Certified Nurse Educators: Espoused and Enacted Teacher Beliefs and the Role They Play in Understanding Relationship with Nursing Students

Dissertation

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By

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Abstract

The purpose of this qualitative study was to explore the espoused and enacted teacher beliefs of certified nurse educators and to identify the role that those beliefs play in the understanding of relationship with nursing students. A plethora of education researcher literature examines teacher beliefs of primary and secondary teachers (see Woolfolk Hoy, Davis, and Pape, 2006 for a review). Knowledge about the teacher beliefs of nurse educators is underrepresented in both nursing and education literature (Nugent, Bradshaw & Kito, 1999).

The American Association of College of Nursing [AACN] (2008b) reports a workforce shortage of half a million nurses by 2025. A critical factor in decreasing that shortage is the education of nurses, requiring nursing faculty. The AACN (2008a; 2010) reports a shortage of nursing faculty due to a lack educationally qualified nurse educators (AACN, 2010). The majority of nurse educators enter teaching directly from nursing practice without the benefit of preparation for teaching. Comprehensive teacher preparation in nursing graduate programs is imperative to the development of effective nurse educators in nursing. In order to prepare nurses to be effective teachers, we must understand their fundamental beliefs as teachers because those beliefs underpin their thoughts and actions in the practice of teaching (Oskamp & Schultz, 2005; Richardson, 1996).
A multiple case study (Yin, 2006) approach was used for this study. Four case study subjects were purposefully selected from a group of experienced educators who have earned recognition of expertise through the National League for Nursing as certified nurse educators. Data were collected through interviews and videotaped classroom observations with the participants over a period of two academic terms. Data were examined through the process of multiple codings and cross case analyses. Theories of teacher self-efficacy, teaching and learning, and student-teacher relationships provided the framework for coding data, reporting results, and drawing conclusions.

Certified nurse educators in this study express a teacher-self efficacy in the delivery of instructional pedagogy in their self-identified role in teaching, and in development of relationship with students. Enacted beliefs are consistently congruent with espoused beliefs.

Three teacher beliefs emerge from this study that extend the body of knowledge of education and nursing literature. First, certified nurse educators express negative self-efficacy in their ability to engage students in the learning process, even though they feel efficacious in development of instructional pedagogy. Second, the instructional pedagogy of human patients in the clinical setting influences the timing of teaching moments in the clinical setting. Third, three of the participants report feelings of “difference” between themselves and their colleagues at their educational institutions.
Dedicated to my husband

John Barta, Jr.

whose love and support is endless.
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Vita

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Table of Contents

Abstract .......................................................................................................................... ii
Dedication ...................................................................................................................... iv
Acknowledgements ..................................................................................................... v
Vita .............................................................................................................................. vii
List of Tables ............................................................................................................... xii
List of Figures ............................................................................................................. xiii
Chapter 1: Introduction .............................................................................................. 1
  Importance of the Study ......................................................................................... 2
  Relationship with Students ................................................................................... 5
  Epistemological Perspective .................................................................................. 6
  Subjectivity Statement .......................................................................................... 8
  The Research Question ........................................................................................ 11
  Definition of Terms ............................................................................................... 11
  Contribution to the Field ..................................................................................... 12
Chapter 2: Review of the Literature ......................................................................... 15
  Pre Research Literature Review .......................................................................... 16
  Clarification of the Term $\textit{Belief}$ ...................................................................... 17
  Teacher Beliefs ....................................................................................................... 17
    Beliefs about Teacher Self-Efficacy ................................................................. 18
    Beliefs about Teaching and Learning ............................................................... 19
    Beliefs about Teaching Content Knowledge .................................................. 21
    Beliefs about Learners ....................................................................................... 21
  Teacher Relationship with Students ................................................................... 22
  Making Teacher Beliefs Visible .......................................................................... 27
  Extension of the Literature Review ..................................................................... 28
  Teacher Knowledge ............................................................................................... 28
    Craft Knowledge ................................................................................................. 28
    Pedagogical Content Knowledge (PCK) ............................................................ 29
    Motivation and Engagement of the Learner ...................................................... 30
  Boundaries in Relationships .................................................................................. 34
Julie……………………………………………………………………………………………………82
  Teacher self-efficacy and student performance .................................82
  Teacher self-efficacy and use of personal characteristics .............83
Cross Case Analysis of Beliefs Related to Teacher Self-Efficacy ...........84
Espoused Beliefs Related to Instruction ..............................................85
  Delivery of content knowledge .......................................................85
  Teaching of dispositions ..............................................................86
  Caring for students .................................................................86
Beliefs about Teaching Strategies and Student Engagement ............87
Enacted Beliefs related to Teacher Self-Efficacy ...............................88
Beliefs about Teaching-Learning ..........................................................92
Susan........................................................................................................92
  Responsibility for learning ............................................................92
  Beliefs about teaching in different settings ..................................93
  Classroom ......................................................................................94
  Lab ...............................................................................................95
  Clinical Setting .............................................................................95
Mary.........................................................................................................96
  The learning of nursing .................................................................96
  Teaching role in classroom setting ................................................97
  Pedagogical content knowledge ....................................................97
Charlotte...................................................................................................98
  Responsibility of learners ..............................................................98
  Responsibility of teacher .............................................................99
  Priorities in teaching subject matter ..........................................101
  Teaching of nursing content .........................................................102
Julie ..........................................................................................................103
  Student responsibility .................................................................103
  Teacher responsibility and pedagogy ...........................................104
  Priority of teaching by principles .................................................105
  Learning of nursing .................................................................105
  Sense of identity .................................................................106
  Learning environment ..............................................................107
Cross Case Analysis of Beliefs Related to Teaching and Learning ......108
  Responsibility for Learning and Teacher Role ................................108
  Teaching Craft Knowledge ..........................................................112
  Teaching Priorities for Nursing Content .......................................114
Emergent Espoused Teacher Beliefs ......................................................117
Susan..........................................................................................................118
  Role of the patient in clinical setting ............................................118
  Feelings of difference ..............................................................118
  Boundaries with students ..........................................................119
Mary……………………………………………………………………………. 119
  Role of the patient in the clinical setting ........................................ 119
  Boundaries with students .......................................................... 120
Charlotte .......................................................... 120
  Patient safety in the clinical setting ............................................. 120
  Perceptions of difference ......................................................... 120
  Boundaries with students .......................................................... 121
Julie .......................................................... 122
  Role of patient in the clinical setting ........................................... 122
  Perception of difference .......................................................... 122
  Boundaries with students .......................................................... 124
Cross Case Analysis of Espoused Emergent Beliefs ................................ 124
  Feelings of Difference ............................................................ 125
  Influence of Patient in Nursing Education ..................................... 126
  Existence and Limits of Relationship Boundaries with Students ........... 127
Role of Teacher Beliefs in Understanding Relationship with Nursing Students... 130
  Espoused Beliefs ................................................................. 130
  Subjective Description of Classroom Climate .................................. 133
Summary .......................................................... 134
Chapter 5: Conclusion .......................................................... 136
Foundation for Teacher Self-Efficacy ............................................. 138
Differences in Teacher Self-Efficacy ............................................. 139
Teacher Preparation ............................................................... 140
Lack of Efficacy for Student Engagement ..................................... 141
Implications for the Teaching of Nursing in the Clinical Setting ................ 142
Feelings of Difference ............................................................ 144
Boundaries in Student-Teacher Relationship ................................... 144
Implications for Future Study ..................................................... 145
Post Study Subjectivity Statement ................................................ 147
References .......................................................... 149
Appendix A: National League for Nursing Educator Competencies .............. 160
Appendix B: Certified Nurse Educator Teacher Belief Study Email/Phone Script ... 165
Appendix C: Consent Letter .......................................................... 167
Appendix D: Letter of Support for Research Study/Data Collection ............... 169
Appendix E: Interview Guide #1 .................................................... 171
Appendix F: Classroom Observation Guide ...................................... 173
List of Tables

Table 3.1: Participants’ Demographic Data………………………………………………….43
Table 3.2: Data Collection Sequence/Procedure…………………………………………45
Table 3.3: Initial Interview Questions with Theoretical Basis ………………………….47
Table 3.4: Second Interview Questions Based on Preliminary Analysis of First Interview and Observations ……………………………………………………………...50
Table 4.1: Cross Case Summary of Major Teacher Self-Efficacy Beliefs………………91
Table 4.2: Major Findings in Beliefs about Teaching and Learning through Cross Case Analysis………………………………………………………………………………...115
Table 4.3: Emergent Teacher Beliefs of Participant Certified Nurse Educators……….128
List of Figures

Figure 1: Research Design Model.................................................................58
Chapter 1: Introduction

*I don’t need to follow the same dress code that is required for students because as a faculty member I’m above them.*

*This student is never going to pass the nursing licensing examination.*

*For me to be a good teacher, I need to be in control.*

*All I do is present the material. It’s not my fault if the student doesn’t get it.*

In 16 years of experience as a nurse educator in a private single purpose college, I frequently hear comments from colleagues that express their ideas about teaching, about students, or about their own perceptions of their teaching abilities. Through recent graduate education, I understand these statements to be expressions of personal attitudes or beliefs that have an impact on their teaching role (Calderhead, 1996; Richardson, 1996; Woolfolk Hoy, Davis, & Pape, 2006).

