EVALUATING NARRATIVE PEDAGOGY

IN NURSING EDUCATION

by

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ABSTRACT

Conventional teaching approaches centered on covering content are no longer adequate at equipping nursing graduates with the necessary cognitive and affective skills to function in the challenging roles of nursing practice. Nursing educators are adopting new pedagogies, such as Narrative Pedagogy, to better prepare graduates for the ever changing healthcare environment. The purpose of this phenomenological study was to explore the experiences of educators who have used Narrative Pedagogy to teach nursing concepts and topics. This study sought to understand how educators evaluated students' learning outcomes following the enactment of Narrative Pedagogy. The research questions were as follows: (1) What are the desired learning outcomes following the enactment of Narrative Pedagogy? and (2) Which evaluation methods and tools are most appropriate to measure student outcomes following the enactment of Narrative Pedagogy?

The participants consisted of eight nursing educators from the United States who had recently used Narrative Pedagogy to prepare registered nursing students. Each participant was interviewed initially via phone and asked to send examples of their syllabi, students' narratives, students' assignment submissions, and/or other evaluation tools. After the researcher reviewed the initial interview transcripts and documents, a follow-up phone interview was conducted. Data were analyzed, synthesized, and interpreted using an iterative, nonlinear three phase process using Heideggerian hermeneutics and descriptive statistics.

Three major themes, related to evaluating Narrative Pedagogy emerged: (a) determining use of Narrative Pedagogy, (b) enhancing desired student outcomes, and (c) determining

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evaluation methods and tools. Results should help the pedagogical decisions of educators and initiate or continue dialogue related to nursing education reform among educators, administrators, students, and other stakeholders.

DEDICATION

This dissertation is dedicated to my son, Stevie Pringle Jr. He has sacrificed and endured the most during the last four years of my doctoral studies. Also, to my family and friends who encouraged me to persevere through the stressful moments with many motivating speeches along the way.

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CHAPTER 1

INTRODUCTION

Conventional teaching strategies are still routinely used in nursing education and are seen as inadequate at addressing the curricular challenges that are consequent to the ever changing healthcare environment. Nursing scholars and professional organizations, such as the National League of Nursing (NLN) (2003, 2005) and the Institute of Medicine (IOM) (2010), have urged nursing education programs to revise curricula to meet the challenges of practice. Furthermore, the NLN recommended the development, implementation, and evaluation of student-centered pedagogies. In order to answer the calls for reform and prepare registered nursing graduates for the complex healthcare environment, nursing educators are trying new, creative pedagogies. These new pedagogies must be evidence-based and be able to meet the needs of nursing educators and students. Narrative Pedagogy, a creative pedagogy, is able to supplement conventional pedagogies; however, more evidence is needed to determine how to appropriately evaluate if nursing students are achieving desired learning outcomes following the enactment of Narrative Pedagogy.

Purpose of the Study

The purpose of this phenomenological study was to explore the experiences of educators who have used Narrative Pedagogy to teach nursing concepts and topics. This study sought to understand how educators evaluated students' learning outcomes following the enactment of Narrative Pedagogy. The questions were as follows:

1. What are the desired learning outcomes following Narrative Pedagogy?

2. Which evaluation methods and tools are most appropriate to measure student outcomes following Narrative Pedagogy?

Problem/Background

New registered nurses (RNs) will enter a complex and unpredictable work environment where they will be expected to act as providers of care and nursing team leaders. The healthcare environment is challenging due to numerous factors such as low nurse staffing, sicker patients, use of healthcare technology and information systems, and a more culturally diverse patient population. Graduate nurses will have to enter the workforce prepared to function in a fast-paced, continuously changing environment. Nursing students are primarily being taught using conventional pedagogies. Conventional pedagogies are those that are outcome-focused and have been criticized for focusing on teaching versus learning. Critics claim that these pedagogies create an academic-practice gap (Benner, Sutphen, Leonard, & Day, 2010; Giddens & Brady, 2007). The Institute of Medicine (IOM) has investigated the academic-practice gap and is among many other organizations who are advocating for reform in nursing education to minimize the gap (2011). Several pedagogies have been developed to support nursing education reform, including Narrative Pedagogy. Although the literature offers ample evidence to support the enactment of Narrative Pedagogy, there is still a lack of evidence to support how to appropriately measure if students are achieving desired learning outcomes following the enactment of Narrative Pedagogy. The following discussion further describes the issues of practice and academe; and discusses how they compile and create a challenging job for nursing

educators. Furthermore, Narrative Pedagogy is explicated to reveal its capability in preparing

nursing graduates and its role in nursing education reform.

Challenging Healthcare Environment

Nursing graduates will function in a variety of settings and provide complex nursing care

to diverse populations. These practice settings include inpatient hospitals, outpatient clinics,

patients' homes, public health departments, and public arenas, to name a few. Increasingly,

healthcare is moving into more community settings (IOM, 2011). One factor that complicates

the provision of care in these settings is the current nursing shortage. The demand for nurses and

nursing services has surpassed the supply of nurses thereby requiring heavier patient workloads

for nurses. The Health Resources and Services Administration's (HRSA) Bureau of Health

Professions (BHPr) reported "in 2008, there were an estimated 854 employed RNs per 100,000

population in the U.S." (2010, p. 2). Heavier patient workloads created by low nurse staffing

make it more difficult for new nurses to transition from academia to practice.

To add to the difficulties of caring for a heavier patient workload, registered nursing

graduates will be expected to manage the care of multiple patients with complex healthcare

needs. Advances in healthcare have increased the average life expectancy. By 2050, the

nation's population aged over 65 is projected to double to 88.5 million (Administration on

Aging, 2010). The nation's population is living longer, but due to a culture of unhealthy

lifestyles, the population is living with disabilities and chronic illnesses such as diabetes, heart

disease, arthritis, and cancers (Centers for Disease Control and Prevention (CDC), 2007).

The patient population comprises those who have complex healthcare needs and are

culturally diverse. The growing diversity of the nation's population intensifies the need for

nursing students to become culturally sensitive to various patient populations. Cultural

sensitivity involves being aware of diverse cultural beliefs and practices to better understand

patients' behaviors related to healthcare practices and treatment (Halloran, 2009). Cultural

competence and cultural sensitivity go hand in hand in providing quality nursing care. Minority

populations are expected to make up over 50% of the nation's population by 2050 (U.S. Census

Bureau, 2008). Culture influences health practices and healthcare decision making. Nurses need

to be culturally competent to promote optimum patient outcomes.

Conventional Pedagogy

Given the complexities of nursing practice and the many required competencies, nursing

curricula fall short at preparing new graduates to transition to practice (Sullivan, 2010; Wolff,

Pesut, & Regan, 2010). Nursing educators' pedagogical styles have been stagnant over the last

few decades and conventional pedagogies remain the most popular teaching approach (Forbes &

Hickey, 2009; Ironside, 2004). In a descriptive study measuring the use of various pedagogical

styles worldwide, Brown and colleagues (2009) found that 56% of 946 nurse educator

participants used conventional teacher-centered pedagogies. These included case-based, lecture,

and client care strategies. Conventional pedagogies primarily use didactic instructional strategies

that are teacher-centered and promote passive learning (Blumberg, 2009). A popular

conventional teaching strategy is the use of PowerPoint presentations to deliver content while

students listen and write notes (Johnson & Mighten, 2005; Moellenburg & Aldrige, 2010). An

example of the enactment of conventional pedagogy is a nursing educator using a slide show to

teach a group of students about hypertension. During this class, students write notes on facts of

importance presented by the slideshow and the educator. After the slideshow, the educator

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presents the class with multiple-choice questions to assess their learning and later discusses the right answer to the questions.

These pedagogies focus on meeting behavioral outcomes and covering content. Some fault the content saturated curriculum for educators' dependence on conventional teaching (Diekelmann & Smythe, 2004; Giddens & Brady, 2007; NLN, 2003). With the pressure of preparing graduates to pass the National Council Licensure Exam (NCLEX) and for the multitude of diseases and illnesses they will encounter in practice, teachers focus more on the quantity of the content delivered versus the quality of delivery (Diekelmann & Smythe, 2004). Traditionally, teachers have used teaching strategies that allow them to present more content in less time. Content is usually delivered in lecture format as this is typically how the teacher was taught (Diekelmann, 2002; Schaefer & Zygmont, 2003).

The dynamics of a conventional learning environment place teachers on a higher dominant platform where they are revered as the primary source of knowledge within the learning environment. Students are on a lower platform and it is assumed that they have little to no knowledge of the content being taught. The need for nursing curriculum reform arose partly from the evaluation of the inadequacies of conventional pedagogies (Forbes & Hickey, 2009). Conventional pedagogies, used alone, often fail to create learning environments that foster multi-perspective thinking, deep understanding of the content presented, engagement of the student, and application of prior learning and preconceptions (Blumberg, 2009). These pedagogies need to be supplemented or replaced with other pedagogical approaches to address deficiencies.

Academic-Practice Gap

The IOM released a report, describing competencies for health professions education, which aimed to improve the quality of patient care by addressing the inconsistencies between academia and practice (2003). The organization asserted that health professionals are not prepared to work in interdisciplinary teams and care for a diverse aging patient population (IOM). The prescribed competencies included (a) provide patient-centered care, (b) work in interdisciplinary teams, (c) employ evidence-based practice, (d) apply quality improvement, and (e) utilize informatics (IOM). Stakeholders of nursing education programs have discussed the ideal characteristics of nursing graduates and have cited several inconsistencies, similar to the IOM, between the educational preparation of registered nursing graduates and nursing practice (Giddens & Brady, 2007). Nursing educators find it difficult to address all of these competencies and requirements within a limited timeframe and an already content saturated curriculum.

Narrative Pedagogy

To facilitate reform, nursing educators have adopted interpretive pedagogies as supplements for conventional pedagogies. Both pedagogical approaches, although foundational viewpoints are contrasting, exist together and are beneficial to nursing education (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). Interpretive pedagogies such as critical, feminist, phenomenological, and postmodern aim to help students develop a deeper understanding of complex concepts and develop required cognitive skills to function as a nurse (Ironside, 2004). Interpretive pedagogies promote learning of nursing content through multi-perspectival thinking

and encourage students and teachers to interpret and draw their own meanings from learning experiences (Ironside).

Narrative Pedagogy, developed by Diekelmann in 1995, is an interpretive pedagogy that highlights the lived and shared experiences of students and teachers by using feminist, critical, and phenomenological, as well as, conventional approaches, to teaching and learning (Diekelmann, 2001; Ironside, 2006). It is specific to the discipline of nursing education and entails the use of students', teachers', clinicians', and patients' narratives or paradigm cases via many mediums and methods to create a learning environment where students and teachers dialogue about their experiences (Diekelmann & Diekelmann, 2009). Through the use of narratives, students are given opportunities to think, reflect, and analyze problems, solutions, and other issues related to the narratives. An example of the enactment of Narrative Pedagogy is a nursing educator asking students to write a story describing their experiences caring for a patient diagnosed with hypertension. The students read their narratives to others in the class and discuss common experiences across narratives, psychological, physical, socioeconomic, and environmental issues, to name a few. The students and educator share their interpretations and hidden or taken-for-granted assumptions are revealed and discussed. No one interpretation is superior to the others. Narrative Pedagogy is often compared to storytelling that has been used throughout education for decades. However, Diekelmann (2001) asserted,

> It is not using storytelling as a strategy for learning . . . rather, Narrative Pedagogy as sharing and interpreting contemporary narratives is a call for students, teachers, and clinicians to gather and attend to community practices in ways that hold everything open and problematic. (p. 55)

The learning environment is described as a community of learners and all participants--teachers and students--are involved in development, implementation, and evaluation (Nehls, 1995). All participants are valuable members of the community and as a result power struggles are reduced.

Concernful Practices of Schooling Learning Teaching

This student-centered pedagogical approach creates learning environments that shift the goal of education from teaching to learning. Narrative Pedagogy emerged from a phenomenological nursing research study, a 12-year longitudinal study of teachers, students, and clinicians experiences in nursing education. Diekelmann (2001) recruited more than 200 participants from professional conferences and meetings, listservs, and institutes. Participants were interviewed by asking each to tell a story about an experience in nursing education that exemplified what it meant to be a student, teacher, or clinician (Diekelmann). During hermeneutical analysis, Diekelmann discovered common practices of the participants, or nine patterns, which were labeled as Concernful Practices of Schooling Learning Teaching (2001). They were (1) gathering; (2) creating places; (3) assembling; (4) staying; (5) caring; (6) interpreting; (7) presencing; (8) preserving reading, writing, thinking, and dialogue; and (9) questioning. Diekelmann described these patterns as co-occurring and being both positive and negative practices within the narratives. "The Concernful Practices are not methods or strategies for classroom instruction but rather describe how teachers, students, and clinicians experience teaching and learning" (Diekelmann, p. #). During the study, Diekelmann noted that Narrative Pedagogy centered on engendering community and converging multiple paradigm approaches within conversations.

Engendering Community

Engendering community starts with the recognition of power struggles or oppressive behaviors that inhibit collaboration within the learning environment. Educators who assume leading positions at all times, and act as the definitive resource, exhibit typical oppressive

behaviors often exhibited in conventional learning environments. Narrative Pedagogy creates a collaborative, open, and empathetic environment where members are free to express their beliefs and hold various classroom, professional, societal, and cultural practices open and problematic (Diekelmann, 2001). Nursing educators may have to go far beyond the classroom and seek reform outside of nursing education and within social structures to engender community (Diekelmann). Another key function to engendering community involves being a student advocate. Students may need advocates within social, financial, and political arenas outside of academia. A Narrative Pedagogy learning environment is one where participants are accountable to other members of the community.

Converging Conversations

Narrative Pedagogy arose out of the conversations of clinicians, students, and teachers. The narratives should provoke discourse that brings forth and converges perspectives from conventional, postmodern, feminist, phenomenological, and critical perspectives (Diekelmann, 2001). These conversations are continuous debates and critiques of contemporary practices in nursing education and nursing practice that may need reform. They also highlight those practices that are important to initiate or continue reform (Diekelmann). "Converging conversations seek to disclose what is hidden, remains unspoken, unthought, and concealed in contemporary understandings of learning" (p. 69).

The benefits of Narrative Pedagogy are numerous, including the promotion of interpretive thinking, development of community, and decentering of content (Diekelmann, 2001; Ironside, 2004; Scheckel & Ironside, 2006). Interpretive and multiperspective thinking promote cultural sensitivity and enable learners to deliver thoughtful nursing care (McAllister et

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al., 2009; Vandermause & Townsend, 2009). Open discourse and collaborative environments

empower students and afford opportunities to develop effective communication skills, freely

collaborate with members of the environment, and formulate their own values and beliefs

(Diekelmann). Students prepared in these environments will be able to enter nursing practice as

flexible thinkers who are more cognitively prepared to practice.

Theoretical Framework

The researcher used constructivist epistemology to help develop the lines of inquiry.

Constructivist epistemology is founded on the beliefs that knowledge and reality are subjective

and learners form meaning of content by relating it to their lived experiences (Peters, 2000).

Constructivist epistemology is an appropriate framework as the nursing educators' responses to

interview questions were based on their experiences and constructed meanings of these

experiences. Constructivist epistemology also fits well with foundations of Narrative Pedagogy,

as the pedagogy also underscores the prior experiences and skills brought by students, patients,

other clinicians (Swenson & Sims, 2000).

