

TELLING THEIR STORIES: USING APPRECIATIVE INQUIRY
TO EXPLORE THE LIVED EXPERIENCE OF STUDENTS IN
CLINICAL NURSING EDUCATION

by

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Abstract

The purpose of this research was to discover and understand an untapped aspect of previous research in clinical nursing education that addressed the positive experiences of students in clinical nursing education, essentially what “gives life” to their experiences and fosters student learning. The overall intent was to move the study of nursing education away from problem solving rhetoric and towards a more positive and affirming celebration of action. The impetus to use an Appreciative Inquiry (AI) into students lived experiences in nursing clinical education arose from the plethora of deficit-based research in nursing education, specifically that of incivility in nursing and nursing education. The overarching research question that guided this study was, how do nursing students describe, “What gives life” to their experience in clinical nursing education environments? A qualitative transcendental phenomenological research design was utilized for this study. This approach utilized AI, an action research methodology, to uncover what “gives life” to student’s clinical experience. Seven recent graduates from an associate degree nursing program participated in the study and through their stories, provocative propositions were crafted to provide faculty, program directors, and higher education administrator’s evidence upon which to develop effective teaching-learning environments that foster student success.

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CHAPTER 1: INTRODUCTION

The clinical component of a pre-licensure nursing education program is the heart and soul of a nursing student's educational experience as it connects theory to practice. Clinical education is the forum in which students develop real world experience of nursing practice through observation and participation in patient care. This clinical practice environment introduces the student nurse to the nuances of the health care environment. However, the clinical practice environment is also one of the most stressful and intimidating for students and can either make or break their educational journey.

Clinical education plays a vital role in pre-licensure nursing education programs. In addition to providing opportunities for students to bring theoretical content from the classroom to the bedside, it also serves as a socialization process by which students are inducted into the nursing profession and the reality of the nursing work environment (Dunn, Ehrich, Mylonas, & Hansford, 2000). As nursing graduates, students will be required to have developed knowledge, skills, and attitudes as well as have acquired the ability to transfer clinical course competencies into effective clinical performance (Zhang, Luk, Arthur, & Wong, 2001). These real life experiences cannot be replaced despite technological advances in nursing simulation laboratory settings (Boxer & Kluge, 2000). Therefore, the purpose of the clinical education experience is to facilitate the development of clinical skills, integrate theory with practice, hone problem solving skills, cultivate interpersonal skills and become socialized into the formal and informal norms, protocols and expectations of the nursing profession and healthcare environment (Conway & McMillan, 2000; Hutchings & Sanders, 2001; Jackson & Mannix, 2001).

According to Chun-Heung and French (1997), clinical education is the most influential aspect in the development of nursing skills, knowledge and professional socialization. Stressing the significance of the learning climate within the clinical education environment, the authors identified that a supportive clinical environment is of the utmost importance in optimizing the teaching and learning process. Calpin-Davies (2003) supported this view and suggested that a nurturing and supportive environment can be created when divergent but compatible organizational goals of the service and educational sectors are united in a climate that encourages collaborative learning, trust and mutual respect.

While there is extensive research investigating nursing clinical education and its impact on students much of the literature has a deficit-based approach. One of the most disturbing is the long-standing issue of incivility in the nursing profession alleged to have been initiated in nursing academia (Clarke, Kane, Rajacich, & Lafreniere, 2012). Incivility in nursing education is a serious problem and one that creates a significant amount of stress within the teaching-learning environment. Nursing students are expected to perform in the clinical setting under intense amounts of pressure from all sources: faculty, staff nurses, peers, and their own drive to be successful. The history of nursing as a profession as well as the public image of a nurse collides with the notion of uncivil behavior.

Incivility in nursing education, whether classified as minor disruptions or major offenses, may permanently affect the student and impede the progress of their educational goals as well as the ability to become an empathetic nurse (Hall, 2004). According to Hall, nursing faculty themselves may create a situation that dehumanizes nursing students, leading to student defensiveness, anxiety, and an inability to abate angry feelings. Students reported that intimidation over time led to the development of psychological and physiological symptoms such as anxiety,

depression, gastro-intestinal disorders, and other physical ailments (Clark & Springer, 2007).

Uncivil actions in education as well as in nursing education have been identified and described as behaviors ranging from disrupting to threatening (Clark, 2008, 2013; Felbling, 2009; Feldmann, 2001; McMahon, 2011).

Researchers have studied incivility from a variety of perceptions including student-to-student, student-to-faculty, faculty-to-faculty, and faculty-to-student incivility (Clark, 2006; Clark & Springer, 2007; Luparell, 2007). Other studies have found that incivility in higher education has had detrimental effects on the victim including disturbed learning, increased stress, and heightened anxiety (Caza & Cortina, 2007; Kolanko et al., 2006; Lasiter, Marchiondo, & Marchiondo, 2012). The literature clearly identifies incivility as a problem in nursing education that carries with it harmful effects on student learning and persistence.

Background and Context

There is an old adage that nurses *eat their young* (Meissner, 1986). As a matter of fact, that phrase is freely thrown around as if it were acceptable. Students who aspire to be nurses go into their educational journey with excitement and an idealistic view of what a nurse exemplifies: caring and compassion for their fellow man. It becomes clear soon after their first set of nursing courses begin and after the first experience in the hospital that the real world might not be what they had envisioned. Kramer (1974) described the “reality shock” occurring for new graduates when they encountered differences in their perception of what nursing could be and the actual reality of the workplace. Kramer suggested that the “reality shock” could manifest as hopelessness and dissatisfaction, which is a prelude to conflict in the workplace (p. 9).

Meissner's (1986) call to action thirty years ago urging nurse leaders to address the problem of incivility in nursing has gone unanswered. Attrition rates are high in nursing programs and have been related to factors such as academic failure and personal/family issues; however, one has to question whether these issues are perpetuated by uncivil faculty behavior and stress (Jeffreys, 2007). Nursing programs are rigorous and require students to be at their best academically and emotionally, which undoubtedly should be fostered by those individuals involved in the education of nurses.

The History of Nursing

The history of nursing as a profession as well as the public image of what a nurse is most certainly collides with the notion of uncivil behavior. Nurse descriptors would include such terms as caring, compassionate, altruistic, and advocate. The nursing profession is guided by rules and regulations, scope of practice, and a code of ethics. The American Nurses Association (ANA) code of ethics for nurse's states:

Nurses function in many roles, including direct patient care provider, administrator, educator, researcher, and consultant. The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect.... Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable behaviors. (ANA, 2015, p. 4)

Prelicensure Nursing Education

The ANA (2015) has defined nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy, in the care of individuals, families, communities, and populations" (p. 1).

There are currently two main educational pathways to becoming a registered nurse (RN) in the United States. Nearly two-thirds of nurses receive their initial nursing education in 2-year associate degree nursing programs (ADN) typically located within a community college campus. A little over 30% of nurses receive their initial nursing education in 4-year colleges or universities, where they earn a bachelor of science in nursing (BSN) degree (Aiken, Cheung, & Olds, 2009). All registered nursing programs are regulated by state boards of nursing that approve and evaluate nursing program curriculum. In California, the Board of Registered Nursing (BRN) must approve all pre-licensure registered nursing programs (BRN, n.d.).

The purpose of approval is to ensure the program's compliance with statutory and regulatory requirements. According to the BRN, 36 semester units or 54 quarter units must be in the art and science of nursing, of which 18 semester or 27 quarter units will be in theory and 18 semester or 27 quarter units will be in clinical practice. Seventy-five percent of clinical practice hours must involve direct patient care (BRN, n.d). Clinical nursing education involves the clinical practice environment where nursing students are able to bring theory to practice and apply newly acquired skills on actual patients in an acute care setting. The clinical education setting includes a variety of professionals with whom the students interact.

Purpose

The purpose of this research was to discover and understand an untapped aspect of previous research in clinical nursing education that addressed the positive experiences of students in clinical nursing education, essentially what “gives life” to their experiences and fosters student learning. The overall intent was to move the study of nursing education away from problem solving rhetoric

and towards a more positive and affirming celebration of action. This study will contribute to the existing literature by utilizing an Appreciative Inquiry (AI) into the lived experiences of students in clinical nursing education uncovering what “gives life” to the clinical nursing education environment in order to provide opportunities to create effective faculty student partnerships and teaching learning environments that promote optimal learning.

Rationale, Relevance, and Significance

The rationale for conducting this study was a desire to discover and understand the positive experiences of students in nursing clinical education that shape their learning experience. The impetus to use an AI into students lived experiences in nursing clinical education arose from the plethora of deficit-based research in nursing education, specifically that of incivility in nursing and nursing education. Additionally, the rationale in pursuing this study was the hope that experiences discovered through the study would provide faculty, program directors, and higher education administrator’s evidence upon which to develop effective teaching learning environments that enable student learning achievements.

Clinical nursing education is a vital element in nursing education curriculum that affords nursing students the opportunity to develop and hone skills necessary for competent nursing practice (Chan, 2002). However, during the clinical rotation, nursing students encounter a wide range of uncivil behaviors and are exposed to significant negativity and lack of respect (Castledine, 2002). Martel (2015) asserted that there was a “critical need for further research to better understand incivility because incivility in the clinical area has the potential to undermine nursing students’ positive clinical experiences and can threaten their progression and retention within their nursing programs” (p. 7). Indeed, what are

nursing students' positive clinical experiences and how can we use those positive experiences to mitigate the incidence and harmful effects associated with incivility in nursing education?

The significance in this research lies in the use of an AI into student's lived experiences in nursing clinical education. AI's emphasis on positive experiences allow for clinical education to build on what is effective, rather than with what is unproductive and problematic. This study can further add to the body of knowledge that exists and identify possible areas of education and reform in both academic and clinical settings. Discovery and understanding of positive behaviors in both of the aforementioned settings could reduce stress and burnout, increase nurse retention, increase matriculation and retention of nursing students, increase nursing faculty retention, and promote patient safety.

Statement of the Problem

This research explored nursing students' positive clinical experiences and how to use those positive experiences to address incivility in nursing education. Much of the existing literature on clinical nursing education has a deficit-based approach focusing on incivility in nursing education (Clark, 2008; Clark & Springer, 2007; Clarke et al., 2012; Marchiondo, Marchiondo, & Lasiter, 2010) and impact on student learning (Croxon & Maginnis, 2008; Henderson, Cooke, Creedy, & Walker, 2012; Solvoll & Heggen, 2009), but research has not explored the positive experiences of nursing students in clinical nursing education that foster student learning and persistence. The goal of this research was to answer the following overarching question: How do nursing students describe, "What gives life" to their experience in clinical nursing education environments?

Organization of the Remainder of the Study

Chapter 2 addresses the extant literature related to the clinical practice environment, incivility in nursing education and student learning. Also literature on AI as action research and theoretical framework is discussed. Chapter 3 describes the research methodology selected to complete this qualitative study. Chapter 4 presents and analyzes the data collected using the methodology described in chapter 3. Chapter 5 is a summary, with conclusions drawn from the data presented in chapter 4, and discusses the findings in relation to the literature and presents implications for practice and suggestions for additional research, and limitations to this study.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this chapter is to examine the theoretical framework of the study and the existing body of research related to the clinical education experience in pre-licensure nursing education programs, specifically the aspects of civility and incivility in nursing academia. The literature suggests that incivility in nursing does occur (Clark, 2008; Clarke et al., 2012; Clark & Springer, 2007; Marchiondo et al., 2010), a problem that has plagued the nursing education environment for several decades. However, the current literature takes a deficit-based change approach that has had little impact on transforming nursing education. The purpose of this qualitative, phenomenological study is to discover and understand nursing students lived experiences in clinical nursing education utilizing AI, as a form of action research, to uncover what “gives life” to a student’s clinical experience. AI does not look back at what caused a dilemma, it dreams forward to the possibilities giving every stakeholder a voice. AI’s 4-D cycle (Discovery, Dream, Design, Destiny) uncovers what makes organizations and people thrive (Cooperrider & Whitney, 2005).

A review of the literature encompasses aspects of clinical nursing education, incivility in nursing education, attrition in nursing education programs and professional and ethical behaviors expected of nursing. In addition, the theoretical framework of Watson’s Caring Science and Knowles adult learning theory as well as Appreciative Inquiry and action research as guiding research methodologies will be reviewed.

Theoretical Framework

The theoretical framework for this study was Watson’s theory of caring and Knowles adult learning theory. This unique theoretical framework incorporates

Watson's theory of caring, which is the theoretical framework that forms the foundation for the Associate Degree Nursing program from which the study participants matriculate, and Knowles adult learning theory, which forms the context of this study. Both theories are relevant in nursing education and applicable to this study.

Watson's Theory of Caring

Caring, a value integral to the nursing profession is a fundamental element of nursing practice. Students learn the essence of caring through nurse educators and this primarily happens through interpersonal and transpersonal processes in human care (Cook & Cullen, 2003). Watson (2008) believed that "caring begins with being present, open to compassion, mercy, gentleness, loving-kindness, and equanimity toward and with self before we can offer compassionate caring to others" (p. xviii). Watson's original work *Nursing: The Philosophy and Science of Caring* (1979) provides the unique foundation and structure for the Theory of Human Caring: Ten Carative Factors, which has expanded and evolved over decades (Watson, 2008).

Derived out of a synthesis of the disciplines of nursing, psychology, and philosophy, Watson's theory of caring provides nursing with the value system to guide practice (Wills, 2007). Watson (2008) asserted this position: "Caring Science as a starting point for nursing as a field of study offers a distinct disciplinary foundation for the profession; it provides an ethical, moral, values-guided meta-narrative for its science and its human phenomena, its approach to caring-healing-person-nature-universe" (p. 15). Watson's theory of caring (hereafter referred to as "caring science") is applicable to nursing education and serves as the theoretical framework for the Associate Degree Nursing program from which the study participants belong.