From a research viewpoint, these statements present a question about teaching beliefs of nurse educators. What is the underlying attitude or belief that prompts these statements? How do these beliefs manifest themselves in teacher behavior in an educational environment? Based on these attitudes or beliefs, how does the nurse educator see his/her role in relationship with the nursing student? These faculty statements and the ensuing questions sparked an interest to pursue this qualitative study of nurse educator teacher beliefs.
Primary and secondary school teacher attitudes and beliefs have been studied for over 30 years (Bussis, Chittenden, & Amarel, 1976; Woolfolk Hoy, et al., 2006). Education research documents both pre and inservice teacher beliefs about the broad topics of learners and learning, teaching, subject knowledge, and self-efficacy. In contrast, nurse educator teacher beliefs are underrepresented in both education and nursing literature (Nugent, Bradshaw & Kito, 1999; see Woolfolk Hoy, et al.). Through graduate study in education, I discovered the construct of teacher beliefs. Subsequent anecdotal discussions with nurse educator colleagues reveal that they are unaware of teacher attitudes and beliefs as an identifiable construct. If nurse educators are not aware of the construct, then they are not knowingly aware of the own teacher beliefs. Teacher beliefs of nurse educators emerge in conversational comments such as those listed at the beginning of this chapter. Through my professional experiences, I believe nurse educators are not consciously aware of their own teacher beliefs. The purpose of this doctoral study is to begin to understand the phenomena of nurse educator attitudes and beliefs.

**Importance of the Study**

Nurse educators are a critical factor in the development the nursing work force in the United States. Without nurse educators, new nurses will not be educated to fill expected workforce shortages in the profession. The American Association of Colleges of Nursing [AACN] (2008b) published reports of a nursing shortage of 500,000 nurses by the year 2025. Combined with that figure, the AACN (2008a) also reported that nursing programs in U.S. colleges and universities refused admission to over 40,000 qualified prospective students in 2007 due to lack of faculty, physical, and financial
resources. The lack of faculty was listed as the number one reason. The faculty vacancy rate is currently reported at 6.9% in 556 baccalaureate nursing programs that responded (70.3% response rate) to the AACN survey across the country (AACN, 2010).

With an increased demand for nursing faculty, educational preparation of nurses as nurse educators is a factor to consider. In contrast to the profession of education, teachers of the profession of nursing, nurse educators, often enter the teaching role without formal education or experience as teachers. Nurse educators are experienced registered nurses who function in a faculty role in an academic setting. Ohio law [OAC 4723-5] (Ohio Board of Nursing, 2008) mandates that nurse educators are knowledgeable licensed nurses with a minimum of two years of clinical experience before becoming academic faculty in nursing education programs. The majority of nurses who become educators move directly from clinical practice into faculty positions without formal preparation for the role.

Graduate education in nursing prepares the registered nurse for advanced practice in health care. In the 1980’s and 1990’s, nursing graduate programs focused on educating advanced clinical practice specialists. The development of nurse educator was not seen as advanced nursing practice. As a result, the majority of nurses who are nurse educators today have not received formal education in preparation for faculty appointment in pre-licensure nursing education programs.

In response to increased demand for more faculty to teach increased numbers of undergraduate students, graduate nursing programs in recent years have developed curricula with a specialty program of study in education. Historically, the presence of teacher education courses in nursing graduate programs has fluctuated over the past 30
years. In the late 1960’s and early 1970’s, graduate programs offered education courses as a specialty track. During the 1980’s and 1990’s, the profession of nursing grew in different avenues with the development of the roles of clinical nurse specialists and nurse practitioners. Graduate courses focused on the knowledge development for those advanced roles in the profession. Since the turn of the century, graduate nursing programs are re-developing education tracks with the realization that nurse educators are vital to the advancement of the nursing workforce.

Currently, with a choice in a graduate program of study, the nurse interested in becoming a nurse educator may choose to receive formal instruction to prepare for the role. In most nursing graduate programs, course work in teaching is limited to one course in each of the topics of curriculum development, instructional theory, and assessment and evaluation. To date, however, completion of education course work at the graduate level is an individual choice and not required for appointment to nursing faculty positions. Many registered nurses continue to assume the role of nurse educator in academia without the knowledge, skills and dispositions (Darling-Hammond & Bransford, 2005) of formally trained teachers.

In anticipation of a nursing shortage of a half million nurses in the next 20 years, professional nursing organizations now support nursing education through the development of effective nurse educators. As one of the leading organization in the discipline, the National League for Nursing (NLN) champions a cause for excellence in nursing education for both associate and baccalaureate pre-licensure programs (National League for Nursing, 2007). To further promote nursing education and “to recognize excellence in the advanced specialty of the academic nurse educator” (NLN,
2008, para. 2), the NLN established official recognition for nurse educators in 2005 through the Certified Nurse Educator (CNE) designation. Certification through a national specialty organization denotes achievement of standards and competencies of excellence in practice as a nurse educator. With this certification process, certified nurse educators are now recognized as advanced education practitioners in the field of nursing academia.

The NLN (2008) identifies eight nurse educator competencies with descriptive statements. The eight competency areas are: (1) facilitation of learning; (2) learner development and socialization; (3) assessment and evaluation strategies; (4) curriculum design and program evaluation; (5) leadership and change; (6) quality improvement in the nurse educator role; (7) scholarship; (8) and function within the educational environment. The NLN competency statements complete with descriptions are included in Appendix A. Demonstrated mastery of these competencies via examination allows a nurse educator to identify him/herself as a Certified Nurse Educator (CNE). In order to achieve certification, a nurse educator must prove that s/he has acquired teaching knowledge beyond nursing content knowledge. Nurse educators who demonstrate teaching knowledge through successful achievement of professional certification through the NLN bring to their faculty roles years of experiences as students and as teachers of nursing that influence their individual teacher beliefs.

**Relationship with Students**

The character of the relationship between nurse educators and nursing students contributes to the need for this study. It is general knowledge that nurses have a positive reputation in caring for the public. Nurses are seen as caring and
compassionate toward their patients. Ironically, within the profession, nurses in nursing education have a different reputation. There is a popular, and oft-published, phrase among members of the profession that “nurses eat their young” (Loring, 1999; Rowe & Sherlock, 2005) meaning that both nurse educators and nursing staff are verbally abusive and uncaring toward students and recent graduates of nursing programs. There are few studies about the subject. However in one study, nurses educators were found to be non-supportive and a source of stress for nursing students (McGregor, 2005). Research that contributes knowledge to the role that certified nurse educator beliefs play in their relationships with students will shed light on this reputation.

Why is a study of the attitudes and beliefs of certified nurse educators significant? Attitudes and beliefs form the foundation of teaching knowledge, skills and dispositions that affect teacher actions and interactions within the educational setting. Teacher beliefs affect the what and the how of their teaching lives. “Teacher attitudes and beliefs…are important considerations in understanding classroom practices and conducting teacher education designed to help prospective and in-service teachers develop their thinking and practices” (Richardson, 1996, p. 102). Regardless of the professional discipline, nursing or education, teachers bring with them beliefs that inform their actions. I believe that understanding teacher beliefs of certified nurse educators from their perspective is fundamental to understanding their teaching actions and interactions with students.

**Epistemological Perspective**

A qualitative research paradigm with a phenomenological perspective was utilized for this study. Phenomenology is a theoretical perspective founded in the
interpretive epistemology (Crotty, 2003). Phenomenology seeks to illuminate human experience from the viewpoint of individuals within their social contexts (Crotty; Titchen & Hobson, 2005) and to describe meaning and nature of a phenomenon (Patton, 2002).

The German philosopher Husserl (as cited in Crotty, 2003) approached phenomenology from a social standpoint to capture the lived understanding of another by examining individual consciousness. Titchen and Hobson (2005, p. 122) describe this approach as a “direct” visualization of another’s understanding from a viewpoint in social context, outside the actual existential experience. I conceptualize this approach as walking beside a human subject in the research process in order to understand and to interpret the nature of the experience. A case study inquiry approach (Yin, 2003) allows a researcher to see the point of view of another through several data collection points.

The goal of this study was to develop understanding of the nature of espoused and enacted beliefs of certified nurse educators and the role those beliefs play in understanding relationship with nursing students from their viewpoint as teachers. It is my hope that this information expands the body of knowledge on teacher attitudes and beliefs through study of post secondary nursing teachers, a population different from the focus of education research of preschool through secondary school teachers. The study adds new knowledge to the discipline of nursing education through the identification and understanding of the phenomena. As the researcher, I assumed a neutral standpoint, cognizant of the individual biases and perspectives I bring as an experienced insider in the profession of nurse educators.
Subjectivity Statement

“Subjectivity is the amalgam of all the persuasions that stem from circumstances of one’s class, statuses, and values interacting with the particulars of one’s object of investigation” (Peshkin, 1988, p. 151). As a nurse educator, I am an insider in the topic of study who comes to the process with 16 years of informal observations and experiences to influence my perspective. These experiences lead to the development of beliefs, values and biases that I hold about nursing education and nurse educators. The following paragraphs explain my subjectivity.

I believe that the majority of nurse educators are unaware of themselves as teachers. They see themselves as nurses who teach their profession, not as teachers with a specialty content area. They initially come to the education setting as content experts with strong knowledge base in subject matter, but with little or no pedagogical knowledge. I believe this lack of teaching knowledge disadvantages nursing education at a time when the discipline needs to be effective in educating new nurses for the workforce.

A large part of professional nursing is teaching patients to take care of themselves. Nurses’ experiences with patient teaching influence their ideas about teaching. Part of fundamental nursing curricula is instruction about teaching-learning principles that are appropriate for patient teaching. In the field, registered nurses are responsible for teaching patients about health and health care facts. Patient instruction often takes the form of the nurse giving facts to the patient in a limited amount of time. A new nurse educator comes to education with the idea that teaching is giving facts as quickly as possible based on patient teaching experience in practice.
As previously mentioned, the majority of novice nurse educators bring limited teaching knowledge to classroom or clinical settings. Administrators of some nursing programs recognize this void and offer support to novice educators in the form of formal or informal mentoring. Experienced nurse educators who have assimilated teaching knowledge through trial and error share their knowledge with newcomers. Through discussions with both novice and experienced educators, I find that there is a difference in their knowledge and perspectives toward education. Experienced educators have gained folk knowledge (Olson & Katz, 2001) and craft knowledge (Calderhead, 1996) about teaching, learning and learners. Through my own experience and anecdotal observations of others, I believe that it takes a minimum of three years as a nurse educator to develop knowledge in the teaching role.