Constructivists are influenced by the works of Piaget and Glasersfeld. The broad

philosophy of constructivism encompasses many theories but the primary epistemological beliefs

are the same. Knowledge is not concrete facts that exist external to the human body and mind

(Yilmaz, 2008). Rather, knowledge is subjective and is constructed by individuals as products of

their environments, culture, backgrounds, and past experiences (Yilmaz). Knowledge does not

exist outside of an individual's mind and is not situated within written texts or spoken

communications (Glaserfeld, 1989). Other epistemological assumptions include beliefs that

knowledge is not passively transmitted and truth and reality are not absolute. Truth and reality are conceived through experiences with the world (Peters, 2000).

Another psychologist who made significant contributions to constructivism is Jerome Bruner. More specifically, the psychologist argued that knowledge and reality of the social world or the domain of human interaction is constructed by the human mind through narratives (Bruner, 1991). Narratives are explained as tools by which the mind constructs reality and as discourse in which humans express this reality (Bruner). Humans do not construct knowledge and reality in isolation of their interactions with the social world, which is inclusive of culture and social beliefs.

Social Constructivism

Several learning theories and pedagogical styles fall within constructivist epistemology. Educators who enact Narrative Pedagogy strive to promote similar learning environments and have similar beliefs of teaching and learning as social constructivists. Engendering community and cooperative learning are central to Narrative Pedagogy and are dependent on social interactions between members of the learning environment to guide the process of learning. Social constructivism adds to constructivism that learning occurs within social and cultural interactions of the learner (Stears, 2009). Learning is a social process where knowledge is correlated to the learner's classroom and personal relationships (Powell & Kalina, 2009). Vygotsky, a psychologist, influenced the development of this learning theory that stems from constructivism in the understanding that learners bring prior knowledge, experiences, and preconceptions into learning environments and draw their own meaning of the content (Stears).

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Key components of social constructivism applicable to this study are zone of proximal development (ZPD) and social interaction. Both facilitate cooperative learning, which is important for developing deep understanding (Powell & Kalina, 2009). The ZPD refers to "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving . . . in collaboration with more capable peers" (Vygotsky, 1978, p. 86). In the ZPD, students' are assisted with difficult learning concepts by others in the learning environment. This type of cooperation is possible through social interaction with peers and teachers. Students learn to think through problems by collaborating with others and listening to others' thinking processes (Yilmaz, 2008).

A learning environment developed based on social constructivism fosters classroom community, student-centeredness, active learning, and student engagement. Social constructivist teaching strategies focus on social interactions that allow for the inclusion of diverse cultural and ethnic backgrounds (Powell & Kalina, 2009). The instructor uses tools that are meaningful to the students and acts as a facilitator by guiding learners in their discovery of knowledge (Liu & Chen, 2010).

Significance of Study

Although much is known about Narrative Pedagogy, it is still not widely used in nursing education. The current state of nursing education remains outcome-focused. Student outcomes are of utmost importance and are used as measures of quality for nursing educational programs. Nursing educators continue to question which approaches to teaching and learning will help students achieve the many prescribed outcomes, goals, and expectations. Current conventional

evaluation strategies may not adequately measure whether students are achieving desired outcomes when interpretive pedagogies are employed. More evidence is needed to evaluate the efficacy and effectiveness of alternative pedagogies such as Narrative Pedagogy (Ironside, 2003b). This study was designed to supplement the research and anecdotal evidence pertaining to Narrative Pedagogy already available in the literature. Also, the findings will help inform the pedagogical decisions of educators and initiate or continue dialogue related to nursing education reform among educators, administrators, students, and other stakeholders.

Summary

Educators must adopt pedagogies that are innovative, learner-centered, and evidence-based to ensure graduates are ready to practice in the multifaceted roles of nursing (NLN, 2003). These pedagogies should create learning environments that enable students to develop a deep understanding of numerous concepts and topics and mastery of skills and competencies in a short period of time. Teaching efforts should strive to prepare graduates who are flexible, culturally sensitive, and able to provide holistic patient-centered care in a complex healthcare environment. New graduates must be able to apply pertinent knowledge to manage the care of several patients from different populations and environments with complex illnesses and healthcare needs. They must anticipate different needs of patients and be able to adapt nursing care to ensure that care is appropriate in a variety of situations. Also, it is critical that new graduates know the importance of staying current about new diseases, practices, and treatments and embrace lifelong learning as part of their nursing career.

Teacher-centered conventional pedagogies enacted alone are not adequate at preparing graduates for nursing practice. Narrative Pedagogy was developed to supplement and coexist

with conventional pedagogies and has been revered for promoting multi-perspective thinking and decentering content (Diekelmann, 2001; Forbes & Hickey, 2009). The enactment of Narrative Pedagogy creates community and brings together many paradigms into conversations that hold contemporary practices open and problematic. Through these learning environments oppressive behaviors are exposed, taken-for-granted assumptions are revealed, students become empowered, and power struggles are reduced. Studies have shown that Narrative Pedagogy is adaptable to the changing needs of nursing graduates (Chan, 2008; Scheckel & Ironside, 2006; Shieh, 2005). However, more evidence is needed to understand how to appropriately evaluate the alternative pedagogy and provide support that it is effective in helping students meet learning objectives (Ironside, 2003b).

CHAPTER 2

LITERATURE REVIEW

To gain a better understanding of Narrative Pedagogy and narrative-centered teaching and learning, a literature search was conducted using broad and specific terms such as narrative teaching, Narrative Pedagogy, storytelling in nursing, first person narratives, constructivist epistemology, and social constructivism. The literature provides a number of reports related to the purpose of this study which are presented in this chapter.

Framework

Constructivism

The articles on constructivism in education provided an overview of constructivism and its usefulness and effectiveness in classroom instruction (Liu & Chen, 2010; Powell & Kalina, 2009; Wright & Grenier, 2009; Yilmaz, 2008). The articles primarily related to kindergarten through 12th grade education. Wright, Grenier, and Seaman (2010) described how constructivism was used in higher education within a kinesiology program. Others discussed application of the learning theory within nursing education (Brandon & All, 2010; Hunter & Krantz, 2010; Legg, Adelman, & Levitt, 2009; Parslow, 2008; Peters, 2000). These discussions included application of various constructivist learning theories in nursing curricula, along with constructivism's relevance to teaching cultural competence, distance learning courses, and clinical situations.

Hunter and Krantz (2010) examined cultural competence levels of graduate students enrolled in a class on cultural diversity delivered via online and traditional brick and mortar classroom methods. The quasi-experimental study used constructivist learning theory as a framework. The researchers employed a pretest and posttest to a control group and experimental group enrolled in the course during consecutive semesters. The results revealed significant improvement in cultural competence scores of both groups.

Parslow (2008) used constructivism in a descriptive phenomenological study to examine the experiences of adjunct faculty in nursing education. The researcher used this framework to guide the study and answer questions related to participants' experiences and their development of knowledge.

Another study used qualitative methods to study a science curriculum designed with the influences of social and critical constructivism. Stears (2009) conducted the study with 45 sixth grade students and found the new curriculum design was more learner-centered. The students were more engaged in classroom activities as they were allowed to select topics and correlate concepts to their own experiences. Stears concluded that science curriculum informed by social and critical constructivism provides learners with a better opportunity for meeting outcomes by relating content to the context of learners' personal lives.

Implementation of Narrative-Centered Teaching

Narrative-centered teaching and Narrative Pedagogy was used in several types of nursing courses, across the curriculum, in both undergraduate and graduate programs, and internationally. Nursing educators have used narrative-centered teaching and learning to teach several topics such as adult health, community health, clinical decision making, caring,

geriatrics, obstetrical nursing, psychiatric nursing, ethics, and pathophysiology. Multiple mediums and strategies were used to convey the narratives such as (a) film; (b) poems; (c) art; (d) student and teacher written narratives; (e) digital, web-based programs; (f) fictional and nonfictional narratives; (g) plays; and (h) television (Brown, Kirkpatrick, Mangum, & Avery, 2008; Davidhizar & Lonser, 2003; Gazarian, 2010; Giddens, 2007; Kirkpatrick & Brown, 2004; Shieh, 2005). These descriptive articles are valuable to nursing educators interested in Narrative Pedagogy as they provide details of how to implement narrative-centered teaching strategies in various courses. Davidhizar and Lonser used storytelling in an introduction to a community concepts course. Kirkpatrick and Brown taught geriatric content using literary works such as films and books. Students participate in service learning projects where they volunteered and listened to real stories from older adults. They later selected a story or film, related to geriatric themes of sexuality, death, and intergenerational conflict. These works included *On Golden Pond*, *Meet Joe Black*, and *Grumpy Old Men.* Wall and Rossen (2004) also used first-person literary works, such as music, film, and written literature to teach psychiatric nursing concepts. More specifically, an instructor used the lyrics from John Lennon's "Cold Turkey" to prompt discussion of drug abuse and withdrawal. A web-based program called the Neighborhood was another resource found to support and implement narrative teaching (Giddens). Rogge (2001) discussed how Narrative Pedagogy was used to teach a pathophysiology course in a family nurse practitioner program. The author reported using diaries, journals, and critical incidents as teaching tools.

Evaluation of Narrative-Centered Teaching and Learning

There is an abundance of literature available on how to enact Narrative Pedagogy; however, the researcher noted a lack of evidence supporting appropriate methods and tools for evaluating the pedagogy. Ironside (2003b) cited a need to conduct more research in this area. How do nursing educators know if students learned what was intended for them learn? Are conventional, outcome-focused methods and tools appropriate to measure learning outcomes following Narrative Pedagogy?

There are several learning outcomes that nursing educators may prioritize as most important. During a mixed method study of the use of innovative pedagogies, Brown and colleagues (2009) found the five most important learner outcomes of their 946 nurse educator participants to be critical thinking, knowledge acquisition, independent learning, empowerment, and self-motivation. Educators may have predetermined outcomes, use their credentialing bodies, and professional organizations such as the IOM to determine desired student outcomes. The following discussion focuses on outcomes of narrative-centered teaching and learning and Narrative Pedagogy discovered in the literature, how narrative-centered teaching and Narrative Pedagogy enabled learners to meet these outcomes, and the methods and tools used to evaluate learning outcomes following narrative-centered teaching and Narrative Pedagogy.

Patient-centered Care

Several authors and researchers reported that teaching with narratives personalized nursing education by focusing on patients' experiences rather than a diagnosis (Davidhizar & Lonser, 2003; Ironside et al., 2003; Mann & Himelein, 2008; Shieh, 2005). Ironside and colleagues used a qualitative study to examine narratives written by citizens with chronic

illnesses. Students in a graduate research course that used Narrative Pedagogy participated with

their teachers and the citizens to interpret meanings from the narratives using Heideggerian

hermeneutics. The following themes emerged: (a) focusing on functional status does not

adequately account for the experience of chronic illness; (b) decentering the focus on the

treatment of symptoms makes way for equally important discussions of meaning making in the

context of chronic illness; and (c) the objectified language of health care covers over how

chronic illness is experienced. Ironside and colleagues reported that students were able to

examine, analyze, and interpret the lived experiences of patients with chronic illnesses which

placed the whole patient in the foreground of nursing care. Patient narratives in nursing

education afford students opportunities to examine multiple interrelated issues and gather

pertinent details to provide patient-centered care.

Shieh (2005) discovered a similar finding to those of Ironside and colleagues that

narratives brought a personal level to learning as students learned about the whole patient and

not just the disease process. The researcher used student written fictional stories to teach a

clinical nursing course. Content analysis was used to analyze students' narrative evaluations of

the teaching strategy. The students in Shieh's study stated that they were able to envision how

the patient experienced a health problem by imagining themselves as the patient in the narratives.

A quantitative study in psychology by Mann and Himelein (2008) compared traditional

diagnosis-centered teaching to first-person narrative teaching. More specifically, the authors

aimed to examine which method reduced mental illness stigma. The experimental group

received the "humanizing approach" where they read narratives written by authors with mental

illnesses and wrote a poem from the perspective of a person with bipolar disorder or

schizophrenia. The control group received the "diagnostic approach" and was presented a

traditional lecture including DSM-IV criteria, clinician written excerpts, and a third-person perspective video. Through the use of a pretest and posttest, the results illustrated that the first-person narrative approach to teaching psychopathology reduced mental illness stigma.

Young (2007) claimed that story-based learning provides students with decision-making skills that allow them to make decisions that are "coconstructed and intentionally aligned with interpretations" of patients (p. 166). The author further asserted that client centeredness is fundamental to a caring curriculum and provided examples of traditional case studies contrasted with case stories. One particular example pertained to a patient who underwent cystoscopy surgery. The traditional case study presented secondhand data related to the patient's demeanor, mental status, diagnosis, vital signs, other assessment findings, and interventions. In this case study, the patient was objectified. The author contrasted the case study with a case story told from a nurse's perspective about another patient. The nurse discussed, in first person, the patient's issues, her emotions related to the patient, and other observations. The author stated the case story was told from the perspective of those living the experience thereby adding emotions and revealing the holistic and relational nature of caring.

Thinking

There were several studies found to support the use of narrative-centered teaching and Narrative Pedagogy to promote interpretive thinking, critical thinking, reflection, and analysis. In a study of experiences with Narrative Pedagogy in seven schools of nursing, including 18 students and 15 teachers, Ironside (2003a) identified two themes: (a) thinking as questioning: preserving perspectival openness; and (b) practicing thinking: preserving fallibility and uncertainty. Ironside praised Narrative Pedagogy for its focus on thinking and questioning

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versus finding answers. Participants were able to critically think and dispel the notion that there

is always a "right" answer. Two similar studies conducted by Ironside (2004, 2006) found

Narrative Pedagogy afforded students the opportunity to think and reflect on complex issues and

teachers the opportunity to change from the usual and boring. Students were able to draw their

own meaning of course content and determine how the information would shape their practices.

They were able to analyze their experiences and question their assumptions from various

perspectives. Likewise, Andrews and colleagues investigated educators' experiences enacting

Narrative Pedagogy through a hermeneutical phenomenology research design. One theme

underscored thinking, enacting Narrative Pedagogy, attending to the practices of thinking. The

researchers proclaimed how enactment of the pedagogy placed more emphasis on thinking

versus "doing it right" (2001). Shieh (2005) used clinical narratives and discovered students

believed narrative-centered teaching improved their critical thinking skills. Shieh also reported

that students' story preparation and interpretation promoted critical thinking.

In contrast, Evans and Bendel (2004) implemented a quasi-experimental pilot study and

used a nonequivalent control group design. In an elective nursing course, the experimental group

received an intervention that incorporated Narrative Pedagogy and the control group received

other instructional methods not specified. The researchers used the California Critical Thinking

Disposition Inventory (CCTDI) and the Measure of Intellectual Development (MDI) in repeated

measures and found no significant difference between the control and experimental group's

critical thinking abilities.

Scheckel and Ironside (2006) interviewed teachers and students in schools of nursing

during a hermeneutical phenomenology study and concluded that Narrative Pedagogy expanded

on critical thinking by promoting interpretive thinking. They proclaimed that interpretive

thinking includes critical, analytical, and reflective thinking. The authors also urged for more research on thinking and pedagogical styles, both qualitative and quantitative, to compare Narrative Pedagogy with other pedagogies and to inform nursing education practices.