The changes of the health care delivery systems around the world have intensified nursing responsibilities and workloads as well as challenged the ability of nurses to maintain ethical and moral responsibilities. Being informed by Watson's caring science allows the nursing profession to return to its roots and values, caring as our professional identity, representing the epitome of the ideal nurse within a context where humanistic values are constantly questioned and challenged (Watson & Smith, 2002).

Dr. Jean Watson is an American nursing scholar with a background in psychiatric-mental health nursing and educational psychology and counseling. Watson is currently a Distinguished Professor of Nursing and the Murchinson-Scoville Chair in Caring Science at the University of Colorado, School of Nursing and is founder of the Center for Human Caring in Colorado. According to Watson (2001), the major elements of her theory are (a) the carative factors, (b) the transpersonal caring relationship, and (c) the caring occasion/moment. In contrast with conventional medicines curative emphasis, Watson views the carative factors as the essence of nursing. The carative factors associated with this theory are:

- Humanistic-altruistic system of value
- Faith-Hope
- Sensitivity to self and others
- Helping-trusting, human care relationship
- Expressing positive and negative feelings
- Creative problem-solving caring process
- Transpersonal teaching-learning
- Supportive, protective, and/or corrective mental, physical, societal, and spiritual environment
- Human needs assistance
- Existential-phenomenological-spiritual forces (Watson, 1988, p.75)

As Watson continued to evolve her theory, she introduced the concept of clinical caritas processes, which bring definition to the carative factors (Watson, 2001). Watson explained the significance of the term “caritas” which originates from the Greek vocabulary meaning to cherish and emit loving kindness (Watson, 2001). Watson’s clinical caritas processes are described as:

- Practice of loving kindness and equanimity within context of caring consciousness.
- Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and the one-being-cared-for.
- Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self, opening to others with sensitivity and compassion.
- Developing and sustaining a helping-trusting, authentic caring relationship.
- Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one being cared for.
- Creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices.
- Engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within others’ frames of reference.
- Creating healing environment at all levels (physical as well as non-physical), subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
- Assisting with basic needs, with an intentional caring consciousness, administering “human care essentials,” which potentiate alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care; tending to both the embodied spirit and evolving spiritual emergence.
- Opening and attending to spiritual-mysterious and existential dimensions of one’s own life-death; soul care for self and the one being cared for. (Watson, 2001, p. 347).

For Watson (2001), the transpersonal caring relationship involves the nurse's moral commitment to protecting and enhancing human dignity. This relationship describes how the nurse goes beyond objective assessment, showing caring consciousness and connection with deeper meaning regarding individual's own health care situations (Watson, 2001). In addition, Watson (2005) provided a definition of transpersonal to mean going beyond one's own ego allowing one to reach deeper spiritual connections in promoting the patient's comfort and healing.

The theoretical framework of caring is designed to guide the socialization of nurses and the foundation of the nurse-patient relationship (Watson, 2009). Watson's focus on holistic care helps develop critical thinking skills about the patient as a whole person, including physical, emotional, and spiritual needs. Use of this theory of caring in nursing education introduces students to a caring environment that fosters trust for the patient by creating an environment that affords the best setting for the patient to recover. Watson's caring science contributes to the teaching of caring in nursing education. During this formative stage, nursing students are looking to the nurse educator to model caring behaviors. Threaded throughout a curriculum, caring behaviors are communicated by nurse educators through personal interactions and the way that they teach (Wade & Kasper, 2006).

Knowles Adult Learning and Andragogy

Nursing educators will need to know what the adult learner brings to the clinical education environment and what can be done to make the learning experience the best that it can be in order to create a nurse graduate that embodies self-efficacy and values life-long learning. Malcolm Knowles (1968) conceived a theory of adult learning that made the distinction between how children learn from that of adult learning. Knowles (1980) introduced the concept of andragogy "the

art and science of helping adults learn” (p. 43), in contrast with pedagogy, the art and science of teaching children. Andragogy encompasses characteristics identified by Knowles (1980) that are unique to adult learners and premised on four key assumptions:

- 1) self-concept shifts from being dependent to being self-directed,
- 2) experience becomes a rich resource for learning,
- 3) readiness to learn is linked to developmental tasks of social roles, and
- 4) an immediacy of application of knowledge as well as increasingly performance centered (pp. 44-45).

According to Houle (1996), a significant aspect of andragogy is the awakening of educators to the importance of involving learners in as many aspects of their education as possible and in the creation of an environment in which they can most effectively learn. Malcolm Knowles’ work in andragogy remains the most learner-centered of all forms of adult educational programming (Houle, 1996). Houle asserted that even educators who guide learning primarily through mastery of subject matter agree they should involve learners in as much of the learning process as possible and create an environment where adult learners can most effectively learn. Maehl (2000) suggested that the humanistic essence of andragogy is the basis for gaining wide adoption in the field and that the strength of Knowles approach was its position advocating an adult learning program that is respectful, trusting, supportive, and collaborative.

Defining attributes of Knowles concept of andragogy include the perception that adult learners are self-directed and autonomous, and a view of the teacher as facilitator of learning, rather than presenter of content, emphasizing student choice more than expert control (Reischmann, 2004). Clapper (2010) explored adult learning theories and the way in which adult learners perceive learning and reach understanding of clinical expertise. Clapper described Knowles

and his principles of andragogy as a great influence in the clinical arena and specifically within the simulation learning environment.

Watson's caring science coupled with Knowles adult learning theory establishes a framework for nursing education that nurtures a critical aspect of nursing practice and facilitates a global view of the nursing profession upon successful completion of the nursing program. The application of nursing theory and adult learning theory provides a holistic approach to nursing education in which civil behaviors within the classroom and clinical settings emerge.

Action Research

Action research has not been described as a specific research method per se, but rather a style of research. Initially used in 1946 by Kurt Lewin, a social scientist concerned with intergroup relations, this style is now recognized with research in which the researchers work explicitly with and for people rather than undertake research on them (Huang, 2010). Reason and Bradbury (2001) proposed that action research "seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities" (p. 1).

Appreciative Inquiry

AI, an action research methodology, is the analysis of what "gives life" to human systems when they function at their best. AI arises from a collaborative and participatory method of inquiry for discovering, understanding, and fostering advances in an organization's function, structure, and processes (Cooperrider, Whitney, & Stavros, 2003). AI seeks to strengthen and build human and organizational capacity by increasing an organizations positive potential through

the collaboratively driven appreciative inquiry into the best in people and their organization (Cooperrider & Whitney, 1999). AI emphasizes that in every organization there are untapped, rich, and inspiring stories that have the potential to serve as the basis for change.

Whitney and Trosten-Bloom (2010) identified the following beliefs that form the foundation for AI:

- People individually and collectively have unique gifts, skills, and contributions to bring to life.
- Organizations are human and social systems, sources of unlimited relational capacity, created and lived in language.
- The images we hold of the future are socially created and, once articulated, serve to guide individual and collective actions.
- Through human communication-inquiry and dialogue-people can shift their attention and action away from problem analysis to lift up worthy ideals and productive possibilities for the future (p. 2).

Whitney and Trosten-Bloom (2010) described the significance of the terms “appreciation” and “inquiry” in the overall impact of the appreciative inquiry. They elaborated by defining appreciation as recognition, valuing, and gratitude. Additionally, the authors stressed the significance in acts of recognition and that which enhances value. Exploration and discovery are at the root of inquiry, the spirit of learning, and the pursuit of new possibilities. Through this process of appreciative inquiry evolves an environment allowing people to be included and heard throughout a difficult and challenging time, turning authoritarian cultures into communities of discovery and cooperation (Whitney & Trosten-Bloom, 2010).

AI, at its core, is about discovering and understanding what “gives life” to human systems when they are at their best (Cooperrider & Whitney, 2005). A major component of AI that distinguishes it from other approaches to research and

organizational change is that it actively searches out the best, it focuses on what is good, strong, and already working and being achieved (Liebling, Elliott, & Arnold, 2001). Liebling et al. identified several associations, in terms of the underlying principles, between AI and restorative justice. In their use of AI in a number of prisons, they concluded that AI constitutes a fair and inclusive research approach that creates a rich and realistic view of a prison to emerge. Their research identified AI as a normative process, which involves the research participants in meaningful, constructive and ethically relevant dialogue about their practices and experiences. Liebling et al. found AI particularly applicable in the complex moral environment of the prison.

Most research approaches, regardless of a qualitative or quantitative nature, begin from the position of identifying a problem that needs to be addressed. Researchers aim to find out what's wrong and how to fix it, in fact, novice researchers are taught how to identify, frame and clearly articulate the research problem that will guide their study. In this case, problem-solving becomes synonymous with good research. Barrett (1995) suggested several decades ago that adopting a problem-oriented approach has limitations in inquiry, focusing on deficiencies and potentially creating a separation between various stakeholders.

AI challenges the problem-oriented approach of traditional research by actively celebrating success and achievement, searching for what's right and augmenting it. Grounded in postmodern constructionist theory; proposing that reality is socially constructed, Hammond (2002) suggested AI rests on eight basic assumptions:

- In every society, organization, or group, something works.
- What we focus on becomes our reality.
- Reality is created in the moment, and there are multiple realities.

- The act of asking questions of an organization or group influences the group in some way.
- People have more confidence and comfort to journey to the future when they carry forward the past.
- If we carry part of the past forward, it should be what is best about the past.
- It is important to value differences.
- The language we use creates our reality (pp. 9-11).

Goldberg (2001) argued that the relational narrative embedded in AI's language can purposefully strengthen positive factors within an organization or setting. In addition, Goldberg asserted that problem-oriented approaches can "sap energy for productive change since people can end up feeling criticized or accused for having done something wrong" (p. 56). As a researcher, the affirmative nature of the language used in AI reflects my own beliefs, despite the problem-oriented, cautious, and often negative landscape encountered in nursing and nursing education.

Understanding how and why AI promises to be a powerful agent for change, development, and appreciating the best in organizations, settings, and situations rests in the eight guiding principles of AI and what makes it distinctly different than many other research methods. Derived directly from the early writing of Srivastva and Cooperrider (1987), the original five principles arose; then in response to collective experience with significant organization and community change efforts, Whitney and Trosten-Bloom (2010) offered three additional principles.

The Eight Principles of Appreciative Inquiry

The constructionist principle. Words matter. This is the basis for the constructionist principle which posits that meaning is made in conversation, reality

created in communication, and knowledge generated through social interaction (Whitney & Trosten-Bloom, 2010). The power of language and the way in which communities of people create knowledge and meaning form the essence of the constructionist principle.

The simultaneity principle. The simultaneity principle suggests that inquiry is intervention; that inquiry and change occur simultaneously and possibly create the most effective means for transformation (Whitney & Trosten-Bloom, 2010). The questions we ask put in motion discovery and what we discover becomes the dialogue, the stories, out of which the future is imagined and created (Cooperrider & Whitney, 2005).

The poetic principle. The poetic principle suggests that our stories are ever evolving, that they can be told and retold, interpreted and reinterpreted, through any frame of reference or topic of inquiry (Whitney & Trosten-Bloom, 2010). In other words, an organization's story is an open book, one that uses the past, present, and future as limitless sources of learning, inspiration, and interpretation (Cooperrider & Whitney, 2005).

The anticipatory principle. Positive images of the future drive our behavior in anticipation of our envisioned future. The anticipatory principle inspires vision, hope, imagination, and creates positive images of the future that lead to progressive achievements (Cooperrider & Whitney, 2005).

The positive principle. Positive questions lead to positive change. Cooperrider and Whitney (2005) indicate that the positive principle stimulates positive affect and social bonding, such as hope, caring, community, and a sense of purpose required to stimulate change as well as create momentum for building and sustaining change.

The wholeness principle. Understanding the whole story. The wholeness principle reminds us that there is never just one story. It reminds us that individuals experience and interpret events very differently and that it is understanding, accepting, and celebrating these differences that allow for healing to emerge (Whitney & Trosten-Bloom, 2010).

The enactment principle. Living one's dream today. The enactment principle posits that effective organizational change begins by living or enacting the desired future.

The free-choice principle. The volunteer. The free-choice principle suggests people and organizations flourish when individuals have the freedom to choose their involvement, hence volunteering based on their interests, strengths, and ideals (Whitney & Trosten-Bloom, 2010).

Whitney and Trosten-Bloom's (2010) summation of the eight principles brings home the essence of the Appreciative Inquiry, having conversations about what matters most to people. The eight principles in concert provide a positive foundation for change, one that can move people and organizations from negativity to opportunity. This is accomplished through a cycle of activity that gets people motivated to share stories, identify strengths, and envision bold possibilities for the future. This activity is the Appreciative 4-D cycle of discovery, dream, design, and destiny. Figure 1 represents the AI 4-D cycle.