I believe that education should occur in a non-threatening atmosphere. Students learn best through experiences that are supportive and allow them to focus on the learning. Based on my personal experiences and on readings in the literature, I believe the common culture of nursing education reflects different views as cited previously in this writing. A colleague once told me that she had experienced shame and humiliation (Kaufman, 1992) at the hands of her nursing teachers and it was her job as a nurse educator to make sure her students experienced the same. Relationships that nurse educators develop with students are significant because not only does the educator provide classroom instruction, he/she guides and evaluates student performance in the clinical setting as the student carries out direct patient care. The relationship between educator and student must be one of openness and trust in order to ensure that the student learns and performs safely in the clinical setting.
I reflected upon the introductory statements presented earlier in this chapter and wondered why these are the some of the comments that I remember best. For the most part they are negative statements that do not reflect standards (Educational Testing Service, 2001; Haberman, 2000; NLN, 2008; SRI, 1977) that I have learned are indicative of good teaching. I feel compelled to change the way that nurse educators approach teaching for the purpose of improving nursing education.

Peshkin’s (1988, p. 153) “Pedagogical- Meliorist I” brought to my consciousness the need to be aware of my biases. During this study, I realized I was not in the field to judge or reform, but to explore the data to discover teacher beliefs of nurse educators. My goal was to uncover certified nurse educator teacher beliefs that have not been identified as such in the disciplines of nursing or education.

During the process of the research, I initially expected to find nurse educators who reflected negative thoughts similar to the one I have encountered with colleagues. With Peshkin’s thoughts in mind, I began the interview process, taking care to keep an open mind. When I saw a jar in the first participant’s office with the words Ashes of Problem Students, I debated during the interview to ask her about the jar. I decided to ask and discovered that she was given that jar as a gift by a student. She believes it was given to her because she tells students during her initial meetings with them that she is a “hard” grader. My first thought was that I’m going to find a nurse educator similar to the colleague I described earlier in this writing. I reflected upon my biases and recorded them in field notes, thinking that if I put them on the written page they would stay there and not in my thought processes. As I continued to collect and analyze data from the first participant and subsequent participants, I found the four certified nurse educators to
be different from my preconceived ideas expressed in the previous paragraphs. Each one of them demonstrated positive and supportive beliefs about teaching and students. This research has been an enlightening study that has broadened my knowledge about certified nursing educators and provided me with information for faculty development in my current role as an administrator in nursing education.

**The Research Question**

The purpose of this research was twofold. The first is to identify and understand espoused teacher beliefs of the case study certified nurse educators. The second is to understand how the participants enact those beliefs as educators in the classroom setting and in relationship with nursing students. The research question is: What are the espoused and enacted teacher beliefs of the participant certified nurse educators (CNE) and what role do they play in understanding relationship with nursing students?

**Definition of Terms**

- **Associate degree nursing** education program is defined as a 2-year prelicensure curriculum plan that leads to an associate degree in nursing.

- **Baccalaureate nursing education** program is defined as a 4-year prelicensure curriculum of plan that leads to a bachelor’s degree in nursing.

- **Certified Nurse Educator** (CNE) is a nurse educator in a academic field who has met recognized standards of excellence and is credentialed through the National League for Nursing (NLN, 2008).

- **Nursing education environment** consists of three settings where nursing students learn the art and science of professional nursing: (1) traditional classroom where nursing theory is presented; (2) nursing laboratory where students learn psychomotor
skills needed for clinical practice; (3) clinical setting in a health care facility where nursing students provide direct care for patients under the supervision of a nurse educator.

Nurse educator is a registered nurse who holds a faculty position in a nursing education program. The educator is responsible for the instruction of nursing students in classroom, laboratory, and/or clinical settings.

Preceptor is a licensed nurse employed in a clinical staff position who acts as a supervising tutor at the direction of a nurse educator for a nursing student in the clinical setting.

Pre-licensure nursing education is the education program that provides the essential nursing knowledge, skills and dispositions for a graduate of the program to be eligible to sit for the registered nurse licensing exam.

Teacher belief is defined as a phenomenon that “speaks to an individual’s judgment of the truth or falsity of a proposition, a judgment that can only be inferred from collective understanding of what human beings say, intend, and do” (Pajares, 1992, p. 316).

Teacher self-efficacy is defined as a teacher’s self-belief that he/she is able to manage and to accomplish a specific task for a specific purpose in a specific context (Bandura, 1997; Richardson, 1996: Woolfolk Hoy, et al., 2006; Tschannen-Moran, &Woolfolk Hoy, 2001; Tschannen-Moran, Woolfolk Hoy & Hoy, 1998).

Contribution to the Field

Through pre-study discussions with colleagues in my administrative nurse educator position, I found that those nurse educators were not aware of the existence of
the construct of teacher beliefs. Yet they frequently make statements like those in the first paragraph of this document that reflect teacher beliefs about teacher self-efficacy, about teaching and learning, and about relationship with students. These conversations and sparse literature on the subject led me to understand that there is currently limited recognition of teacher beliefs of nurse educators.

This study contributes knowledge about espoused and enacted teacher beliefs of certified nurse educators to the disciplines of both nursing and teacher education. Research about nurse educators is underrepresented in bodies of literature (Nugent, et al., 1999; See Woolfolk Hoy et al., 2006). The study enhances the understanding of certified nurse educators’ teaching beliefs and the role those beliefs play in their understanding of relationship with students. Information from education literature explains the importance of teachers’ understanding of their beliefs and actions. Teachers’ lack of awareness about what they do and the effects of their actions decrease their effectiveness as teachers (Good & Brophy, 1987). Through preliminary fieldwork discussions with colleagues, I found that nurse educators are not explicitly aware of the existence of the construct of teacher beliefs. This study opens the door to the idea that nurse educators, like other teachers, hold teacher beliefs that influence their teaching actions.

I hope the results of this study form a foundation for future study for and about nurse educators. This study provides a coarse grained view of the topic. I believe there is potential for future research developed from the findings of this study to deepen the research knowledge base. Detailed exploration of specific beliefs identified in this study would lead to richer understanding of the teachers of nursing education. It is my
hope that results of the study may serve to inform formal education and preparation of nurse educators as well as professional faculty development through mentoring and inservice programs.
Chapter 2: Review of the Literature

As previously stated, this study explores, through a phenomenological case study approach, the espoused and enacted teacher beliefs of certified nurse educators and the role those beliefs play in relationship with nursing students. In qualitative research, the literature review serves several purposes (Glesne, 2006). First, a review of current knowledge in the field provides a theoretical framework for the study. The purpose of Chapter 2 is to provide an initial overview of theory in education literature about teacher beliefs of self-efficacy, teaching and learning, student relationships, and visual representation of beliefs. These concepts provide a framework for a review of the literature and support the whole of the study.

Second, the literature allows the researcher to see where ideas converge (Glesne, 2006). This literature review began with my entry into the graduate program in the College of Education at The Ohio State University. Looking at how teacher beliefs influence inservice teachers in the delivery of education and in student interactions, I utilize the literature in the study to explore the possibility of parallel beliefs of nurse educators that might influence their actions as teachers and their relationship with students.

Third, a literature review in qualitative research provides direction for study design and for the development of interview questions (Glesne, 2006). This literature
review informs the design of the study. In addition, questions for the initial interview are derived from and connected to theory presented in this chapter as evidenced in Table 3.2.

With a qualitative research design, it is imperative to return to the literature to examine theoretical constructs that are identified during the course of data collection and preliminary analysis (Glesne, 2006). The fourth purpose of this chapter is to support the study with theoretical perspectives not included in the original review. With this framework for literature review in qualitative research, I have identified two sections for Chapter 2: (1) pre research literature review that was completed prior to the study and (2) an extension of the literature review that was done during the data analysis phase of the study.

**Pre Research Literature Review**

The purpose of this research is to uncover espoused and enacted teacher beliefs of certified nurse educators and to understand how those beliefs inform teacher relationships with nursing students. Nursing research literature about teacher beliefs of nurse educators is scarce (Nugent, et al., 1999), whereas literature in the discipline of education includes over 30 years of research related to pre/inservice teacher attitudes and beliefs in primary and secondary education settings (see Woolfolk Hoy, et al., 2006 for a review). For the current study, I look to this wealth of education literature to provide a theoretical framework to begin the work of understanding the phenomena of espoused beliefs of nurse educators, how these beliefs are enacted in the classroom setting, and the role they play in teacher relationships with students.
Clarification of the Term *Belief*

Review of the education literature in the area of teacher beliefs reveals a variety of terminology used to represent the construct. Educational psychologists agree that teachers hold understandings, values, preconceptions, world views, and ideologies that are often implicit and subjective in nature. To describe the construct, the words *attitude, belief,* and *knowledge* appear frequently in the literature and are defined with overlapping terms (Calderhead, 1996; Hofer, 2002; Pajares, 1992; Richardson, 1996; Woolfolk Hoy, et al., 2006).

In addition to this overlap in terminology, teacher educators add another dimension called teacher *dispositions* that are personal orientations of value that teachers hold for learners and for teaching (Hammerness, Darling-Hammond & Bransford, 2005). I understand the terms teacher *dispositions, attitudes* and *beliefs* as related and parallel in nature. For the purpose of this study, I will utilize the term as described by Pajares (1992) who maintains that the construct is represented by the term *belief,* and that the term *teacher belief* encompasses the overlap in definitions of *attitudes, knowledge, dispositions, and beliefs* held by teachers.

**Teacher Beliefs**

Four broad categories of teacher beliefs appear in the literature. Recurrent teacher belief themes in the literature focus on the concepts of (1) teacher self-efficacy, (2) learners and learning, (3) teaching, and (4) subject knowledge (Calderhead, 1996; Kagan, 1992; Woolfolk Hoy, et al., 2006). The focus of this research study is to look at beliefs about teacher self-efficacy, teaching and learning and the role those beliefs play in relationship with students.
Beliefs about Teacher Self-Efficacy

Teacher self-efficacy is defined as a teacher’s self-belief that he/she is able to manage and to accomplish a specific task for a specific purpose in a specific context (Bandura, 1997; Richardson, 1996; Woolfolk Hoy, et al., 2006; Tschannen-Moran, & Hoy, 2001; Tschannen-Moran, et al., 1998). A teacher’s perception that he/she is capable of accomplishing a goal is influential in successful achievement of that goal.