Hunter (2008) found comparable results during the narrative analysis of personal stories written by junior level nursing students. The researcher searched the stories for Caper's Fundamental Patterns of Knowing: empirics, ethics, esthetics, and personal knowing. The stories exhibited personal knowing as evidenced through writings of self-reflection. This type of thinking was also uncovered during qualitative content analysis of conversations with graduates of a postgraduate baccalaureate nursing degree (Chan, 2008). The author concluded that after participating in a course on caring concepts, students were able to reflectively think about their caring practices. Vandermause and Townsend (2010) detailed how they enacted Narrative Pedagogy in a graduate nursing course and interpreted their experiences through an autobiographical hermeneutical research. They found their presentation of the course enabled students to reflectively think and provide judgment-based care.

The studies and articles proclaiming narrative-centered teaching promoted patient-centered care and various types of thinking were plentiful. The researcher questioned if participants of this study would have the same desired outcomes. Considering Evans and Bendel's (2004) study results, would participants report an increase in students' critical thinking abilities? How would participants evaluate students' ability to provide patient-centered care and use multiple types of thinking?

Authentic Learning

Narrative teaching often simulates real-life situations that students may encounter in practice. Authentic learning experiences are important to engage students and allow risk free learning in a meaningful context. First-person narratives used as case stories personalize content, present an "embodied knowledge of the experience" (Huntington & Gilmour, 2001, p. 905), incorporate a holistic focus, decenter the focus on diagnoses and symptoms, and provide an authentic learning experience (Ironside et al., 2003; Mann & Himelein, 2008; Shattell, 2007). Students from an associate and baccalaureate nursing program who wrote narratives about patients in their clinical experiences reported the narratives felt real and were able to imagine themselves as the nurse or the patient in the narrative (Shieh, 2005).

Giddens (2007) developed the Neighborhood, a web-based program that presents video stories of several clients with varying healthcare issues living in the same community. One goal of this teaching and learning tool is to promote authentic learning. Each week, students are able to view a story related to each patient or family in the community. Educators are able to tailor the program to fit the learning needs of their students. The Neighborhood combines storytelling, case-based learning, and interpretive pedagogy (Giddens). The program utilizes a biosocial approach to teaching and learning. The focus is shifted from the problem or disease to the patient as a whole. Social aspects of the patient's story include daily tasks and responsibilities, effects on family functioning, transportation problems to medical appointments, and issues with obtaining medications (Giddens). Students get to examine complex issues surrounding patients' experiences in healthcare and develop empathy for the characters in the stories (Giddens).

Ethical Maturity

Ethical maturity refers to the ability to critically think and make ethical decisions autonomously (Evans & Bendel, 2004). Nurses will likely encounter ethical problems or dilemmas during their nursing practice and have to make critical decisions that will affect patients' well-being. Patterns of ethical knowing were found within narratives written by nursing students in a maternal-newborn nursing course (Hunter, 2008). These patterns were revealed as students wrote about caring and advocacy. Evans and Bendel were also interested in Narrative Pedagogy's potential to promote ethical maturity. The researchers found no significant difference in their control and experimental groups. More investigation is needed related to Narrative Pedagogy's usefulness in promoting ethical maturity.

Empathy

Empathy is the act of understanding other's feelings by imaging oneself in the other's situation. The ability to empathize with patients is vital for nurses to provide compassionate nursing care. LaRocco (2010) discussed how an accelerated nursing program used a writing assignment to teach and promote empathy. The assignment required students to read a first-person narrative written by a patient with an illness or experiencing a trauma. The narrative was required to be a non-fiction book. The student then completed a writing assignment, in-class presentation, or online discussion on how the patient's illness impacted the patient's life and family interactions. The author reported using this approach to teach empathy for five years with positive reviews from students. In comparison, Hunter (2008) noted esthetic pattern of knowing within students stories. "The stories then became the means that inspired them to creatively imagine themselves in these types of hypothetical situations" (p. 10). Shieh (2005) analyzed, via

content analysis, the written responses of students who participated in narrative-centered

teaching experiences and reported that narrative-centered teaching and learning increased

students' empathy for characters in narratives. Similarly, storytelling was studied outside of

nursing, during a mixed method study conducted on students in an undergraduate nutrition class.

Lordly (2007) reported a student having an "aha!" moment where the student interpreted a story,

understood, and empathized with a mother's choice to feed her baby formula.

Cultural Sensitivity

Empathy, as well as cultural sensitivity, is important for nursing graduates to be able to

provide quality care to the diverse patient population (Halloran, 2009). Health disparities

represent issues of social injustice and negatively impact vulnerable populations' morbidity and

mortality rates (IOM, 2011). Cultural sensitivity aids in reducing health disparities by being

aware of one's own cultural beliefs and differences with others (Majumdar, Browne, Roberts, &

Carpio, 2004). Nursing educators should make conscious efforts to include teaching approaches

and techniques to improve students' cultural sensitivity. After using story writing, storytelling,

and story analysis during clinical experiences, Shieh (2005) found that students' perceived

knowledge of cultural issues in nursing improved. Davidhizar and Lonser (2003) used a survey

with a Likert-type scale to evaluate narrative-centered teaching and nursing students'

perceptions. They included an item on the survey about students' perception of an increase in

cultural sensitivity following a class that used narrative-centered teaching and received overall

positive responses. McAllister and colleagues (2009) asserted that a well-constructed story can

relay values, ethics, culture, emotions, and other concepts to students. The authors discussed

how the nursing faculty at an Australian University used unfolding narratives instead of medical

case studies. The student outcomes met included increased cultural awareness and sensitivity.

Given the increasing emphasis on cultural diversity and competence in nursing education, more

research is needed to validate the effectiveness of Narrative Pedagogy in this area.

Knowledge Acquisition

Educators have used narratives to develop and improve multiple concepts such as caring,

empathy, ethical maturity, and cultural sensitivity but knowledge acquisition is also essential.

Outside of nursing, McQuiggan and colleagues (2008) studied the effects of narrative-centered

learning on knowledge acquisition. They implemented three different microbiology teaching

interventions (narrative, minimal-narrative, and PowerPoint) with 179 eighth grade students.

After analysis of pretest/posttest scores, the researchers found all three intervention groups

exhibited learning gains. Furthermore, the PowerPoint group experienced the greatest learning

gain. Hunter (2008), in a qualitative study, analyzed student written narratives in a junior level

maternal-newborn course and found patterns of empirical knowing. Students displayed

knowledge of nursing concepts within their stories through their discussion of medical events or

health problems. Shieh (2005) found, through a pretest/ posttest questionnaire that students, after

experiences with narrative-centered teaching and learning, perceived they gained knowledge

related to physiological alteration, psychological alteration, nursing interventions, legal and

ethical issues, and community resources. More quantitative studies are needed to examine

learning outcomes achieve through Narrative Pedagogy, more specifically knowledge

acquisition.

Evaluation Methods and Tools

The literature provides a wealth of data to support the incorporation of Narrative Pedagogy and other innovative pedagogies in nursing education but little is published about how to appropriately evaluate student outcomes. Most of the previous outcomes were measured by students' perceptions, qualitative interviews, or conventional tools such as Likert-type scales and pretest/posttest (Davidhizar & Lonser, 2003; Evans & Bendal, 2004; Ironside, 2003b; McQuiggan, Rowe, Lee, & Lester, 2008). Some educators reported using written assignments to evaluate learning outcomes (LaRocco, 2010; Wall & Rossen, 2004). Most used students' perceptions via pretest/posttest measures and their narrative comments to evaluate learning outcomes (Kirkpatrick & Brown, 2004; Shieh, 2005). Other measurements included student and teacher interviews and narrative analysis during research studies (Hunter, 2008; Ironside, 2003a, 2003b, 2006; Scheckel & Ironside, 2006).

Ironside (2003b), in a mixed method study, used a pretest/posttest to supplement qualitative data. The College Classroom Environment Scale was used to measure students' perception of the learning environment in an introductory nursing course before and after the course was implemented. The findings not only showed no significant difference in pretest and posttest scores but showed on 10 items out of 62 that students perceived the class to be worse than they had expected. Ironside was left with many questions and assumed that the tools, with quantitative conventional questioning, might not have adequately measured outcomes and students may have compared the course to other courses that used conventional teaching strategies. The researcher pondered if such tools to evaluate Narrative Pedagogy and other innovative pedagogies existed. Ironside recommended validation of the tools, studies that have more power, and the development of appropriate tools to evaluate innovative pedagogies.

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Summary

The review of literature revealed a wealth of information related to strategies and mediums for implementing narrative-centered teaching and enacting Narrative Pedagogy; however, there was a gap in the areas of assessing and evaluating learning following Narrative Pedagogy. It is evident in the literature how Narrative Pedagogy can be conducive to the achievement of student outcomes related to thinking, patient-centered care, ethical maturity, cultural sensitivity, and knowledge acquisition. What is ambiguous is how educators evaluate students' learning of the content covered by an alternative pedagogy such as Narrative Pedagogy. Are conventional methods and tools suitable? Conventional evaluation tools may be inadequate or inappropriate, as the primary goal of these tools is to measure knowledge or skill acquisition. Nursing students will inevitably be evaluated via conventional tools at some point during their nursing program, or at completion, to acquire licensure or certifications. Researchers need to examine the evaluation strategies used by educators enacting Narrative Pedagogy to determine which are appropriate and relevant as well as to develop other appropriate methods and tools.

CHAPTER 3

METHODOLOGY

The purpose of this phenomenological study was to explore and find meaning in the narrative teaching experiences of educators who have enacted Narrative Pedagogy to teach nursing concepts and topics. This study sought to understand how educators evaluated students' learning outcomes following the enactment of Narrative Pedagogy. This chapter will provide details related to the research design, participant selection, and data collection and analysis methods. The researcher's assumptions and ethical considerations are also discussed.

Design

This study used an interpretive phenomenological approach to gain insight into the experiences of nursing educators who have enacted Narrative Pedagogy. More specifically, the researcher used Heideggerian hermeneutical phenomenology. Phenomenology is an appropriate approach to study this new and emerging interpretive pedagogy as it examines the essence of an unfamiliar phenomenon (Polit & Beck, 2008). Hermeneutical phenomenology seeks to explore and find meaning of the phenomenon as it is experienced by those involved (Crist & Tanner, 2003). It was important for the researcher to go beyond describing nursing educators' experiences with Narrative Pedagogy to interpreting and finding meaning in their experiences. The development of Narrative Pedagogy was influenced by various interpretive philosophies, including Heideggerian phenomenology (Nehls, 1995). Diekelmann (2001) developed the

pedagogy through the use of hermeneutical analysis during a study of teaching and learning

experiences of students, teachers, and clinicians. The literature supports this study's use of

hermeneutics as experts of Narrative Pedagogy such as Diekelmann and Ironside, routinely used

this approach to study various aspects of the pedagogy (Andrews et. al., 2001; Diekelmann &

Smythe, 2004; Ironside 2003a, 2003b, 2004, 2006; Ironside et al., 2003; Scheckel & Ironside,

2006; Vandermause & Townsend, 2010). These studies yielded a wealth of data and are

discussed throughout the literature review. A hermeneutical approach allowed the researcher to

gain a better understanding of evaluating Narrative Pedagogy where the findings could be used

to inform others' educational practices.

Heideggerian Phenomenology Background

This phenomenology was first developed by Heidegger in 1962 with influences from

Husserl's descriptive phenomenology (Polit & Beck, 2008). Although Heidegger once admired

and was influenced by Husserl's works, the philosopher began to reinterpret Husserl's

phenomenology (Polit & Beck). Heidegger explained his ontological beliefs in *Being and Time*

(1962) as opposing those of Cartesian dualism and traditional science (Benner, 1994). Cartesian

dualism is founded on the beliefs of Descartes, a philosopher who believed the mind and body to

be separate. Heidegger questioned Western philosophy's ideas about objectivity, the nature of

Being, and the meaning of Being (1962). By Being he did not mean human beings. Heidegger

asserted that "Being is not itself something that exists" (p. xiv). "Therefore Being is an inquiry

into the intelligibility of how we understand the world" (Horrocks, 2000, p. 238). To eliminate

confusion of Being to mean human being or an entity, Heidegger used the abstract word Daesin.

The philosopher's discussion centered on Daesin, which he interpreted to mean "being in the

world" and his book, *Being and Time*, was a hermeneutic of Daesin (Benner, 1994; Palmer, 1969). Heidegger's use of the word *world* does not represent the physical objective environment. He did not consider entities separate from the world as this would represent dualism. "World is not the whole of all beings but the whole in which the human being always finds himself already immersed, surrounded by its manifestness as revealed through an always pregrasping, encompassing understanding" (Palmer, 1969, p.132). This ontological stance varied from Heidegger's peers and was seen as highly influential in the developments of phenomenology, existentialism, postmodernism, and psychology.

Heidegger's philosophical approach goes beyond describing a phenomenon and seeks to find understanding and meaning of human experiences through an interpretive process called hermeneutics (Polit & Beck, 2008). Hermeneutics is the theory of understanding (Palmer, 1969, p. 130). "Hermeneutics as methodology of interpretation for the humanities is a derivative form resting on and growing out of the primary ontological function of interpreting" (p. 130). The key to understanding human behavior through a hermeneutical phenomenology lens is to interpret this behavior from text analogue (Benner, 1994). The main assumptions of hermeneutical phenomenology are that humans are social beings, embodied, always in the world, and their experiences are framed by temporality (Benner). Temporality is used instead of linear time for human beings, not objects, and relates time as directional and relational (Benner). Also, humans are always already in the hermeneutic circle of understanding and interpretations evolve from a relationship between the researcher and participants (Benner). Human beings always already have understanding and interpretations of the world. The circle of understanding, as referred to by Heidegger, is where prior experiences, preconceptions, language, cultures, and backgrounds presuppose and influence our interpretations (Benner; Heidegger, 1962). The circle of

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understanding is where fore-structure of understanding is demonstrated (Heidegger). It

encompasses fore-having, fore-sight, and fore-conception.

Researcher's Assumptions and Biases

In keeping with the traditions of Heidegger's hermeneutical phenomenology, the

researcher's assumptions and biases are disclosed. The preunderstanding or forestructure of

understanding of the researcher related to this proposal has three parts: fore-having, fore-sight,

and fore-conception (Benner, 1994). Fore-having is described as the prior experiences of the

researcher to which the researcher is familiar with the phenomena and is able to make

interpretations. The researcher's prior experiences situate the point of view in which these

interpretations will be made and is called fore-sight. Preconceived hypotheses or interpretations,

also based on the researcher's prior experiences and beliefs, are labeled as fore-conception

(Benner). Each aspect of the researcher's forestructure of understanding is discussed.

Fore-having

The researcher's fore-having sets the foundation upon which interpretations are based.

The researcher is a nursing educator and has almost eight years of teaching experience at a small

university in the southern United States. The researcher has experience teaching in traditional

brick and mortar classrooms, clinical settings, and online learning environments and has used

conventional pedagogies and Narrative Pedagogy. Also, the researcher has experience with

using multiple conventional and non-conventional evaluation tools.

Fore-sight

The researcher was situated in multiple positions throughout the study but never as an objective observer. These positions fluctuated between the researcher as an imaginative member of the participants' world to the researcher as an outsider (Benner, 1994). The researcher approached this study from a nursing educator's point of view and looked for new ideas to solve the old problems surrounding nursing curricula. This stance had an impact on the way the researcher viewed and interpreted the data. As an advocate of nursing education reform, the researcher is searching for pedagogical styles and tools that will influence change in nursing education.