Boyd and Bright (2007) examined AI as a mode of action research in community psychology. The authors discussed a movement in organizational studies, positive organizational scholarship, such as AI, as a complement to the intent of positive psychology. The advent of positive psychology is rooted in the observation that we know more about defects in people and the communities they live in than we know about how people live with peace, hope, and happiness

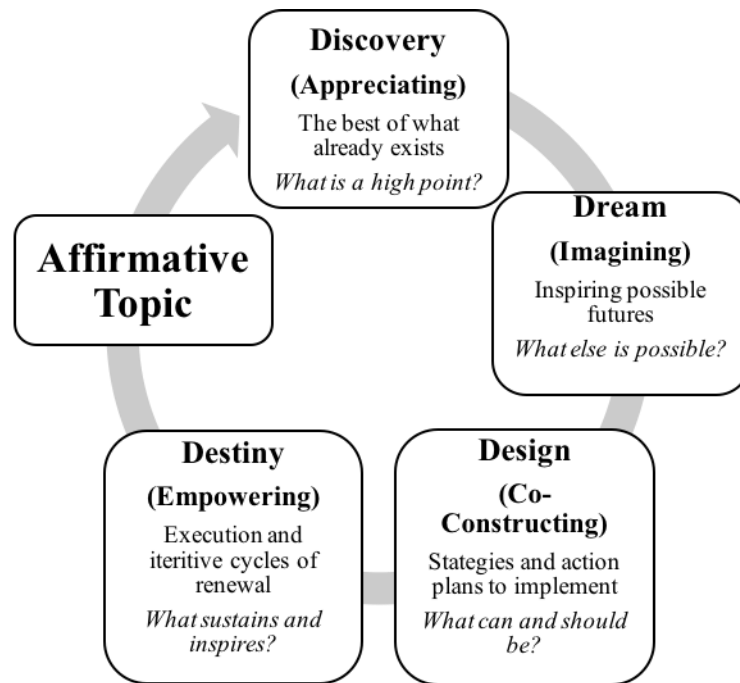


Figure 1. The Appreciative Inquiry 4-D Cycle (Cooperrider & Whitney, 1999).

(Cameron, Dutton, & Quinn, 2003). Boyd and Bright described the positive possibilities that turn problems into opportunities. As an example, Boyd and Bright used lack of parental involvement in an urban school setting. One can easily see the problem, however within this problem lies a strong positive, high parental involvement, so the question becomes “what does this look like?”

Boyd and Bright (2007) viewed AI as opportunity-centric participatory action research which they feel aligns with the principles of community psychology. They asserted that AI with its preventative focus and philosophy of empowerment allows for a reflective process that helps prevent excessive negative thought patterns and energy that impede change and creates a sense of empowerment for those that do not typically have a voice.

Responsibilities of the Nursing Profession and Nursing Education

The ANA Code of Ethics for Nurses (The *Code*) was established as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and articulates the ethical obligations of all registered nurses (ANA, 2015). Provision 1 of the *Code*, specifically identifies a fundamental principle that underlies all nursing practice, “respect for the inherent dignity, worth, unique attributes, and human rights of all individuals” (ANA, 2015, p. 1). In particular Provision 1.5 of the *Code*, addresses the nurse’s relationship with colleagues and others and asserts that the professional nurse will create an ethical environment and culture of civility. Provision 6 of the *Code* stresses moral virtue and ethical obligations of nursing practice. This provision outlines the duty of the professional nurse to maintain a morally virtuous environment that nurtures caring, communication, dignity, compassion, and respect. Provision 7 of the *Code* focuses on the nurse’s role in advancing the profession through research, scholarly inquiry, and professional standards development. In addition, this provision explicitly outlines the role of the nurse educator in developing and maintaining standards of education and practice in all settings in which learning is to occur. Furthermore, nurse educators are charged with ensuring that all nurse graduates “possess the knowledge, skills, and moral dispositions that are essential to nursing” (ANA, 2015, p. 28). The *Code* serves as the nursing professions nonnegotiable ethical standards and commitment to society (ANA, 2015).

An international code of ethics was developed and adopted in 1953 by the International Council of Nurses (ICN, 2012). The ICN Code of Ethics for Nurses has been reaffirmed and revised over the years as recently as 2012. The ICN Code of Ethics for Nurses encompasses four important components that outline the

standards of ethical conduct: 1) Nurses and people; 2) Nurses and practice; 3) Nurses and the profession; and 4) Nurses and co-workers (ICN, 2012). Within each of the components is the expectation that the professional nurse demonstrates values such as respectfulness, responsiveness, compassion, trustworthiness, and integrity (ICN, 2012). The ICN establishes that in order for the Code of Ethics to serve as a guide for professional nursing it must be applied with fidelity to the realities of nursing practice and health care in a diverse society.

The California Board of Registered Nursing (BRN) provides the legal and licensing regulations for professional nursing and nursing education. The Registered Nurse (RN) is required to have a working knowledge of the California Nursing Practice Act (NPA) and a thorough understanding of the Scope of Practice, Section 2725 and how it relates to protection of the public and patient safety. The BRN makes it clear that the right to practice as an RN is a privilege; the granting of decision-making authority and autonomy is further grounded in professional role obligation (BRN, n.d.).

Clinical Practice Environment

The clinical practice environment is an integral part of nursing education and the setting in which the professional role of the nurse is modeled. Kyrkjebo and Hage (2004) identified a gap between what students learn about patient care and what they observe in clinical practice. This qualitative study sheds light on a serious discrepancy between good quality patient care and the care actually being delivered as identified and reported by student nurses. Conducting focus groups with 27 third year nursing students, Kyrkjebo and Hage examined nursing students' experience of improvement knowledge in clinical practice. Data analysis indicated understanding and experience of care from the patient's perspective was absent and study participants reported not seeing the patient as the focus. Students

reported witnessing nurses sitting at the nurse's station complaining, rather than documenting in the medical record or spending time with the patient (Kyrkjebo & Hage, 2004). Additionally, students reported experiencing inconsistencies in nurse reporting. For example, nurses reported that a patient slept well throughout the night yet the patient reported they did not sleep well at all. Students commented they felt patients were not taken seriously, that the staff treated them as routine, when for the patient this experience was new and frightening (Kyrkjebo & Hage, 2004).

Kyrkjebo and Hage (2004) reported all students experienced adverse events. In particular, the students experienced conflicting rules or not following policies for certain nursing skills, such as, cleaning of an intravenous catheter and nursing double check on high risk medications. Students reported they did not feel they could report any violations in fear of retaliation. Kyrkjebo and Hage's findings indicated that although students did experience teamwork in their own student group they did not experience teamwork or inter-disciplinary collaboration in clinical training.

Kyrkjebo and Hage (2004) concluded that there are no indications students had experienced building new knowledge in the clinical practice environment. Furthermore, students experienced a gap between theory and observable practice, hearing the nurse's common response "you may have learned it one way in school, but its not the way we do it here" (p. 172).

Similar findings were reported by Sharif and Masoumi (2005) in their qualitative study exploring nursing student experiences in clinical practice. Overall, the researchers discovered that the participants in their study were not satisfied with the clinical practice component of nursing education. Sharif and Masoumi led focus groups with 90, 2-, 3-, & 4-year baccalaureate nursing students

responding to the overarching question, “how do you feel about being a student in nursing education”? The researchers used follow-up questions centered around anxiety, worry, and what was enjoyable.

Sharif and Masoumi (2005) identified four themes from the data. Like Kyrkjebo and Hage (2004), one of the themes to emerge from the students’ point of view was a theory-practice gap. All focus groups reported a lack of integration of theoretical content with clinical practice. Students described feeling torn between instructors and the practicing nurses they worked with in real clinical situations. A second theme, initial clinical anxiety was identified by all participants. The fear of harming patients, giving patients wrong information, and fear of failure were reported by the participants as anxiety producing events. Sharif and Masoumi point out that while the clinical unit may be the best place for students to learn, unfortunately due to evaluation by instructors and interpersonal interactions with staff student learning needs are not met.

A third theme identified by Sharif and Masoumi (2005) that emerged from the data was the effect of clinical supervision on student learning. Students reported they viewed the instructor role as more evaluative as opposed to a teaching role. The fourth theme centered on the professional role of the nurse. Students felt that their work was not really “professional nursing,” in doing basic care like bed baths and making beds. The purpose of this study according to Sharif and Masoumi was to explore student’s experience regarding clinical practice in order to develop effective clinical teaching strategies in nursing education.

Incivility in Nursing Education

The clinical practice experience is a critical component in undergraduate nursing education programs and one that induces fear and anxiety in students. A long standing issue in nursing and nursing education is the display of uncivil

behaviors toward students in the clinical environment. It is clear after a review of the literature that many labels associated with the concept of incivility exist. The standard dictionary definition of incivility has been expanded in much of the literature to describe exactly which bad behaviors constitute being uncivil. Clarke et al. (2012) use the label “bullying” in their study and relate it to other terms such as horizontal violence, relational aggression, incivility, mobbing, harassment, and interpersonal conflict (p. 270). According to Clarke et al., bullying behaviors described as act’s committed by one in authority, between coworkers, and occurring over time are referred to as lateral violence. Relational aggression is a type of bullying characterized by psychological abuse and can include behaviors such as gossiping, withholding information, and exclusion. Behaviors can extend outside the workplace and can occur in person or on the web (Dellasega, 2009).

Lasiter et al. (2012) identified uncivil behaviors by faculty such as “unfairness, making condescending and belittling remarks, displaying arrogance toward students, and arriving late to class” (p. 122). The authors suggested it is possible that students interpret negative feedback or evaluation as uncivil; however, they did not see evidence to validate that assumption in review of students’ narrative description of uncivil encounters with faculty (Lasiter et al., 2012).

Thomas and Burk (2009) made the distinction between vertical violence and horizontal violence in that the latter depicts negative behavior between coworkers or those with equal power. The authors suggested the use of the term vertical violence in which the negative behavior is occurring between individuals of unequal power as with nurse and student.

In a phenomenological study designed to investigate what behaviors students interpreted as uncivil, Clark (2006) uncovered three major themes

depicting uncivil faculty behaviors: “(1) making demeaning and belittling remarks, (2) treating students unfairly or subjectively, and (3) pressuring students to conform” (p. 75). In 2008, Clark applied Fuller’s concept of rankism, which she defined as “the abuse of power and rank to disadvantage another” (p. 4). Clark (2008) asserted that while attaining rank and power are acceptable characteristics earned by faculty in the academic environment, the abuse of that rank and power by nursing faculty and administrators is disastrous and damaging to the overall mission of nursing schools.

To further investigate the concept of incivility, Clark and Springer (2007) designed an incivility in nursing survey that included demographic data and both quantitative and qualitative measures to examine the perception of behaviors constituting incivility for both faculty and students. Of the 467 students who took the survey, 295 students identified “belittling, taunting, sarcasm, humiliation, intimidation or profanity” as the top uncivil behaviors displayed by faculty; 222 students also reported, “being cold or unapproachable” as an uncivil behavior (Clark & Springer, 2007, p.10).

The use of the term bullying appears frequently within the literature. Bullying behavior is an age-old conundrum, one usually encountered on a schoolyard, not generally linked with the caring profession of nursing. Randle (2003) found bullying was commonplace in the transition to becoming a nurse. She reported: “students were bullied and also witnessed patients being bullied by qualified nurses” (Randle, 2003, p. 395). Clarke et al. (2012) reported bullying behaviors such as undervaluing student’s efforts and students being subjected to negative remarks about becoming a nurse were experienced by 60.24% and 45.25% of nursing students, respectively. In this study, all years of study were investigated and while bullying behaviors were reported and did not differ

significantly between years of study, 77% of first year nursing students had already reported experiencing these bullying behaviors (Clarke et al., 2012).

In Randle's (2003) qualitative study exploring students experience in the clinical education setting and self-esteem, participants in the study reported that the process of becoming a nurse was distressing and psychologically damaging. Participants reported negative experiences that influenced the way they felt about themselves as student nurses and as individuals. Equally disturbing in this study was the report by student nurses of witnessing nurses, using their positions, "seemingly intentionally, to humiliate, belittle or isolate patients" (Randle, 2003, p. 398). Randle suggested that students undergoing professional socialization conform to utilizing similar negative behaviors in their practice as they attempt to fit into their chosen profession.

Lasiter et al. (2012) investigated faculty-student incivility using an integrated approach combining the Nursing Education Environment Survey (NEES) and open-ended questions. Of the 152 senior nursing students who took the NEES, 88% identified they had experienced at least one act of faculty incivility and were asked to describe their "worst experience" in a narrative. Content analysis of the student narratives revealed four categories that the authors felt captured the essence of the student's experience. The first involved uncivil acts by their nursing instructor "in front of someone," described as being corrected, criticized, yelled at, laughed at, threatened, belittled, or cut off. The second involved the student's perception that faculty members were talking about them to others. The third category "It made me feel stupid," revealed 30% of participants reported they felt incompetent, incapable, dumb, or stupid. The fourth category, "I felt belittled" was experienced by 54% of participants (Lasiter et al., 2012, pp. 123-124). The researchers contended that faculty incivility may intensify stress and anxiety in

students and that ongoing incivility can interfere with learning and safe clinical performance (Lasiter et al., 2012).

The consequences of nursing incivility, especially on the part of nursing educators have been described in many studies (Clarke et al., 2012; Celik & Bayraktar, 2004; Randle, 2003). Bullying behaviors are numerous and are identified as a causative factor of frustration, anger, fear, emotional hurt, feelings of powerlessness, decreased morale and productivity, an increase in errors, and symptoms associated with posttraumatic stress disorder (Clarke et al., 2012). Several studies indicated that nursing students experienced signs of burnout, apathy, depression, a decrease in confidence, and an increase in absence or sickness (Celik & Bayraktar, 2004; Randle, 2003). In an era of great concern for the future of the nursing workforce bullying behaviors are a threat to nurse retention. Several studies identified that up to 70% of nursing students who had experienced bullying behaviors considered leaving the profession (Celik & Bayraktar, 2004; McKenna, Smith, Poole, & Coverdale, 2003).