In a seminal research study, Gibson and Dembo (1984) investigated inservice teachers to determine the relationship between their sense of teacher efficacy and their behaviors in the classroom. Key findings in their study are threefold. Two findings are related to teacher behavior and the third to student behavior. First, perceived efficacy influences the type of pedagogies that teachers utilize as well as the amount of time spent on academic tasks. Teachers will attempt to use pedagogies in which they believe they are capable and skilled. Second, efficacious teachers have increased persistence when working with students and offer instructional feedback that increases student learning. Third, Gibson and Dembo support the idea that student achievement is higher when teachers perceive themselves as efficacious.

Teaching environments affect teacher self-efficacy. Teachers practice in a variety of settings that influence their beliefs. Perceptions of teacher efficacy are affected by the context in which teachers find themselves (Bullough & Baughman, 1997). A single study related to teacher self-efficacy of novice nurse educators (Nugent, et al., 1999) indicates that nurse educators perceive differences in their teaching abilities depending on the instructional setting. Nurse educators feel more efficacious teaching students in the clinical setting than in the classroom setting because
they have more confidence in nursing content knowledge than in activities that are considered typical teacher responsibilities. Clinical teaching is based on the application of nurses’ professional content knowledge, not on professional education knowledge. The authors speculate that lack of teacher preparation for classroom teaching negatively influences nurse educator teaching efficacy.

The length of time in teaching service influences teacher efficacy beliefs (Nugent, et al., 1999; Woolfolk Hoy & Burke-Spero, 2005). Preservice teachers enter professional education with preconceived positive beliefs about their abilities as teachers that persist through their student teaching experiences. Teacher efficacy falls during the first year experience for new teachers (Woolfolk Hoy & Burke-Spero). The change in efficacy beliefs is due to perceived discrepancies in the expectations of teachers’ own abilities pre and post the first year, underestimation of job complexities, and unrealistic expectations of personal achievement (Woolfolk Hoy & Burke-Spero).

**Beliefs about Teaching and Learning**

Lortie (1975) provides insight into the early development of any teacher. By virtue of 12 to 16 years as students in formal education settings, those who chose to teach bring with them a multitude of experiences gained through observations and interactions with their own teachers. These experiences provide a basis for development of often implicit preconceived beliefs and dispositions that form a foundation for the teaching self (Hammerness, Darling-Hammond, & Bransford, 2005). Even with formal education about teaching and subject matter knowledge, a novice teacher is likely to teach with an understanding of education based on his/her own past experiences.
Teachers bring unique and diverse beliefs to the teaching role. Characteristic teaching beliefs of preservice and novice teachers include the idea that teaching is the transmission of knowledge, the telling of subject matter, or directing learning activities (Calderhead, 1996; Woolfolk Hoy & Murphy, 2001). Novice teachers may bring an attitude that teachers are in control of student actions and learning activities. Some believe that the use of their existing interpersonal skills in the process of engaging and nurturing students will serve the process of teaching (Calderhead; Woolfolk Hoy & Murphy).

Instructional beliefs are developmental in nature. Potentially, they may change through reflective practice and advanced knowledge (Bransford, Derry, Berliner & Hammerness, 2005) provided they are not longstanding or highly valued (Pajares, 1992). With teaching knowledge and practice, studies show that teachers may change their thinking that teaching is knowledge transmission to thinking that teaching is facilitating students’ construction of knowledge (Calderhead, 1996: Reiman & Thies-Sprintall, 1998). Even with teaching knowledge and content knowledge, teachers are likely to teach with an understanding of education based on his/her own past experiences.

Longstanding beliefs influence preservice teachers’ acquisition of knowledge in collegiate education (Richardson, 1996). Pre-existing beliefs filter learning and influence the development of teaching style. Studies show that formal education does little to change initial beliefs of preservice teachers. The potential for change resides in the inservice experience where teachers gain the practical knowledge to understand the profession as insiders (Borko & Putnam, 1996; Pajares, 1993; Richardson). Once in
practice, teachers gain new experiences from a different perspective to change beliefs that may change teaching behaviors. The relationship of change in beliefs and behaviors is reciprocal (Pajares; Richardson). Perceived reactions to changes in behavior influence beliefs and changes in beliefs produce changes in behaviors.

**Beliefs about Teaching Content Knowledge**

Content knowledge is the knowledge that a teacher possesses for the specific subject(s) he/she teaches. Research literature related to content knowledge beliefs is prevalent in the subjects of math, science, and language (Calderhead, 1996), but documentation of a connection between content knowledge and teaching behaviors is difficult to achieve (Grossman, Schoenfeld, & Lee, 2005). Demonstrated links between teacher beliefs about content knowledge and teaching practices are underrepresented in the research literature (Kang, 2008).

In a study of preservice teachers during field experiences, Kang (2008) found that student teachers held epistemological beliefs about science subject knowledge that influenced their teaching behaviors. Preservice teachers who viewed science as a collection of facts that learners receive, planned lessons that included lecture and demonstrated lab experiments. Preservice teachers, who viewed science as constructed knowledge, planned learning experiences with group discussions, model building, and opportunities for students to generate questions.

**Beliefs about Learners**

Beliefs that teachers hold about their students affect student learning, affect the relationship between teachers and students (Calderhead, 1996) and are vital to the enactment of teaching (Borko & Putnam, 1996; Zohar, Degini & Vaaknin, 2001).
Teacher beliefs about learners are based on personal experiences both as learners in their own education and as practicing teachers (Borko & Putnam, 1996). There is vast education research in the areas of teacher beliefs about student ability, gender differences, cultural influences, motivation to learn, student behavior and student achievement (Alvidrez & Weinstein, 1999; Saft & Pianta, 2001; Zohar, et al.). This discussion focuses on the area of teacher beliefs related to student abilities. In nursing education, the ability of a student to develop the thought processes of the professional role is a major focus for the nurse educator.

Beliefs about learner ability influence teacher actions in the approach to teaching and to the formation of student relationships (Woolfolk Hoy & Davis, 2005; Zohar, et al., 2001). Students with perceived lower ability levels are not challenged with teaching strategies that stimulate thinking. Teachers ask easy questions and may be distant in their verbal and nonverbal interactions with students. In contrast, research shows that teachers interact differently with high level ability students. Teacher actions of verbal persuasion, asking stimulating questions, offering increased think time, and displaying personal warmth are observed in those teachers who believe students have high ability (Woolfolk Hoy & Davis, 2005). Teachers who believe students are capable of learning, act on those beliefs to set high standards of achievement (Alvidrez & Weinstein, 1999).

**Teacher Relationship with Students**

Teacher relationships with students have been discussed in education literature for over 30 years (see Brophy & Good, 1974; Pianta, Stuhlman & Hamre, 2002). Studies primarily focus on student-teacher relationships as they relate to instruction.
Few studies endeavor to connect context of relationship with learners with teacher attitudes or beliefs (Pianta, 1999). Researchers have developed tools to measure teacher-student interaction, but the majority of them focus on the interaction to accomplish instruction and lack the relationship viewpoint (Pianta).

Relationships are more readily visible through discourse than observation (Pianta, 1999). They are best captured through “multiple perspectives, by multiple methods, across multiple occasions, and in multiple contexts” where patterns of interactions are identified (Pianta, p 89). Repetition allows for identification and confirmation of relationship characteristics. Longstanding patterns are indicative of the overall quality of the relationship (Pianta). In general, patterns of interactions define relationships, but teacher beliefs have subtle, momentary behavioral manifestations that also define relationship with students.

With different perspectives, Davis (2003) summarizes that the development of and quality of relationship with students may be dependent on multifaceted constructs. Teachers bring a variety of beliefs (Woolfolk Hoy, et al., 2006) that underpin their actions in student relationships and influence their involvement in the classroom. Teacher use of different types of pedagogy also affects relationship with students. Age of the student is a third element that shapes relationship with teachers. The nature of student-teacher relationship changes as students mature, moving from teacher attachment to relationships that support student subject mastery and educational efficacy. Studies in recent years have sought to capture the quality of student teacher relationships and how they influence student motivation (Davis, 2003). Relationships
in which teachers support student perceptions of success promote student engagement in the learning process.

Moos (1973) offers a theoretical framework for looking at interactional environments. Through study of different types of social environments, Moos conceptually identifies three fundamental dimensions, (1) relationship, (2) personal development, and (3) system maintenance and change that are commonly present in environments. These dimensions serve as an organizing framework for data collection and analysis and have been used in education research since the 1970’s. Because a focus of the current study is teacher relationship with students, I limit the discussion to the relationship dimension.

The relationship dimension consists of three sub-dimensions, involvement, support, and expressiveness (Moos, 1973). The first, involvement, is the extent to which an individual demonstrates interest and participation in the situation (Moos & Trickett, 1974). Second, support is the amount of concern, help, friendship that is demonstrated. In a teaching situation, this concept is present and observable when teachers demonstrate trust, interest in student ideas, and participate in open communication (Moos & Trickett). The third dimension, expressiveness is the extent to which individuals express themselves directly (Moos). This sub-dimension appears in Moos’ early work, but disappears in later studies and therefore will not be included in further discussion of the theoretical bases for this study.

Moos and Trickett (1974) utilize the dimensions of involvement and teacher support in development of the relationship dimension. The sub-dimensions of involvement and support were utilized to provide a theoretical structure for data
collection and analysis for this study. Involvement in the classroom is measured by the level of student engagement as demonstrated by attention and participation in class activities (Moos & Trickett). The more engaged a student is in classroom activities, the higher the student’s involvement is said to be. Based on Moos and Trickett’s construct, I draw an intuitive parallel for the purposes of this study for teacher involvement in a classroom and in educational settings. The more attentive and participative a teacher is in activities related to the classroom, the more involved a teacher is in the development of the relationship dimension.