Fore-conception

The researcher believes teaching in academia requires a faculty member to engage in multifaceted roles. The researcher's teaching philosophy is influenced by principles of social constructivism and is centered on facilitator as being the most important role of nursing educators. The other responsibilities of a faculty member should enhance not hinder teaching effectiveness. Content should be presented in a manner that is engaging, relative, learner-centered, and evidence-based. The researcher's general instructional goals are for students to develop a deep understanding of the content and be able to transfer learning to their nursing practice.

The researcher's epistemological beliefs are based on the fact that learning is a process of retaining new information or skills and occurs when data are presented in a fashion that is meaningful or engaging to the learner. Teaching is more complex than mere delivery of instructions. Teaching efforts should be tailored to address or accommodate students' needs,

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learning styles, desired student outcomes, and prior student knowledge of each topic. Learning environments should be student-centered and provide opportunities for students to actively participate.

Conventional pedagogy does not facilitate the development of empathy, cultural sensitivity, or multiperspective thinking. The researcher anticipated that participants would report inadequacies in using conventional evaluation tools to measure most learner outcomes. The researcher believed conventional examination and evaluation limited nursing curriculum reform as nursing educators are concerned about students' ability to be successful on these exams if they used non-conventional teaching strategies. Conventional evaluation tools can only measure knowledge acquisition and are often culturally biased. The researcher anticipated that those educators who used alternative evaluation methods would report more satisfaction in meeting their instructional goals and measuring learner outcomes. These prior assumptions had some direct or indirect influence on the researcher's derived interpretations.

Recruitment

Purposive sampling or criterion sampling was used to recruit nursing educators who currently or most recently used Narrative Pedagogy to teach nursing topics or concepts. This type of sampling selects the best informants who have had experience with the phenomenon of interest and yields rich data to better answer a study's research questions (Polit & Beck, 2008; Rudestam & Newton, 2007). In an effort to recruit enough participants for data saturation, snowball sampling was also utilized. Snowballing allowed the researcher to gain the names and contact information of other potential participants from current participants (Polit & Beck, 2008).

Candidates for participation were recruited by referrals from nursing program administrators, experts in Narrative Pedagogy, and other nursing educators. Ironside (personal communication, July 13, 2010) expressed interest in this study and shared the study's abstract and researcher's contact information with nursing educators who have used Narrative Pedagogy. Ironside also referred the researcher to Hayden-Miles, who is the Dean of the School of Health Sciences at Farmingdale State College in Farmingdale, New York. This school's nursing curriculum is based on Narrative Pedagogy and the majority of the faculty have experience using narrative-centered teaching strategies. Hayden-Miles (personal communication, August 25, 2010) agreed to assist the researcher with identification of candidates for participation by providing ideal candidates the researcher's contact information.

Sample

The sample was composed of eight participants. The sample inclusion criteria was each participant would (1) be able to speak English, (2) be aged 25 years of age or older, (3) be a registered nurse, (4) be a nurse educator, and (5) have at least one year experience using Narrative Pedagogy. Both male and female participants were sought for participation with no race or ethnicity exclusion. Ideal participants used narrative teaching within three years of the study as this ensured good recall of information. Full-time or part-time educators were sought from all types of registered nursing programs including associate and baccalaureate degree programs. If there was an abundant number of participants that met the inclusion criteria, the researcher selected those that taught full time and had the most years of experience using Narrative Pedagogy. Additionally, the researcher desired participants who had the most years of nursing education experience.

Human Participants Protection

All efforts were employed to prevent harm or risk of harm to study participants. The University of Alabama's Institutional Review Board (IRB) approval was obtained prior to contacting potential participants and collecting data (Appendix A). Participation was voluntary and participants had the option to withdraw from the study at any point. Also, participation in this study was at no cost to participants nor were they compensated.

Informed Consent Process, Documentation, Form

After referral from nursing program administrators, experts in Narrative Pedagogy, and other nursing educators, participants contacted the researcher via email and expressed interest in participation. All potential participants were contacted via email by the researcher which included a brief explanation of the study and a request for demographic data (Appendix B). If potential participants met the study's inclusion criteria and remained interested in participating, the researcher contacted them to schedule an interview. An informed consent form was emailed and mailed via surface mail with a postage paid return addressed envelope included (Appendix C). Participants were asked to return a signed consent form before the scheduled interview. The researcher's contact information was available on the consent form and participants were invited to ask questions about the study. The researcher verbally verified participants' understanding of the consent form prior to each interview and invited participants to ask clarifying questions. A signed written consent form was obtained from all participants, and all are stored in a locked file cabinet in the researcher's office.

Risks

Potential risks to participants were minimal. Participants may have had undesirable experiences related to narrative-centered teaching resurrected during the interviews. To alleviate participants' discomfort from these issues, they could opt to interrupt and reschedule the interview or withdraw from the study. No other risks to participants were anticipated.

Privacy and Confidentiality

The researcher maintained privacy by communicating directly with participants to relay information about participation, schedule, interview questions, and transcripts. Only the researcher and participant were present during interviews, unless the participant chose to allow others in the room. The researcher informed participants, via consent form and verbally, that interviews would be audio taped. Participants had the option to request to review interview questions prior to scheduled interviews and not to share any information with the researcher. Participants' information and results remained confidential and all identifying data were coded and each participant's name replaced with a number. Although the dissertation team and a peer debriefer had access to participant's data, only the researcher had access to the codes. Audio files of interviews, interview transcripts, and electronic copies of syllabi, students' narratives, students' assignment submissions, and other evaluation tools were stored on a flash drive. The flash drive, hard copies of syllabi, students' assignment submissions, other evaluation tools, and signed informed consents will be stored in a locked file cabinet in the researcher's office for 5 years. After 5 years, all data will be shredded, deleted, and permanently discarded.

Data Generation

Data collection began in May of 2011 and continued until August of 2011. The researcher used semi-structured interviews and document review to collect data. The interview guide/protocol was developed using broad lines of inquiry and open-ended probing questions to ensure adequate investigation (Appendix D). The protocol also incorporated some of the tenets of social constructivism by questioning how the educators facilitated learning and ensured that learning was a social process where the learners interacted and were engaged.

One semi-structured interview and one follow-up interview of each participant were conducted via telephone. The researcher attempted to use Skype, a free downloadable software designed for Internet video chat (Skype, 2011), to interview the first participant but experienced technical difficulties. In order to maintain the same interview format and collect comparable data, all other interviews were conducted via telephone. Initial and any follow-up interviews took place in participants' natural setting (school office, classroom, clinical setting) or setting of choice and lasted no longer than 1 hour. During the initial interview, participants were asked to provide copies of their syllabi, students' narratives, students' assignment submissions, assignment instructions, and/or other evaluation tools. These items were collected after the interview via email or surface mail. Follow-up interviews with each participant were conducted to clarify data or gather more information related to emerging themes or lines of inquiry. These interviews were scheduled via email and lasted no longer than half an hour. One participant did not respond to a request for a follow-up interview. Prior to each follow-up interview, the researcher reviewed the participant's interview transcript and submitted documents for content, format, and relation to learning outcomes. The second interview included any additional questions or concerns that related to the initial interview and during the researcher's review of

submitted documents. The order of initial participant interviews was determined by the previous

interview and data collected. The researcher selected the subsequent participant based on

questions that emerged from preceding interviews, the participant's type of program, course, and

availability. Data were collected until data saturation, which occurs when the data gathered

becomes redundant and no new information is discovered (Rudestam & Newton, 2007). The

researcher perceived data saturation after the sixth interview as no new themes emerged from the

transcripts.

Interviews were recorded using a digital voice recorder and transcribed verbatim by a

professional transcriptionist. Transcription was completed within a week of each interview. The

researcher verified each transcript for accuracy by listening to the audio taped interview and

reviewing the transcript line by line. Any inaccuracies were corrected.

Data Analysis, Synthesis, Interpretation

Transcripts, interview notes, and documents submitted by participants were manually

reviewed and analyzed by the researcher. The submitted documents were analyzed with the

transcripts and interview notes to help illustrate and understand how Narrative Pedagogy was

enacted and evaluated. Data analysis and interpretation began after the first interview and

continued throughout data collection. After each interview, the researcher analyzed the data

before beginning the next interview. Creswell (2009) described the process of data analysis as a

continuous and intertwined cycle of gathering, organizing, reflecting, interpreting, and writing.

A three phase iterative, nonlinear process, adapted from Benner (1994) and Crist and Tanner

(2003), was used to analyze the data. Descriptive statistics was also used to describe the sample,

various documents, evaluation methods, and evaluation tools.

The first phase, thematic analysis, involved the researcher gathering themes and/or patterns. It began with the researcher reading each transcript and related data several times to gain a holistic understanding of the data. Benner (1994) stated this phase is where the interpretive plan is developed and the researcher may find it necessary to slightly modify lines of inquiry in order to address questions that emerge from the data. Crist and Tanner (2003) added that critical evaluation of interview techniques should occur during the first phase. While alternating between whole texts, parts of texts, and analyses, the researcher looked for meaningful themes, patterns, or concerns. Broadly, the researcher sought themes that provided insight into tools, strategies, and barriers related to evaluating Narrative Pedagogy. They were revealed as the researcher shifted continuously from "understanding and imaginatively dwelling in the world of the participant to distancing and questioning the participant's world as other" (Brenner, 1994, p. 116). The researcher kept handwritten notes in a data notebook representing questions, interpretations, and other thoughts related to the study. Also, to facilitate analysis and synthesis of the data, the researcher cut interview text segments, pasted on index cards, and labeled each card with a representing theme. This assisted with data analysis by providing the researcher visual depiction and easier manipulation of the data.

In the second phase of data analysis, exemplars were identified. After identifying themes, the researcher looked for excerpts from the transcripts to best illustrate the themes. To do this, the researcher chose specific situations and analyzed various aspects of the situation to include the participants' responses, actions, and concerns (Benner, 1994). This revealed exemplars or "salient excerpts that characterize specific common themes or meanings across informants" (Crist & Tanner, 2003, p. 204).

During the third phase, after gathering exemplars, the researcher focused on shared meanings or paradigm cases between the interviews. "Paradigm cases embody the rich descriptive information necessary for understanding how an individual's actions and understandings emerge from his or her situational context: their concerns, practices and background meanings" (Benner, 1994, p. 59). These cases allow readers to imagine the experiences of participants and are used to illustrate and point out similarities and differences of strong patterns revealed during phase one (Benner). The researcher compared and contrasted paradigm cases' context, issues, and events. This phase revealed shared meanings and central concerns between the cases. As the researcher approached data saturation, efforts included final interpretation of data and final interviews that were necessary to address any additional lines of inquiry (Crist & Tanner, 2003). The concluding results were reached by reviewing handwritten notes, index cards, submitted documents, and whole transcripts.

Measures of Quality

Qualitative studies do not rely on the same criteria to measure and ensure quality as quantitative studies. Validity, reliability, and generalizability do not appropriately fit with the philosophical underpinnings of phenomenology (Benner, 1994). These measures fit the Cartesian model's viewpoints that place more emphasis on objectivity and realism, which contrast to the viewpoints of Heidegger's phenomenology (Benner). More so, hermeneutical studies do not follow the same strategies of rigor as studies with positivist approaches (Benner). However, it is important to qualitative researchers and their readers that some type of rigor is used to ensure quality. Many have stated the need to ensure trustworthiness, credibility, and adequacy of interpretive accounts in qualitative studies (Benner, 1994; Creswell, 2009;

Rudestam & Newton, 2007). To ensure quality of this study the following strategies were used: member checking, peer debriefing, clarification of the researcher's biases, and an audit trail.

Participants' feedback related to emerging themes and findings were elicited by sending a copy of participants' initial interview transcripts with the researcher's initial interpretations and a return addressed stamped envelope via surface mail to respective participants for validation (Appendix E). This is known as member checking. Participants were able to make changes, additions, or offer input about interpretations. The participants were asked to return the transcripts and their comments to the researcher. Member checking, a credibility strategy, is used to ensure the researcher's interpretations of participants' experiences do not stray far from the actual meanings of the participants (Creswell, 2009).

Another strategy to improve credibility of findings is peer debriefing. A seasoned qualitative researcher assisted the researcher with data analysis of the initial interview and served as a resource person for questions and concerns. One person outside of the dissertation committee, one of the researcher's peers, was asked to provide a constructive review of the study's procedures and findings. The debriefer's suggestions helped the researcher refine the emerging themes. A peer debriefer was beneficial to the study by offering another viewpoint of an account (Creswell, 2009).

The researcher's assumptions and biases are discussed within this dissertation as another strategy to promote quality within the study. This transparency is important to improve trustworthiness (Rudestam & Newton, 2007). Readers are able to see how the researcher's experiences and background influenced interpretations.

Lastly, an audit trail was kept via handwritten methods. The researcher kept a thorough record of events throughout the study to include steps of the study, researcher's reflections, and

how the data were analyzed (Rudestam & Newton, 2007). The researcher also kept track of
interview audio files, transcripts, and participants' submitted documents.

Timeline

IRB approval was obtained in May 2011 and recruitment of potential participants began.
Data collection and analysis began in May 2011 and ended in August 2011.

Summary

This study's methodology is based on Heidegger's phenomenology, which shares similar
foundations with Narrative Pedagogy. Narrative Pedagogy was derived from a Heideggerian
hermeneutical analysis of teachers', students', and clinician's experiences in nursing education.
The researcher recruited eight participants with experience enacting and evaluating Narrative
Pedagogy and conducted two semi-structured interviews with each participant. The researcher
used hermeneutical analysis of the interviews that followed a nonlinear, iterative, three phase
process adapted from Benner (1994) and Crist and Tanner (2003).

CHAPTER 4

RESULTS

Using the tenets of Heideggerian phenomenology, constructivism epistemology, and social constructivism, the researcher examined the lived experiences of nursing educators' evaluation of learning outcomes following their enactment of Narrative Pedagogy. Hermeneutical analysis of the robust data collected permitted better understanding of Narrative Pedagogy as an alternative pedagogy and its appropriateness to advancing nursing education reform. The participants shared a wealth of details about their everyday experiences with evaluation of student learning outcomes following conventional pedagogies and Narrative Pedagogy. After analysis, synthesis, and interpretation of the data, three themes, related to evaluating Narrative Pedagogy, emerged: (a) determining use of Narrative Pedagogy, (b) enhancing desired student outcomes, and (c) determining appropriate evaluation methods and tools. The results presented by this study were driven by the research questions: What are the desired learning outcomes following Narrative Pedagogy? and Which evaluation methods and tools are most appropriate to measure student outcomes following Narrative Pedagogy? The following discussion explicates the researcher's findings and emerging themes. Results are presented via narrative accounts to exemplify the themes and descriptive statistics.

Sample

There were 11 potential participants interested in the study. Out of these potential participants, the researcher selected the best eight, according to the selection criteria. These

participants had the most years of experience using Narrative Pedagogy. All participants were

Caucasian women, ages ranging from 45 to 70 years old. They lived and taught in the

Northeastern and Midwestern United States. All were experienced nursing educators employed

full-time at the college or university level. Their years of nursing education experience ranged

from 10 to 36 years. Each also brought various levels of experience with Narrative Pedagogy,

ranging from 2 to 20 years of experience. Two participants taught in an associate's degree

programs, two taught in graduate degree programs, two taught in bachelor's degree programs,

one taught in an RN-BSN program, and one reported teaching across programs. The participants

reported teaching various nursing courses using Narrative Pedagogy including the following: (a)

women's health, (b) pediatrics, (c) medical-surgical, (d) foundations/fundamentals, (e)

physical/health assessment, (f) modes of inquiry, (g) clinical management, (h) nursing

transitions, (i) cross cultural, and (j) human sexuality. See Table 1 for a summary of the

sample's demographics.

