encouraging their students to change the way they think about learning (Ironside, 2015). Benner et al. (2010) emphasized that nursing faculty need to provide students multiple ways of thinking to meet complex patient needs. The need is immediate for active teaching and learning approaches in nursing education. Innovation involves the development of essential skills for nurse educators in developing thinking and grouping knowledge, skills, and attitudes into new teaching approaches (Rao, 2019).

The Literature and Exploring Narrative Pedagogy

As previously described, narrative pedagogy is a research-based pedagogy in which educators and students share and interpret experiences together. Bowles (2016) observed that narrative pedagogy is used in nursing education, but the way it is implemented varies among nurse educators. Narrative pedagogy is a teaching and learning approach which is collaborative, shared, and taking place between educators and students (Ironside, 2015).

The Literature and Experience Using Narrative Pedagogy

The narrative pedagogy approach of storytelling creates imagination and empathy as students learn to provide safe, competent care (Wood, 2014). Students come to class with meaningful life stories, and nurse educators can provide rich, complex stories from their own nursing practice, as students and educators become sharing partners in the

classroom. The classroom needs to be a safe place for students to feel comfortable to share their stories, and educators must be willing to tell their own stories. Educators need to ask students to share their stories, and educators need to listen and hear the students' stories (Heinrich, 1992). Both can value their shared experiences, specifically when time is allotted for making meaning out of these stories (Heinrich, 1992).

Students prefer interactive, stimulating learning; therefore, conventional pedagogy is no longer adequate. Nontraditional teaching and learning approaches need to bridge the gap between theoretical learning and practical implementation of that knowledge (Crookes et al., 2013). Narrative pedagogy delivered by empathetic instructors can prepare students adequately for nursing practice. When implementing nontraditional teaching and learning approaches, faculty create an active learning environment by prompting the students to engage with narratives; interact, discuss, and use technology; and reflect on the narratives (Benek-Rivera & Matthews, 2004).

Different modalities of narrative pedagogy can be beneficial to all generations (Crookes et al., 2013; Kinder & Kurz, 2018). Generations Y and Z are extremely comfortable with gaming. Use of gaming in the nursing classroom can actively engage students and inspire them to master the necessary knowledge (Gallegos et al., 2017; Metcalf & Yankou, 2001; McEnroe-Petitte & Farris, 2020). Instructors' use of games has several advantages: games are exciting, reinforce learning, emphasize the students' strengths, provides immediate feedback, and build teamwork (Kinder & Kurz, 2018). When playing games in the classroom setting, students must make the best decisions based upon the information available. Therefore, the exercise can remove some of the ambiguity from the decision-making process (Metcalf & Yankou, 2001). Kinder and Kurz

(2018) demonstrated that gaming can be more effective than traditional teaching approaches in teaching nursing principles and practices.

The Literature and Student Experience

Nursing faculty need to embrace a practice-driven approach to education, which can be accomplished by their use of narrative pedagogy. Through narrative pedagogy, faculty can prepare students for nursing practice by facilitating the growth of their practical knowledge over time (Nehls, 1995). Implementation of a variety of teaching and learning approaches, such as case studies, storytelling, and critical thinking activities, are effective teaching methods in which adult learners collaborate with their peers (Caruth, 2014). Through collaborative activities, students develop a sense of trust, support, and respect for the educators as well as their peers (Caruth, 2014). Additionally, with development of these qualities, students will be prepared for working in an interprofessional environment in which collaboration is important to providing patient care.

Nurse educators should help students understand why they need to know the information being taught, which can strengthen the value of learning (Caruth, 2014). When students value their learning through the use of meaningful teaching and learning approaches, they will express their recognition in course evaluations. Course evaluations are central to the evaluative process of nursing education; as nursing faculty recognize, evaluations are beneficial in planning teaching and learning approaches for the future.

Student retention initially begins in the classroom and sets a precedent for lifelong learning (Caruth, 2014). According to Crookes et al. (2013), use of technology and online tools can increase student retention. Engaging students can lead to improved retention and

ultimately to successful students (Caruth, 2014). When educators work with students rather than lecturing them, partnerships and cocreation of the learning experience are developed, leading to student retention (Ironside, 2005a, 2005c). Nursing faculty can provide a caring environment through development of a sense of community, working together, which reflects nursing practice (Ironside, 2005c). This development of community and working together correlates to one area of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Diekelmann, 2009), *Caring–engendering of community*.

The Literature and Faculty and Administrative Dialogue

Ironside (2005c) discussed the importance of faculty sharing their experiences of implementing new pedagogies with other nurse educators at nursing conferences and discussion with their peers. The sharing of experiences with implementing active teaching and learning approaches should not be complicated but rather focused on supporting, mentoring, and inspiring other nursing faculty (Ironside, 2005c). Sharing can take place through professional development within the nursing department at the faculty's university or through presentations at nursing conferences.

The Literature and Critical Thinking

Critical thinking is needed by all nurses to manage patient problems, determine the best clinical decisions, and provide safe, high-quality patient care (Dehghanzadeh & Jafaraghaee, 2018). Nurse educators need to be purposeful about incorporating aspects of critical thinking into teaching and learning approaches to help students develop critical thinking skills (Carter et al., 2016). In the process, nurses need to seek information from

patients, analyze data, make decisions based upon that information, and reflect on how the information impacts patients (Dehghanzadeh & Jafaraghaee, 2018).

Therefore, the traditional lecture format is inadequate to promotion of critical thinking. Active learning approaches including case studies, Socratic questioning, and role play, all of which can promote the development of critical thinking (Popil, 2011; Rogge, 2001; Sandstrom, 2006). The implementing of games into the classroom setting also can strengthen critical thinking (Metcalf & Yankou 2001).

Implication of the Findings

The study described the prelicensure baccalaureate nursing faculty experiences of implementing narrative pedagogy at three universities. Eleven nurse educators were interviewed and shared their experiences. The findings from this study may impact nursing education, nursing practice, and nursing research.

Implications for Nursing Education

This study provided data regarding implementation of narrative pedagogy for prelicensure nursing faculty in the classroom or clinical settings. The findings revealed that implementing narrative pedagogy can assist in the preparation of students for nursing practice. Narrative pedagogy may be used in addition to conventional pedagogy and shifts the focus of teaching from the faculty to the student. This shift allows students to develop numerous ways of thinking about nursing practice.

Nursing faculty face great challenges in capturing students' attention to engage them in the classroom setting. Therefore, faculty need to implement research-based teaching and learning approaches, such as narrative pedagogy, that will sustain students' interests (Rao, 2020; Toothaker & Taliaferro, 2017). The need for active learning

approaches has never been greater, as the diversity of students in the classroom continues to expand. Active learning approaches increase student success and retention of information and lead to more engaged students (Patrick, Howell, & Wischusen, 2016). When nurse educators deliver content in a meaningful and engaging way, the content can correlate theory to practice, increasing student learning (Benner et al., 2010; McEnroe-Petitte & Farris, 2020; Spector & Odom, 2012).

Nursing faculty know it is vitally important for students to gain nursing knowledge; however, the focus should be shifted to application of knowledge needed to provide care in a variety of situations. An active learning environment allows for application of knowledge through techniques such as an unfolding case study or gaming. This study revealed that when nursing faculty implement narrative pedagogy, they create a dynamic learning environment. The study findings revealed that faculty believed that critical thinking was enhanced through the use of narrative pedagogy and that students were able to translate what they had learned in the classroom to the clinical area. However, the need exists for additional research on the impact of narrative pedagogy on critical thinking.

This study can support prelicensure nursing faculty's use of narrative pedagogy in a multigenerational classroom. The participants discussed how traditional students prefer the use of gaming, whereas older students tend to appreciate storytelling. Faculty can find it difficult to incorporate activities that every student will desire; however, implementation of a variety of activities will allow more students to participate in class and clinical sessions and meet their different learning styles and educational needs. Further research

needs to be conducted on how best to meet the needs of a multigenerational classroom in relation to the active learning environment.

The study revealed that prelicensure nursing faculty did not dialogue with their peers regarding the use of interactive activities in the classroom or clinical settings. Nursing faculty should be willing to share their knowledge and experiences for their peers to grow and develop professionally. Sharing can be accomplished through faculty development and nursing conferences. There is a need for research to be completed on faculty dialoguing about their use of interactive activities and pedagogical approaches.

This study was undertaken with prelicensure baccalaureate nursing faculty, and it would be relevant to replicate the study with nursing faculty at other educational levels, including those teaching in diploma, associate, master's, and doctoral programs. Narrative pedagogy can be applicable for all levels of nursing education. Therefore, further research studies are warranted.