Teacher support is an element in the relationship dimension that assesses the amount of help or concern that a teacher displays for a student. Teacher behaviors that demonstrate listening, trust and interest in students’ ideas are included in Moos and Trickett’s (1974) description of this element. Teacher relationship with students is further evidenced by feedback processes that occur between teacher and student (Pianta, 1999). Feedback occurs in both verbal and nonverbal forms.

Literature presented in the preceding discussion focuses on teacher relationships with students in primary and secondary education. Professional nursing education occurs in post secondary institutions where nurse educators and students interact. Studies about the nature of and effects of student-teacher relationships in higher education are not as plentiful (Freeman, Anderman, & Jensen, 2007). Freeman, et al. report that researchers suggest that college age students who perceive caring, supportive relationships with professors experience success in their academic studies and are more engaged in the college community.
Bond (2009), a clinical nurse educator, provides a literature review discussing the effects of nursing educators’ behaviors on nursing students. What has been previously identified in the literature as *nurses eating their young*. Bond identifies and defines as the concept of shame. Shame (Kaufman, 1992) is a complex construct that is rooted in personal needs and personal responses to interactional relationships with others. Persons feel shame when they believe they do not meet expectations or standards of others and are embarrassed in front of strangers (Kaufman). Teachers are in positions of power over students by nature of control of the education setting and by student-perceived control of grades. In nursing education, nurse educators supervise and evaluate nursing students while they care for patients according to nursing care standards in clinical settings. Nurse educators are in a position of power to shame students who do not meet their standards or standards of the profession. Students are forced to focus on the teacher instead of the learning and “shame may completely interfere with the students’ ability to learn in clinical nursing education” (Bond, 2009, p. 136).

Literature in the discipline of education provides a wealth of information about elementary and secondary teacher beliefs in the area of teacher efficacy, students and learning, teaching and content knowledge. Teachers develop beliefs through their own observation of teachers as students (Lortie, 1975) and through their own experiences as inservice teachers. Teachers’ beliefs influence their actions in the classroom and in relationship with students. Nursing teacher beliefs are developed though both their own P-12 education and professional education experiences with teachers, just as elementary
and secondary school teachers develop teacher beliefs during all stages of their education.

**Making Teacher Beliefs Visible**

The terms attitude, beliefs, and dispositions are often used together and interchangeably in education literature, as noted earlier in this writing. Literature from the discipline of psychology provides additional insight into the connection of espoused beliefs and their enactment. Psychologists Oskamp and Schultz (2005, p. 18) state that an attitude is an “evaluative orientation toward an object” with an affective element. A belief, still affective in nature, has a cognitive element and is narrower in scope. Generally a belief exhibits relationship between an object and a characteristic(s) of that object.

Oskamp and Schultz (2005) address the connection of attitudes and beliefs in relation to behavior. They note that because beliefs are often self-reported in research studies, the consistency between attitudes and beliefs and enacted behavior is difficult to capture. They do argue, however, that attitudes and beliefs are “significantly related to behavior” (Oskamp & Schultz, p. 291) and that the value of attitudes and beliefs lies in connection to enactment of behavior. Oskamp and Schultz further contend that attitudes and beliefs only become visible in their enactment since they are internally held. Teachers’ espoused beliefs about themselves as educators play a role in their behaviors in the classroom.

Beliefs and behavior exist in relationship to one another (Oskamp & Schultz, 2005). Through reciprocity, beliefs influence behavior and the responses perceived from behavioral actions serve to inform beliefs. These idea of belief-action reciprocity,
first reported in the discipline of psychology in the 1930’s (Oskamp & Schultz), is echoed by Richardson (1996) in discussion of teacher beliefs in education literature. For ease of research study, beliefs and actions are often viewed as separate entities; in actuality, they function together in a reflective nature (Richardson).

**Extension of the Literature Review**

As noted at the beginning of this chapter, a qualitative study produces data that may not be supported by the initial literature review (Glesne, 2006). It is imperative to return to the literature to examine theoretical constructs that are identified during the course of data collection and preliminary analysis. In this study, data from recorded transcripts of the participants directed my return to the literature for information about the knowledge of teaching, student engagement in the learning process and social boundaries between teacher and student.

**Teacher Knowledge**

**Craft Knowledge**

Through experience in teaching, teachers develop practice knowledge, labeled by researchers as craft knowledge (Calderhead, 1996) or wisdom of practice (Shulman, 1986) that is specific to educational settings and subject matter. Craft knowledge develops outside formal academic teacher preparation and grows with experience in specific teaching situations and settings. Teachers discover effective teaching methods through trial and error of everyday practice (Brown & McIntyre, 1993). Specific thought processes of craft knowledge are often implicit and not consciously recognized by teachers (Brown & McIntyre). The development and use of craft knowledge occurs with time and practical experience.
The development of a teacher’s craft knowledge occurs in five stages identified as novice, advanced beginner, competent, proficient, and expert (Berliner, 1988 as cited in Calderhead, 1996; Calderhead, 1996). Each of the stages is marked by the acquisition of advancing levels of practice knowledge. Teachers at the novice level utilize existing rules to make decisions about their actions without considering situational context. Expert teachers consider the context blended with intuition to make unconscious decisions about their actions. Thought processes are instantaneous with teacher action because “task and teacher [are] inseparable” (Calderhead). Most teachers achieve the mid level proficient stage in which teachers utilize intuition and seamlessly connect present to past experience in decision making to reach current goals, but do not function as one with the task.

**Pedagogical Content Knowledge (PCK)**

Shulman (1986, p. 8) asks, “How do teachers take a piece of text and transform their understanding of it unto instruction that their students can learn?” To a novice teacher, teaching is believed to be the transmission of subject matter knowledge from teacher to learner (Calderhead, 1996). Teachers present facts without thought about how the information is presented to the learner (Shulman, 1986). As teachers become educated in the art and skill of teaching, they develop different ways of thinking about how knowledge can be presented for learning.

Shulman (1986) discusses three types of teacher knowledge: content knowledge, pedagogical content knowledge, and curricular knowledge. Content knowledge refers to the subject specific information that a teacher must command. Comprehension of subject matter is foundational to the ability to be able to explain it for a learner.
Pedagogical content knowledge (PCK) is the ability of a teacher to process and represent subject matter knowledge in a way that makes it understandable to a learner. Teachers develop ways to represent the content through various methods such as illustration, examples, and explanations (Shulman, 1986). PCK is meaningful understanding of content that allows the teacher to comprehend concepts and to determine ways to present the material to learners for their cognitive understanding.

Teachers must possess a solid understanding of the content before they can begin to understand how to present information to inexperienced learners in ways that can be understood. Grossman, Schoenfeld and Lee (2005, p. 209) contend that “…pedagogical content knowledge is inherently subject specific.” Discipline-specific subject matter requires teaching methods that are individualized to the content because different subjects require different approaches to understanding. The teacher with PCK also understands the cognitive level of different learners and can adjust teaching methods accordingly.

**Motivation and Engagement of the Learner**

Understanding student motivation to learn and student engagement in the learning process are major themes in education literature (Anderman & Leake, 2005; Barkley, 2010; Martin, 2009). Because “…reviews of motivation and engagement research…point to the fact that such research is diverse and fragmented” (Martin, p. 795), it is beyond the scope of this study to explore the corpus of the literature. Because the focus of this study is teacher beliefs, I present an overview for understanding of the concept of motivation and engagement.
The constructs of student motivation and engagement are discussed jointly in the literature with definitions that are overlapping and reciprocal (Barkley, 2010; Martin, 2009; Perry, Turner, & Meyer, 2006). Motivation, a multifaceted and often researched concept (Anderman & Leake, 2005), is perceived to be the broader construct that is theoretically and pragmatically related to student engagement (Gilman & Anderman, 2006). Motivation is defined as a process in which students initiate and maintain the activity of learning (Pintrich & Schunk, 2002) and contributes to “students’ interest, engagement, and persistent” in a learning task (Gilman & Anderman). Students are driven to achieve a goal because they perceive value in the process (Perry, Turner & Meyer).

Harper and Quaye (2009) describe student engagement as a component of motivation. Engagement is the amount of time a student commits to being involved in academic activity and the amount of effort exerted in that activity. Time, effort and student interest (Barkley, 2010; Harper & Quaye) are important determinants of student engagement. Harper and Quaye further suggest that teachers and educational institutions, rather than individual learners, are responsible for ensuring student engagement. When teachers and institutions provide environments and learning activities that are meaningful for students, students naturally invest time and energy (Harper & Quaye) to become active learners (Barkley) in the acquisition of knowledge.

To add complexity to the understanding of student motivation and engagement, Barkley (2010) introduces the concept of active learning to the explanation. Active learning occurs when students comprehend and integrate subject matter into ways of thinking. Barkley (p. 8) explains that student engagement occurs at the “intersection of
motivation and active learning.” The development of this connection takes time and effort by the student and must be supported in multiple ways by the teacher.

Education literature contains a plethora of information about the ways teachers support student engagement. One of the most prominent and longstanding ways is related to teacher knowledge about the process of teaching and learning. Teachers assess students’ current levels of knowledge comprehension in conjunction with readiness to move to higher levels of comprehension. Vygotsky (Horowitz, et al., 2005) identified the learning space between current and potential knowledge as the zone of proximal development (ZPD) where teachers intervene to promote learning. The provision of teaching interventions that support student knowledge growth is known as scaffolding (Horowitz, et al.). With understanding of students’ current knowledge and learning needs, teachers provide supportive learning activities, known as scaffolds, to encourage students to move through their zones of proximal development to higher levels of knowledge.