Table 1

Summary of the Sample's Demographics

	Part. 1	Part. 2	Part. 3	Part. 4	Part. 5	Part. 6	Part. 7	Part. 8
Age range	56-70	46-55	56-70	56-70	46-55	56-70	46-55	56-70
Title	Professor	Assistant Professor	Assistant Professor	Professor	Assistant Professor	Professor	Associate Professor	Dean
Type of Nursing Program	Graduate	ASN	BSN	Graduate	ASN	RN-BSN	Graduate, RN-BSN, BSN	BS
Number of Years as Nurse Educator	36	10	15	25	15 part-time/ 2 full-time	36	11 part-time / 3 full-time	20
Number of Years Used Narrative Pedagogy	16	3	3	20	2	5	3	7
Last Use of Narrative Pedagogy	Summer 2011	Fall 2010	Summer 2011	Summer 2011	Spring 2011	Summer 2011	Spring 2011	Spring 2011
Course(s) Taught with Narrative Pedagogy	Physical Assessment, Women's Health, Adult Health, Child Health, Family Practice Residency	Medical-Surgical	Modes of Inquiry, Care of Individual with Acute Illness	Clinical Management, Pediatrics, Assessment	Medical-Surgical	Nursing Transitions	Human Sexuality, Cross Cultural Nursing, Fundamentals of Nursing, Advanced Health Assessment, Advanced Pediatrics	Foundations of Nursing I

Note: Participants' answers to selected demographic questions. These questions were answered by participants via email prior to their initial interviews.

Determining Use of Narrative Pedagogy

Determining use of Narrative Pedagogy presented itself as the most pertinent and influential theme to the lines of inquiry and findings. The understanding of Narrative Pedagogy was dichotomous among participants. It was either used as an overarching philosophy of teaching or a supplemental teaching strategy. Their understanding of Narrative Pedagogy affected course development, implementation, and evaluation.

Overarching Philosophy

Out of the eight participants, five understood Narrative Pedagogy as an overarching philosophy that guided their approaches to teaching and learning. They were adamant in their understanding that Narrative Pedagogy was more than a teaching method or strategy. Also, they emphasized, the importance of determining how Narrative Pedagogy was understood and enacted. This assertion is evident in the following excerpt from a participant who had over 20 years of experience enacting Narrative Pedagogy.

> It's true that stories are narratives but there has to be something else that surrounds that story in order for it to be Narrative Pedagogy and I think some of that is just the general philosophy and approach to it. I mean you can make a lecture into narrative strategy I suppose. . . . It's not the strategy that makes something Narrative [Pedagogy] it's the things that surround it.

Another participant, whose initial understanding of Narrative Pedagogy centered on narrative teaching and later changed after further research, discussed her understanding of the pedagogy.

> My understanding of Narrative Pedagogy is that it's going to show up different depending on the setting on which it's used and also who's inviting or who's using it. I don't see it as a strategy as much as a philosophy or a paradigm, an approach to teaching or learning. It may use storytelling or narratives in the learning environment or it may not, but what's most important is that space is created where teachers and students feel comfortable and safe to be able talk about what's going well and what's not going well.

This participant often used the phrase "inviting Narrative Pedagogy into the classroom" as she discussed her enactment of Narrative Pedagogy. Participants, who use Narrative Pedagogy as an overarching philosophy, make a distinction between narrative-centered teaching and Narrative Pedagogy. The *things* that surround the story are inclusive of promoting openness in the learning environment and building partnerships between students and teachers for a community of interpretive thinkers. These participants had adopted Narrative Pedagogy and enacted it in all classes they taught. Furthermore, their courses' content was not the sole focus of each class. A participant with over 16 years' experience enacting Narrative Pedagogy made the following statement:

> I want to say that this is definitely not about content. I don't worry about the content I pick the patients because I know they have interesting issues, but I don't pick them because of specific content that they're going to present because most of the time I don't know what they're going to say. I know that they have particular issues and that they're narratively active people, but I expect that they're going to tell the story however it comes to them and I have no control of that. So when I make a course outline, I don't know what the content of the course is, there's no topical outline until the course is done. Then I can tell them what they learned. But I can't tell them ahead of time what I want them to learn because I don't know what they're going to learn yet.

To help determine course content, this participant asked students, at the beginning of the course, to determine their own learning goals. At the end of the course, students were asked to complete a self-evaluation of their learning.

Supplemental Strategy

The other three participants had a different understanding of Narrative Pedagogy. Their discussion of Narrative Pedagogy described their use of the pedagogy as a supplemental teaching strategy. They all used narratives when enacting Narrative Pedagogy. A participant who taught

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a medical-surgical nursing course had this to say about using Narrative Pedagogy to completely

teach a course.

> In teaching medical-surgical nursing, I do not feel that it would be appropriate. I think that if we talked about courses where we talked about the art and science of nursing, nursing leadership, or we have a class called, nurses' ways of knowing, like intuition, professionalism things like that you can definitely teach it in Narrative Pedagogy. But me, in particularly, I think that the situation of teaching Med Surg where you need to give the students, especially the novice students, foundation and a grounded information set that they can build on, I definitely could not teach my specific concept totally in a Narrative Pedagogy environment.

This participant was not confident the required or difficult content could be covered through

Narrative Pedagogy.

Furthermore, participants cited the NCLEX-RN as one reason why they only used

Narrative Pedagogy as a supplemental strategy. A participant who taught in an associate degree

program made an important statement that exemplified two other participants' feelings about

Narrative Pedagogy.

> I have to prepare the students for what the ultimate outcome is going to be and that is to get their license and pass the state board exams. I mean I could teach in narrative but I don't have that evaluation in numbers to say yes, this is totally effective. If I did only teach in narrative I don't think that I would prepare them for their standardized exams and I feel like I'll do a disservice to them because they may not be prepared.

This participant's statement was compared and contrasted with another participant's, who also

viewed the pedagogy as a supplemental strategy. The participant taught in a course for RN

students.

> Because I teach the RN-BSN completion, I had more flexibility in introducing the pedagogy because we already have licensed students. So I'm not under the tyranny of NCLEX. . . .

The differences in participants' understanding of Narrative Pedagogy definitely are

recognizable in how it is enacted and evaluated. Participants who viewed Narrative Pedagogy as

an overarching philosophy used multiple methods and tools, including conventional ones, to

evaluate learning. Most did not perceive much difference in evaluating conventional pedagogies

or Narrative Pedagogy. Those who viewed Narrative Pedagogy as a supplemental strategy asked

students to write a story about a topic. These narratives were used in class to convey information

related to the topic. Most required students to read narratives aloud in class and a discussion

followed. These participants mainly evaluated whether students achieved learning outcomes

through evaluation and discussion of these narratives and conventional exams. They expressed a

desire to have more concrete tools to grade the narratives, such as a comprehensive rubric.

<div style="text-align:center">Enhancing Desired Student Outcomes</div>

Although participants' understanding of Narrative Pedagogy varied, their desired student

outcomes had many commonalities. The desired student outcomes described by participants

were primarily from cognitive and affective domains. Numerous student outcomes were

discussed but the most prevalent included the desire for students to (a) use different types of

thinking, (b) provide individualized/ patient-centered care, (c) be better listeners, (d) understand

concepts/content, (e) recognize commonalities across patients, (f) be better oral and written

communicators, and (g) make ethical decisions and recognize unethical behaviors.

Use Different Types of Thinking

This was the most common desired outcome discussed. The participants aspired for

students to become better thinkers through using different types of thinking. They specifically

discussed various types of thinking such as critical, reflective, and multiperspective. Three

participants desired for students to become flexible thinkers and expressed how this was an

important characteristic of a nurse to be able to function in the challenging healthcare

<div style="text-align:center">50</div>

environment. A participant discussed how students taking their first nursing course thought

through a problem:

> They start thinking already like a nurse. . . . For example we were talking about
> questionable nursing practice, was one of the conversations. And it was about, you have
> a coworker who comes to work and she's smelling of alcohol, it's an whole scenario
> about her performance has dropped off, she's been coming in late, her husband left her
> with a bunch of kids. . . . As we're going through this, and a lot of the kids decided that
> she had an alcohol problem and then at some point, one of the kids said, **"I may be off
> base here, but we are making an assumption that alcohol is her problem but we have not
> yet asked the question, what else can it be."** He said what if it's not an alcohol problem,
> what if she is a diabetic and doesn't know it. That's exactly what I want! For them to
> think that way.

The previous participant was interested in helping students think about issues, situations, and

problems from multiple perspectives without closing down possibilities and making

assumptions. The other participants expressed the desire to help students think about hidden

assumptions. Also, the importance of reflective thinking was echoed throughout the interview

narratives. Reflective thinking is the cognitive process of reviewing and analyzing previous

performances, observations, and emotions (Billings & Halstead, 2009). Participants utilized

reflective thinking as a means of questioning and improving. In addition, three participants

focused on developing clinical reasoning skills through narrative teaching and learning. Clinical

reasoning is the process of thinking about clinical situations and applying contextual knowledge

to make clinical decisions (Benner, Sutphen, Leonard, & Day, 2010).

Provide Individualized/Patient-centered Care

Participants aspired for students to be able to provide nursing care that was individualized

and patient-centered. Two participants reported asking patients to come to class and share their

stories. Others used student written narratives to highlight how each patient required unique

care. A participant with 16 years of experience enacting Narrative Pedagogy stated,

What I'm trying to show them is that healthcare is specific and individualized. You can do kind of general stuff. You find out you can read everything you want on mammogram, but you need to know specific things for this woman and her mammogram results.

Three participants emphasized the importance of students "looking at the big picture" by listening to the patients' whole story before dissecting. They wanted students to consider the patients' diagnoses or problems within the context of the patients' lives.

Recognize Commonalities across Patients

Although participants wanted students to be able to provide patient-centered care, they also wanted students to recognize the commonalities across patients. The participants believed this allowed students to better understand the shared experiences of patients, students, nurses, and others. One participant with over 16 years' experience enacting Narrative Pedagogy described how students exhibited this ability during class discussion of narratives.

I think what's interesting is that throughout the rest of the semester students refer back to the stories. They'll say "Donna that was just like the story that you told on the first day of school this woman reminds me of the woman you were taking care of." They're . . . not so good in the beginning but by the end of the semester, in the middle of the semester, they start connecting the stories. . . . They're beginning to see connections between the patients' stories in the classroom, the patients' stories in their clinical, and other things in the world.

Participants used oral and written narratives as teaching tools to help students note common issues among populations, disease processes, and settings. They asserted that narrative-centered teaching made learning more memorable and meaningful. Students were able to see connections from classroom learning to clinical practice and real world.

Be Better Listeners

Several of the participants mentioned the importance of students improving listening

skills. This skill was discussed as missing or undervalued in conventional teaching and learning

approaches. A participant with 7 years of experience enacting Narrative Pedagogy made the

following statements:

> Because one of the things and particularly, I think in our current society, is that students
> no longer have the skill of listening because they're on the texting all the time and that
> sort of thing. Patients do not come to us with PowerPoint bullets, they have to develop
> the skill of listening and that is becoming a lost art in our society. These kids they do
> develop the skill of listening.

This outcome relates to the other outcomes described. Students have to listen to patients' stories

to hear commonalities and provide individualized care. During the reading of narratives,

students listened attentively. Crying, laughter, and applause were evidence of their engagement.

The participants reported a few students would not appear engaged and claimed this was a

normal occurrence in any learning environment.

Understand Concepts/Content

All participants discussed the desire for students to become more knowledgeable of all

content within the course. This was deemed as foundational to the other outcomes identified.

They wished for students to use their gained knowledge to critically think and solve problems.

Narratives were used to convey specific content and participants wanted students to relay their

understanding of the content. Several of their course syllabi identified course objectives related

to knowledge acquisition such as the ability to describe the historical development of the role of

professional nursing in society and the ability to define nursing practice based on current state

law. A participant who taught a senior level medical-surgical nursing course described what she

wanted students to accomplish:

> I'm looking for them to be able to walk away with a good experience and understanding
> of a concept and be able to bring that concept and be able to take an exam and do well.

Several participants discussed how students were surprised at how much they learned through

narrative-centered teaching as this was different from their traditional didactic and note taking

courses. When asked if Narrative Pedagogy prepares students for multiple-choice exams, a

participant who taught a medical-surgical course made the following statements:

> I've gotten good results on the exams. . . . I would have to say that they are prepared.
> And it's interesting because they don't think that they are. You know when you're
> spending so much time doing narrative, they tend to feel that . . . this is too much time on
> narrative give me the content, tell me what I need to know for the exam. . . . They don't
> believe when you tell them initially you are learning. . . . The content is there it's just in
> a different way and you are the ones who are developing the content.

Two participants supported their beliefs that Narrative Pedagogy prepared students with the

knowledge to be successful on standardized exams by stating their pass rate for nurse practitioner

national certification exams was 90%, which is above the national average.

Be Better Oral and Written Communicators

Participants described learning environments that were collaborative and conducive to the

development of oral and written communication skills. Their use of Narrative Pedagogy allowed

students to participate in collaborative communication through oral and online discussions.

Written assignments such as narratives and paradigm case studies gave students practice

articulating their thoughts via writing. Some participants used rubrics as a means of conveying

assignment expectations. Their rubrics graded aspects of the narratives such as grammar, story

construction, sentence fluency, narrative details, spelling, and clarity. A participant, with 3

years' experience enacting Narrative Pedagogy, discussed how she focused on improving writing skills with a student-written narrative assignment:

> I make sure that their writing skills are appropriate when they hand me their assignments because more and more we're seeing students that have difficulties just with basic writing because of new technology, the way they text, the way they email.

Make Ethical Decisions and Recognize Unethical Behaviors

Three participants used student-written narratives to improve students' knowledge of ethics within nursing. They intended for students to be able to deliberate about ethical issues and make appropriate decisions. One participant who taught a medical-surgical nursing course asked for students to identity and discuss unethical behaviors.

> I have them write a narrative about what they think ethics is . . . have they seen an ethical situation in the clinical area . . . I try to use it so they can use their perspectives of what they've seen as an ethical issue or a questionable issue in the nursing profession.

The participant wanted students to compare and contrast what they learned in theory class with what they observed in clinical learning environments. Students answered the question: is this the right way to practice or is this not the right way to practice?

Determining Appropriate Evaluation Methods and Tools

The participants described several methods and tools used to evaluate learning outcomes. The methods and tools represented both conventional and non-conventional approaches. All participants reported using conventional evaluation methods and tools at some point within students' formal education to evaluate learning of content presented by Narrative Pedagogy. Those that viewed Narrative Pedagogy as an overarching philosophy used numerous types of methods and tools as opposed to those who viewed it as a strategy, who primarily used student-

written narratives. When asked about challenges in evaluating Narrative Pedagogy, a participant

with over 20 years of experience enacting and evaluating the pedagogy responded with the

following:

> I don't think it's that hard. I don't think that the fact that its narrative makes it more
> difficult to evaluate. I think it makes it sometimes more difficult to describe to other
> people who don't use it but**,** you know**,** I'll put our evaluation methods up against
> anybody's in terms of their clarity and effectiveness.