Implications for Nursing Practice

A major aspect of the practice of nursing is caring for patients with complex medical conditions. Implementation of narrative pedagogy will assist in preparing students to become nurses who are able to think critically with regard to patients' complex situations. In today's healthcare environment, it is essential that students be prepared to provide safe, high-quality, competent patient care. Registered nurses are required to interpret complex data concerning their patients. Sometimes these interpretations need to be made during critical events. Thus, it is crucial that students can actively apply nursing knowledge and problem solving immediately and throughout their education.

Narrative pedagogy promotes reflective practice for the students. The implementation of storytelling or unfolding case studies enables students to reflect on what occurred and what will happen next. With this training, when students become registered nurses, they are able to use reflective practice to improve patient care. Therefore, further research could be conducted on whether students who have been taught reflective practice continue to use this technique as practicing nurses.

Implications for Nursing Research

This study contributed to the limited evidence in nursing research to support prelicensure nursing faculty's implementation of narrative pedagogy in the classroom or clinical settings. Nursing faculty may be reluctant to implement active learning approaches because of time constraints needed to develop the activities. However, the current findings support the benefits of narrative pedagogy to students. Nursing faculty can be assured that the time spent in development of the teaching and learning approaches results in student engagement, positive student experiences, and their development of critical thinking. However, there is need for further research on the correlation of implementation of narrative pedagogy to the use of critical thinking in the clinical setting.

Limitations

This study had several limitations. Only the nursing faculty's experiences implementing narrative pedagogy were explored. The faculty were self-reporting and may have been unable to recall information from previous experiences. Additionally, nursing faculty may have over- or underreported their use of narrative pedagogy. Further, the researcher explored only this alternative teaching and learning methods only in the context of nursing education.

In disclosure of the researcher's role, the researcher is a nursing faculty member in a private prelicensure nursing program and maintains professional relationships with other nursing faculty. As a result of this professional relationship, an attitude of attentive openness, which implies bracketing of the phenomenon, may not have been completely achieved and may have affected the data analysis (Kleiman, 2004; Ming et al., 2010).

The credibility of the study may have been limited because of the researcher's preunderstanding, preconceptions, and biases about the phenomenon of interest as a result of the researcher's experience as a nursing faculty in a private prelicensure nursing program. Every effort was made to preserve the trustworthiness and rigor of all processes (Maggs-Rapport, 2001; Thorne, 2000). However, the accuracy of the analyzed data may have been restricted by the researcher's preconceptions and emphasis on participants' responses that supported preunderstanding of the topic.

Chapter Summary

The findings of this study revealed understanding of the lived experience of prelicensure baccalaureate nursing faculty when implementing narrative pedagogy in the classroom or clinical settings. Based on these findings, nursing faculty can feel comfortable about shifting from a traditional lecture format to active teaching and learning approaches. This study indicates the vital importance of implementation of a research-based pedagogy, such as narrative pedagogy, in nursing student education to achieve the best possible student outcomes and prepare students for the complexities they will encounter in nursing practice.

Through providing the students different teaching and learning approaches, such as storytelling and unfolding case studies, the nursing faculty will enable students to have

meaningful discussions and translate the information learned into real-life patient scenarios. For example, implementation of unfolding case studies includes information about patient scenarios, which aids the students in making decisions, determine appropriate nursing interventions, and evaluate patients throughout the case study. Traditional college students would prefer to use technology, but gaming can benefit all students by engaging them, testing their knowledge, and providing immediate feedback. Nursing students need to apply the information learned in the classroom setting, to the clinical environment to be equipped to enter today's dynamic healthcare environment and provide competent, safe, high- quality care to medically complex patients.

Although the Concernful Practices of Schooling Learning Teaching were not specifically discussed during the interviews, the researcher concluded that the data correlated to all 10 areas: *Presencing—attending and being open, Assembling—constructing and cultivating, Gathering—welcoming and calling forth, Caring—engendering of community, Listening—knowing and connecting, Interpreting—unlearning and becoming, Inviting—waiting and letting be, Questionings—sense and making meanings visible, Retrieving places—keeping open a future of possibilities, and Preserving—reading, writing, thinking-saying, and dialogue*. These areas are associated with the use of storytelling, unfolding case studies, case studies, reflective practice, gaming, and the development of critical thinking.

As a result of this study, areas of future research were identified related to nursing education, nursing practice, and nursing research. Nursing faculty need to share their experiences of implementing varied teaching and learning approaches with their peers and colleagues through nursing conferences, scholarly articles, and teaching in master's and

doctoral classes. Further research needs to be conducted on how best to meet the needs of a multigenerational classroom related to students' learning needs.

Narrative pedagogy was studied in this research on prelicensure baccalaureate nursing faculty; additional studies with other nursing faculty would be relevant, including faculty teaching in diploma, associate, master's, and doctoral programs. Further research can be conducted on the benefit of students using reflection and how their development of reflection impacts their practice. Finally, there is a need for further research on the correlation of use of narrative pedagogy to students' critical thinking abilities in clinical situations.

This research revealed that through the use of narrative pedagogy, nursing faculty can effectively meet the educational needs of an increasingly diverse student population. Millennial and Generation Z students learn differently from previous generations, and narrative pedagogy can be relevant to all generations of students. The participants expressed how their implementation of narrative pedagogy, such as storytelling, case studies, unfolding case studies, and gaming, can engage students and lead to their development of critical thinking both in the classroom and clinical setting. The study indicated that nursing faculty in prelicensure baccalaureate nursing program can use narrative pedagogy effectively to prepare students to be self-reflective practitioners who understand the complexity of nursing care. Thus, through the application of knowledge and sharing of experiences, narrative pedagogy can adequately prepare nurses for nursing practice in today's increasingly complex healthcare environment.

References

- Accreditation Commission for Education in Nursing. (2017). *ACEN 2017 standards and criteria baccalaureate*. Retrieved from http://www.acenursing.net/manuals/sc2017_B.pdf
- Ahern, K. J. (1999). Pearls, pith, and provocation: Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411. doi:10.1177%2F104973239900900309
- Allan, H. T., & Smith, P. (2010). Are pedagogies used in nurse education research evident in practice? *Nurse Education Today*, 30(5), 476-479. doi:10.1016/j.nedt.2009.10.001
- Allum, P., Blakely, G., Cooper, S., Nelves, P., & Skirton, H. (2010). Use of educational games in the health professions: A mixed-methods study of educators' perspectives in the UK. *Nursing and Health Sciences*, 12(1), 27-32. doi:10.1111/j.1442-2018.2009.00479.x
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf>
- American Organization of Nurse Executives. (2015). *BSN-level nursing resources*. Retrieved from <http://www.aone.org/resources/leadership%20tools/BSN.shtml>
- Andrews, C. A., Ironside, P. M., Nosek, C., Sims, S. L., Swenson, M. M., Yeomans, C., . . . Diekelmann, N. (2001). Enacting narrative pedagogy: The lived experiences of students and teachers. *Nursing and Health Care Perspectives*, 22(5), 252-259. <https://www.questia.com/library/p439165/nursing-and-health-care-perspectives>
- Baid, H., & Lambert, N. (2010). Enjoyable learning: The role of humour, games, and fun activities in nursing and midwifery education. *Nurse Education Today*, 30(6), 548-552. doi:10.1016/j.nedt.2009.11.007
- Beard, K., & Morote, E.-S. (2010). Using podcasts with narrative pedagogy: Are learning objectives met? *Nursing Education Perspectives*, 31(3), 186-187. <https://journals.lww.com/neponline/pages/default.aspx>
- Beech, I. (1999). Bracketing in phenomenological research. *Nurse Researcher*, 6(3), 35-51. doi:10.7748/nr1999.04.6.3.35.c6086
- Benek-Rivera, J., & Matthews, V. (2004). Active learning with Jeopardy: Students ask the questions. *Journal of Management Education*, 28, 104-118. doi:10.1177%2F1052562903252637

- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Stanford, CA: Jossey-Bass.
- Berger, P., & Luckmann, T. (1967). *The social construction of reality: A treatise in the sociology of knowledge*. Garden City, NY: Doubleday.
- Bhana, V. (2014). Interpersonal skills development in generation Y student nurses: A literature review. *Nurse Education Today*, 34(12), 1430-1434. doi:10.1016/j.nedt.2014.05.002
- Billings, D. M., & Halstead, J. A. (2012). *Teaching in nursing: A guide for faculty*. (4th ed.). St. Louis, MO: Elsevier Saunders.
- Boctor, L. (2013). Active-learning strategies: The use of a game to reinforce learning in nursing education. A case study. *Nurse Education in Practice*, 13(2), 96-100. doi:10.1016/j.nepr.2012.07.010
- Bowles, W. (2016). Enabling narrative pedagogy: Listening in nursing education. *Humanities*, 5(1), 1-8. doi:10.3390/h5010016
- Boyd, C. A., Warren, J., & Glendon, M. A. (2016). Gaming the system: Developing an educational game for securing principles of arterial blood gases. *Journal of Professing Nursing*, 32(55), S37-S41. doi:10.1016/j.profnurs.2016.05.001
- Brady, D. R., & Asselin, M. E. (2016). Exploring outcomes and evaluation in narrative pedagogy: An integrative review. *Nurse Education Today*, 45, 1-8. doi:10.1016/j.nedt.2016/06.002
- Braxton, J. M., Milem, J. F., & Sullivan, A. S. (2000). The influence of active learning on the college student departure process: Toward a revision of Tinto's theory. *Journal of Higher Education*, 71(5), 569-590. doi:10.2307/2649260
- Breytenbach, C., ten Ham-Baloyi, W., & Jordan, P. J. (2017). An integrative literature review of evidence-based teaching strategies for nurse educators. *Nursing Education Perspectives*, 38(4), 193-197. doi:10.1097/01.NEP.0000000000000181
- Broward County. (2016). *Demographic data*. Retrieved from <http://www.broward.org/Planning/Demographics/Pages/default.aspx>
- Brown, S. T., Kirkpatrick, M. K., Magnum, D., & Avery, J. (2008). A review of narrative pedagogy strategies to transform traditional nursing education. *Journal of Nursing Education*, 47(6), 283-286. doi:10.3928/01484834/20080601-01
- Brown Tyo, M., & McCurry, M. K. (2018). An integrative review of clinical reasoning teaching strategies and outcome evaluation in nursing education. *Nursing Education Perspectives*, 40(1), 11-17. doi:10.1097/01.NEP.0000000000000375

- Brykczynski, K. A. (2012). Teachers as researchers: A narrative pedagogical approach to transforming a graduate family and health promotion course. *Nursing Education Perspectives*, 33(4), 224-228. <https://doi.org/10.5480/1536-5026-33.4.224>
- Byrne, D., Czekanski, K., Blumenfeld, S., Overbaugh, K., Wilby, M., & Laske, R. L. (2020). Assessing undergraduate nursing students' attitudes toward the dying in an end-of-life simulation using an ACE.S unfolding case study. *Journal of Hospice & Palliative Nursing*, 22(2), 123-129. doi:10.1097/NJH.0000000000000626
- Candela, L., Dalley, J., & Benzel-Lindley, J. (2006). A case for learning-centered curricula. *Journal of Nursing Education*, 45(2), 59-66. <https://www.healio.com/nursing/journals/jne>
- Carter, A. G., Creedy, D. K., & Sidebotham, M. (2016). Efficacy of teaching methods used to develop critical thinking in nursing and midwifery undergraduate students: A systematic review of the literature. *Nurse Education Today*, 40, 209-218. doi:10.1016/j.nedt.2016.03.010
- Caruth, G. (2014). Learning how to learn: A six point model for increasing student engagement. *Participatory Educational Research*, 1(2), 1-12. doi:10.17275/per.13.06.1.2
- Carvalho, D.P.S.R.P., Azevedo, I. C., Cruz, G.K.P., Mafra, G.A.C., Rego, A.L.,C., Vitor, A. F., . . . Ferreira Júnior, M. A. (2017). Strategies used for the promotion of critical thinking in nursing undergraduate education: A systematic review. *Nurse Education Today*, 57, 103-107. doi:10.1016/j.nedt.2017.07.010
- Chan, Z. C. Y., Fung, Y.-L., & Chien, W.-T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *Qualitative Report*, 18(30), 1-9. <https://nsuworks.nova.edu/tqr/>
- Chicca, J., & Shellenbarger, T. (2018). Generation Z. *Journal for Nurses in Professional Development*, 34(5), 250-256. doi:10.1097/NND.0000000000000478
- Christiansen, A. (2011). Storytelling and professional learning: A phenomenographic study of students' experience of patient digital stories in nurse education. *Nurse Education Today*, 31(3), 289-293. doi:10.1016/j.nedt.2010.10.006
- Commission on Collegiate Nursing Education. (2018). *Accreditation of baccalaureate and graduate nursing programs*. Retrieved from <https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>
- Corbally, M., & Grant, A. (2016). Narrative competence: A neglected area in undergraduate curricula. *Nurse Education Today*, 36, 7-9. doi:10.1016/j.nedt.2015.09.004

- Corbin, J., & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry*, 9(3), 335-354. doi:10.1177%2F1077800403009003001
- County of Chester. (2018). *Demographics*. Retrieved from <https://www.chesco.org/3995/Demographics>
- Cowen, K. J., & Tesh, A. S. (2002). Effects of gaming on nursing students' knowledge of pediatric cardiovascular dysfunction. *Journal of Nursing Education*, 41(11), 507-509. doi:10.3928/0148-4834-20021101-13
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Crookes, K., Crookes, P. A., & Walsh, K. (2013). Meaningful and engaging teaching techniques for student nurses: A literature review. *Nurse Education in Practice*, 13(4), 239-243. doi:10.1016/j.nepr.2013.04.008
- Dahlberg, K., Ekebergh, M., & Ironside, P. M. (2003). Converging conversations from phenomenological pedagogies: Toward a science of health professions education. In N. Diekelmann (Eds.), *Teaching the practitioners of care: New pedagogies for the health professions* (pp. 22-58). Madison, WI: University of Wisconsin Press.
- Damico, J., Tetnowski, J., Lynch, K., Hartwell, J., Weill, C., Heels, & Simmons-Mackie, N. (2015). Facilitating authentic conversation: An intervention employing principles of constructivism and conversation analysis. *Aphasiology*, 29(3), 400-421. doi:10.1080/02687038.2014.945388
- Davidson, M. R. (2004). A phenomenological evaluation: Using storytelling as a primary teaching method. *Nurse Education in Practice*, 4(6), 184-189. doi:10.1016/S1471-5953(03)00043-X
- Department of State. (2017). *NCLEX-RN performance of first time candidates educated in Pennsylvania who completed NCLEX in the U.S.* Retrieved from <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Applications%20and%20Forms/NCLEX-PerformanceRN.pdf>
- Dehghanzadeh, S., & Jafaraghaee, F. (2018). Comparing the effects of traditional lecture and flipped classroom on nursing students' critical thinking disposition: A quasi-experimental study. *Nurse Education Today*, 71, 151-156. doi:10.1016/j.nedt.2018.09.027
- Denzin, N. K. (2001). *Interpretive interactionism* (2nd ed.). Thousand Oaks, CA: Sage.

- Denzin, N., & Lincoln, Y. (Eds.). (2003). *Strategies of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage.
- Diekelmann, N. (1990). Nursing education: Caring, dialogue, and practice. *Journal of Nursing Education*, 29(7), 300-305. ISSN:0148-4834
- Diekelmann, N. (1993a). Behavioral pedagogy: A Heideggerian hermeneutical analysis of the lived experiences of students and teachers in baccalaureate nursing education. *Journal of Nursing Education*, 32(6), 245-290. ISSN:0148-4834
<https://www.healio.com/nursing/journals/jne>
- Diekelmann, N. L. (1993b). Transforming RN education: New approaches to innovation. In N. L. Diekelmann & M. L. Rather (Eds.), *Transforming RN education: Dialogue and debate* (pp. 42-57). New York, NY: National League for Nursing Press.
- Diekelmann, N. (2001). Narrative pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science*, 23(3), 53-71.
<https://journals.lww.com/advancesinnursingscience/pages/default.aspx>
- Diekelmann, N. (2002). "Too much content . . ." Epistemologies' grasp and nursing education. *Journal of Nursing Education*, 41(11), 469-470.
<https://www.healio.com/nursing/journals/jne>
- Diekelmann, N. (2003a). Thinking-in-action journals: From self-evaluation to multiperspectival thinking. *Journal of Nursing Education*, 42(11), 482-484.
<https://www.healio.com/nursing/journals/jne>
- Diekelmann, N. (2003b). Converging conversations from phenomenological pedagogies: Toward a science of health professions education. In K. Dahlberg, M. Ekebergh, & P. M. Ironside (Eds.), *Teaching the practitioners of care: New pedagogies for the health professions* (pp. 22-58). Madison, WI: University of Wisconsin Press.
- Diekelmann, N. (2004a). Experienced possibilities as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education*, 43(3), 101-103.
<https://www.healio.com/nursing/journals/jne>
- Diekelmann, N. (2004b). Leaving the safe harbor of competency-based and outcomes education: Re-thinking practice education. *Journal of Nursing Education*, 43(9), 385-388. <https://www.healio.com/nursing/journals/jne>
- Diekelmann, N. (2004c). Student-centered pedagogies: Co-creating compelling experiences using the new pedagogies. *Journal of Nursing Education*, 43(6), 245-247. <https://www.healio.com/nursing/journals/jne>