In recent research, the relationship developed between student and teacher is being linked in education literature to student engagement and motivation (Barkley, 2010; Davis, 2003; Perry, et al., 2006). Like motivation and engagement, the construct of teacher relationship with students is complex. Davis (2003) summarizes that the development of and quality of relationship with students may be dependent on multifaceted constructs of teacher beliefs and teacher use of pedagogy. Teachers bring a variety of beliefs (Woolfolk Hoy, et al., 2006) that underpin their actions in student relationships and influence their involvement in the classroom. Teacher use of different
types of pedagogy also affects relationship with students because students perceive and learn differently.

Age of the student is a third element that shapes relationship with teachers (Davis 2003). The nature of student-teacher relationship changes as students mature, moving from teacher attachment to relationships that support student subject mastery and educational efficacy. Studies in recent years have sought to capture the quality of student teacher relationships and how they influence student motivation (Davis). Relationships in which teachers support student perceptions of success promote student engagement in the learning process.

Teachers who develop supportive, caring and respectful relationships with students enable them to direct energies toward learning (Bond, 2009; Kaufman, 1992; Perry, et al., 2006). In classrooms where the teacher-student relationship is less than supportive and respectful, students focus on the teacher rather than engaging in learning activities. “Students are more willing to engage in classrooms where adults convey respect for their capabilities and perspectives” (Perry, et al.). In recent research in nursing education, Bond (p.136) states that “shame may completely interfere with the students’ ability to learn in clinical nursing education.” Students who feel shame in relationship with the teacher avoid engaging in learning opportunities (Kaufman, 1992).

Teacher beliefs about the nature of their relationship with students influence their interactions (Woolfolk Hoy, et al., 2006). Teachers view their relationships with students on two levels. Some teachers develop personal relationships while others limit the nature of the relationship to instructional interactions (Davis, Ashley, et al., 2003 as cited in Woolfolk Hoy, et al., 2006).
Boundaries in Relationships

Not only do teachers and students control the type of relationships they develop, they also determine boundaries of personal accessibility within those relationships.

“Boundaries are the basic ground rules” that create a framework for interaction (Barnett, 2008, p. 5). Boundaries provide limits and structure to human interaction and may be rigid or lenient as determined by those involved. Teachers who maintain rigid boundaries place tight limits on social interaction, physical touch, and locations and timing of meetings with students (Barnett).

Altman, Williams-Johnson, and Schutz (2009) identified eleven types of boundaries that may be present in student-teacher relationships: curricular, emotional, relationship, power, institutional, financial, communication, temporal, cultural, expertise, and personal. Two of the boundary types, communication and relationship, are relevant to this post-study literature review. Communication boundaries are related to the amount of personal information that teacher or student share with one another. Teachers who self-disclose personal information do so in order to appear “human” to students (Altman, et al., 2009, p. 641). Disclosure of personal information by students can result in feelings of conflict for teachers who try to balance equal treatment for students with empathy for an individual student situation that might lead the teacher to treat that student differently. Relationship boundaries encompass a wide range of description from intimacy to friendships (Altman, et al.). Most teachers in the 2009 study defined the relationship boundary in terms of “being friends” (Altman, et al., p. 642). The boundary of friendship is difficult to balance for teachers as the line can move depending on the individuality of students.
Duality in boundaries exists in multiple ways (Altman, et al., 2009; Owen & Zwahr-Castro, 2007). One clear example exists with communication and relationship boundaries when teachers find themselves in interactions in which those boundaries blend due to the nature of self-disclosure (Altman, et al.). Lenient communication boundaries may lead to change or overlap in relationship boundaries. Relationships exist in locations inside and outside of educational settings. Teachers who find they interact with students in social and educational settings must navigate dueling relationship (Owen & Zwahr-Castro). Each of those relationships has boundary issues to consider. A teacher’s professional judgment or treatment of a student in the education setting may be altered because of the existence of prior social relationship (Owen & Zwahr-Castro).

Research provides vast knowledge about teachers’ beliefs about self-efficacy, about teaching and learning, and about relationships with students in the discipline of education. Because beliefs of certified nurse educators are underrepresented in nursing and education literature, this review of the literature provides the structure for the design and conduct of this study. This research study asks the question: What are the espoused and enacted teacher beliefs of certified nurse educators and what role do those beliefs play in teacher understanding of relationship with nursing students?
Chapter 3: Methodology

The research question is: What are the espoused and enacted teacher beliefs of the participant certified nurse educators (CNE) and what role do they play in understanding relationship with nursing students? The following sub questions flow from the main question:

- What are teacher beliefs of the participant certified nurse educators related to their own teacher self-efficacy?
- What do certified nurse educators believe about teaching?
- What do participant nurse educators believe about nursing students as learners?
- What teacher beliefs of the participant nurse educator emerge in the study?
- How are these beliefs enacted in the teacher role in the classroom setting?
- How do teacher beliefs of the participant certified nurse educators affect their teaching actions?
- What role do teacher beliefs play in the certified nurse educators’ understanding of relationship with students?

Research Perspective

This qualitative research study is grounded in a phenomenological approach. Phenomenology seeks to illuminate human experience from the viewpoint of
individuals within their social contexts (Crotty, 2003; Titchen & Hobson, 2005) and to
describe meaning and nature of a phenomenon (Patton, 2002). “Phenomena can be
directly researched by exploring human knowing, through accessing consciousness…in a
systematic study of participants’ mental representations of the phenomenon as they
experience it” (Titchen & Hobson, p. 121). The researcher, from a neutral standpoint,
attempts to capture and represent the phenomena as it has meaning for the participant
through a phenomenological perspective (Patton). The goal of this study is to understand
the nature of beliefs of certified nurse educators from their viewpoint as teachers in
prelicensure nursing education programs.

There are two approaches to phenomenology in any research study (Patton, 2002).
First, a phenomenological study may focus on description of phenomena. Second, a study
may be rooted in a phenomenological philosophy that identifies shared meaning in
capturing the essence of the lived experience. The phenomenological researcher looks
for commonalities in the experiences. The goal of this research was to capture and
identify the nature of teacher beliefs based on the participants’ experiences as certified
nurse educators, specifically their ways of thinking related to their own teacher self-
efficacy (Tschannen-Moran & Woolfolk Hoy, 2006; Tschannen-Moran & Woolfolk Hoy,
n.d.) and related to concepts of teaching and learning (Calderhead, 1996; Kang, 2008;
Lortie, 1975; Richardson, 1996) that influence their actions in the classroom setting.
Lastly, the influence of their beliefs on relationship (Moos, 1973; Pianta, 1999) with
nursing students was explored.
Research Method

The primary question in this research study seeks to identify espoused and enacted beliefs of certified nurse educators and at the same time to explore how those beliefs influence teacher relationship with nursing students. I utilized a multiple case study method of four nurse educators who demonstrate teaching knowledge through certification from the National League for Nursing (NLN, 2008). The NLN requires nurse educators to demonstrate eligibility for certification in one of two ways. First, a nurse educator must provide evidence of completion of nine or more credits hours of graduate coursework in nursing education and two years of fulltime employment in an academic faculty position (Ortelli, 2008). Second, a nurse educator with graduate work in a major other than nursing education is eligible to sit for a certification examination by verifying four years of fulltime teaching experience in an academic setting in nursing (Ortelli, 2008). Official recognition as a certified nurse educator (CNE) is granted upon successful completion of the examination. Details of this research study participants’ teaching experience is described under Research Participants.

Phenomenological methodology requires in-depth inquiry into the question(s) of interest. Case study method (Stake, 2000; Yin, 2006) was used to identify the phenomena of nurse educator teacher beliefs through exploration of the descriptive, explanatory question of this research. In addition, case study is an appropriate research method when data collection occurs in a natural setting such as a classroom or teaching environment (Norris & Walker, 2005).

The research question asks what the teacher beliefs are and how they are enacted. The use of multiple cases allowed for the discovery of commonalities, contrasts, or
diversity. Evidence from multiple cases added comparative data to the study that provided richness to the analysis (Yin, 2006) and allowed for identification of shared experiences (Patton, 2002). Theory categorizing teacher beliefs (Woolfolk Hoy, et al., 2006; Calderhead, 1996; Richardson, 1996) and theory about relationships with students (Moos, 1973; Pianta, 1999) supported the framework for data collection and early analysis in this research study.

Stake (2000) proposes three viewpoints from which to approach a case study: intrinsic, instrumental, and collective. Utilizing the intrinsic approach, the researcher seeks understanding of an inherently interesting phenomenon through a case study. The instrumental approach employs a selected case(s) to illustrate understanding of another issue. The case (certified nurse educator) is secondary while the subject of interest (teacher beliefs) is the primary focus. The collective case study involves the use of several cases to investigate a phenomenon. The viewpoints proposed by Stake (2000) are not exclusive depending on the investigative lens of the researcher. This research study utilized both the instrumental and collective approaches. The collective case study of four participant certified nurse educators was instrumental in understanding their teacher beliefs and how those beliefs were enacted in nursing educational settings. The influence of their teacher beliefs on relationship with nursing students also emerged.

**Research Participants**

The selection of research participants for this study was purposeful and criterion based (Patton, 2002). Case study subjects were purposefully selected from a group of experienced educators who have earned recognition of expertise through the NLN as certified nurse educators (CNE). At the time of this study, certified nurse educators
totaled over 950 nationwide with 46 listed in the Midwestern state in which I conducted the research (NLN, 2008). This list of certified nurse educators is published on the NLN website (see National League for Nursing). To locate the 46, I explored faculty listings on the websites of both associate and baccalaureate degree nursing programs at colleges and universities in the Midwestern state. A list of programs is published by the state League for Nursing, a local constituent of the National League for Nursing. The college and university websites provided contact information through faculty directories. A preliminary search of certified educator names revealed that all 46 were not identifiable on college and university websites. Of those that I was able to locate, I recruited four participants, a number agreed upon with my dissertation committee, to serve as subjects in the proposed multiple case study approach. The selection of multiple participants provided comparative data to add depth to the study (Yin, 2006). Details of subject recruitment are described in the section Entry into the Field in this chapter.