To elaborate and add contrast to this account, another participant with over 16 years enacting

Narrative Pedagogy offered a discussion into why conventional tools may not be the most

appropriate to evaluate teaching and learning in a Narrative Pedagogy environment.

> . . . because [one] of the biggest problem is how can you evaluate something as non -
> conventional as this kind of teaching using conventional standards and evaluation. Now
> I'm talking about not so much assessing learning because you can always assess that with
> standard testing and all of our students are evaluated that way. They have to pass the
> national certification that's how they are evaluated, plus they have tests . . . and I think**,**
> additionally**,** part of the question might include how do you evaluate teaching and the
> learning experience for this kind of environment and I don't think we really have a good
> vocabulary for doing that.

The following section describes the most common methods and tools used by the participants

and their achievements and challenges with finding appropriate evaluation methods and tools.

Student Written Narratives

Student written narratives represented the majority type of method or tool used by

participants. Unanimously, participants reported using student-written narrative assignments.

The narratives were written for many different topics to include experiences with respiratory

distress patients and ethical issues. Other narratives were written to answer questions such as

what I am most worried about?, what is a nurse?, how did you get your name?, and how do

nurses think? Many of these narratives elicited discussion of students' preconceptions and prior

experiences. The frequency of these assignments varied and often occurred multiple times throughout the course. Some asked students to write narratives about their experiences as it pertained to a prescheduled topic. A participant with five years enacting Narrative Pedagogy described an assignment where students could choose to write about their views on the meta-paradigm of nursing or write a "story that illustrated the four big concepts."

> I said the assignment would be to describe an incident in your professional lives that crystallized their beliefs about nursing and then the second part of the assignment was they had to tell me how the story illustrated the four big concepts.

Historically, students chose to write a story versus simply writing their views. One participant discussed how teachers also completed these narrative assignments and shared their narratives with students, which aided in building trust and rapport within the learning environment. Overall, participants were able to evaluate all of the described student outcomes via the written narratives.

The participants' viewpoints on grading student written narratives varied. Four participants reported grading students' narratives via a rubric. Three disagreed with grading narratives as it was the students' experience and they questioned the ability to objectively grade something that was so subjective and personal. One participant reported that she experiments with grading or not grading the narratives from semester to semester to examine whether grading has an effect on the quality of the submitted assignment. Her results were not conclusive during the interview as she had only compared two semesters. The participants discussed grading the narratives for organization, grammar, spelling, relevance to topic, and meaningfulness of story.

Multiple-choice and Standardized Exams

All participants reported evaluation via some type of multiple-choice or standardized exam to evaluate knowledge acquisition. A participant, with 2 years' experience enacting Narrative Pedagogy in a medical-surgical course, discussed her use of multiple-choice exams to evaluate knowledge acquisition and critical thinking.

> If they're coming away with understanding of the concept that was taught for the day they should be able to critically think about that topic and be able to answer the question on the exam.

Participants administered multiple-choice exams either after each class unit, at end of class, and/or at the end of the program. Participants used multiple-choice exams to prepare students for their encounter with the NLCEX-RN and certification exams. All but two participants expressed that learning outcomes achieved through Narrative Pedagogy were able to be appropriately evaluated via these types of exams. They also asserted that Narrative Pedagogy was capable of preparing students to be successful on multiple-choice and standardized exams and often referenced their program's average national licensure or certification examination pass rate. One participant would not make that conclusion and asserted the need for more evidence in this area. Another participant, when asked if Narrative Pedagogy prepared her students to be successful on conventional exams such as the NCLEX-RN, proclaimed that Narrative Pedagogy did not prepare students with the appropriate method of thinking to take these types of exams.

> No! I don't. I think that those are two different sets of skill. I think in fact that if we're honest about it, I think that it may not help at all. Because with narrative we help them to learn to think about a lot of things, you know to question what else could it be. On a traditional test like that, it forces them to only think of one thing and that can be a problem. I think that its two different skill sets and I think we have to teach them how to take that test**.**

Similarly to this participant's account, two other participants discussed students needing additional preparation to successfully complete national licensure and certification exams.

Two participants reported using open book exams where they required students to take home the exams and find correct answers to multiple-choice questions. They asked students to complete two exams each course and weighted the exams as 60% of students' didactic course grade. To further promote thinking, students were asked to provide rationales as to why their selected choice was correct and why the other choices were incorrect.

Class Discussion

All participants reported using class discussion to formatively evaluate learning outcomes. These discussions ranged from student's classroom discussion of their experiences in clinical environments to online discussion of patients' issues. Two participants described how they invited patients to visit class and discuss their stories related to family and women's health. Students interviewed the patients and discussed their issues verbally and online. The patients' narratives were used as teaching tools as well as evaluation tools that allowed the participants to gage how students were thinking about patients' issues and the content. One participant who taught in an associate degree nursing program described a class where she asked students to read their written narratives:

> I take some time out of my theory class and I ask them to read it in class and then we discuss it. Have you seen anything comparable? Do you agree? Do you disagree? How can we incorporate better standards into our practice? What would you do as a new nurse as far as follow-up to whatever situation was presented in the narrative?

Class discussions revealed whether students understood content or if further directions were needed. These discussions occurred frequently throughout the courses and students were often given a grade to reflect their level of participation. One participant reported participation as 40% of students' course grade.

Verbal and Written Discussion of Literary Works

Three participants described assignments based on literary works. One participant, who taught in a nurse practitioner program, asked students to read *I Knew a Woman: Four Women Patients and Their Female Caregiver,* a book written by a nurse practitioner, Cortney Davis. The book elaborates on the practitioner's relationship with four of her patients. Another participant, who taught a graduate pediatrics course, asked students to read *The Spirit Catches You and You Fall Down,* by Ann Fadiman, a novel about a child with a seizure disorder. During a cross-cultural course, a participant discussed assigning students to read the same book as it related to a collision of cultures between the Hmong community in Mercer, California, and the medical community. The students read two or three chapters of the book each week and then discussed their readings in class.

> The students love it, and it not only then opens up possibilities for getting into the narrative for that story but also we can bring in the principles that we're learning, cultural competency principles.

Participants were able to assess whether students were grasping concepts and meeting desired outcomes during these classroom conversations. Also, students submitted written assignments related to their readings in which one participant counted as 25% of their course grade.

Paradigm Clinical Case Studies

Two participants used paradigm cases as an evaluation tool in a graduate nursing program. These were not typical case studies that included only the biomedical data related to the care of a patient. Students selected a patient and completed a four-part assignment that included diagnostic, therapeutic, educational, and follow- up plans. These cases were comprehensive and incorporated questions to provoke students' self-reflection. Students were

asked to reflect on what they learned from a particular patient that would affect their practice, among other questions. The goal of these tools was to evaluate the students' thinking. Students completed one paradigm paper per semester. More details of the paradigm case assignment were offered by a participant who taught in the nurse practitioner program.

> The students are first asked why did they choose this case to write up and what did it teach them that they'll never forget. How will it change their practice? That's the beginning of the paradigm paper. Then there's a guide to the paradigm that serves as what's going on here, what are the sort of biological, psychosocial, developmental, and all those other sort of aspects that might be at play in deciding what to do for the patient.

Self-evaluations

Five participants asked students to complete some form of self-evaluation, mostly as a method of self-reflection. These evaluations were completed during the course and at the completion of the course. Participants were able to evaluate if students were critically thinking about their professional and personal practices, learning gains, and beliefs. A participant who taught a foundations of nursing practice course discussed a reflective thinking assignment where students rated themselves from 0 to 4:

> At the end of every class, we set aside a few minutes for writing. They answer three questions. What did I learn about nursing today? What did I know about nursing before but now understand in a different way? What about today's class do I still have questions about or am I still concerned about? . . . What they do is they evaluate their participation and that's part of the four questions. . . . I used to have an assumption that the students who weren't talking weren't thinking, so that's why I started having them write at the end of the class. I found that some of the student s who were most quiet were the students who were great thinkers.

Other participants reported using journals, a self-development plan, and reflective questions. Also, a participant asked students to reflect and write their personal philosophy of nursing. In a family nurse practitioner course, self-evaluations accounted for 10% of students' grade.

Clinical Evaluations

Most of the participants used clinical evaluations to evaluate learning outcomes. Primarily, the clinical evaluations were completed by other clinicians assigned as preceptors or clinical instructors to the students. A participant with over 20 years enacting Narrative Pedagogy proclaimed how important clinical evaluations are to evaluating student learning outcomes.

> We have expert clinical faculty who evaluate them clinically so that part is a huge part of it too.

The clinical faculty or preceptors were able to observe whether students were able to apply concepts learned in class to clinical practice. Clinical evaluation tools are comprehensive and evaluate learning in cognitive, behavioral, and affective domains. Preceptors and clinical faculty used these tools to evaluate where students are on a continuum; this evaluation is a part of the student's course grade. Clinical evaluation tools could be used to evaluate all previously described outcomes. Contrarily, one participant reported that Narrative Pedagogy might be too subjective to evaluate in clinical learning environments as clinical skills are usually the focus.

Participants' Documents

During the interviews, participants were asked to provide examples of their students' assignment submissions, syllabi, and evaluation tools. All participants provided documents that they had discussed to evaluate content covered in a course or class that used Narrative Pedagogy. As shown in Table 2, they provided a range of items. These documents helped illustrate how the educators evaluated learning outcomes. The researcher did not receive copies of all methods and tools discussed by every participant. For example, all participants discussed using multiple-choice exams; none of them submitted copies of their exams. They stated many reasons for not

submitting tools discussed in their interviews including their lack of accessibility to resources and the use of computerized exams.

Table 2

Documents Sent by Each Participant

	Part. 1	Part. 2	Part. 3	Part. 4	Part. 5	Part. 6	Part. 7	Part. 8
Student-written narrative		*	*		*	*		*
Syllabus	*					*	*	*
Case study	*			*				
Paradigm case analysis	*			*				
Reflective questions								*

Note. Each participant sent sample evaluation documents and/or a syllabus. The asterisk signifies documents sent by each participant.

Students' Narratives

The most prevalent tools provided were student-written narratives. All of the submitted narratives were evaluated and graded as part of the student's numerical course grade. A participant sent two narratives that she labeled as well written. One of the student's story vividly portrayed events related to an ethical and legal issue. The story was two and a half pages in length and described how the student's fellow nurse and friend attempted to hide a medication error. The other story of similar length was about how a student acted as an advocate for an unresponsive patient whose advance directives were not honored by other members of the healthcare team. The participant attached a rubric and graded the narratives on ideas/content, story details, organization, language, and sentence fluency. Students were given a score between two and five for each category. A well-written narrative, according to the rubric, was one that

exhibited skillful structure, confident language, skillful use of transitions, suspense, thought-provoking theme, and clear sense of purpose.

Another participant submitted a student's narrative about his or her experiences with a respiratory disorder. The story was approximately one page in length and discussed the student's father, who had participated in the rescue missions during the World Trade Center terror attacks on September 11, 2001. The story described how the events contributed to the student's father's diagnosis of asthma and how the father managed his illness. The participant attached a rubric with the exact wording as the previously discussed participant's rubric and graded the narrative based a scale of 0-20.

In comparison, a participant, who taught a medical-surgical nursing course, submitted a story related to a student's experience with a patient suffering from respiratory distress. The story covered one page and addressed the patient's physiological signs and symptoms, and the student's fears of being unprepared to provide emergency care for the patient. The participant evaluated the story, on a point scale from 0 to 5, for content, supportive details, organization, sentence fluency, and style. An excellent story would allow the reader to sense the person behind the words, compose correct sentence structure, maintain optimal focus on topic, and exhibit cohesiveness.

Another assignment focused on the philosophy of nursing. The participant sent assignment parameters that gave students the choice of writing a two- to three-page paper about their views of the metaparadigm of nursing or writing a story describing an incident that crystallized their beliefs about nursing. The participant even solicited the students' reasoning for their choice of assignment and their perceptions of the assignment. A student's submission discussed how a bedridden elderly patient shaped his or her nursing beliefs. This assignment

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was completed once and encompassed 25% of the student's course grade. The participant

evaluated the narrative for how well it illustrated the student's beliefs about the concepts of

person, health, environment, and nursing. Also, adherence to edited standard written English and

American Psychological Association (APA) format was evaluated.

The last student narrative reviewed was written to reflect on how nurses think. This

particular student's narrative was two pages long and related to critical thinking. The assignment

was worth 15 points out of 60 points allotted for written assignments.

Syllabi

Some participants were asked or opted to send their courses' syllabi. Although syllabi

are not evaluation tools, these documents revealed other evaluation methods used by participants

not discussed during initial interviews. They provided information about all forms of evaluation

such as the worth of each toward the final grade. In one syllabus, a participant required students

to complete weekly clinical reflections for 10% of their grade for the clinical component of the

course. The students in a cross-cultural course were asked to complete a 14-day journal of their

health practices as part of a self-assessment. This participant primarily used short weekly written

assignments and a synthesis paper to evaluate learning outcomes. Another participant used only

class participation, 40% of students' grade; and written assignments, 60% of students' grade.

Written assignments were narratives related to experiences of giving and receiving care,

communicating, code of ethics, and thoughts about health.

Paradigm Case Analysis

The paradigm case analysis papers sent were lengthy and detailed. One was approximately eight pages in length and included a references page. Instructions asked students to write a self-reflection of their progress, strengths, weaknesses, and plan for meeting learning goals. Additionally, students were asked to include the diagnostic, therapeutic, educational, and follow-up plan. Participants evaluated the papers for display of critical thinking, diagnostic thinking, appropriateness of client, accuracy of findings, placement of data, use of correct terminology, use of correct abbreviation, and inclusion of relevant resources. Students completed one paper per course and it was weighted 30% of their grade for the clinical component of the course.

Case Study

The sample case studies sent presented patients' assessment data, differential diagnoses, therapeutic plan, educational plan, and follow-up plan. A participant stated the home case studies are similar to paradigm cases but are less narrative and reflective. One participant required students to complete two home case studies and counted the assignments as 30% of their didactic course grade.

Reflective Questions

One participant sent a document that listed three reflective questions for students to answer each day during a foundations of nursing practice course. These questions were listed and discussed earlier in the self-evaluation section of this chapter.

Summary

Hermeneutical analysis of eight participants' interview transcripts and review of documents revealed three themes and descriptive statistics related to evaluating learning outcomes following enactment of Narrative Pedagogy: (a) differentiating educators' understanding of Narrative Pedagogy, (b) enhancing desired student outcomes, and (c) determining evaluation methods and tools. Participants' understanding of Narrative Pedagogy as either an overarching philosophy or a supplemental strategy affected how they enacted and evaluated the pedagogy. Participants discussed several desired student learning outcomes following the enactment of Narrative Pedagogy. They also discussed the tools used to evaluate these learning outcomes which varied from conventional methods such as multiple-choice testing to non-conventional methods such as self-evaluation via reflective thinking questions. Participants were asked to submit examples of the tools discussed. Not all types of tools discussed during the initial interview were sent to the researcher. However, documents such as syllabi, case studies, and students' written narratives helped to illustrate how participants evaluated learning outcomes.

CHAPTER 5

DISCUSSION

The purpose of this phenomenological study was to explore the experiences of educators who have used Narrative Pedagogy to teach nursing concepts and topics. Based on the participants' discussions and submitted documents, the researcher was able to better understand how learning following the enactment of Narrative Pedagogy was evaluated and was able to make some interpretations to begin answering this study's research questions. The following discussion will present the researcher's interpretations, implications for nursing education and practice, study limitations, and future research recommendations.