- Diekelmann, N. (2005). Engaging the students and the teacher: Co-creating substantive reform with narrative pedagogy. *Journal of Nursing Education*, 44(6), 249-252. <https://www.healio.com/nursing/journals/jne>
- Diekelmann, N., & Diekelmann, J. (2009). *Schooling learning teaching: Toward narrative pedagogy*. Bloomington, IN: iUniverse.
- Diekelmann, N., & Lampe, S. (2004). Student-centered pedagogies: Co-creating compelling experiences using the new pedagogies. *Journal of Nursing Education*, 43(6), 245-247. doi:10.3928/01484834-20040601-02
- Diekelmann, N., & Mendias, E. P. (2005). Being a supportive presence in online courses: Knowing and connecting with students through writing. *Journal of Nursing Education*, 44(8), 344-346. <https://www.healio.com/nursing/journals/jne>
- Diekelmann, N., & Smythe, E. (2004). Covering content and the additive curriculum: How can I use my time with students to best help them learn what they need to know? *Journal of Nursing Education*, 43(8), 341-344. <https://www.healio.com/nursing/journals/jne>
- Dowling, M. (2004). Hermeneutics: An exploration. *Nurse Researcher*, 11(4), 30-39. doi:10.7748/nr2004.07.11.4.30.c6213
- Dreyfus, H. L. (1991). *Being-in-the-world: A commentary on Heidegger's being and time*. Cambridge, MA: MIT Press.
- Dyson, S. E. (2018). *Critical pedagogy in nursing*. London, England: Springer Nature.
- Ellis, P. A. (2013). A comparison of policies on nurse faculty workload in the United States. *Nursing Education Perspectives*, 34(5), 303-309. doi:10.5480/1536-5026-34.5.303 NIT
- Evans, B. C., & Bendel, R. (2004). Cognitive and ethical maturity in baccalaureate nursing students: Did a class using narrative pedagogy make a difference? *Nursing Education Perspectives*, 25(4), 188-195. <https://journals.lww.com/neponline/pages/default.aspx>
- Facione, N. C., & Facione, P. A. (2008). Critical thinking and clinical judgment. In N. C. Facione & P. A. Facione (Eds.), *Critical thinking and clinical reasoning in the health sciences: An international multidisciplinary teaching anthology* (pp. 1-13). Millbrae, CA: California Academic Press.
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the phenomenological psychological attitude. *Journal of Phenomenological Psychology*, 39(1), 1-32. doi:10.1163/156916208X311601

- Forsberg, E., Ziegert, K., Hult, H., & Fors, U. (2014). Clinical reasoning in nursing, a think-aloud study using virtual patients—A base for an innovative assessment. *Nurse Education Today*, 34, 538-542. doi:10.1016/j.nedt.2013.07.010
- Gallegos, C., Tesar, A. J., Connor, K., & Martz, K. (2017). The use of a game based learning platform to engage nursing students: A descriptive, qualitative study. *Nurse Education in Practice*, 27, 101-106. doi:10.1016/j.nepr.2017.08.019
- Gazarian, P. K. (2010). Digital stories: Incorporating narrative pedagogy. *Journal of Nursing Education*, 49(5), 287-290. <https://doi.org/10.3928/01484834-20100115-07>
- Gazarian, P. K., Fernberg, L. M., & Sheehan, K. D. (2016). Effectiveness of narrative pedagogy in developing student nurses' advocacy role. *Nursing Ethics*, 23(2), 132-141. doi:10.1177/0969733014557718
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, 14(10), 1429-1452. doi:10.1177/1049732304270394
- Gidman, J. (2013). Listening to stories: Valuing knowledge from patient experience. *Nurse Education in Practice*, 13(3), 192-196. doi:10.1016/j.nepr.2012.09.006
- Giorgi, A. (2012). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18(1), 75-82. doi:10.1177/0894318404272112
- Gray-Miceli, D., Aselage, M., & Mezey, M. (2010). Teaching strategies for atypical presentation of illness in older adults. *Journal of Gerontological Nursing*, 36(7), 38-43. doi:10.3928/00989134-20100601-01
- Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. Denzin, & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), 261-280. doi:10.1177/1077800403262360
- Haahr, A., Norlyk, A., & Hall, E. O. (2014). Ethical challenges embedded in qualitative research interviews with close relatives. *Nursing Ethics*, 21(1), 6-15. doi:10.1177/0969733013486370
- Hall, H., Griffiths, D., & McKenna, L. (2013). From Darwin to constructivism: The evolution of grounded theory. *Nurse Researcher*, 20(3), 17-21. doi: 10.7748/nr2013.01.20.3.17.c9492

- Hamill, C., & Sinclair, H. (2010). Bracketing—Practical considerations in Husserlian phenomenological research. *Nurse Researcher*, 17(2), 16-24. doi:10.7748/nr2010.01.17.2.16.c7458
- Hannay, M., & Fretwell, C. (2011). The higher education workplace: Meeting the needs of multiple generations. *Research in Higher Education Journal*, 10, 1-12. <http://www.aabri.com/rhej.html>
- Heidegger, M. (1975). *The basic problems of phenomenology*. Bloomington, IN: Indiana University Press.
- Heinrich, K. T. (1992). Create a tradition: Teach nurses to share stories. *Journal of Nursing Education*, 31(3), 141-143. <https://doi.org/10.3928/0148-4834-19920301-13>
- Herron, E. K., Sudia, T., Kimble, L. P., & Davis, A. H. (2016). Prelicensure baccalaureate nursing students' perceptions of their development of clinical reasoning. *Journal of Nursing Education*, 55(6), 329-335. doi:10.3928/01484834-20160516-05
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Ames, IA: Wiley-Blackwell.
- Husserl, E. (1962). *Ideas: General introduction to pure phenomenology*. New York, NY: Humanities Press.
- Institute of Medicine. (2009). *Leadership commitments to improve value in healthcare: Finding common ground: Workshop summary*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK52847/>
- Institute of Medicine. (2011). *The future of nursing: Focus on education*. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Nursing%20Education%202010%20Brief.pdf>
- Ironside, P. M. (1999a). Thinking in nursing education: Part I: A student's experience learning to think. *Nursing & Healthcare Perspectives*, 20(5), 238-242. https://www.researchgate.net/journal/1094s2831_Nursing_and_health_care_perspectives
- Ironside, P. M. (1999b). Thinking in nursing education: Part II: A teacher's experience. *Nursing & Health Care Perspectives*, 20(5), 243-247. <https://www.questia.com/library/p439165/nursing-and-health-care-perspectives>
- Ironside, P. M. (2001). Creating a research base for nursing education: An interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. *Advances in Nursing Science*, 23(3), 72-87. doi:10.1097/00012272-200103000-00007

- Ironside, P. M. (2003a). Trying something new: Implementing and evaluating narrative pedagogy using a multimethod approach. *Nursing Education Perspectives*, 24(3), 122-128. <https://journals.lww.com/neponline/pages/default.aspx>
- Ironside, P. M. (2003b). New pedagogies for teaching thinking: The lived experiences of students and teachers enacting narrative pedagogy. *Journal of Nursing Education*, 42(11), 509-516. <https://www.healio.com/nursing/journals/jne>
- Ironside, P. M. (2004). "Covering content" and teaching thinking: Deconstructing the additive curriculum. *Journal of Nursing Education*, 43(1), 5-12. <https://www.healio.com/nursing/journals/jne>
- Ironside, P. M. (2005a). Students' voices: Listening to their experiences in practice education. *Journal of Nursing Education*, 44(2), 49-52. <https://www.healio.com/nursing/journals/jne>
- Ironside, P. M. (2005b). Teaching thinking and reaching the limits of memorization: Enacting new pedagogies. *Journal of Nursing Education*, 44(10), 441-449. <https://www.healio.com/nursing/journals/jne>
- Ironside, P. M. (2005c). Working together, creating excellence: The experiences of nursing teachers, students, and clinicians. *Nursing Education Perspectives*, 26(2), 78-85. <https://journals.lww.com/neponline/pages/default.aspx>
- Ironside, P. M. (2006). Using narrative pedagogy: Learning and practicing interpretive thinking. *Journal of Advanced Nursing*, 55(4), 478-486. doi:10.1111/j.1365-2648.2006.03938.x
- Ironside, P. M. (2014). Enabling narrative pedagogy: Inviting, waiting, and letting be. *Nursing Education Perspectives*, 35(4), 212-218. doi:10.5480/13-1125.1
- Ironside, P. M. (2015). Narrative pedagogy: Transforming nursing education through 15 years of research in nursing education. *Nursing Education Perspectives*, 36(2), 83-88. doi:10.5480/13-1102
- Ironside, P. M., & Cerbie, E. (2012). Teaching strategies for quality and safety. In G. Sherwood & J. Barnsteiner (Eds.), *Quality and safety in nursing: A competency approach to improving outcomes* (pp. 211-225). West Sussex, England: Wiley-Blackwell.
- Ironside, P., Diekelmann, N., & Hirschmann, M. (2005). Students' voices: Listening to their experiences in practice education. *Journal of Nursing Education*, 44(2), 49-52. <https://www.healio.com/nursing/journals/jne>