Content analysis of anger narratives written by junior nursing students over a 4-year period revealed distinct themes or “levels of injustice” identified by Thomas and Burk (2009). Their qualitative study produced rich, yet disturbing descriptive accounts of student experiences with nurses in the clinical setting. The authors ranked the incidents based on severity, Level 1 Injustice Incidents: “we were unwanted and ignored,” Level 2 Injustice Incidents: “our assessments were distrusted and disbelieved,” Level 3 Injustice Incidents: “we were unfairly blamed,” Level 4 Injustice Incidents: “I was publicly humiliated” (Thomas & Burk, 2009). The following excerpt of a student narrative demonstrates that not only is uncivil behavior not nice, it can be a significant threat to patient safety:

Nurse K was overlooking potentially serious problems related to her patient. When I explained that the patient had an oxygen saturation of 84, Nurse K rolled her eyes and had no other response to me. Nurse K acted as if this low of an oxygen level was not a problem and I was just a nursing student irritating her. (Thomas & Burk, 2009, p. 229)

Sheu, Lin, and Hwang (2002) investigated nursing student's perceived stress in clinical education and identified that the effects of stress extend beyond the physical, emotional, and behavioral symptoms in that students may experience difficulty in achieving educational goals. The authors posit that the nursing student's ability to cope with multiple stressors is known to be an important determinant of retention.

Clarke et al. (2012) found that nursing students who experienced faculty incivility felt that their only recourse was to leave the nursing program. According to Clark (2008), students reported feeling a sense of powerlessness and that they had "too much to lose" by confronting or exposing uncivil behavior, some felt they would be kicked out of the program (p. 5). In the clinical setting when the uncivil interaction occurred with staff nurses, nursing students were reluctant to tell clinical instructors. Thomas and Burk (2009) reveal, "regrettably, one instructor stood behind the SN and failed to confront the abusive RN, while several other instructors made excuses for staff RN's who were allegedly 'busy' or 'stressed'" (p. 230).

The literature suggests social support, or the perception that one has assistance available, is an important mediating factor for coping and persistence. During interviews with 11 baccalaureate nursing students, Wells (2007) queried students as to the reasons for leaving their nursing program and concluded that the accumulation of two or more academic, social, and/or external stressors was associated with academic failure or voluntary departure from nursing school. Shelton (2003) investigated 458 current and former associate degree nursing

students and found that students who perceived greater faculty support were more likely to persist and graduate. Shelton identified that psychological support, “faculty being approachable, demonstrating respect for and confidence in students, correcting students without belittling them, listening, acknowledging when students have done well, being patient with students, and having a genuine interest in students” was reported by students to carry far more value than functional support (p. 73).

Bandura (1977) in an appraisal of self-efficacy theory suggested that incivility threatens the student with negative feedback and impedes the student’s ability to develop self-esteem and self-efficacy, which contributes to poor performance. Lasiter et al. (2012), discussed how incivility by nurse educators creates a power differential that hinders student satisfaction, which likely influences student retention and effective learning.

It is clear after a review of the literature that very few studies focus on student persistence, per se; as many focus on defining what actually constitutes uncivil behavior. There are some inconsistencies within the literature as to who are the offenders of uncivil behavior in nursing education (faculty, clinical instructors, staff RN’s). Lasiter et al. (2012) pointed out that a limitation to the research is that no distinction is made between full-time and part-time faculty members. Furthermore, the authors suggested a difference in role expectations and socialization could have influenced behavior. Thomas and Burk (2009) identified the need for further research on the effects of incivility in nursing education and how it relates to academic achievement, student learning outcomes, and the transference effects in the workplace.

Chapter Summary

The need to transform nursing education is well documented in the literature that spans over 30 years. The charge is to create an innovative and supportive learning environment that encompasses faculty and student collaboration, active participation, and engagement and one that has a zero tolerance policy for incivility. The teacher-centered perspective inherent in faculty incivility is the antithesis of caring. Incivility restricts the amount of social support received, which is essential for coping with and shielding stressful environments such as the clinical nursing education environment. Nurse educators are positioned to create a caring and supportive learning environment that facilitates student coping and persistence, perceived self-efficacy, and success in nursing.

There is a gap in the literature regarding the positive experiences students encounter in nursing education programs. This study aimed to address this gap in the literature utilizing an Appreciative Inquiry into what “gives life” to nursing student’s clinical education experiences.

Research Questions

Appreciative Inquiry as Action Research

AI is the cooperative search for the best in people, their organizations, and the world around them. According to Cooperrider and Whitney (2005), AI involves systematic discovery of what “gives life” to an organization or a community when it is most effective and capable in economic, ecological, and human terms. AI assumes that every living system has untapped, rich, and inspiring accounts of the positive. It is based on the belief that human systems grow toward what they persistently ask questions about (Cooperrider & Whitney, 2005).

The present study intended to explore nursing clinical education through a different lens. Using AI as a methodology, an action research model that utilizes storytelling interviews, this study will investigate what good is happening in nursing clinical education. Examining the clinical experience from an AI perspective creates an environment for building trust, affirming relationships, and addressing challenges as part of a life sustaining growth experience. AI's emphasis on positive experiences allow for clinical education to build on what is effective, rather than with what is unproductive and problematic. Instead of a "tear down mentality" that focuses on negative aspects such as incivility, the AI 4-D cycle (discover, dream, design, destiny) uncovers what makes organizations and people thrive. AI's positive approach allows the researcher to highlight the specific stories, relationships, and connections experienced in clinical nursing education-find the best of what is-and what made these interactions an empowering experience for the students. In essence, this work seeks to understand and embrace the necessary organic experiences in clinical nursing education relationships that allow students to feel successful. In accordance with AI's focus on affirmative topic and possibility propositions, the following questions guided this study.

Overarching Research Question

How do nursing students describe, "What gives life" to their experience in clinical nursing education environments?

Secondary Questions

a. Describe a time when you were highly motivated and excited about learning during your clinical experience. What were the circumstances? Who was involved? Why was it exciting?

- b. Describe a faculty member who brought out the best in you. What are some ways the faculty member encouraged you during your clinical experience?
- c. Describe the biggest positive change you've seen in yourself as a result of going through your clinical education experience.
- d. Describe three things you wish your nursing education program could do to make it more effective.

CHAPTER 3: METHODOLOGY

The present study addressed a gap in the literature regarding the positive experiences students encounter in nursing clinical education. Much of the existing literature has a deficit based focus on issues such as incivility (Clark & Springer, 2007; Clarke et al., 2012; Lasiter et al., 2012; Thomas & Burk, 2009) and the disparity between theory and observable clinical practice (Kyrkjebo & Hage, 2004; Sharif & Masoumi, 2005). This study aimed to address this gap in the literature utilizing an AI into what “gives life” to nursing student’s clinical education experiences.

This chapter outlines the research purpose and offers a thorough exploration of the framework for a phenomenological research design utilizing AI as a form of action research and data collection method. An explanation of its appropriateness for the study will also be presented. Included in this chapter is the sampling criterion used for the research and sample size, inclusion criteria, and a description of the data collection method utilizing the appreciative interview. The chapter outlines the data analysis procedure, expected limitations in the research design, and credibility of the research, including dependability and transferability. There is a brief discussion of potential ethical issues arising from the research.

Purpose of the Study

The purpose of this research was to discover and understand an untapped aspect of previous research in clinical nursing education that addressed the positive experiences of students in clinical nursing education, essentially what “gives life” to their experiences and fosters student learning. The overarching research question encompassed an affirmative topic related to positive student

experiences in clinical nursing education by asking students to describe what “gives life” to their experiences in clinical nursing education environments.

Design of the Study

A qualitative transcendental phenomenological research design was chosen for this study to discover and understand nursing students lived experiences in clinical nursing education. This approach utilized AI, an action research methodology, to uncover what “gives life” to student’s clinical experience. As described by Creswell (2007), this researcher espoused an action/participatory worldview in that “research should contain an action agenda for reform that may change the lives of participants, the institutions in which they live and work, or even the researchers’ lives” (p. 21). The appreciative interview is at the heart of AI. It involves a dialogue among organization members and stakeholders using questions related to: high-point experiences, valuing, and what gives life to the organization at its best (Cooperrider & Whitney, 2005). AI aims to connect with this positive change core by opening every strength, innovation, achievement, imaginative story, hope, positive tradition, passion, and dream to systematic inquiry. It involves asking appreciative questions that include capstone experiences, personal values, and core factors that enhance an individual’s health and vitality within an organization (Cooperrider & Whitney, 2005).

Inspired by the work of early philosophers such as Kant, Hegel, and Descartes, Edmund Husserl is credited with the initial development of phenomenology in 1931 (Moustakas, 1994). His awareness of philosophical reduction, or bracketing, compels the researcher to suspend prejudices, preconceptions, and beliefs related to a particular phenomenon to gain a full, unbiased view of the participants’ descriptions of their lived experience (Creswell, 2007). In this way, a rich description of the experience is gained from a fresh

perspective, leading to an understanding of the essence of the experience, its' truth (Creswell, 2007; Dowling & Cooney, 2012; Moustakas, 1994). Phenomenological methods are particularly effective at bringing to the forefront the experiences and perceptions of individuals from their own perspectives, and therefore at challenging underlying or normative assumptions (Creswell, 2007).

Transcendental phenomenology based on Moustakas (1994) provides a systematic approach to analyzing data about lived experiences. The transcendental emphasis includes a focus on the wholeness of experience and a search for essences of experiences, as well as, viewing experience and behavior as an integrated and inseparable relationship of subject/object. With this focus, Moustakas identified a phenomenological study with the researcher setting aside prejudgments as much as possible and using systematic procedures for analyzing the data. The way of analyzing phenomenological data, according to Moustakas, follows a systematic procedure that is rigorous yet realistic for qualitative researchers. The researcher describes their own experiences with the phenomenon (Epoche), identifies significant statements in the database from participants, clusters these statements into meaning units and themes. Next, the researcher synthesizes the themes into a description of the experiences of the individuals (textual and structural descriptions), and then constructs a combined description of the meanings and the essences of the experience.

Epoche is the first step of the phenomenological reduction process. It is an approach taken at the beginning of the study by the researcher so that he/she can set aside his/her views of the phenomenon and focus on those views reported by the participants (Moustakas, 1994). The process of epoche is difficult to achieve, this pure state of being consciously present for observing and experiencing in a fresh way (Moustakas, 1994). It is challenging for a researcher to completely set

aside all biases and assumptions (and personal experiences) to focus entirely on the participants' experiences. However, transcendental phenomenology requires that researchers learn a specific language of research and to understand the philosophical issues embraced by Husserl (Moustakas, 1994).

While Moustakas (1994) acknowledged the limitations of bracketing, noting that epoche is rarely perfectly achieved, Kvale's (1996) observation of the researcher as research instrument was fundamental to the aim of this research. Delamont (2002) asserted that the best data collection instrument is the researcher, as long as he/she can consciously address his/her role, interactions and his/her theoretical and empirical material as it accumulates.

As described in chapter 1, this study was designed upon the combined theoretical framework of Watson's Caring Science and Knowles Adult Learning Theory. In addition, AI was applied as a methodology to discover and understand the positive lived experiences of students in nursing clinical education. The methods and research questions align to this framework as depicted in Figure 2. This qualitative transcendental phenomenological approach served my research well as I worked to describe the participant's lived experience as free and as unprejudiced as possible, adding to the body of nursing and educational knowledge. Figure 2 illustrates the theoretical framework and methodology in concert.

Appreciative Inquiry Protocol

Each application of AI is different, and as such is designed to address a unique challenge faced by an organization with the intention to optimize participation among stakeholders (Cooperrider & Whitney, 2005). According to Cooperrider and Whitney (2005), the affirmative topic challenges people to

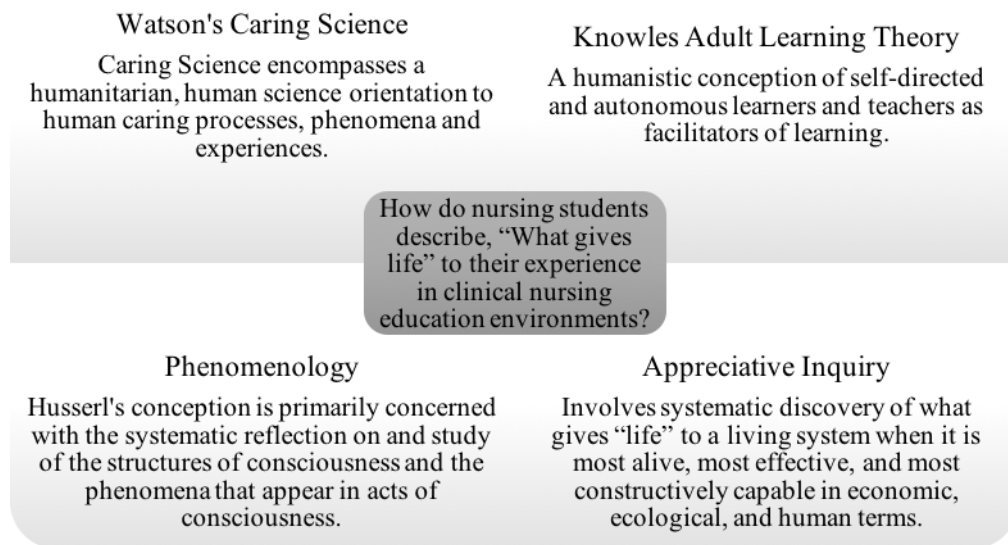


Figure 2. Convergence of theoretical framework and methodology.

reframe deficit issues into positive topics for inquiry. The appreciative interview will follow the AI 4-D cycle of discovery, dream, design, and destiny.

Discovery. The discovery phase aims to engage stakeholders in the articulation of strengths and best practices. The research questions have been created to help elicit from participants “the best of what has been and what is” (Cooperrider & Whitney, 2005, p. 25).

Dream. In the dream phase, Cooperrider and Whitney (2005) describe the identification of discovered potential with the overall purpose to move beyond the status quo and ask the question “what is the world calling us to be” (p.25). The research question, *describe three things you wish your nursing education program could do to make it more effective*, is designed to create an envisioning of what could be.

Design. The design phase takes the newly expressed vision revealed by participants and “provocative propositions” are created from the positive core (Cooperrider & Whitney, 2005).