I selected participants for this study from those who were teaching in associate and baccalaureate nursing programs with teaching responsibilities in a classroom. The National League for Nursing philosophically supports and professionally accredits associate and baccalaureate degree programs in nursing (NLN, 2007). Both types of educational programs provide opportunities for certified nurse educators to teach in classroom settings and to interact with nursing students.

While searching the internet for those persons named as certified nurse educators in the state, I located 39 of the 46, with 23 employed as faculty in associate degree programs and 11 employed as faculty in baccalaureate programs. An additional five were ineligible for the study because they were either retired, serving as faculty in the graduate
level or in administration. This information parallels national data from the NLN that indicates more faculty in associate degree programs have obtained the certification. Nationally, 39.1% of those obtaining certification between 2005 and 2007 taught in associate degree program; 36.5% taught in baccalaureate programs (Ortelli, 2008).

Participants in this study were protected through The Ohio State University Institutional Review Board (IRB) approval of the study and informed consent with an option to withdraw from the study at any time. I maintained confidentiality and anonymity of both the participants and the names of their educational programs (Erickson, 1986; Piper & Simons, 2005). Reciprocity (Patton, 2002) was honored with the offer to share final results of the study with participants. All participants requested a copy of the final document which will be sent upon completion and final committee approval.

**Entry into the Field**

To engage participants for the study, I contacted certified nurse educators who are listed on the public roster on the NLN website and listed publicly on college websites with contact information. Entry into the field occurred in two stages (Patton, 2002). First, I sent a preliminary inquiry via email to introduce the study to prospective participants, to solicit interest, and to ensure participant match with criteria (see Appendix B). This initial contact was followed by a telephone call or subsequent emails to answer questions and establish rapport. Six certified nurse educators responded within a week of receiving the email, indicating they would be interested in participating in the study. Of those six, I selected four who had the most experience in teaching. Two others responded affirmatively after study participants had been determined. I maintained their
information for additional participants if any of the original four could not complete the study.

Once a potential subject agreed to participate, I sent a letter of informed consent (Patton, 2002) via email (see Appendix C). I communicated with each participant before the first interview to answer questions about the study and to verify the interview appointment, with the goal of establishing trust and rapport. As required by the IRB, I obtained signatures of the deans/directors of the participants’ nursing programs acknowledging the conduct of the study and my presence in the facility (see Appendix D).

The four case study participants, Susan, Mary, Charlotte and Julie, are introduced with their demographic data in Table 3.1.
Currently, I hold an administrative position in a baccalaureate nursing program. I did not engage participants from my place of employment as my position presented ethical and political issues related to confidentiality and perception of coercion (Patton, 2002; Piper & Simons, 2005). Instead, several of my colleagues served as peer reviewers during analyses of the data.
Data Collection

The purpose of this study was to collect data that allowed the researcher to understand the phenomena of espoused and enacted teacher beliefs of the CNE participants. The use of multiple sources of evidence strengthens the case (Yin, 2003). Open-ended interviews, direct observations, and document analysis provided rich and descriptive data from case studies (Yin, 2006). For this project, data were collected through a combination of interviews, observations and reflective researcher field notes. Observations were sandwiched between initial and follow-up interviews. Sixteen data collection episodes were conducted with the four participants: eight interviews and eight observations. The goal was to gain preliminary understanding of teacher beliefs of certified nurse educators through a semi-structured first interview. After initial interviews with each of the four participants, preliminary analysis was conducted to look for conceptual themes of their teacher beliefs. Theory related to teacher beliefs (Woolfolk-Hoy, Davis & Pape, 2006) was used to establish an initial focus for discovery of nurse educator beliefs (Yin, 2006). As the researcher, I was aware that there may be teacher beliefs espoused by certified nurse educator that have neither been identified nor fully developed in education literature. My review of the literature revealed that studies about faculty beliefs in post secondary education are rare in the field of nursing education (Nugent, et al., 1999).

Beginning in early 2009, data were collected in four phases conducted during the period of one semester or two quarters depending on the academic calendar at the institution where the participant nurse educators were located. Table 3.2 identifies the sequence protocol and data collection methods. I chose to conduct two observations to
allow the CNEs to gain a level of comfort with videotaping in the classroom. Additional time in the field also allowed for a decrease in observer effects (Patton, 2002).

Table 3.2

*Data Collection Sequence/Procedure*

<table>
<thead>
<tr>
<th>Research Phase</th>
<th>Sequence</th>
<th>Method of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Participant identification and selection Consent signed</td>
<td></td>
</tr>
<tr>
<td>Phase 2</td>
<td>Interview # 1 (Semi-structured) Initial analysis of Interview # 1</td>
<td>Audio tape Field notes Researcher reflective journal Transcripts</td>
</tr>
<tr>
<td></td>
<td>Observation # 1 Observation # 2</td>
<td>Video recording of nurse educator in classroom setting Field notes Researcher reflective journal Video recording of nurse educator in classroom setting Field notes Researcher reflective journal Review of video recordings with use of observation tool</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Analysis of observations # 1 and # 2</td>
<td></td>
</tr>
<tr>
<td>Phase 4</td>
<td>Interview # 2 Analysis of interview #2</td>
<td>Audio tape Field notes Researcher reflective journal Transcripts</td>
</tr>
<tr>
<td></td>
<td>Focused questions from analyses of interviews and observations</td>
<td></td>
</tr>
</tbody>
</table>

**Interviews.** Two audio taped interviews were conducted with each participant. The first one-hour interview was semi-structured with open-ended questions (Kvale,
1996) guiding participants to talk about experiences that provide insight into their beliefs about teacher self-efficacy, teaching and learning, and relationship with students. The interview guide is included in Appendix E. Table 3.3 lists questions identified for the first interview with associated theoretical basis for their inclusion. The purpose of the initial interview was to elicit responses that yield an understanding of the certified nurse educators’ teacher beliefs.
Table 3.3

*Initial Interview Questions with Theoretical Basis*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Initial Interview Questions</th>
<th>Theoretical Base for Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory Questions</td>
<td>1. Could you share with me how you got into nursing?</td>
<td>Lortie (1975) insight of teaching beliefs based on past educational experiences Patton (2002) familiar topic to start</td>
</tr>
<tr>
<td></td>
<td>Extending question topics:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Education for nursing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A significant event or instructor in nursing education experience.</td>
<td></td>
</tr>
<tr>
<td>Teaching-Learning</td>
<td>2. How/why did you decide to become a nurse educator?</td>
<td>Lortie (1975) insight of teaching beliefs</td>
</tr>
<tr>
<td></td>
<td>3. Why did you decide to become a certified nurse educator?</td>
<td>Tschannan-Moran &amp; Woolfolk</td>
</tr>
<tr>
<td></td>
<td>4. Could you talk about your philosophy of teaching?</td>
<td>Hoy (n.d.)</td>
</tr>
<tr>
<td></td>
<td>I’m going to read three statements for you. Would you tell me which one is most like you and why?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Nursing education is a collection of facts; nursing students receive facts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Nursing education is disconnected from the practice of nursing in the real world.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inquiry in nursing occurs and is studied in the classroom.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Nursing education is the construction of knowledge and students of nursing seek their own questions.</td>
<td></td>
</tr>
</tbody>
</table>
Table 3.3, Continued

<table>
<thead>
<tr>
<th>Teacher Self-Efficacy</th>
<th>3. Let’s talk about your teaching. Extending questions: What do you believe you do best? What is it important for you to do? You mentioned __________. Could you tell me more about that. Please complete this sentence: As a nurse educator, I am confident that I ______. How well does it work for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Students</td>
<td>4. Could you share with me some experiences with your nursing students? Could you recall a positive experience with a student? A negative experience?</td>
</tr>
<tr>
<td>Pre-Observation Perspective</td>
<td>5. What would students say about you as a teacher? What is your typical class like?</td>
</tr>
</tbody>
</table>

Questions 1 and 2 were designed to begin the interview with topics that are familiar and comfortable for the interviewee (Patton, 2002). Question 2 was designed to guide participants to talk about their beliefs of personal philosophy as nurse educators.

Question 3 was designed as a broad open ended question to elicit a response about self-perceived teacher abilities. Because I contend that nurse educators are not explicitly aware of their teacher beliefs, I did not want to limit participant responses to beliefs.
identified in the literature. During the interviews, follow-up, probing, and interpreting questions (Kvale, 1996) were used to clarify and to enhance participant responses.

Question 4 was designed to allow the nurse educator to initially discuss an experience with a student from any perspective. During the course of the conversation, I explored information about the relationship with that student. Again, the interview technique included the use of follow-up, probing, and interpreting questions to elicit rich data. Depending on the response, a follow-up question was asked about different types of relationships with students. Question 5 was designed to understand the nurse educator’s classroom from the participant’s viewpoint before the two classroom observations.

Design of the study called for identification and development of second interview questions after phases 1 through 3 were completed. Questions were approved by the Institutional Review Board (IRB) prior to phase 4 of the study.