- Ironside, P., & Hayden-Miles, M. (2010). Narrative pedagogy: Co-creating engaging learning experiences with students. In S. Horton-Deutsch & G. D. Sherwood (Eds.), *Reflective practice: Transforming education and improving outcomes* (pp. 167-179). Indianapolis, IN: Sigma Theta Tau International.
- Johanson, L. (2012). Teaching the millennial generation: Considerations for nurse educators. *Nurse Educator*, 37(4), 173-176. doi:10.1097/NNE.0b013e31825a875a
- Kalb, K. A., O'Conner-Von, S. K., Brockway, C., Rierison, C. L., & Sendelbach, S. (2015). Evidence-based teaching practice in nursing education: Faculty perspectives and practices. *Nursing Education Perspectives*, 36(4), 212-219. doi:10.5480/14-1472
- Kawashima, A. (2005). The implementation of narrative pedagogy into nursing education in Japan. *Nursing Education Perspectives*, 26(3), 168-171. <https://journals.lww.com/neonline/pages/default.aspx>
- Kinder, F. D., & Kurz, J. M. (2018). Gaming strategies in nursing education. *Teaching and Learning in Nursing*, 13, 212-214. doi:10.1016/j.teln.2018.05.001
- Kirkpatrick, M. J., & Brown, S. (2004). Narrative pedagogy: Teaching geriatric content with stories and the "Make a Difference" Project (MADP). *Nursing Education Perspectives*, 25(4), 183-187. <https://journals.lww.com/neonline/pages/default.aspx>
- Kleiman, S. (2004). Phenomenology: To wonder and search for meanings. *Nurse Researcher*, 11(4), 7-19. doi:10.7748/nr2004.07.11.4.7.c6211
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21(5), 827-836. doi:10.1046/j.1365-2648.1995.21050827.x
- Koch, T. (1999). An interpretive research process: Revisiting phenomenological and hermeneutical approaches. *Nurse Researcher*, 6(3), 20-34. doi:10.7748/nr1999.04.6.3.20.c6085
- Kuh, G., Kinzie, J., Schuh, J. H., & Whitt, E. J. (2005). *Student success in college: Creating conditions that matter*. San Francisco, CA: Jossey-Bass.
- Laver, S., & Croxon, L. (2015). Narrative pedagogy with evolving case study—A transformative approach to gerontic nursing practice for undergraduate nursing students. *Nurse Education in Practice*, 15(5), 341-344. doi:10.1016/j.nepr.2015.04.002
- LeVasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, 13(3), 408-420. doi:10.1177/2F1049732302250337

- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Maggs-Rapport, F. (2001). 'Best research practice': In pursuit of methodological rigour. *Journal of Advanced Nursing*, 35(3), 373-383. doi:10.1046/j.1365-2648.2001.01853.x
- Matua G. A., & Van Der Wal D. M. (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher*, 22(6), 22-27. doi:10.7748/nr.22.6.22.e1344.
- McAllister, M., Ryan, C., Dodd, L., Goldenberg, M., & Brien, D. I. (2020). A thematic literature review of innovative strategies to prepare nursing students for aged-care. *Nurse Education Today*, 87(2020), 1-6. doi:10.1016/j.nedt.2020.104355
- McAllister, M., Venturato, L., Johnston, A., Rowe, J., Tower, M., & Moyle, W. (2006). Solution focused teaching: A transformative approach to teaching nursing. *International Journal of Nurse Education Scholarship*, 3(1), 1-13. doi:10.2202/1548-923X.1190
- McConnell-Henry, T., Chapman, Y., Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice*, 15(1), 7-15. doi:10.1111/j.1440-172X.2008.01724.x
- McEnroe-Petitte, D., & Farris, C. (2020). Using gaming as an active teaching strategy in nursing education. *Teaching and Learning in Nursing*, 15(1), 61-65. doi:10.1016/j.teln.2019.09.002
- McNelis, A. M., Ironside, P. M., Ebright, P. R., Dreifuerst, K. T., Zvonar, S. E., & Coner, S. C. (2014). Learning nursing practice: A multisite, multimethod investigation of clinical education. *Journal of Nursing Regulation*, 4(4), 30-35. doi:10.1016/S2155-8256(15)30115-0
- Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2007). *Learning in adulthood: A comprehensive guide*. San Francisco, CA: Jossey-Bass.
- Metcalf, B. L., & Yankou, D. (2001). Using gaming to help nursing students understand ethics. *Journal of Nursing Education*, 42(5), 212-215. doi:10.3928/0148-4834-20030501-07
- Ming, L., Yin, L., Zhu, M., & Yuan, H. (2010). Lived experiences of clinical preceptors: A phenomenological study. *Nurse Education Today*, 30(8), 804-808. doi:10.1016/j.nedt.2010.03.004

- Mitchell, G. J., Jonas-Simpson, C. M., & Cross, N. (2013). Innovating nursing education: Interrelating narrative, conceptual learning, reflection, and complexity science. *Journal of Nursing Education and Practice*, 3(4), 30-39. doi:10.5430/jnep.v3n4p30
- Moon, J., & Fowler, J. (2008). "There is a story to be told . . .": A framework for the conception of story in higher education and professional development. *Nurse Education Today*, 28(2), 232-239. doi:10.1016/j.nedt.2007.05.001
- Nehls, N. (1995). Narrative pedagogy: Rethinking nursing education. *Journal of Nursing Education*, 34(5), 204-210. <https://www.healio.com/nursing/journals/jne>
- NLN Commission for Nursing Education Accreditation. (2016). *Accreditation standards for nursing education programs*. Retrieved from <http://www.nln.org/docs/default-source/accreditation-services/cnea-standards-final-february-201613f2bf5c78366c709642ff00005f0421.pdf?sfvrsn=12>
- Patrick, L. E., Howell, L. A., & Wischusen, W. (2016). Perceptions of active learning between faculty and undergraduates: Differing views among departments. *Journal of STEM Education*, 17(3), 55-63. <https://www.jstem.org/jstem/index.php/JSTEM>
- Peters, M. (2000). Does constructivist epistemology have a place in nurse education? *Journal of Nursing Education*, 39, 166-172. doi:10.3928/0148-4834-20000401-07
- Polit, D. E., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Wolters Kluwer.
- Popil, L. (2011). Promotion of critical thinking by using case studies as teaching method. *Nurse Education Today*, 31(2), 204-207. doi:10.1016/j.nedt.2010.06.002
- Popkess, A. M., & McDaniel, A. (2011). Are nursing students engaged in learning? A secondary analysis of data from the National Survey of Student Engagement. *Nursing Education Perspectives*, 32(2), 89-94. doi:10.5480/1536-5026-32.2.89
- Rao, B. J. (2019). Innovative teaching pedagogy in nursing education. *International Journal of Nursing Education*, 11(4), 176-180. doi:10.5958/0974-9357.2019.00114.4
- Richards, L., & Morse, J. M. (2013). *Readme first for a user's guide to qualitative methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Rodgers, M., & Nealand, S. (1993). Innovations in registered nurse education: From oppression to empowerment. In N. L. Diekelmann & M. L. Rather (Eds.), *Transforming RN education: Dialogue and debate* (pp. 231-241). New York, NY: National League for Nursing Press.