Destiny. Destiny is where transformation begins to emerge, a greater purpose instills hope, and momentum is created for ongoing positive change and high performance (Cooperrider & Whitney, 2005).

Data gathered from participants fulfilled the discovery and dream phases from the appreciative interview in the form of a reflective journal and AI focus group. Data exploration fulfilled the design and destiny phases.

Description of Sample

According to Hycner (1999), “the phenomenon dictates the method (not vice-versa) including even the type of participants” (p. 156). Purposive sampling was utilized and is considered by Welman and Kruger (1999) as the most important kind of non-probability sampling to identify the primary participants. Using purposive sampling, researchers select individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge (Speziale & Carpenter, 2007).

A purposeful sampling strategy allows the researcher to select participants and sites for the study as they can purposefully inform an understanding of the research problem and key phenomenon in the study (Creswell, 2007). According to Creswell, in a phenomenological study, it is critical that all participants have experienced the phenomena being studied and therefore criterion sampling has proven to be successful. Participants were selected from a mid-sized California Community College Associate Degree Nursing (ADN) program. This specific institution was selected because the researcher is a faculty member and serves as the program director, as well as, its recognition as an exemplary community college, longevity in the community, and institution-wide emphasis on student success.

Target Population

The target population included undergraduate students in a pre-licensure ADN program. The desired participants were fourth semester (senior) nursing students who had just completed their program of study. This cohort of students had an accumulation of four semesters of clinical experiences with varied faculty and clinical sites and thus the best candidates for the study.

Sampling

Participants were selected from among 19 fourth semester ADN students. All 19 students were invited and 7 agreed to participate. This cohort of 19 students had completed their program of study and grades conferred prior to data collection so as not to cause a conflict with the researcher being a faculty member and known to the students.

Data Collection

Data collection was accomplished in three ways. First, the participants were provided a prompt of the overarching research question of what gives life to experiences in clinical nursing environments and asked to journal their responses. Second, a focus group was conducted following the appreciative inquiry protocol describe earlier in this chapter. Lastly, the researcher took field notes before, during, and after the focus group. The use of multiple data sources, or triangulation, is critical in qualitative research as it serves to validate outcomes and provide credibility to the study (Creswell, 2007; Polit & Beck, 2004). Triangulation of data allows for a more comprehensive picture of the phenomenon of inquiry and overcomes the bias that can occur with a single-method, single researcher study (Polit & Beck, 2004).

The data collection process began with participant journaling in response to the overarching research question as a prompt. The participants were given two weeks to have time to reflect and write in their journals. Following the journaling, a focus group was scheduled with all participants. An appreciative inquiry protocol was followed and the researcher used the overarching research question and sub questions to generate dialog. Focus groups offer a perspective of group dynamics and peer interactions and have the advantage of accessing valuable information in an effective manner (Polit & Beck, 2004). Participant journaling prior to the focus group was particularly important, as some participants may not feel comfortable sharing their experience in a group environment (Creswell, 2007). As writers, participants were able to craft meaning to the phenomenon and thus allow for an additional means of grasping the full essence of the participants' experience.

Explication of the Data

Hycner (1999) cautioned that “analysis” has dangerous connotations for phenomenology and suggests that the heading “data analysis” be deliberately avoided. According to Hycner, the term analysis usually refers to breaking into parts and therefore often means a loss of the whole phenomenon. On the other hand, explication implies an investigation of the elements of a phenomenon while keeping the context of the whole (Hycner, 1999).

Early explication of the data involved creating and organizing files for the data. Using the student journals, researcher field notes, and transcripts from focus groups, the data were explored for significant phrases, clustered into themes, and recorded under the discovery and dream phase of the AI 4-D cycle. This process involved preparing and organizing the data, reducing the data to relevant themes, and coding into meaningful segments (Creswell, 2007). Development of

significant statements were then organized under the design phase of the AI 4-D cycle. Within the significant statements evolved an exhaustive description of the phenomenon and the development of the essence of the phenomenon which helped create the destiny phase. Figure 3 illustrates the explication process.

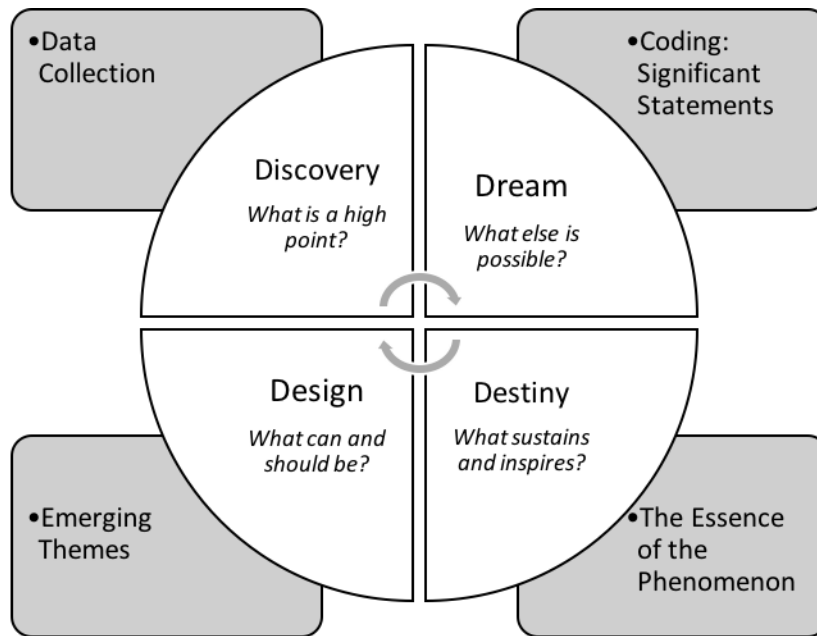


Figure 3. Alignment of the AI 4-D cycle with explication of the data.

Limitations of the Research Design

In a qualitative study, the researcher explores the participants' experiences about a phenomenon and then attempts to uncover the significance embedded in the experiences. This objective can only be achieved successfully if possible limitations to the research are identified and acknowledged. One possible limitation to this study is that the sample was drawn from only one associate degree nursing program in only one demographic location. Qualitative research can be limited by an inexperienced researcher throughout the interview process during data collection (Yin, 2011). This study has been interpreted and analyzed

by a novice researcher. Personal experiences with incivility and personal biases by the researcher may have unknowingly influenced explication of the data.

Another limitation to this study, the researcher's role, essentially became a critical element. The researcher's relationship with the participants was essential to the study in order to elicit the phenomenon of interest as well as integral to the study design. This research study design supports using former students as study participants, as the participants will be more likely to contribute knowing it directly affects their alma mater and future students at their school. Action Research has a defining characteristic, an equal partnership in the research process between the researcher and participants, an established relationship of trust (Ary, Jacobs, & Sorenson, 2010).

With AI, the momentum for sustainable change requires positive affect and relational connection to a colleague or critical friend with whom a trusting relationship exists (Giles & Alderson, 2008). This limitation in essence became an asset as utilizing AI and the positive format reduced fear of participating. A focus on the positive in AI supports more widespread voluntary, multi-stakeholder engagement and change activities (Boyd & Bright, 2007). According to Carter (2006), participants tend to engage more readily than with traditional research methods and approaches; focusing on the positives reduces participant defensiveness and encourages open discussion in complicated environments.

Experimenter effect, the unintended effects that the researcher has on the study, may have played a role in this study as the researcher is a faculty member in the associate degree nursing program from which the study participants matriculated (Ary et al., 2010). At the time of this study, the participants had graduated and were in the process of taking their licensure exam and securing jobs. The researcher had built a rapport with students prior to the beginning of the

study as they were students in her class. Now former students, there was greater likelihood that the students would respond honestly as there was no perceived influence that the researcher (former instructor) had on them regarding a grade if the response was other than expected. The researcher was new to the campus and did not have a long history with the campus or the community.

To address this limitation, the researcher used multiple methods of validation to ensure the account was accurate and insightful (Creswell, 2007). Interview and observational protocols were utilized during the AI focus group. Additionally, the researcher addressed social desirability bias, a potential limitation within focus group interviews, by practicing reflexivity. As described by Ary et al. (2010), reflexivity is a method that allowed the researcher to practice self-reflection in order to recognize and confront her own biases.

Credibility, Dependability, and Transferability

Assuring credibility in this research involved demonstrating the genuine picture of the research as undertaken (Shenton, 2004). The credibility of qualitative research refers to the trustworthiness of the research process, from data collection to reporting of the data. For this research, credibility was facilitated through note taking, recording, verbatim transcription, and documentation. Credibility involved creating confidence in the truth of the data and its interpretation (Yin, 2011). According to Yin, it is vital to be transparent with data regardless of whether it is beneficial or detrimental to a study. An accurate, unbiased representation of the data will allow the readers to draw their own conclusions from the information in the researcher's report (Yin, 2011).

Accurate use of the phenomenological process, as explained in this chapter was also important in maintaining integrity of the research process. In this study, ethical issues were addressed by being honest with the participants as to the

purpose and methods of the study, openly providing information about any risks that may be involved, providing informed consent and access to data retrieved from the participant.

Ethical Issues

This research endeavor required that it be carried out with ethical responsibility. The following is a discussion of ethical issues related to this research.

Position Statement

Every qualitative research study has ethical considerations that have the potential to create tension between the intentions of the researcher and the rights of the participants (Orb, Eisenhauer, & Wynaden, 2001). It is therefore critical to identify ethical issues and devise a plan for addressing those issues. Ethical issues acknowledged for this study included informed consent, voluntary participation, confidentiality, privacy, and conflict of interest.

A primary ethical consideration was the observation of confidentiality and privacy (Houghton, Casey, Shaw, & Murphy, 2013). It was the researcher's responsibility to maintain confidentiality and the participants were assured of confidentiality on the consent form. For this research, information obtained in the interviews was kept secured. Any electronic information connected to the research was kept in password-protected files on a personal computer, minimizing the likelihood of unauthorized access. Only the researcher, or the researchers' dissertation committee through authentication by the researcher, had access to the data. Participant identity was kept private by using pseudonyms in place of actual names.

Another consideration was ensuring that no harm occurred to the participants. Nursing clinical practice, as a component of the healthcare field, requires that nurses do not cause harm to their patients or other people with whom they work. In the same way, contributing to the research process should not cause harm to the participants (Orb et al., 2001). There was little possibility of emotional, physical, or personal harm as the focus of this study centered on positive experiences, however, to ensure no harm, privacy and confidentiality was assured. The researcher demonstrated respect and openness to the participant allowing for a relaxed and supportive interview experience. Selecting students who had completed their course of study, final grades posted and degree conferred, ensured that participants were not in fear of any injustices due to their participation.

The last ethical consideration for this research was the researcher and participant relationship. According to Houghton et al. (2013), a possibility of exploitation exists in the research relationship, or an imbalance of power requiring good management of the research process. For this research, the researcher observed protection of the participants and avoided showing any biasness or judgmental behavior that may have disturbed the welfare of the participants. The researcher was known to the participants as a faculty member and Director of Nursing in the Associate Degree Nursing program they attended. To facilitate an optimal research relationship, it was important to maintain trust and respect throughout the research process by creating rapport during participant/researcher interaction. The researcher was able to clear her mind through the epoche process by recalling her own personal and professional clinical experiences throughout her 27-year career as a Registered Nurse.

Chapter Summary

The intent of this study was to discover and understand the lived experience of students in clinical nursing education utilizing the positive framework of AI. Prior to data collection the researcher secured approval from the California State University, Fresno Institutional Review Board, and upon approval the data collection phase of the research study was launched. The use of a transcendental phenomenological research design has provided rich descriptions and perceived meanings associated with positive clinical nursing education experiences and has provided the elements for the AI 4-D cycle. The results of the study will stimulate positive possibilities that can initiate creative, effective faculty student partnerships and teaching-learning environments that promote optimal learning.

CHAPTER 4: EXPLICATION OF THE DATA

The purpose of this study was to discover and understand an untapped aspect of previous research in clinical nursing education that addressed the positive experiences of students in clinical nursing education environments. This purpose arose out of a desire to move the study of nursing education away from a deficit-based, problem-solving approach focusing on incivility in nursing education and its impact on learning to exploring the positive experiences of nursing students in clinical nursing education that foster student learning and persistence. The presence of incivility within the nursing profession and nursing education is well documented in the literature (Clark et al., 2012; Luparell, 2007; Marchiondo et al., 2010), however, this deficit-based research offered no solution to the problem. The present study uncovered what “gives life” to the lived experience of students in clinical nursing education which can provide opportunities to create effective faculty student partnerships and teaching-learning environments that promote optimal learning and foster civility in nursing academia.

The data for this study were collected from reflective journals written by seven participants and an ensuing AI focus group with five of the participants. Field notes were also recorded by the researcher before, during, and after the AI focus group. The participants were recent graduates (within 6 months) of an associate degree nursing program who had experienced four semesters of clinical nursing education. Chapter 4 includes a presentation of the data obtained from the reflective journals and from the AI focus group following the AI 4-D cycle of discovery, dream, design, and destiny. The study gained insight on how students in clinical nursing education environments described their positive experiences and

how those experiences enhanced the learning process. In essence, this work sought to understand and embrace the necessary organic experiences in clinical nursing education that allowed nursing students to feel successful. In line with the tenets of AI's affirmative focus, guiding this study was the overarching research question, "How do nursing students describe, 'What gives life' to their experience in clinical nursing education environments?" Specific themes emerged from the data collected from the reflective journal writing and follow-up AI focus group describing the essence of the phenomenon under investigation.