What Are the Desired Learning Outcomes Following Narrative Pedagogy?

Although Narrative Pedagogy converges multiple pedagogies, including conventional, it was evident that desired outcomes were richer and went beyond conventional pedagogies' emphasis on performance of skills and knowledge acquisition. While behavioral outcomes were still important to each participant, all emphasized the development of cognitive and affective skills. The desired outcomes came from cognitive and affective domains of learning. Inclusion of these domains in schooling and learning is important in preparing students to be well-rounded healthcare practitioners in the complex, unpredictable healthcare environment. Pedagogical approaches should incorporate all domains of learning according to Bloom's Taxonomy: cognitive, psychomotor, and affective (Fallahi & LaMonaca, 2009). Participants expressed

interest in students being able to achieve various outcomes related to thinking, communicating, listening, making ethical decisions, providing individualized care, and understanding content. Overall, participants were confident in students' abilities to achieve these outcomes through Narrative Pedagogy.

Nursing curricula routinely focuses on behavioral objectives and outcomes of the psychomotor domain (NLN, 2003). However, nursing practice encompasses more than the completion of technical skills. Nurses will encounter diverse issues within the healthcare environment and must be able to creatively think in complex situations. The first three levels of cognition, knowledge, comprehension, and application, involve primarily recall, basic understanding of content, and transference of learning (Fallahi & LaMonaca, 2009). In these levels, students are prompted to dissect content, integrate learning concepts, and formulate judgments about the content (Fallahi & LaMonaca). Knowledge acquisition and comprehension was an outcome discussed by every participant. They all wished for students to develop a deep understanding of the content and apply learning from classroom to practice environments.

Teaching and learning approaches should incorporate all levels of cognition, especially the higher levels that represent advanced levels of thinking such as analysis, synthesis, and evaluation. Consistent with other studies, the results show that participants were confident in their use of Narrative Pedagogy to encourage and enhance different types of thinking (Andrews et al., 2001; Chan, 2008; Ironside, 2003a, 2004, 2006; Scheckel & Ironside, 2006). Several of the participants went beyond the routine nursing outcome of critical thinking and incorporated strategies to promote clinical reasoning and elicit interpretive, multiperspective, and reflective thinking. These types of thinking help reveal taken-for-granted assumptions and enable practitioners to make sound clinical decisions based on scientific knowledge as well as

individualized patient's needs. Practitioners who are able to effectively self-reflect may be more self-aware and able to recognize areas needing improvement in their practices (Scheckel & Ironside, 2006). Hunter (2008) described this as personal knowing and also found patterns of this in students' stories. Scheckel and Ironside (2006) concluded that Narrative Pedagogy afforded students and teachers opportunities to participate in interpretive thinking. Brown and colleagues (2009) reported the most desired outcome following Narrative Pedagogy was improvement of various types of thinking. Even with different understandings and enactments of Narrative Pedagogy, all participants' wished for students to improve their cognitive abilities. The findings of this study illustrated the creativity used by participants in evaluating cognitive learning outcomes. All of the evaluation tools used and discussed enabled participants to evaluate students' cognitive functioning.

The affective learning domain of Bloom's Taxonomy is just as valuable as the other two domains. However, this domain is difficult to teach and evaluate related outcomes. Affective learning involves development of attitudes, emotions, and feelings. Nursing practice relies heavily on this domain, especially with concepts such as caring, ethical decision making, advocacy, empathy, and cultural sensitivity (Miller, 2010; Zimmerman & Phillips, 2000). Narrative Pedagogy supplements conventional pedagogies with its abilities to promote higher levels of cognitive and affective learning. The participants who used Narrative Pedagogy as an alternative teaching strategy seem to rely on narratives to emphasize and teach concepts and topics that required affective learning such as patient advocacy and ethical comportment. These participants also used narratives for content in which they wished to elicit students' emotions such as examining students' educational fears and concerns. They discussed incorporating cultural sensitivity and psychosocial concerns in addition to biomedical issues within classroom

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discussion of narratives. As claimed by Young (2007), the participants felt as if narratives portrayed a more holistic picture of the topic, issue, or concern. This study's data suggest that Narrative Pedagogy facilitates affective learning better than conventional pedagogies used alone. As discovered in previous studies, Narrative Pedagogy provides a learning environment that promotes students' exploration of concepts such as ethical comportment, cultural sensitivity, and empathy (Hunter, 2008; Lordly, 2007; Shieh, 2005).

The participants described personalized and humanized learning environments that often resulted in crying and laugher. Several participants reported students crying during the reading of narratives. As cited by Huntington and Gilmour (2001), narratives proved to be powerful affective tools that embodied patients and humanized learning. Students were able to empathize with the storyteller and characters in the story. Patients in the narratives became more than signs and symptoms as often portrayed in conventional pedagogies. The student-written narratives, class discussions, written discussions of literary works, paradigm case analyses, and self-reflective assignments gave participants the means to evaluate affective learning outcomes.

Narrative Pedagogy addresses the needs of nursing curricula identified by the National League for Nursing (NLN) and the Institute of Medicine (IOM). In 2011, the IOM reasserted the need for nursing education curricula to be updated and adaptive to constant change to ensure graduates are prepared with competencies to provide safe quality patient care. Participants described Narrative Pedagogy as a flexible teaching and learning approach that prepared nursing graduates to think in complex healthcare situations. The IOM maintained their stance on decentering content and shifting from teaching to learning. The findings concluded that Narrative Pedagogy is student-centered and facilitates individualized patient-centered care. The IOM (2011) asserted that patient-centered care is key to improving patients' health outcomes.

An often neglected, yet vital, skill to providing patient-centered care is the ability to listen effectively to patients. "Listening and hearing the meaning inherent in words is a skill that most advanced practice nursing curricula do not address in any systematic way" (Swenson & Sims, 2003, p. 180). Patient's narratives provide a portal for the nurse to enter into the patient's world and share experiences. Participants promoted development of listening by inviting real patients to come and be interviewed during class meetings. The skill was also promoted through discussion of students' narratives.

The desired outcomes described in this study also correlate with recommendations from the American Association of Colleges of Nursing (AACN) (2008). The AACN published *Essentials of Baccalaureate Education for Professional Nursing Practice* to help nursing curricula development and reformation. The AACN recommended and described nine essential outcomes for students graduating from generalist nursing programs. Many of these outcomes resemble those recommended by the NLN and IOM. The results suggest that Narrative Pedagogy facilitates the achievement of all AACN's essentials, particularly interpersonal communication and collaboration skills as well as professionalism and professional values development. Oral and written communications afforded students better opportunities to refine communication and collaboration skills. In an IOM report, interpersonal collaboration was stressed as important to achieving good patient outcomes (2011). The participants' emphasis on communication skills development was evident by the various types of writing assignments used and the wording in their grading rubrics. In accordance with the literature related to Narrative Pedagogy, students were free to discuss and develop their own meanings and beliefs of content, which helped to shape their professional practice (Chan, 2008; Diekelmann, 2001; Shieh, 2005). Through open collaboration, students also learned to respect the values and beliefs of others.

Which Evaluation Methods and Tools Are Most Appropriate to
Measure Student Outcomes Following Narrative Pedagogy?

More discussion and emphasis surrounded desired outcomes as compared to evaluation tools and methods. Participants explicated that conventional tools and methods may be adequate to evaluate certain learning outcomes such as knowledge acquisition and critical thinking. Other affective learning outcomes may be difficult to thoroughly evaluate via conventional methods and tools. This was evident by participants' use of alternative methods such as self-reflective questioning, written papers, and class discussions. It is important to note that different understandings of Narrative Pedagogy will influence how it is enacted and evaluated. As emphasized by a participant, Narrative Pedagogy lends to multiple methods of enactment and there "is not a wrong way to do it." However, it is important for educators to provide an open environment that engenders community and gathers multiple viewpoints and paradigms into conversations in order to reap the full benefits of Narrative Pedagogy (Diekelmann, 2001).

The researcher noted the most significant differences were in participants' understanding of Narrative Pedagogy. These differences had the most influence to this study's results. Those that considered it an overarching philosophy seem to think learning was the responsibility of educators and students. Educators were responsible for facilitating, guiding, and providing an environment conducive for learning. However, students were held accountable for their own learning and this was evident in the types of assignments that required students to be self-directed and active learners. Students were responsible for determining their own learning goals. Educators and students' took responsibility in ensuring students were progressing toward their learning goals. The students were empowered to determine what was important to them and their nursing practice. At the end of the course, students completed a self-evaluation. This action exemplifies the student-centeredness of Narrative Pedagogy. In contrast, participants who

viewed Narrative Pedagogy as a supplemental strategy seemed to focus more on covering the content and ensuring that students learned what was predetermined by the teacher as important. The responsibility of guiding student's learning lay solely with the teacher. Narrative Pedagogy was a strategy used to enhance learning as it created a rich context related to the learning objective. To continue curricula reform, educators should evaluate their understanding and enactment of the pedagogy to ensure they are emphasizing learning for the development of deep understanding rather than teaching content for short-term memorization.

The data presented evidence of different types of tools and methods used to evaluate learning after enacting Narrative Pedagogy. Most participants reported satisfaction with their methods or tools being appropriate to measure learning outcomes. Evaluation of Narrative Pedagogy did not appear hugely different than conventional pedagogies. However, alternative tools, such as self-evaluations, gave participants greater insight into how students were thinking more so than conventional methods. Participants used various methods and tools and considered many factors such as outcome being measured, class size, and evaluation time when selecting which tool to utilize.

Participants who used Narrative Pedagogy as a supplemental teaching strategy, felt constricted to using conventional tools such as multiple-choice exams because of the issues surrounding the use of the NCLEX-RN and other certification exams, as measurements of quality for nursing programs. The NCLEX-RN was developed to determine whether graduates meet the minimal level of competence to safely care for the patient population (Lauchner, Newman, & Britt, 2006). Nursing educators, state boards of nursing, institutions' administrators, and other external agencies use students' first attempt NCLEX-RN pass rates to measure curriculum quality. Most often, external agencies play a major role in setting a satisfactory

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NCLEX-RN pass rate for nursing programs (Spector & Alexander, 2006). Given this regulation, it is not a surprise that educators want to ensure students learn all the content needed to be successful on the NCLEX-RN. Multiple-choice testing is thought to provide practice with exam items frequently found on the NCLEX-RN. Not all educators are comfortable with Narrative Pedagogy's open and evolving approach to teaching and learning. It takes experience and confidence in the pedagogy to be able to guide student's learning and ensure that critical content is addressed in specified content areas.

The pressure to maintain national accreditation limits educator's willingness to abandon teaching and evaluation strategies considered successful to adopt new approaches or pedagogies. Focus on these types of exams influence educators' pedagogical decisions and hinders nursing education reform. Swenson and Sims (2000) also discussed how the need to prepare students for certification exams has negatively influenced creativity in nurse practitioner programs, as educators are reluctant to move away from conventional pedagogies and adopt new alternative pedagogies.

Implications for Nursing Education

Nursing educators who want to adopt new pedagogies to better prepare students for nursing practice should consider Narrative Pedagogy. The results of this study provide evidence to the usefulness of Narrative Pedagogy in nursing education. The pedagogy can be used to supplement conventional pedagogies or as supplemental teaching strategies for specific content areas. Additionally, it is a philosophy of teaching that creates an environment for optimal student learning. When enacting Narrative Pedagogy, all participants reported that students and teachers were actively engaged within a collaborative environment. The open, student-centered

environment shifts attention from teaching to learning. It highlights the most important

participant in the learning environment, the student. Student-centered education is at the

forefront of nursing curricula reform. Students are more responsible for their own learning,

which produces self-learners who are self-motivated. They are able to offer input that shapes

their learning experiences. The open environment of Narrative Pedagogy enables students to

formulate their own ideas and truths from instruction while being mindful of oppressive forces

and cultural, social, and political influences (Diekelmann, 2001). Students prepared in a

Narrative Pedagogy environment will be more empowered over their learning which should

prompt them to question and improve other aspects of their world, including nursing practice.

Furthermore, Narrative Pedagogy personalizes learning environments that help to

embody patients who are disembodied by a biomedical focused curriculum. Nursing textbooks

often present materials that perpetuate medical dominance by emphasizing medical diagnoses

and clinical manifestations while decentering the patient (Huntington & Gilmour, 2001). By

enacting Narrative Pedagogy as an overarching philosophy of teaching, oppressive behaviors

perpetuated, some inadvertently, through conventional education can be reduced or eliminated.

These behaviors include the use of objectified language by healthcare providers as described by

Ironside and colleagues (2003).

The results of this study help educators understand what learning outcomes can be

achieved through the enactment of Narrative Pedagogy. These outcomes are rich and

incorporate many levels of cognitive and affective domains of Bloom's Taxonomy. Although

evidence comparing students' learning gains in narrative-centered teaching environments to

conventional teaching environments is limited and unfavorable to Narrative Pedagogy, the

National Research Council (2005) asserted that a learner-centered learning environment is

conductive to developing a deep understanding of content by building upon students' prior knowledge and experiences. Conventional educators who wish to foster more than memorization of content and improve students' thinking, listening, ethical comportment, communication, and knowledgebase need to use Narrative Pedagogy. As proclaimed by Bruner (1991), narratives are tools for the students to construct and express reality. The use of narratives in teaching and learning promote deeper understanding of content as they are closer to how humans experience and relay activities of everyday life.

Also, the results of this study should help educators interested in Narrative Pedagogy select evaluation tools, find resources related to evaluating Narrative Pedagogy, or create new tools or methods. It should be noted that Narrative Pedagogy was not difficult to evaluate with conventional methods and tools. Participants provided details of other methods and tools such as paradigm case analysis papers and student-written narratives. Simple class discussions proved to be an important teaching and evaluation tool used by all participants. Educators could incorporate class discussions of student-written narratives to promote interpretive and multiperspective thinking while concurrently teaching an array of topics and concepts.

Advocates of nursing curricula reform must examine structures in place that inhibit nursing educators' pedagogical choices. The practice of using the NCLEX-RN as a measure of a nursing program's quality should be included in this review. Diekelmann (2001) asserted that Narrative Pedagogy allows nursing educators to question the rationales behind their evaluation choices, especially those that seem to be hindered or lack alternatives (2001). Benner and colleagues added that educators should not limit themselves to methods and tools aimed at preparing students for answering multiple-choice questions similar to the ones on the NCLEX-RN (2010). They described the exclusive use of multiple-choice exams for evaluation of clinical

performance as "lost opportunities" and recommended that educators use multiple methods and settings. The nurse educators in this study who considered Narrative Pedagogy a philosophy of teaching did not feel hindered or limited in evaluating students' learning and meeting outcomes. These participants had confidence in their use of Narrative Pedagogy to prepare students for practice.

Implications for Nursing Practice

The rich student outcomes achieved through Narrative Pedagogy facilitate nursing graduates' transition from academia to practice. With advanced cognitive and affective skills to supplement technical skills, students will be better prepared to provide quality nursing care. According to the IOM, graduates should enter practice with the skills necessary to provide patient-centered care in order to improve patient outcomes (2003, 2011). While educators must prepare nursing students to provide minimally safe care, they must also ensure students understand the importance of individualized care. Each patient has unique needs and preferences. Students should understand that care is provided within the context of each patient's life and that this context should be considered in order to provide effective, culturally appropriate care. Narrative Pedagogy helps students understand not only that the patient is a unique individual, but also that there are different ways to provide care. Students prepared through Narrative Pedagogy become better listeners and are attentive to patients' stories, issues, and needs. Also important, is the ability of these students to recognize commonalties across patients' stories. Students learn to attend to patients' stories while listening for shared and unique issues.