- Rogge, M. (2001). Transforming pathophysiology instruction through narrative pedagogy and Socratic questioning. *Nurse Educator*, 26(2), 66-69.
<https://journals.lww.com/nurseeducatoronline/pages/default.aspx>
- Rowles, C. J. (2012). Strategies to promote critical thinking and active learning. In D. M., Billings, & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (pp. 258-284). St. Louis, MO: Elsevier.
- Royse, M. A., & Newton, S. E. (2007). How gaming is used as an innovative strategy for nursing education. *Nursing Education Perspectives*, 28(5), 263-267.
<https://journals.lww.com/neponline/pages/default.aspx>
- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: Qualitative research. *British Journal of Nursing*, 16(12), 738-744.
 doi:10.12968/bjon.2007.16.12.23726
- Sandstrom, S. (2006). Use of case studies to teach diabetes and other chronic illnesses to nursing students. *Educational Innovation*, 45(6), 229-232. doi:10.3928/01484834-20060601-07
- Scheckel, M. M., & Ironside, P. M. (2006). Cultivating interpretive thinking through enacting narrative pedagogy. *Nursing Outlook*, 54(3), 159-165.
 doi:10.1016/j.outlook.2006.02.002
- Schmidt, N. O., & Brown, J. M. (2012). *Evidence-based practice for nurses: Appraisal and application of research* (2nd ed.). Sudbury, MA: Jones & Bartlett.
- Schwandt, T. A. (2015). *The Sage dictionary of qualitative inquiry* (4th ed.). Thousand Oaks, CA: Sage.
- Senior, E., & Telford, M. (2015). Using an integrated teaching and learning approach to deliver inter-professional practice in Public Health. *Nurse Education Today*, 35(10), 1013-1015. doi:10.1016/j.nedt.2015.07.009
- Shatto, B., & Erwin, K. (2017). Teaching the millennials and generation Z: Bridging the generational divide. *Creative Nursing*, 23(1), 24-28. doi:10.1891/1078-4535.23.1.24
- Sorsa, M., Kiikkala, I., & Astedt-Kurki, P. (2015). Bracketing as a skill in conducting unstructured qualitative interviews. *Nurse Researcher*, 22(4), 8-12.
 doi:10.7748/nr.22.4.8.e1317
- Spector, N., & Odom, S. (2012). The initiative to advance innovations in nursing education: Three years later. *Journal of Nursing Regulation*, 3(2), 40-44.
 doi:10.1016/S2155-8256(15)30218-0

- Streubert, H. J., Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative* (5th ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.
- Swenson, M. M., & Sims, S. L. (2000). Toward a narrative-centered curriculum for nurse practitioners. *Journal of Nursing Education*, 39(3), 109-115.
<https://www.healio.com/nursing/journals/jne>
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3(3), 68-70. doi:10.1136/ebn.3.3.68
- Toothaker, R., & Taliaferro, D. (2017). A phenomenological study of millennial students and traditional pedagogies. *Journal of Professional Nursing*, 33(5), 345-349. doi:10.1016/j.profnurs.2017.01.004
- Vandermause, R. K., & Townsend, R. P. (2010). Teaching thoughtful practice: Narrative pedagogy in addictions education. *Nurse Education Today*, 30(5), 428-434. doi:10.1016/j.nedt.2009.09.017
- Van der Zalm, J. E., Bergum, V. (2000). Hermeneutic-phenomenology: Providing living knowledge for nursing practice. *Journal of Advanced Nursing*, 31(1), 211-218. doi:10.1046/j.1365-2648.2000.01244.x
- Wall, C., Glenn, S., & Mitchinson, S., & Poole, H. (2005). Using a reflective diary to develop bracketing skills during a phenomenological investigation. *Nurse Researcher*, 11(4), 20-29. doi:10.7748/nr2004.07.11.4.20.c6212
- Walsh, M. (2011). Narrative pedagogy and simulation: Future directions for nursing education. *Nurse Education in Practice*, 11(3), 216-219. doi:10.1016/j.nepr.2010.10.006
- Waugh, A., & Donaldson, J. (2016). Students' perceptions of digital narratives of compassionate care. *Nurse Education in Practice*, 17(2016), 22-29. doi:10.1016/j.nepr.2016.01.008
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2), 167-177. doi:10.1037/0022-0167.52.2.167
- Williams, M. G. (2010). Attrition and retention in the nursing major: Understanding persistence in beginning nursing students. *Nursing Education Perspectives*, 31(6), 362-367. doi:10.1043/1536-5026-31.6.362
- Williams, M. G., & Burke, L. L. (2015). Doing learning knowing speaking: How beginning nursing students develop their identity as nurses. *Nursing Education Perspectives*, 36(1), 50-52. doi:10.5480/12-908

- Wingo, N. P. (2017). If you give a nurse a cookie: Sharing teaching strategies for nurse educator development. *Journal of Continuing Education in Nursing*, 48(1), 12-13. doi:10.3928/00220124-20170110-04
- Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology: An exploration. *Journal of Holistic Nursing*, 25(3), 172-180. doi:10.1177/0898010106295172
- Wood, P. J. (2014). Historical imagination, narrative learning and nursing practice: Graduate nursing students' reader-responses to a nurse's story-telling from the past. *Nurse Education in Practice*, 14(5), 473-478. doi:10.1016/j.nepr.2014.05.001
- Young, P. K. (1999). *Joining the academic community: The lived experiences of new teachers in nursing education* (Doctoral dissertation). Retrieved from ProQuest Dissertations (9956274.)
- Young, P. K. (2004). Trying something new: Reform as embracing the possible, the familiar, and the at-hand. *Nursing Education Perspectives*, 25(3), 124-130. <https://journals.lww.com/neponline/pages/default.aspx>
- Young, P., & Diekelmann, N. (2002). Learning to lecture: Exploring the skills, strategies, and practices of new teachers in nursing education. *Journal of Nursing Education*, 41(9), 405-412. <https://doi.org/10.3928/0148-4834-20020901-09>

Appendix A

Nova Southeastern University Institutional Review Board

Approval to Conduct Study



MEMORANDUM

To: **Suzanne Wurster**

From: **Marcia Derby-Davis,
Center Representative, Institutional Review Board**

Date: **October 11, 2019**

Re: **IRB #: 2019-500; Title, "Enacting narrative pedagogy: The lived experience of pre-licensure nursing faculty"**

I have reviewed the above-referenced research protocol at the center level. Based on the information provided, I have determined that this study is exempt from further IRB review under **45 CFR 46.101(b) (Exempt 1: Educational research in educational settings)**. You may proceed with your study as described to the IRB. As principal investigator, you must adhere to the following requirements:

- 1) **CONSENT:** If recruitment procedures include consent forms, they must be obtained in such a manner that they are clearly understood by the subjects and the process affords subjects the opportunity to ask questions, obtain detailed answers from those directly involved in the research, and have sufficient time to consider their participation after they have been provided this information. The subjects must be given a copy of the signed consent document, and a copy must be placed in a secure file separate from de-identified participant information. Record of informed consent must be retained for a minimum of three years from the conclusion of the study.
- 2) **ADVERSE EVENTS/UNANTICIPATED PROBLEMS:** The principal investigator is required to notify the IRB chair and me (954-262-5369 and Marcia Derby-Davis, respectively) of any adverse reactions or unanticipated events that may develop as a result of this study. Reactions or events may include, but are not limited to, injury, depression as a result of participation in the study, life-threatening situation, death, or loss of confidentiality/anonymity of subject. Approval may be withdrawn if the problem is serious.
- 3) **AMENDMENTS:** Any changes in the study (e.g., procedures, number or types of subjects, consent forms, investigators, etc.) must be approved by the IRB prior to implementation. Please be advised that changes in a study may require further review depending on the nature of the change. Please contact me with any questions regarding amendments or changes to your study.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: **Holly Evans Madison
Marcia Derby-Davis**

Appendix B

University A Letter of Approval to Collect Data

UNIVERSITY A RESEARCH ETHICS REVIEW BOARD
REQUEST FOR PROTOCOL REVIEW—REVIEWER'S COMMENTS FORM
(R1297)

Name of Researcher: Suzanne Wurster

Project Title: Enacting narrative pedagogy: The lived experience of pre-licensure nursing faculty

Reviewer's Comments:

Your proposal is **Approved**. You may begin your research or collect your data.

PLEASE NOTE THAT THIS APPROVAL IS VALID FOR ONE YEAR (365 days) FROM DATE OF SIGNING.

Reviewer's Recommendations:

| | |
|--------------------------------------|--|
| <input type="checkbox"/> Exempt | <input checked="" type="checkbox"/> Approve |
| <input type="checkbox"/> Expedited | <input type="checkbox"/> Conditionally Approved |
| <input type="checkbox"/> Full Review | <input type="checkbox"/> Do Not Approve |

Marcia Parris

Marcia Parris, Ed.D.,
 Chair, Research Ethics Review Board

November 5, 2019
 Date

Appendix C

University B Letter of Approval to Collect Data



Office of Research and Sponsored Programs | West Chester University | Ehinger Annex
West Chester, PA 19381 | 610-436-3557 | [REDACTED]

Protocol ID # 20191206B

This Protocol ID number must be used in all communications about this project with the IRB.