The research design used for this study was transcendental phenomenology which provided the foundation for obtaining rich descriptions of participants lived experience and thus gaining the essence of these experiences (Creswell, 2007). At the heart of data collection was the AI focus group which allowed participants to dialogue about their experiences and reflect upon similarities reported in their reflective journals. The utilization of appreciative questions stimulated a positive change core that allowed for identification of essential factors that enhance the participant's health and vitality within a stressful environment (Cooperrider & Whitney, 2005).

The focus of this study was the clinical nursing education environment where students worked with a clinical instructor and practicing registered nurses as an adjunct to the theory component in nursing education. This clinical component provided the opportunity for nursing students to participate in new learning experiences where they could apply theory to practice, however, it also exposed them to workplace relationships, which can include positive and negative experiences.

Description of the Sample

A purposive sampling method was used for this study. Recent graduates from an associate degree nursing program who had experienced four semesters of clinical nursing education were invited to participate. Emails were sent out to 19 graduates of which seven responded and agreed to participate. The sample included one male participant and six female participants. All ranged in age from 25 to 35 years. One participant self-identified as Hispanic/Latina and the remaining six self-identified as White/Caucasian. All seven participants completed the reflective journal, however, only five were able to attend the AI focus group. One participant was unable to attend due to a scheduling conflict and the other due to illness on the day of the focus group.

As noted in chapter 3, the heading *data analysis* is deliberately excluded and the heading *explication of the data* utilized. In keeping with the intent of the methodology, transcendental phenomenology, the wholeness of the participant's experience remained intact with the identification of significant statements from the participants. These significant statements contained clusters of meaning units and themes which provided a rich description of their experiences (Colaizzi, 1978).

Research Method and Data Collection

Prior to data collection, the researcher obtained approval from the Institutional Review Board at California State University, Fresno, as well as institutional support from the governing organization of the associate degree nursing program from which the participants graduated. A purposive sample was used with participants volunteering to be involved with the study. All seven graduates who responded affirmatively to the original email were sent the informed consent (Appendix A) form via email. Once the informed consent was

acknowledged and signed, the reflective journal prompt (Appendix B) was sent to the participant with instructions and a timeline for completion. All seven participants completed the reflective journal and returned it to the researcher for review.

The reflective journal highlighted the individual stories, relationships and connections developed between the clinical instructor, practicing registered nurses, and students-to find the best of what is-and what made these positive learning experiences for students. The AI focus group format (Appendix C) provided a means for accessing the details of the student experience. Five of the seven participants attended the AI focus group which provided the opportunity for participants to engage in conversation about their experiences and explore the true essence of their experiences. The discovery phase of the AI 4-D cycle engaged the participants as stakeholders in articulation of strengths and identifying the best of what has been and what is; and what gave life to the student experience in the clinical environment (Cooperrider & Whitney, 1999). The reflective journal and AI focus group were not intended to solicit facts and opinions so much as stories, examples, and metaphors. Cooperrider and Whitney (1999) stated, “In AI, intervention gives way to imagination and innovation; instead of negation, criticism, and spiraling diagnosis there is discovery, dream, and design” (p. 10). When applied to nursing clinical education, AI allowed this researcher to focus on what is working well for students, rather than focusing on what is problematic.

Upon completion of the AI focus group, the audio recording was transcribed verbatim using Rev Transcription Services. In exploring the AI focus group transcripts, Colaizzi’s (1978) phenomenological method was utilized. Following this method, the focus group written transcript was read several times to ascertain an overall feeling for experiences being described. Significant statements

that pertain directly to the lived experience in clinical nursing education were identified. Within 48 pages of verbatim transcription, 120 significant statements were identified. From the significant statements, meanings were formulated and clustered into themes allowing for the emergence of themes common to all participant's experience. This culminated into an in-depth, exhaustive description of the phenomenon. The AI workshop format for the focus group resulted in the participant's creating their own summation of their experiences and evolving provocative propositions. This process brought clarity to the themes already identified within participants' reflective journal and provided textual and structural descriptions of the essence of the phenomenon. Direct narrative and written quotes have been presented in order to give voice to the participants as they reflect on their nursing clinical experience.

Summary of the Findings

The overarching research question asked, how do nursing students describe, "What gives life" to their experience in clinical nursing education environments? To answer this question, participants were guided with secondary questions asking them to describe in as much detail as possible what made their experience positive and facilitated the learning process. The secondary questions were: (a) Describe a time when you were highly motivated and excited about learning during your clinical experience. What were the circumstances? Who was involved? Why was it exciting? (b) Describe a faculty member who brought out the best in you. What are some ways the faculty member encouraged you during your clinical experience? (c) Describe the biggest positive change you have seen in yourself as a result of going through your clinical education experience, (d) Describe three things you wish your nursing education program could do to make it more effective.

Initial data collection involved the participants reflecting on the overarching and secondary guiding questions in the form of a narrative journal. This began the discovery phase which allowed the participants to have time to reflect on their experiences and then write them down, offering a more introspective look into those experiences. The AI focus group that followed allowed for the participants to share stories and compare experiences and feelings.

Reflective Journal

Discovery. The reflective journals ranged in length from two to seven pages. Each journal was read in its entirety and Colaizzi's (1978) method applied as described above. All participants were assigned pseudonyms by the researcher to assure anonymity. Four themes emerged from the journals; (a) confidence, (b) passion to teach, (c) professionalism, and (d) positive feedback. The following are actual journal responses to each identified theme.

Actual Journal Responses Related to (a)

Confidence

Orchid- Clinical was extremely anxiety provoking for me at times and one instructor in particular helped me gain more confidence. She set out her expectations clearly while providing a certain amount of flexibility as long as you communicated with her. One of the most encouraging things was that she trusted me and gave me space to do things without constantly looking over my shoulder- this encouraged me to have more trust in myself and my abilities.

Rose- ...my clinical instructor was very encouraging to think deeper, become more efficient, and deliver the best care possible. When she would ask me pathophysiology questions that would encourage me to go through the process of understanding why things are going on and what to look for in a patient I felt I was bettering my knowledge which built confidence.

Carnation- She [the clinical instructor] had a very low key personality, but required a lot of her students and believed in us. It also increased my confidence level. The more skills I performed successfully, the more confidence I had in myself that all my practice and preparation in the lab,

pre-clinical prep and studying had paid off and I was prepared and safe in the clinical setting with patients.

Tulip- I had a clinical instructor in first semester that was an experienced nurse. She was so good, she inspired me to continue coming to clinical. She was intimidating, but only a little. I'd say it was enough for students to respect her, but to keep coming back.

Lily- Nursing school has made me a more responsible and careful person. Its a wonderful feeling to see improvement and change that is beneficial. I'm grateful for it.

Iris- A time when I was highly motivated and excited about learning was when I got to work with a nurse who was very friendly and happy to see me. I had worked with her before, so she knew what I was capable of. When I told her I was working with her that day she said: "I just won the nursing lottery!" This made me feel confident in my ability, since clearly this nurse had confidence in me. A faculty member who brought out the best in me instilled confidence in me. The faculty member told me they knew I could do it. They were encouraging. They did not hover over me in clinical.

Azalea- That day, [the clinical instructor] brought out the best in me by having confidence in me, balanced with clear direction. She was able to accurately assess my readiness to be trusted in a critical situation and she allowed me the freedom to collaborate with the team of professionals.

Actual Journal Responses Related to (b) Passion to

Teach

Orchid- She constantly was looking for ways for all her students to get exposure to new skills and things that were relevant to what we were learning in class.

Rose- The most promising quality to ensure a great experience was passion. Whether they were "hard," "easy," brand new, or been there for years teaching, the most important quality to have was passion to teach brand new minds about the science of nursing. When I had clinical instructors that were so obviously passionate about caring for others and teaching me, I knew I was getting the most out of my education.

Carnation- If I was assigned to a nurse who loved teaching and working with student nurses I felt that my experience was extremely dynamic. I felt my input was listened to and considered.

Tulip- There was always something that she was excited to teach, not every clinical instructor was like this.

Iris- She appreciated my help, and I appreciated her welcoming nature and willingness to teach me.

Azalea- I also really appreciated her follow-up discussion, which helped deepen my appreciation for monitoring lab values and inspired me to study at home.

Actual Journal Responses Related to (c)

Professionalism

Orchid- I always felt that I could ask her questions while at the same time she constantly encouraged me to think through things and use my resources.

Rose- They are all very different people but the qualities that they share are, compassion for others, integrity, passion for teaching, passion for nursing, and transparency. The instructors that clearly stayed out of those cliques and focused on the students and remained positive and real were the ones that stuck out to me and inspired my nursing profession.

Carnation- I also appreciated this nurse/instructor because if you had any issues with your primary nurse she would listen and keep your issue confidential and had specific ways that you could improve your situation. She never shared other students situations with other students in her clinical group. I appreciated this and I know the other students in her clinical group did as well.

Tulip- She was never angry or inpatient. When I didn't know something she would tell me to go look it up and come back.

Actual Journal Responses Related to (d) Feedback

Orchid- Having the chance to make mistakes with a safety net of supportive instructors as well as get positive feedback for successes, greatly increased my confidence.

Lily- Her [clinical] assessment and Notes were very positive and gave me great feedback. It was a very uplifting moment in my clinical journey.

Rose- The moments where my instructor spent time at the bedside with me and gave information of how to perform tasks efficiently and with quality are the moments that stick with me most and bettered my practice.

Secondary question (d) asked the participants to describe three things they wish their nursing program could do to make it more effective. Two themes were identified within the participant's reflective journal which are presented in Table 1 and Table 2. These "wishes" will be explored more thoroughly in the next section presenting the AI focus group.

Table 1

Clinical Skill Acquisition

Participant	Clinical Skill Acquisition
Orchid	I think one thing would be require a CNA [certified nursing assistant] course or some hospital experience before beginning the program. I think this would help ease the transition for many students with little to no exposure to the clinical setting.
Carnation	Develop a fair, specific remediation program for students struggling in their clinical experience. My class lost approximately 40% of our class during the four semesters of nursing school. Many of these losses were due to subpar clinical performance. Some of the individuals were given many chances to improve their performance, however a few were only given a few chances.
Tulip	More skills days should be required.
Lily	More clinical time with ICU [intensive care unit] patients could really build a strong foundation for a student to feel confident with a patient on the floor, especially if that patient begins to have a change in condition.
Iris	Having smaller clinical groups will allow the instructor to spend more time discussing patient care with students.
Azalea	I wish that our clinical instructors would have used these referrals [lab] more often in order to encourage utilization of learning resources as well as to create a culture around referrals that has to do with learning rather than a feeling of getting in trouble or doing something wrong.

Table 2

Effective, Professional Teachers

Participant	Effective, Professional Teachers
Rose	<p>The biggest thing that would better my nursing program would be to retire the instructors who are not passionate about what they do and do not truly teach during the class period.</p> <p>One other thing to make it more effective is better organization. A lot of peers felt very frustrated and overwhelmed the first semester with lack of organization and wasted time.</p>
Carnation	<p>Instructor professionalism. Many instructors were very professional and did not gossip about the students; however, some of the instructors did speak negatively/gossip about the students to other students and to the instructors in front of other students where they could overhear what they were saying.</p>
Tulip	<p>Not gossip about the students to the rest of the other semesters, but rather motivate and encourage a weaker class to be stronger, or provide them with the knowledge that they need to be those competent and strong nurses that we need.</p> <p>Encourage teachers to discuss fewer stories and provide more information about what we need to know during lecture.</p>
Lily	<p>...more attention to the actual <i>caritas</i> aspects of nursing ... the actual patient care as opposed to the task oriented regiment that I was trained in.</p>
Iris	<p>Making lectures more interactive with case studies will allow students to apply learning right away. It would be nice to incorporate the latest research into lectures. It will also teach students how to stay up to date with the latest research, and evidence based care.</p>
Azalea	<p>Hire teachers who are effective educators. Nursing instructors need to have a working knowledge of the subject they are teaching that is up-to-date, be able to communicate and be approachable, be passionate about what they are teaching so that they can motivate students to participate in their own education, and they need to believe in their students.</p>

AI Focus Group

Dream/Design. The AI focus group provided a forum for participants to share stories and reminisce about their experiences in the clinical environment. The researchers' role was as facilitator and participants easily and eagerly engaged in conversation guided by the overarching research question, secondary questions, and journaling. The focus group culminated in the development of what AI refers to as provocative propositions, or design statements, that link the best of what is with a collective desire of what might be (Cooperrider & Whitney, 2005). The following provocative propositions were crafted by the participants:

- A clinical instructor that is confident in the student's abilities and skills;
- To treat clinical as learning experiences;
- Having a clinical instructor that truly cares for the student and the patient;
- A clinical instructor that will take the time to help students with procedures and teach students; and
- A collaborative clinical experience where students, clinical instructors, and nurses can have dialogues regarding patient care.

Provocative Proposition #1: A Clinical Instructor That Is Confident in the Student's Abilities and Skills

As identified in the reflective journals, *confidence*, appears to play a critical role in the student experience in the clinical environment. This was evident in several ways and identified by the following emergent themes:

- 1) Instructor confidence builds student self-confidence;
- 2) Patient trust builds student self-confidence;

- 3) Positive relationship with instructor also instills the confidence students need to care for patients;
- 4) Trust builds self-confidence;
- 5) Encouraging words build self-confidence.

Participants shared stories and described how confidence affected their clinical learning experience. The themes identified above incorporate many facets of confidence and participants dialogued about how confidence played a role in their individual experiences. One participant described it in this way, “I think for me it’s having the clinical instructor have confidence in you, and that they express that, you know, like, ‘today’s gonna be a good day’ and, and, they’re confident in your ability.” As the participants shared stories, other significant statements emerged, such as, “Yeah...being trusted by that primary nurse meant a lot to me,” and “Or you know, when they just um, give you positive affirmations. Like, You’ve got this, or You know this.”