The shifted focus from biomedical to biosocial is conducive to providing holistic care (Ironside et al., 2003; Young, 2007). The narratives used by participants prompted students to consider multiple factors that influenced patient care such as cultural, social-economical, spiritual, and political. This multiperspective approach is not always possible with conventional pedagogies as the primary focus is biomedical care and nursing skills.

Narrative Pedagogy's open learning environment produces students who are multiperspective thinkers and self-reflective practitioners able to use multiple types of thinking skills in a variety of complex healthcare environments. The students are also self-learners and self-motivated as a result of a student-centered learning environment. Narrative Pedagogy prepares students to question the status quo and constantly think about other possibilities. Students are then prepared for a career of lifelong learning as new possibilities are explored and researched. As recommended by the IOM (2011), nursing education should equip nursing graduates with the ability to recognize and respond to the continuous changes in science, technology, and patient demographics.

Conclusion

The complex healthcare environment creates a challenge for nursing curricula to adapt to its constant changes. Nursing graduates should be prepared to provide complex care to multiple diverse patients. Narrative Pedagogy is an evidence-based pedagogy developed during a nursing research study. This approach to teaching and learning combines multiple pedagogical approaches and provides some resolution to the issues surrounding nursing curricula (Diekelmann, 2001; Nehls, 1995).

There is limited data in the literature detailing how to appropriately measure learning outcomes achieved through Narrative Pedagogy. This study used Heideggerian phenomenology and hermeneutical analysis of eight nursing educators' interviews to better understand how they evaluated Narrative Pedagogy. This study's results showed narrative-centered teaching and learning is able to prepare students with the necessary cognitive and affective skills to smoothly transition from academia to practice.

Participants' enactment and evaluation of Narrative Pedagogy was influenced by their understanding of it as an overarching philosophy versus a supplemental teaching strategy. Participants expected and students achieved richer outcomes through Narrative Pedagogy as compared to conventional pedagogies. These outcomes were diverse and required higher levels of cognitive and affective functioning.

A variety of tools were used to appropriately evaluate the pedagogy, including conventional tools. Most participants expressed satisfaction with their evaluation methods and/or tools. Their discussion and sample documents provided rich details of how to evaluate the many learning outcomes obtainable through Narrative Pedagogy. More importantly, the participants offered valuable insight into how to evaluate learning outcomes that are inadequately evaluated via conventional methods and tools such as multiple-perspective thinking, listening, and communication.

Limitations

The limitations of this study start with the lack of a narrowly defined definition of Narrative Pedagogy. The researcher found usefulness in the results that highlighted the differences. However, future researchers of this topic may find it useful to narrow their

definition of Narrative Pedagogy and refine the lines of inquiry to reflect the participants' understanding of the pedagogy. Another limitation included the lack of diverse participants such as minorities and males, who may have different interpretations of Narrative Pedagogy. Also, telephone interviews limited the researcher's ability to capture participants' nonverbal responses, which may have offered valuable data to supplement findings.

<div align="center">Future Research Recommendations</div>

Future research related to the achievement of students' learning outcomes following the enactment of Narrative Pedagogy or other interpretive pedagogies is needed to add to the body of evidence. Quantitative studies of Narrative Pedagogy are limited and important to measure outcomes such as knowledge acquisition and comprehensive, especially for those who prefer this type of data to supplement qualitative data. Studies that compare Narrative Pedagogy to other pedagogies, including conventional, would help educators make pedagogical decisions. Also, studies that test newly developed tools designed to evaluate Narrative Pedagogy are needed. Educators who use Narrative Pedagogy need to share their experiences in the literature. Information is needed on how Narrative Pedagogy is used to plan, enact, and evaluate content areas in nursing curriculum.

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APPENDIX A

IRB APPROVAL

May 2, 2011

Office for Research

Institutional Review Board for the
Protection of Human Subjects

THE UNIVERSITY OF
ALABAMA
R E S E A R C H

LaTonta Santo
ELPTS
College of Education
The University of Alabama

Re: IRB # 11-OR-152-ME "Evaluating Narrative Pedagogy in Nursing
Education"

Dear Ms. Santo:

The University of Alabama Institutional Review Board has granted
approval for your proposed research

Your application has been given expedited approval according to 45 CFR
part 46. Approval has been given under expedited review category 7 as
outlined below:

*(7) Research on individual or group characteristics or behavior
(including, but not limited to, research on perception, cognition,
motivation, identity, language, communication, cultural beliefs or
practices, and social behavior) or research employing survey, interview,
oral history, focus group, program evaluation, human factors evaluation,
or quality assurance methodologies.*

Your application will expire on May 1, 2012. If your research will
continue beyond this date, complete the relevant portions of Continuing
Review and Closure From. If you wish to modify the application,
complete the Modification of an Approved Protocol Form. When the
study closes, complete the appropriate portions of FORM: Continuing
Review and Closure.

Please use reproductions of the IRB approved informed consent form to
obtain consent from your participants.

Should you need to submit any further correspondence regarding this
proposal, please include the above application number.

Good luck with your research.

Sincerely,

Carpantato T. Myles, MSM, CIM
Director & Research Compliance Officer
Office for Research Compliance
The University of Alabama

152 Rose Administration Building
Box 870117
Tuscaloosa, Alabama 35487-0117
(205) 348-8461
FAX (205) 348-8882
TOLL FREE (877) 820-3066

APPENDIX B

LETTER TO POTENTIAL PARTICIPANTS

Letter to Potential Participants

Hello (potential participant's name),

Thank you for expressing interest in participating in my dissertation. I am a doctoral student at the University of Alabama and I am conducting a qualitative study of Narrative Pedagogy. The purpose of my study is to explore the experiences of educators who have used Narrative Pedagogy to teach nursing concepts and topics. More specifically, I am examining the evaluation of Narrative Pedagogy. Your potential participation will entail one initial interview and one or more additional short interviews to address any questions or concerns. The entire study will take about 2 hours to 2 ½ hours of your time. I would also like to review an example of your teaching narratives and evaluation tools. Your participation is voluntary and you may refuse to participate or withdraw at any time.

Please answer the following questions if you are still interested in participating and send your responses via email to lrpringle@crimson.ua.edu or you may call me @ (researcher's cell phone number):
What is your age range? 25-35, 36-45, 46-55, 56- 70
What is your race/ ethnicity?
Do you speak and understand English?
What is your title?
Are you a registered nurse?
Currently, what type of nursing program do you teach?
In what City and State?
Are you full-time or part-time?
How many years have you been a nurse educator?
How long have you used Narrative Pedagogy?
When did you last use Narrative Pedagogy?
What course(s) do you teach?
What course(s) do you use Narrative Pedagogy?
What is your contact information? (phone number, email)
What days/times are best to contact you?
What address would you like the informed consent mailed?

If you have any questions or comments, please contact me or my nursing advisor. I will contact you shortly after receiving your responses.

Thank you in advance for your assistance,

LaTonya Santo MSN, RN

Doctoral Student, Department of Educational Leadership, Policy, and Technology Studies
University of Alabama

Nursing Advisor: Dr. Susan Gaskins
Professor of Nursing, University of Alabama
sgaskins@ua.edu
205-348-1027

APPENDIX C

INFORMED CONSENT FORM

Study title: Evaluating Narrative Pedagogy in Nursing Education

Investigator's Name: LaTonya Santo

Institution if other than or collaborating with UA:
You are being asked to take part in a research study. This study is called EVALUATING NARRATIVE PEDAGOGY IN NURSING EDUCATION. The study is being done by LATONYA SANTO, who is a graduate student at the University of Alabama. Ms. Santo is being supervised by Professor Susan Gaskins, who is a professor of nursing at the University of Alabama.

Is the researcher being paid for this study? No

Is this research developing a product that will be sold, and if so, will the investigator profit from it? No

Does the investigator have any conflict of interest in this study? No

What is this study about? What is the investigator trying to learn?
This study is being done to explore nursing educators' experiences with Narrative Pedagogy. Pedagogy refers to your style of teaching. The investigator is trying to determine the best strategies and tools to evaluate Narrative Pedagogy.

Why is this study important or useful?
This study will add to the limited research data related to evaluating Narrative Pedagogy. This study's data will help nursing educators make decisions about which teaching styles are best for them. Also, this study's findings will begin or continue discussion related to nursing education reform amongst educators, administrators, students, and other stakeholders.

Why have I been asked to be in this study?
You have been asked to be in this study because you are a nurse educator in a registered nursing program and have used Narrative Pedagogy within the last three years. You have also used Narrative Pedagogy longer than one year.

How many people will be in this study?
Approximately 8- 10 people will be in this study.

What will I be asked to do in this study?
If you meet the criteria and agree to be in this study, you will be asked to do these things:
1. Complete a short initial interview
2. Complete 1 or 2 follow-up interviews to clarify any information
3. Provide a copy of your narratives you use in teaching
4. Provide a copy of evaluation tools you use to evaluate your narrative teaching
5. Review the transcript of your initial interview

How much time will I spend being this study?
Interviews will be scheduled at your convenience. It will take about 1 hour for the first interview and about 30 minutes for each follow-up interview. It will take about 30 minutes to review your transcript. The entire study will take about 2 hours to 2 ½ hours of your time.

Will being in this study cost me anything?
The only cost to you from this study is time.

Will I be compensated for being in this study?
You will not be compensated for being in this study.

What are the risks (dangers or harms) to me if I am in this study?
There are little to no risk foreseen for participating in this study. You may experience emotional discomfort while discussing your experiences. You may become tired or bored during the interview. If this happens you may stop the interview. The interview can be rescheduled or you may drop out of the study.

What are the benefits (good things) that may happen if I am in this study?
You may gain a better understanding of your teaching style and the way you evaluate your students' learning. You may also feel good about knowing you helped other nursing educators learn more about narrative teaching.

What are the benefits to science or society?
This study will help nursing educators to be more helpful to teaching nursing students. This study will help to continue reform in nursing education.

How will my privacy be protected?
Your interviews will be conducted face-to-face, Internet video software (Skype), or by phone. By participating, you are giving the investigator permission to audio tape conversations. You may choose to do the interview in a location of your choice. Only the investigator and you will be participating in the interviews. You will be asked about your narrative teaching experiences and may choose not to answer some or all of the questions. You may request to see the questions prior to the interview. The interview questions can be emailed, faxed, or mailed to you. You will be asked for a copy of your teaching narratives and evaluation tools. You may choose not to provide these items.

How will my confidentiality be protected?
Your information will be kept confidential by replacing all your identifying information with a code. Your name will be replaced with a false name. Although the investigator, dissertation team, and peer debriefer will have access to your interviews, only the investigator will have access to the codes. You may be quoted in the research report but your real name will not be stated. Your evaluation tools will not be duplicated or used in any capacity other than this study. Only the investigator will see your evaluation tools. Your interview, transcripts, teaching narratives, evaluation tools, and any additional data will be stored in a locked file cabinet in the investigator's office for five years. After five years, all data will be shredded, deleted, and permanently discarded.

What are the alternatives to being in this study? Do I have other choices?
The alternative to being in this study is not to participate.

What are my rights as a participant in this study?
Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I call if I have questions or problems?
If you have questions about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call the investigator LATONYA SANTO at (investigator's cell phone number).

If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email us at participantoutreach@bama.ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870104, 152 Rose Administration Building, Tuscaloosa, AL 35487-0104.

I have read this consent form. I have had a chance to ask questions. I agree to take part in it. I will receive a copy of this consent form to keep.

_____

Signature of Research Participant   Date

_____
Signature of Investigator   Date

Audio Taping Consent

As mentioned above, the individual qualitative interview will be audio recorded for research purposes to be sure that all your words are captured accurately. These tapes will be stored in a locked file cabinet in a locked room and only available to LaTonya Santo's research staff. We will only keep these tapes for no more than 5 years and will destroy them after they have been transcribed.

I understand that part of my participation in this research study will be audiotaped and I give my permission to the research team to record the interview.

☐   **Yes,** my participation in "Evaluating Narrative Pedagogy in Nursing Education" can be audiotaped.

☐   **No,** I do not want my participation in "Evaluating Narrative Pedagogy in Nursing Education" to be audiotaped.

APPENDIX D

INTERVIEW GUIDE

Interview Guide

Introduction: Hello, *(participant's name),* I am LaTonya Santo, a graduate student at the University of Alabama. I would like to thank you for volunteering to participant and giving your time and expertise to help with my research study.

Purpose: The purpose of this interview and study is to examine your use and evaluation of Narrative Pedagogy and find meaning in your experiences that will help inform the narrative teaching practices of other nursing educators.

Informed Consent/ Privacy/ Confidentiality: You have read and signed the informed consent form. Do you have any questions regarding your participation?

Participation & Audio taping: Before we start, I would like to remind you that our conversations will be audio taped.

Tell me about a typical class or content area where you used Narrative Pedagogy from start to finish.

>   What are your teaching goals?

>   Tell me about your role as a facilitator of student learning.

>   Describe the strategies used and how they were determined.

Describe student responses to your teaching.

>   How did you know if they were engaged?

Describe interactive activities used.

What are the advantages for using Narrative Pedagogy for the teacher? For the student?

What are the disadvantages for using Narrative Pedagogy for the teacher? For the

student?

How does Narrative Pedagogy promote the use of students' prior learning and

experiences?

How does Narrative Pedagogy support the development of classroom community and social

learning?

Describe how you designed interactive activities to engage students.

Describe how Narrative Pedagogy prepares students for practice.

What were the learning outcomes? How determined?

Describe how you evaluate if students' have met learning objectives.

Tools or methods used?

What challenges have you had when evaluating students' learning outcomes achieved

through Narrative Pedagogy in the classroom/clinical area? (Ask for tools)

What type of evaluation would you use if you were able to change?

End of Interview: *(Participant's name)*, this is the end of the interview and I thank you again

for your participation.

Possible follow-up interview: I will review your evaluation tools and narratives and would like

to schedule another short interview to discuss any additional questions. Would you be interested

in a short follow-up interview? What days and times are best for you?

Review of transcripts and themes: I will send you a copy of this interview's transcript and my analysis, within the next two weeks, in a self-addressed stamped envelope. I would appreciate if you would review the transcript and let me know if you have any questions or comments either in the return envelope, via email, or by phone.

Thank you and have a good day/night.

APPENDIX E

SAMPLE LETTER SENT WITH PARTICIPANTS' TRANSCRIPTS

Sample Letter Sent With Participants' Transcripts

Dear (Participant's Name),

Thank you for providing an abundant amount of helpful information during the initial interview. I have attached a copy of the interview transcript for your review. I also included my initial analysis/interpretations. Feel free to comment or ask questions. You may write on the transcript and send back to me in the included envelope. Please be sure to include a copy of previous students' narratives and evaluation tools per our discussion. Also, you can email or call me with your questions and/or comments. I look forward to your response.

Thank you again,

LaTonya Santo MSN, RN
Doctoral Student, Department of Educational Leadership, Policy, and Technology Studies
University of Alabama
lrpringle@crimson.ua.edu
(researcher's cell phone number included)