TO: Suzanne Wurster
FROM: Nicole M. Callano, Ph.D.
Co Chair, [REDACTED] Institutional Review Board (IRB)
DATE: 12/5/2019

Project Title: Enacting narrative pedagogy: the lived experience of pre-licensure nursing faculty

Date of Approval:

☒ **Expedited Approval**

This protocol has been approved under the new updated 45 CFR 46 common rule that went in to effect January 21, 2019. As a result, this project will not require continuing review. Any revisions to this protocol that are needed will require approval by the [REDACTED] IRB. Upon completion of the project, you are expected to submit appropriate closure documentation. Please see www.wcupa.edu/research/irb.aspx for more information.

Any adverse reaction by a research subject is to be reported immediately through the Office of Research and Sponsored Programs via email at [irb@\[REDACTED\]](mailto:irb@[REDACTED]).

Signature:

Co-Chair of [REDACTED] IRB

[REDACTED] Institutional Review Board (IRB)

IORG#: IORG0004242

IRB#: IRB00005030

FWA#: FWA00014155

Appendix D
Recruitment Flyer

Volunteers Needed to Assist in a Research Study

What are the lived experiences of prelicensure nursing faculty using narrative pedagogy in the classroom and clinical settings?

You may qualify for this study if you are:

- Faculty teaching in a prelicensure nursing program
- Minimum of Master of Science in nursing degree
- Teach in either classroom or clinical setting
- Have previous narrative pedagogy exposure

If you are interested in participating in this study, please contact:

Suzanne Wurster, MSN, RN-BC

suzannewurster@gmail.com

Appendix E

Demographic Information Sheet and Results

Please fill out this survey so we may know more about you. Answers will be confidential.

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Site: Click or tap here to enter text.

Directions: The box can be checked or X can be typed.

Ethnicity: ☐ White/non-Hispanic or Latino ☐ Black/African American

☐ Native American/Alaskan Native ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ Mixed Race

☐ Hispanic or Latino ☐ Other Race(s)

Age: ☐ 30-35 years ☐ 36-40 years ☐ 41-45 years ☐ 46-50 years

☐ 51-55 years ☐ 56-60 years ☐ 61-65 years ☐ 66-70 years

Gender: ☐ Female ☐ Male

Highest Level of Education: ☐ Master's ☐ DNP ☐ EdD ☐ PhD

Years of Teaching Experience: ☐ 0-5 ☐ 6-10 ☐ 11-15

☐ 16-20 ☐ 21-25 ☐ 26-30

Teaching Responsibilities: ☐ Classroom ☐ Clinical ☐ Both

Employment Status: ☐ Full-time ☐ Part-time ☐ Other

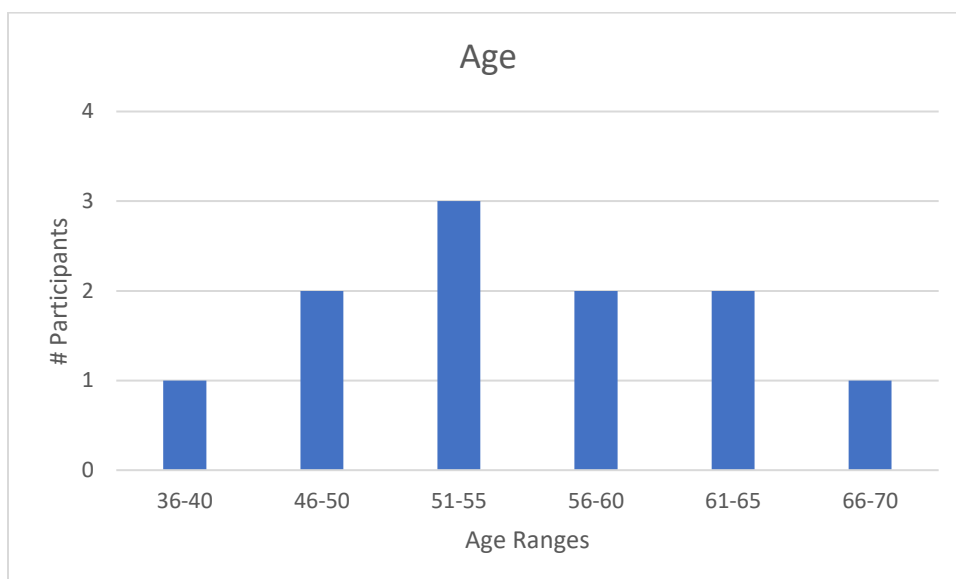
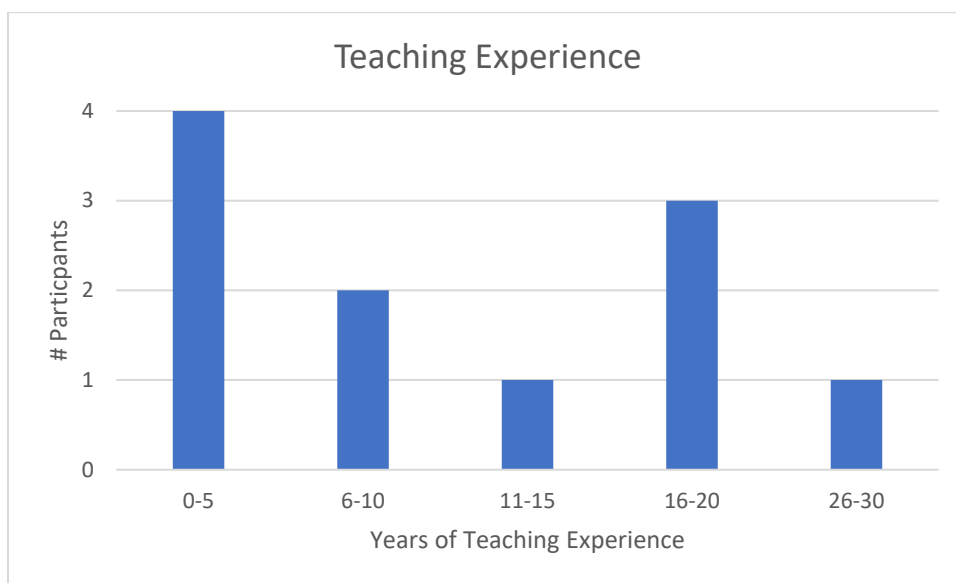
Academic Rank: ☐ Instructor ☐ Assistant Professor

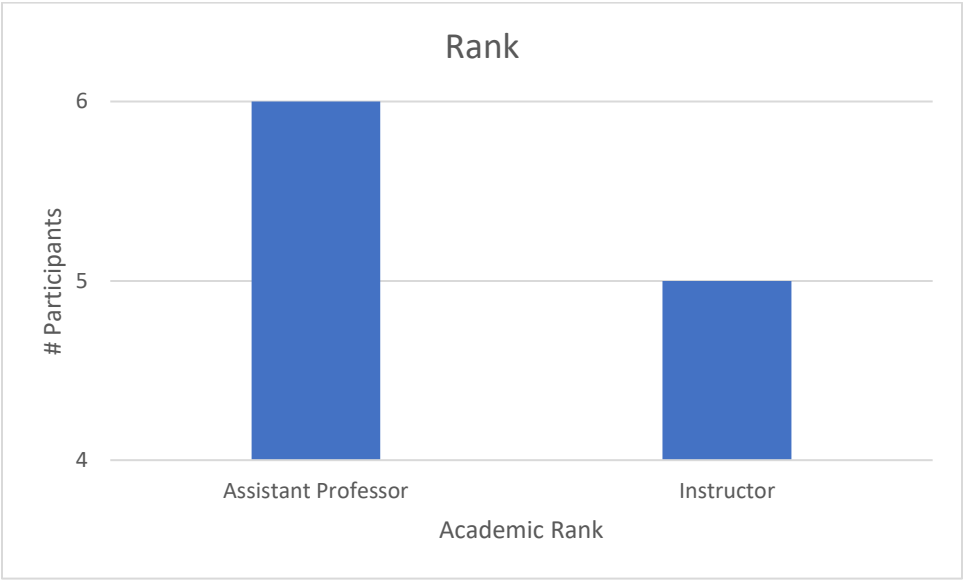
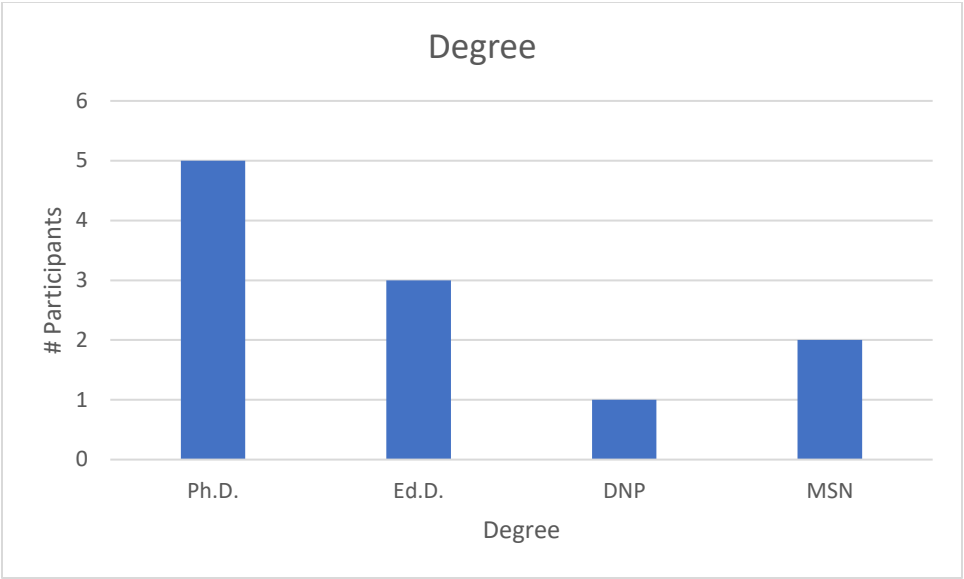
☐ Associate Professor ☐ Professor

Area of nursing expertise: Click or tap here to enter text.