Gaining the trust of the patient also appeared to play an important role in developing confidence as one participant shared, “When I have had a patient who like, appreciated me, and who trusted me. That was a big boost for me. That brought life.” One participant’s description revealed the impact confidence had for their experience:

I mean I wasn’t always confident in my, my clinicals. I was like, “I’m gonna get killed today”... And sometimes you know your instructors not confident in your skills either, you know? So you go in there...what gives life to that experience? How am I gonna wake up in the morning like, “oh, I don’t know if my instructor’s gonna be confident in me today.”

As the participants reminisced, it was clear that they felt more comfortable in the clinical environment when they had a clinical instructor who acknowledged and trusted their abilities. One participant summed it up in this way:

You just, you just don't know walking in, but having the confidence from your instructor walking in knowing that you're gonna have a good relationship with your instructor for that day ahead of time, then you have some confidence to walk in the room, and be confident with your patient. And then they're usually receptive to that, and they pick up on that. I think if you walk in and you're confident in your ability, and you know what you're gonna do, and you have a plan.

Provocative Proposition #2: To Treat Clinicals as Learning Experiences

Reference to the clinical experience as a learning experience appeared in the transcripts, journals, and field notes numerous times. The participants' shared stories about the learning process in the clinical environment. The following themes emerged:

- 1) It is important to be *allowed* to learn;
- 2) Allowing students to make mistakes during the learning process;
- 3) I am here to learn;
- 4) Not expecting perfection facilitates the learning process;
- 5) Motivation to learn;
- 6) Body language affects the learning process; and
- 7) Learning how to ask for help.

The participant's spoke very passionately about how they are there to learn. The researcher's field notes reflected, "the idea that you want to learn by what you are doing." It was also apparent in the dialogue the participants felt that perfection should not be expected. One participant shared, "I think yeah, knowing perfection is not expected, but that you're going to learn something." Another participant affirmed,

Yeah that is a really good way to refrain [reframe] things. Like, um, that perfection is not expected. Like that it is a learning experience and that...mistakes were really, I don't want to say the best way to learn, but that was most impactful way [to learn].

Motivation was also discussed by the participants and how certain circumstances within the clinical environment drive it. As one participant put it, “Definitely encouraging the learning process, ‘cause if you don’t, then you’re just getting through the day.” Another participant continued, “Like, helping, but in a, in a good body language. You can tell if they're like, pissed off that you didn't know that, or if they're just, ‘Oh,’ you know, ‘you're about to’, to you know miss that.” Comments from other participants included:

That was a definitely a positive change, is um, taking, learning how to take some time to um, to think things through, and, and learning. That just made me think of um, learning how to effectively ask for help.

Like once I realized that I could allow myself to make mistakes, and that it just wasn't a big deal...made me more um, I guess, willing to, to put myself out there more.

And we're in there to learn. You know? That's the most important thing is to learn. You're in a clinical setting. What is the purpose of us as students to be there? It's to train and to learn. So to me, that, that's what gave, gave me life, is, is when I said, "Okay, you know what? Forget the fact that this is something that you know, you might be judged on, or you might be scrutinized on"... And the big picture is this is gonna be something I'm gonna learn from. So that's what, that's what it was for me.

Provocative Proposition #3: Having a Clinical Instructor That Truly Cares for the Student and the Patient

The essence of this provocative proposition touches on the concept of caring. This was evident in many of the participant stories and identified by the following emergent themes:

- 1) Caring behaviors displayed by the clinical instructor are important,
- 2) Passion and caring make clinical instructors approachable,
- 3) The patient relationship is center to learning.

One participant described a difficult patient situation and how her experience was enhanced,

And my instructor just, she, she really cares about every single patient, and you know, if she walks into a room, and, and you're caring for a patient, and there's something dirty, or you know, a soiled diaper, or whatever, she'll stay in there with you and completely you know, change everything just to make sure that it's good and the best for the patient.

It appeared that passion and caring behaviors were important as the participants described their experiences. One participant described their experience in this way, “I think that you could tell that she was, she was passionate about what she did...that made her more approachable...made me more comfortable with her.” This same participant elaborated a bit more during the discussion, “But the fact that I could tell that she, she was knowledgeable and she cared...you knew that she loved not just what she did, but teaching about it.” Another participant shares, “She [the clinical instructor] was, I think there was like an excitement that you can just feel. That they’re just excited about their own profession, about you becoming a nurse.”

**Provocative Proposition #4: A Clinical Instructor
That Will Take the Time to help Students with
Procedures and Teach Students**

The essence of provocative proposition #4 was articulated by a participant who stated, “You’re not going to be a perfect nurse walking in as a student.” The concept of perfection was universal to all participants. This was noted in many of the participant stories and reflected in field notes. The following emergent themes were identified:

- 1) Taking time to teach,
- 2) Working together at the bedside with the clinical instructor,

- 3) Clinical instructors that really want to teach inspire students to seek out learning opportunities.

Working together at the bedside was a bright spot in the discussion. The participants described how valuable the experience became when the clinical instructor would “work with you...instead of just kind of hovering over you, like making you feel terrified.” The participants all reflected on seeking out learning opportunities, one participant describes that a clinical instructor who is,

Really wanting to teach, and to, to help students learn. 'Cause you can, you know, you can get through the day like, either way you're gonna get through the day, but you can do it by being there and really actually being present, or you can do it by just like, kicking back and not taking full advantage of every situation.

Along with working together at the bedside, participants shared what it meant to have their instructor take the time to teach. One participant explains,

And she spent like an hour in there with me just changing all the dressings with me, and showing me how to do all of 'em.... I just thought that that was you know, a highlight of my whole clinical experience because a lot of times maybe people wouldn't take the time to do all that.

Provocative Proposition #5: A Collaborative

Clinical Experience Where Students, Clinical

Instructors, and Nurses Can Have Dialogues

Regarding Patient Care

Another common feeling emerged from the focus group discussion that involved the concept of collaboration. Participants discussed how the learning experience was enhanced when they were able feel part of the health care team. The following emergent themes were identified:

- 1) Clinical instructor's own sense of confidence/competence encourages dialogue,
- 2) Simple kind behavior inspires the learning process,

- 3) Students do not want to be ignored,
- 4) A collaborative effort with the health care team invites a positive experience.

One participant explained,

You know, I wasn't always excited to go to clinical. It depended on the instructor. Some instructors freaked me out, and I did not look forward to my clinical day. And I think this is getting at why...and what, what I've come to understand, or just kind of notice, is that when a clinical instructor is really comfortable with themselves...and their profession, and their competence in their profession, they're more able to have a dialogue, and really be encouraging...rather than like asking questions in a way that is more like showing off, or proving their authority, 'cause that didn't work for me. Um, I didn't question their authority, but um, the instructors who were really just like, had a certain poise about them, where they're passionate about what they're doing, and comfortable being an instructor- You know? Not gripping their authority out of kind of like insecurity. Um, yeah.

It became apparent during the focus group discussion that approachability and responsiveness were positive concepts that were essential to their experiences. Some examples include, “Saying hello. Being warm and approachable.”; “Acknowledging your presence.”; “Being responsive, prompt.”; and “Positive affirmations.” One participant elaborates,

I feel like supported by others that it's okay for me to ask questions of different people. To ask for help, to work together, and, and seeing myself even as a student, as part of the team with the physicians, with the residents, with the PT people, and all those people, that less of a hierarchy, and more about we're all working together to help one patient.

Chapter Summary

This chapter presented the stories that emerged from participant’s reflective journal writing and AI focus group describing what “gives life” to nursing students in clinical nursing education. Highlighted in the chapter were provocative propositions crafted by the participants during the AI focus group. Actual journal responses were presented in concert with identified themes. The chapter included

a description of Colaizzi's (1978) phenomenological method used for data exploration, as well as, a summary of the data collection process. The results section included a rich description of participants lived experiences in clinical nursing education focusing on the positive core in AI. These results form the basis of the next chapter in which interpretation and discussion of the results are presented. The next chapter also includes a discussion of the relationship of the results to the literature. The limitations of the study, implications of the results, and recommendation for future research will be reviewed.

CHAPTER 5: SUMMARY/DISCUSSION/CONCLUSION

The discovery phase of the AI focus group provided the opportunity for participants to share stories and reminisce about their experiences in clinical nursing education. Guided by the principles of AI these stories revealed what was best about the clinical nursing education environment and what gave life to their experience. The overarching research question, “How do nursing students describe, ‘What gives life’ to their experiences in clinical nursing education environments?” began the conversation while the secondary questions served as a guide for participants as they explored their personal experiences.

To provide clarity for this question, participants were guided with secondary questions asking them to describe in as much detail as possible what made their experience positive and facilitated the learning process. The secondary questions were: (a) Describe a time when you were highly motivated and excited about learning during your clinical experience. What were the circumstances? Who was involved? Why was it exciting? (b) Describe a faculty member who brought out the best in you. What are some ways the faculty member encouraged you during your clinical experience? (c) Describe the biggest positive change you have seen in yourself as a result of going through your clinical education experience, (d) Describe three things you wish your nursing education program could do to make it more effective.

The significance of AI is that it invites people into dialogue. According to Bohm (1998), “dialogue is about gathering or unfolding meaning that comes from many parts” (p. 20). By sharing their stories, the participants were able tap into their emotions, which brought deeper meaning, and therefore, greater creativity and energy to the group. This energy was palpable during the AI focus group and

it was evident that they had built a sense of comradery during their clinical nursing education experience.

The purpose of this study was to discover and understand an untapped aspect of previous research in clinical nursing education that addressed the positive experiences of students in clinical nursing education, essentially what gave life to their experiences and fostered student learning. The positive focus arose out of the desire to mitigate the effects of incivility in nursing education by uncovering positive experiences as evidence upon which to develop effective teaching-learning partnerships that support student learning. The overarching research question and secondary questions encompassed an affirmative topic related to positive student experiences in clinical nursing education. As part of the research design, AI was utilized as a form of action research and data collection method. A summary of the results will be presented following the discovery, dream, and design phases of the AI 4-D cycle.

Summary and Discussion of Findings

Discovery

During the discovery phase, participants were able to reflect on their experiences in clinical nursing education through a reflective journal and AI focus group. The reflective journals served as the first phase of data collection where participants were asked to respond to a prompt containing the overarching and secondary research questions. Four themes emerged from the journals; (a) confidence, (b) passion to teach, (c) professionalism, and (d) positive feedback.

“A faculty member who brought out the best in me instilled confidence in me.” This sentiment was clearly articulated by all participants. Their stories told of the meaning attached to their ability to feel confident in the clinical setting. Many

reported that knowing that your clinical instructor has confidence in you sets the tone for your clinical experience. Behaviors that were reported as instilling confidence were simple; a welcoming smile, words of encouragement, and positive affirmations. Many described the intense anxiety that preceded their clinical experience and how those behaviors decreased their anxiety. Participants also shared that earning the patients trust instilled confidence. They described how having confidence in themselves and their abilities allowed them to be more comfortable with the patient. This helped establish a positive student nurse-patient relationship.

“The most promising quality to ensure a great experience was passion.”

Participants eloquently wrote about how the most important quality to have was passion; passion for nursing and passion for teaching. They reported that when clinical instructors were so obviously passionate about caring and teaching, they felt they were getting the most out of their clinical education experience. Passion emerged from the participant stories in several forms. First, in the way in which instructors communicated with students. It was clear that participants wanted direction and feedback, however, it was also clear that they wanted that direction and feedback delivered in a professional, passionate, and collaborative manner. Participants described how when a clinical instructor is approachable and engages them in dialogue, they become motivated to seek out learning opportunities.

“She was never angry or impatient.” The theme of professionalism that emerged from the data had many layers. There seemed to be more description detailing lack of professionalism followed with a description of desired professional behavior. Participants shared stories describing events that were troubling for them and affected the clinical environment and process of learning. They described pitfalls such as “the politics of nursing school,” “stayed out of

cliques and focused on students,” and “speak negatively/gossip about the students” and how that made for an uncomfortable experience. Specifically, the lack of professionalism was “disheartening” and “demoralizing” for the participants which “caused much suspicion and distrust.”

“They are all very different people but the qualities they share are compassion for others, integrity, passion for teaching, passion for nursing, and transparency.” It was clear that professionalism was tied directly to an effective teacher; and effective teaching involved being approachable, conveying confidence, displaying passion for nursing and teaching, encouraging dialogue, and taking the time to work with the student at the bedside. To the participants, this describes the essence of a professional nurse educator. The participants shared their belief that the purpose of clinical nursing education was to have the ability to ask questions, not be required to know everything, and be directed into learning experiences to support their nursing skills and stimulate critical thinking.

Dream/Design

The discovery phase engaged the participants as stakeholders in expression of strengths and identifying the best of what has been and is and what gave life to the student experience in the clinical environment. The AI focus group allowed the participants to extend the discovery phase from their journal reflections into a dialogue with comrades. The dream phase invited participants to imagine an even better experience. Within this dialogue and storytelling came an envisioning of what could be (dream) with the crafting of five provocative propositions (design) (Cooperrider & Whitney, 2005). These provocative propositions were crafted by the participants themselves, not the researcher, and will be summarized next. Figure 4 represents the provocative propositions and their relationship to the initial themes identified in the journals.

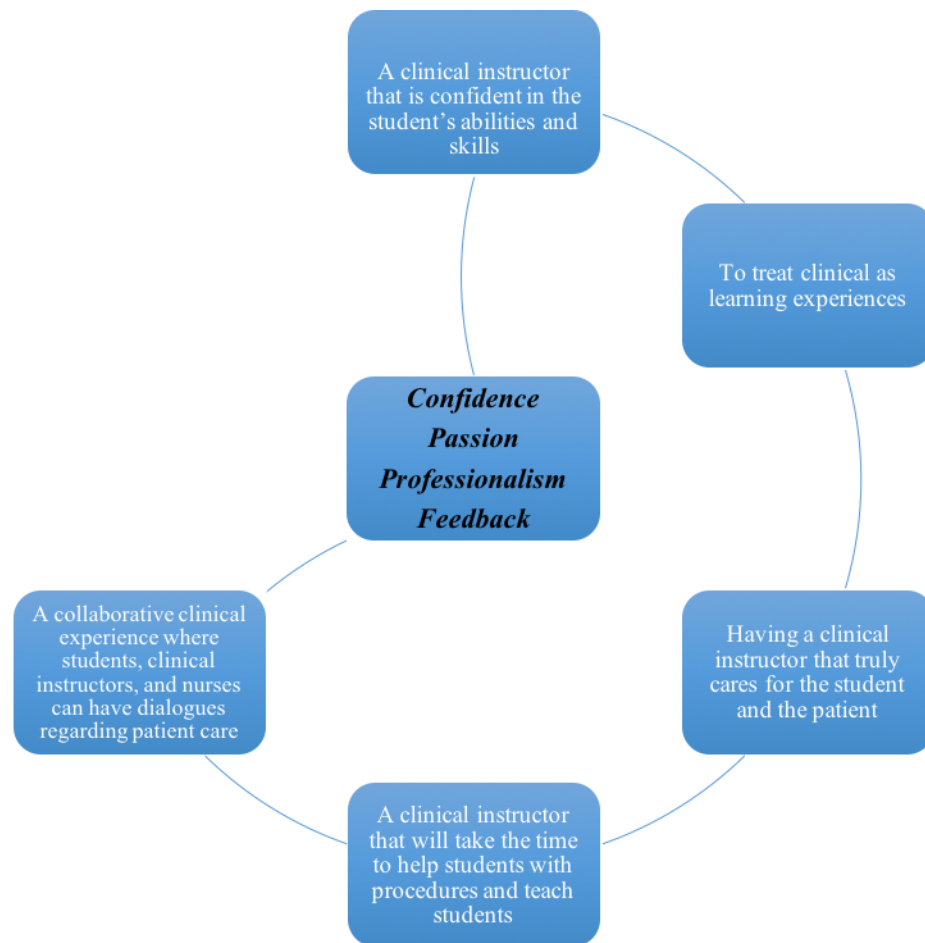


Figure 4. Relationship between journal themes and provocative propositions.

The significance of the provocative propositions is that they were crafted by the participants as they dialogued about their experiences. The energy during the AI focus group as the participants designed their ideal clinical experience was inspiring. They were eager to share and passionate about what was effective in supporting their clinical education experience. Overwhelmingly, participants expressed how confidence, specifically their teacher expressing confidence in the student's abilities, was critical in setting the tone for the experience. It was

apparent that the start of their clinical day would set the stage for learning. The participants shared that if that level of confidence was absent, they were more anxious and did not seek out learning opportunities.

Another sentiment shared by participants was having a teacher that worked alongside them at the bedside. The learning experience was enhanced when student's had this opportunity. Many felt the instructor expected the student to perform skills perfectly and would just hover over them. Along with working together at the bedside was the ability to have a collaborative dialogue regarding the care of the patient. The participants shared they didn't always feel like they could ask questions, which goes back to their feeling of needing to be perfect. However, when they were engaged in dialogue by the instructor regarding patient care, their learning experience was enhanced.

We can see the influence of Knowles Adult Learning Theory at work in the rich descriptions of participant clinical experiences. As described in chapter 2, Knowles' work in andragogy focuses on characteristics unique to adult learners. The provocative propositions crafted by participants reflect the characteristics identified by Knowles (1968); self-concept, role of experience, readiness to learn, internal motivation, and need to know. The participants expressed a desire to be involved in the learning process, which is the cornerstone of andragogy.

According to Maehl (2000), the humanistic essence of andragogy and strength of Knowles approach was its position advocating an adult learning program that is respectful, supportive, and collaborative. The essence of respect, support, and collaboration was central to an optimal learning experience for the participants.

The essence of caring was also apparent in the participant's stories, as described in Watson's Theory of Caring, introduced in chapter 2 as part of the theoretical framework for this study. Watson (2008) asserted that students learn

the essence of caring through nurse educators. For Watson, the transpersonal caring relationship was the core. Nurse educators model caring behaviors, that is, caring behaviors are communicated in the way they teach. The participants' stories tell of this caring behavior in their description of a passionate and professional teacher who is authentically present and allows creative problem-solving and collaboration. This is the transpersonal caring relationship Watson envisions.

Much of the literature describing the clinical nursing education environment focused on deficits, such as incivility, anxiety, and stress (Clark & Springer, 2007; Lasiter et al., 2012; Shelton, 2003; Thomas & Burk, 2009). The need to transform nursing education is well documented in the literature, however, little has changed. The negative experiences nursing students report restrict the transpersonal caring relationship, which is essential for coping with and shielding the stressors associated with the clinical nursing educational environment. This study is of particular importance in that it sheds light on the positive experiences that we know are occurring in clinical nursing education. Engaging the participants, former nursing students, in dialogue using the affirmative focus of AI created a forum for the good to emerge. The findings in this study serve to break new ground in nursing education research by inspiring nurse educators to create a caring, professional, and supportive learning environment that facilitates student coping and persistence, perceived self-confidence, and success in nursing.

Implications for Action

The significance of this research lies in the focus on the positive core of nursing clinical education and the involvement of stakeholders in identifying best practices. As stated by Whitney and Trosten-Bloom (2010),

through inquiry into the positive core, dream activities, and the crafting of provocative propositions, it interrupts the images of the status quo and stretches the organization's collective imagination. It provides opportunities

for new images of the organization's future to be created and unfolded over time, like a flower growing toward the sunlight. (p. 62)

The impact of this study is in challenging the status quo; challenging nurse educators to develop effective teaching and learning environments that facilitate the learning process. The participant stories also provide nursing education leaders with a framework for mentoring new clinical faculty. The findings uncover elements necessary for effective teaching; passion, professionalism, and caring. This study is an invitation and a challenge to create a movement to finally retire the phrase, "eating our young."

Recommendations for Further Research

The intent of this study was to ignite the positive core in clinical nursing education experiences and start the dialogue with key stakeholders, our students, about their experiences and what helps facilitate learning within the stressful clinical practice environment. This approach to researching the positive core should be replicated, as continuing this positive dialogue is one way to address the long standing issue with incivility.

One area for further research would be to conduct an AI with nursing faculty, asking what they believe creates a positive learning experience for students. This would start the conversation with nursing faculty stimulating the positive core. The positive framework of AI could decrease defensiveness that is often encountered when discussing incivility.

Additionally, conducting a quantitative study utilizing AI's positive focus and using a larger sample size may also yield findings on a wider scale that might be applicable to enhancing clinical learning experiences and foster student learning.

Conclusion

Clinical nursing education experiences provide students with the opportunity to apply theory to practice. As a required part of the nursing curriculum, this experience is designed to facilitate the development of clinical skills, integrate theory with practice, hone problem solving skills, and initiate the socialization process into the nursing profession. The clinical practice environment is inherently stressful, therefore, it is critical for nursing students to have a learning environment that mitigates the stress of the experience so that actual learning can take place.

For far too long, incivility in the nursing profession and nursing education has been perpetuated and tolerated. Incivility has become a recurrent, common behavioral problem that has extended into the clinical nursing education environment (Luparell, 2007). In order to reverse this negative culture within the nursing profession, nurse educators must change the way nursing education has historically been delivered. Nursing programs are rigorous, and understandably so, however, rigor can be maintained within a civil, supportive, and caring environment.

This study challenges nurse educators to view clinical nursing education from the perspective of our students. The findings of this study suggest optimal clinical experiences are linked to the positive or negative relationships students experience with their clinical instructor in the clinical practice environment. These relationships set the stage for the experience and play an important role in the student's desire to seek out learning opportunities. Overall, the results of this study indicate that positive clinical nursing education experiences drive a student's confidence and motivation to allow the learning process to take place and for students to thrive in the clinical environment.

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APPENDIX A: INFORMED CONSENT

Telling Their Stories:
Using Appreciative Inquiry to Explore The
Lived Experience of Students in Clinical Nursing Education

Laura A. Hill
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You are invited to be a participant in a research study exploring your experience as students in clinical nursing education. You were selected as a possible participant because you have recently completed your nursing program of study. I ask that you read this form in its entirety and ask any questions you may have prior to agreeing to participate.

Researchers: Laura A. Hill, a doctoral candidate.

Dissertation Advisor: Dr. Bruce Friedman, Principal Investigator

Supervisor: Dr. Kenneth Magdaleno

Background Information:

The purpose of this research is to discover and understand an untapped aspect of previous research in clinical nursing education that addresses the positive experiences of students in clinical nursing education. The overarching research question guiding this study is:

How do nursing students describe, “What gives life” to their experience in clinical nursing education environments?

Procedures:

1. Part 1: Review and sign the informed consent letter and return to the researcher.
2. Part 2: Participate in journal writing where you will be asked to respond to the overarching research question and sub-questions as prompts. This is a reflective journal.
3. Part 3: Participate in an Appreciative Inquiry (AI) focus group to expand on themes identified within your reflective journal. The AI focus group will take place on campus and will consist of small group workshops with the primary researcher and research assistants as facilitators. The AI focus group will last approximately one hour and will be audiotaped and transcribed verbatim for analysis.
4. Part 4: The researcher will take field notes during the AI focus group.

Confidentiality:

For this research, information obtained in the journaling and AI focus group will be kept secured. Any electronic information connected to the research will be kept in password-protected files on a personal computer, minimizing the likelihood of unauthorized access. Only the researcher, or the researchers' dissertation committee through authentication by the researcher, will have access to the data. Participant identity will be kept private by using pseudonyms in place of actual names.

Contacts and questions

Right to Withdraw: Your participation in this research study is completely voluntary. There will be no penalty to you if you choose not to take part. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. You are also free to refuse to answer any questions. The Committee of the

Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any questions or concerns, please ask. If you have additional questions later please contact me, Laura A. Hill, at

laurahill2011@mail.fresnostate.edu or Dr. Friedman, principal

investigator, at (661) 654-2798, we will be happy to answer them.

Questions regarding the rights of research subjects may be directed to Constance Jones, Chair, CSUF Committee on the Protection of Human Subjects, (559) 278-4468.

You will be given a copy of this form to keep for your records

Statement of Consent:

I have read and understand the above information. I have asked questions and have received satisfactory answers. The researcher has my permission to audio-record and review journaling as part of my participation in this study. I consent to participate in the study.

Signature: _____

Date: _____

Signature of Researcher: _____

APPENDIX B: REFLECTIVE JOURNAL

Reflective Journal

Directions: Please respond to the following questions as prompts for your reflective journal. For this journal, reflective/reflection is defined as: consideration of some subject matter, idea, or purpose. This document should be used as an outline, your writing typed directly within this document, and submitted electronically. You are not expected to adhere to any scholarly writing requirements, however, please be thoughtful and complete in your writing. The journal writer will remain anonymous, known only to the researcher. Thank-you for your time, participation, and input.

Due Date: Open

Overarching research question:

How do nursing students describe, “What gives life” to their experience in clinical nursing education environments?

Secondary questions:

- a. Describe a time when you were highly motivated and excited about learning during your clinical experience. What were the circumstances? Who was involved? What made it exciting?
- b. Describe a faculty member who brought out the best in you. What are some ways the faculty member encouraged you during your clinical experience?
- c. Describe the biggest positive change you have seen in yourself as a result of going through your clinical education experience.
- d. Describe three things you wish your nursing education program could do to make it more effective.

APPENDIX C: AI FOCUS GROUP PROTOCOL

Appreciative Inquiry Focus Group
Interview Guide
Telling Their Stories: Using Appreciative Inquiry to Explore the Lived Experience of Student's in Clinical Nursing Education
<p>Date:</p> <p>Time:</p> <p>Place:</p> <p>Facilitators:</p> <p>Participants:</p>
Informed Consent: Obtain verbal and written consent to interview and record.
<p>Purpose of the Study:</p> <p>The purpose of this research is to discover and understand an untapped aspect of previous research in clinical nursing education that addresses the positive experiences of students in clinical nursing education, essentially what “gives life” to their experiences and fosters student learning.</p>

Overarching research question:

How do nursing students describe, “What gives life” to their experience in clinical nursing education environments?

Secondary questions:

a. Describe a time when you were highly motivated and excited about learning during your clinical experience. What were the circumstances? Who was involved? What made it exciting?

b. Describe a faculty member who brought out the best in you. What are some ways the faculty member encouraged you during your clinical experience?

c. Describe the biggest positive change you have seen in yourself as a result of going through your clinical education experience.

d. Describe three things you wish your nursing education program could do to make it more effective.

Appreciative Interview Protocol**Discover:**

The discovery phase aims to engage stakeholders in the articulation of strengths and best practices. The research questions have been created to help elicit from participants “the best of what has been and what is” (Cooperrider & Whitney, 2005, p. 25). The focus in the discover stage is to mobilize inquiry into the positive core.

Dream:

In the dream phase, Cooperrider and Whitney (2005) describe the identification of discovered potential with the overall purpose to move beyond the status quo and ask the question “what is the world calling us to be” (p.25). The research question, *describe three things you wish your nursing education program could do to make it more effective*, is designed to create an envisioning of what could be.

Design:

The design phase takes the newly expressed vision revealed by participants and “provocative propositions” are created from the positive core.

Destiny:

Destiny is where transformation begins to emerge, a greater purpose instills hope, and momentum is created for ongoing positive change and high performance (Cooperrider & Whitney, 2005). This stage invites action inspired by discovery, dream, and design.

Fresno State

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Laura Ann Hill

Type full name as it appears on submission

December 10, 2016

Date