Course(s) taught: Click or tap here to enter text.

Demographic Results





Appendix F

Participant Consent Form

NSU Consent to be in a Research Study Entitled*Enacting narrative pedagogy: The lived experience of prelicensure nursing faculty***Who is doing this research study?**

College: Ron and Kathy Assaf College of Nursing

Principal Investigator: Suzanne Wurster, MSN, RN

Faculty Advisor/Dissertation Chair: Holly Madison, PhD, RN

Site Information:

Nova Southeastern University

West Chester University

Immaculata University

Funding: to be determined

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to understand and describe the lived experience of prelicensure nursing faculty using narrative pedagogy in the classroom and clinical settings. This study seeks to understand the shared practices, collective meanings, and themes from nursing faculty.

The benefits for participants will include having access to potentially beneficial information about narrative pedagogy. The participants will have increased knowledge about themselves and their teaching through the opportunity of self-reflection. Nursing faculty may feel empowered and may want to take risks with their teaching practice as a result of the dialogue.

Why are you asking me to be in this research study?

You are being asked to be in this research study because you are a nursing faculty with a minimum of Master of science in nursing degree. You are currently teaching in either the classroom or clinical setting and have had previous exposure to narrative pedagogy. This study will include about 12 people. It is expected that 4 people will be from this location.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study: Each participant will have 1 session which will last approximately 45-60 minutes. One additional session will last approximately 15 minutes to review transcript from interview. All sessions will be conducted either in person or via video conference software.

Research Study Procedures - as a participant, this is what you will be doing:

1. The recruitment flyer will be distributed to nursing faculty at each location.
2. If interested in participating, you will email the researcher.
3. The researcher will email a demographic form that needs to be completed and returned via email to the researcher.

4. The researcher will review the completed demographic form and determine eligibility for participation.
5. The researcher will notify the interested faculty regarding the decision of the eligibility.
6. If the faculty is able to participate, the researcher will email the consent form to be reviewed and signed.
7. The researcher will schedule a date and time for a 30- to 60-minute interview. The interview will be conducted either in person or via video conferencing software.
8. The participant will be asked to review the transcript from their interview during a second session. This session will last approximately 15 minutes.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

The potential risks for participants may include loss of time from their work. The participants may become fatigued or bored during the interview process. The participants should not encounter any physical or psychological harm. A potential risk for the participants may be loss of privacy.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time, or not be in it. If you do decide to leave or you decide not to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the end of the study but you may request that it not be used.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will include having access to potentially beneficial information about narrative pedagogy. The participants will have increased knowledge about themselves and their teaching through the opportunity of self-reflection. Nursing faculty may feel empowered and may want to take risks with their teaching practice as a result of the dialogue.

Will I be paid or be given compensation for being in the study?

You will not be given any payments or compensation for being in this research study.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. Each participant will be assigned a number to allow for confidentiality throughout the study. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data and interview transcripts will be kept securely in a password protected file on the researcher's computer. Identifying information will be maintained in a separate password protected file. All data will be kept for 36 months from the end of the study and destroyed after that time by deleting the files.

Will there be any audio or video recording?

This research study involves audio and/or video recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any of the people who gave the researcher money to do the study (if applicable). The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:

Suzanne Wurster, MSN, RN can be reached at 484-683-5219.

Research Participants' Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board

Nova Southeastern University

(954) 262-5369 / Toll Free: 1-866-499-0790

IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

Research Consent and Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Participant's Signature

Date

Appendix G

Interview Guide

Interview guides help to ensure that each person is asked the same question in the same way because changing a few words in a question may shift the intent of the question and affect the response. The researcher introduced self and purpose of the study at the time of the in-person interview or through a video conferencing service. The following is the interview protocol developed for the participants in a one-on-one conversational open-ended interview to explore prelicensure nursing faculty members' lived experiences of implementing narrative pedagogy in the classroom or clinical setting.

Grand Tour Question

1. Could you tell me about your understanding of narrative pedagogy?

Focused Questions

1. Can you tell me how you learned about narrative pedagogy?
2. Could you describe your experience using narrative pedagogy?
3. Could you describe the responses from the students?
4. Could you describe the responses from different student generations?
5. Could you describe the responses from other faculty and/or administrators?
6. Could you describe the impact of narrative pedagogy on critical thinking and clinical reasoning?
7. Can you describe examples of what would prohibit your use of narrative pedagogy?
8. Can you describe examples of when you would use narrative pedagogy again?
9. Is there anything else you would like to add?

Appendix H
Timeline Table

| Items to be completed | Approximate completion dates |
|--|---|
| IRB submission to Nova | Third week of September |
| IRB submission to other settings | Second week of October |
| Recruitment of participants from 1st setting | Upon approval of IRB from Nova |
| Recruitment of participants from 2nd and 3rd settings | Upon approval of IRB from other settings |
| 2 interviews every other week (total 10-15 participants) | Starting third week of October through first week of December |
| Data transcribing and analysis following interviews | Starting fourth week of October through second week of December |
| Write chapters 4 and 5 | Third week of January |
| Committee reviews chapters 4 and 5 | Second week of February |
| Final edits | Fourth week of February |
| Dissertation defense | Third week of March |

Appendix I

Reflective Statement

I am a nursing educator with 6 years of teaching experience at various universities in Pennsylvania. I have experience teaching in both prelicensure classrooms and clinical settings and have used conventional pedagogies and narrative pedagogy in both settings. Also, I have implemented multiple conventional and nonconventional evaluation tools in both types of environments. Student-centered learning environments should provide opportunities for students to participate actively. As an advocate of nursing education reform, I continue to search for a research-based pedagogy that will influence positively and help transform nursing education.

I am a firm believer that students of different generations impact my teaching style in the classroom and clinical environments. The environments that I teach in have a variety of generations, which include Generation Z, Millennials, and Generation X. For example, Millennial students have told me that they can only learn from lecture-style classroom and that active learning does not help them understand the information presented.

I believe teaching in academia requires a faculty member to engage in multifaceted roles. The teaching philosophy I use is influenced by principles of constructivism—that students' learning and understanding are greatly enhanced by recognition and application of their experiences outside the classroom. Presentation of content should be implemented in a manner that is engaging, relative, student-centered, and evidence-based. My teaching goals are for students to develop a deep understanding of the content and be able to apply the knowledge to their nursing practice. Teaching is more complex than mere delivery of

information. Delivery of content should be adapted to address students' needs, learning styles, desired student outcomes, and prior student knowledge of each topic.

I anticipate that in this research study the participants will discuss how different generations impact their teaching styles. The participants will likely describe the experience of students confronting them regarding the use of nonconventional pedagogies in the classroom setting. I expect that participants' sharing of their lived experiences will include their attempts to implement narrative pedagogy in the classroom and clinical settings and meeting resistance from students. The students who will most likely confront faculty and object to narrative pedagogy will be Generation Z and Millennials.

I predict that faculty will discuss other concerns which impacts their decisions to using nonconventional pedagogies. These concerns would include the high-stakes environment of the prelicensure nursing classrooms, insufficient time to develop an interactive learning environment, and insufficient resources. Faculty will likely also discuss their concerns relating to the need to meet the NCLEX first-time pass rate of 80% or greater.

Narrative pedagogy is an enjoyable and influential teaching strategy that can provide greater meaning for students than conventional lecture methods. Research has shown that narrative pedagogy is effective in many educational contexts. It is my hope and desire that this study will contribute to nursing faculty's understanding, use of, and greater commitment to narrative pedagogy in their prelicensure baccalaureate teaching in the classroom and clinical settings.

Appendix J

Themes