The goal of the second interview was twofold. First, the second interview provided a time to expand and clarify the nurse educator’s teaching beliefs that were identified in the first interview. In addition, the second interview allowed for exploration of observed behaviors in relation to verbal statements from the first semi-structured interview. The second interview also served as a member check related to actions and behaviors noted in the observations. Table 3.4 identifies the second interview questions and observations.
Table 3.4

*Second Interview Questions Based on Preliminary Analysis of First Interview and Observations*

<table>
<thead>
<tr>
<th>Theoretical Construct</th>
<th>Preliminary Themes Identified from Interviews/Observations</th>
<th>Questions Developed From Interview #1 and Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching-Learning</td>
<td>1. Nursing students are responsible for their own learning.</td>
<td>1. I’m going to share with you three statements about nursing education. Would you give me your reactions to each of them?</td>
</tr>
<tr>
<td></td>
<td>2. Learning is a process.</td>
<td>a. Nursing is a collection of facts. Learners of nursing receive and remember facts.</td>
</tr>
<tr>
<td></td>
<td>3. Students need success at one level before moving on to a higher level.</td>
<td>b. Learning nursing is a product of thinking.</td>
</tr>
<tr>
<td></td>
<td>4. Learning is a personal investment.</td>
<td>c. Learners of nursing construct their own nursing knowledge. Learners seek their own questions.</td>
</tr>
<tr>
<td></td>
<td>2. You have mentioned that you value a challenge in education, challenging yourself and challenging students. How do you interact with students who seem to value challenge? How do you interact with students who do not seem to value challenge?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. What does it look like when a student is taking responsibility for his/her own learning in the classroom?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Follow-up questions to clarify and expand responses.</td>
<td></td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Teacher Self-Efficacy</th>
<th>Student progress in learning.</th>
<th>1. What is the relationship between your teaching and your students’ learning?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team teaching</td>
<td>2. What is your (role) in student learning?</td>
</tr>
<tr>
<td></td>
<td>(mentioned as teaching method, not explored).</td>
<td>3. I’d like to offer a few statements and ask you to respond to them.</td>
</tr>
<tr>
<td></td>
<td>Professional practice and its role in teaching.</td>
<td>a. Student comes to you and says he/she is afraid he/she is failing the course.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. You have previously counseled a student who is not doing well. The student says that he/she tried the suggestions the two of you talked about, but he/she is not satisfied with the progress.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Students submit completed assignments on time and are achieving in the course.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. How do you support the learning of those students who don’t seem to meet the standards you’ve set for them or your own standards?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. How does team teaching affect your own teaching?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Are you currently practicing nursing in addition to teaching? What role does that practice have in your teaching?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Follow-up questions to clarify and expand responses.</td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Relationships with Students</th>
<th>“Boundaries” with student interactions/relationships.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Control” of the student-educator relationship.</td>
<td></td>
</tr>
<tr>
<td>“Trust” in the educational environment.</td>
<td></td>
</tr>
</tbody>
</table>

1. You mentioned there are professional boundaries with patients that nursing students need to learn. Are there professional boundaries between nurse educators and nursing students? If so, what do those look like to you?

2. You have described a difference between how students see you and how you see yourself as a teacher. From your perspective, does this make a difference in your relationships with students? How?

3. How does the philosophy/underlying focus of the nursing program in which you teach affect your teaching? How does it affect your interactions with students?

4. You mentioned that students must be able to trust you. What does a classroom where “trust” occurs look like?

5. Follow-up questions to clarify and expand responses.

Continued
Table 3.4, Continued

<table>
<thead>
<tr>
<th>Classroom Observation</th>
<th>1. Lecture style.</th>
<th>1. I would like to share with you some short segments of the video tapes of the observation in your classroom and I will ask you to respond to these questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Interactive discussion between educator and students.</td>
<td>a. Do you have a say in choosing a classroom or the way the classroom is arranged? How does this choice or lack of choice affect your teaching? Your relationship with students?</td>
</tr>
<tr>
<td></td>
<td>3. Student presentations with educator feedback.</td>
<td>b. What is your awareness of classroom noise during a class and does the noise affect you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Identify with participant, one or more specific behaviors visible on the observation videotape. General question:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can you recall what you were thinking about at this time?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up questions to clarify and expand response, if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. What makes a student want to come to your classroom?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Follow-up questions to clarify and expand responses.</td>
</tr>
</tbody>
</table>

Continued
Table 3.4 Continued

<table>
<thead>
<tr>
<th>Emerging Themes</th>
<th>Patient care/safety adds a dimension to the education process that nurse educator must consider in interactions with students and decisions about student progress.</th>
<th>Patient care/safety adds a dimension to the education process that nurse educator must consider in interactions with students and decisions about student progress.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. You have mentioned that you enjoy classroom teaching, but that you have greater joy teaching in the clinical setting. How is teaching in the two settings different for you? Does the presence of a patient in the educational setting affect your ideas about teaching? Learning? Relationship with students?</td>
<td></td>
</tr>
<tr>
<td>Non-Narrative Data</td>
<td>Visual representations</td>
<td>Visual representations</td>
</tr>
<tr>
<td></td>
<td>2. Follow-up questions to clarify and expand responses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Could you describe your thoughts about the education of students in relation to the profession of nursing? Could you describe what a graduate of your nursing education is like?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Follow-up questions to clarify and expand responses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>As we finish today, I’m giving you this piece of paper and would like for you to draw a picture that represents nursing education for you.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-up questions to clarify and expand responses.</td>
<td></td>
</tr>
</tbody>
</table>

**Observation.** Empirical studies by Kang (2008) and Aquirre & Speer (2000) demonstrate that beliefs held by teachers are visible through behaviors in the classroom.

The purpose for observation in a research study is to provide a strategy for data collection (Evertson & Green, 1986). In this research study, the purpose for the observations was to provide a method to capture certified nurse educator behaviors in relation to the teacher
beliefs they discussed in the first interview, and to retrospectively examine behaviors/actions that emerged from further exploration in the second interview. Video recording of the observations provided opportunities for repeated review of data in total and without researcher bias (Evertson & Green, 1986). I began this study with knowledge about classroom observation and student-teacher relationship behaviors from Good and Brophy (1987), Moos and Trickett (1974) and Pianta (1999). As part of the research proposal I developed a tool that I planned to use for analysis of certified nurse educators’ behaviors in the classroom. As I began to methodically look at the recorded observations, I discovered that the observation tool I had designed did not allow me to describe the actions that seemed to be related to beliefs emerging in the first-round analyses of the interviews.

Because the proposed observation framework did not provide me with a tool that matched what I was hearing in the interviews, I searched for different information about observation. The extensive work by Evertson and Green (1986), who developed a framework for decision making in observations, allowed me to reframe my thinking about analyses of the observations. I realized that I had designed an artificial observation tool that was appropriate for P-12 classrooms, but not for capturing the enacted beliefs of nurse educators in higher education classrooms. Evertson and Green’s extensive information about observation suggested that development of an observation tool grounded in teacher belief theories would support the coding of data from the video tapes. With guidance from Evertson and Green’s model, I developed a different tool for capturing pertinent data in the observations (see Appendix F). I struggled with analysis
of the observations until I visualized this tool. Then I was able to identify behaviors of
the participants that were related to their espoused beliefs.

**Description of the Research Study Model**

As I developed the observation tool, it grew to be a model of the design of study,
shown in Figure 1. The study is based on the theories of teacher beliefs about self-
efficacy and teaching and learning. Initial interview questions were developed based on
these topics. After a preliminary analysis of each participant’s interview, I analyzed two
videotaped observations of participants in classroom settings. Analyses of the interviews
and observations were based on current teacher belief theory in the discipline of
education (Calderhead, 1996; Kang (2008), Lortie (1975), Richardson, 1996; Tschannen-
Moran & Woolfolk Hoy, 2006; Tschannen-Moran & Woolfolk Hoy, n.d.). The models
of classroom observation by Good and Brophy (2008), and student-teacher relationship
studies by Pianta (1999) supported the framework for the observation tool I used. I
identified descriptive behaviors to look for in the observations.

My goal with observations, based on the design of this research study, was to
identify teacher behaviors that are indicative of enacted beliefs related to their stated
beliefs. For example, the belief that student nurses are responsible for their own learning
emerged as a teaching-learning belief from all four of the participants. The observation
questions became: What behaviors does this nurse educator demonstrate that indicate that
students are responsible for their own learning? How does the nurse educator enact the
stated belief that students are responsible for their own learning? I approached each
belief category in this manner.
By looking at each participant as an individual case study, the possibility existed that I would have a separate observation guides for each. However, I discovered in the preliminary analyses of the initial interviews that commonalities of espoused beliefs exist that led to the identification of general themes in the observations categories. This initial macroscopic approach allowed me to use a microscopic lens with each case study participant.

Within the participants’ initial data related to teacher self-efficacy, the themes of efficacy with subject matter knowledge, use of variety and risk-taking with pedagogy, the ability to gauge student understanding in class emerged in the first round of interviews. In the process of analyzing the videotaped observations, I looked for behaviors that reflected support or non-support of the verbalized teacher belief themes. Certified nurse educator beliefs about teaching and learning emerged in the categories of pedagogical style in the conduct of class, student and teacher responsibilities in the education process, and the events related to course management.

To analyze the observations in terms of relationship with students in the classroom, I drew upon the work of Pianta (1999) and Moos (1973) that includes eye contact, teacher position in the room, and classroom climate. Because early analyses of the first interviews suggested the presence of teacher beliefs about boundaries with students, I examined observational data about teacher-student interactions in the classroom. I discovered that the participants’ initial teacher beliefs related to understanding relationship with nursing students focused on the clinical setting which is not a part of this study.
The observation focus is on the personal experiences and actions of the participant nurse educator in light of teaching beliefs emerging from the first interview. Behaviors were compared to themes noted in analyses of the interviews. The observations were videotaped to provide an objective and unfiltered record (Evertson & Green, 1986) to be repeatedly viewed to map behaviors with statements made during interviews.
In addition to video recordings of the observations of certified nurse educators, I utilized field notes and observer comments to supplement the recordings. Descriptive and narrative observation provided evidence that form bases for interpretation of the human experience and allows the researcher to gain an understanding of an area of research (Good & Brophy, 1987; Turner & Mayer, 2000).

To narrow the observation to teacher relationship with students, I turned to the education literature that is relevant to assessment of the student-teacher relationship and classroom climate (Brophy & Good, 1974; Moos, 1973; Pianta, 1999). The theory guides the observer to focus on relationship behaviors and essence of the relationship climate. Observations in this study included nurse educator behaviors of physical interactions and communication, and the social emotional climate of the classroom environment. Observer reliability (Frick & Semmel, 1978 as cited in Evertson & Green, 1986) is controlled in this study with the use of one observer for all observed contacts with the participants. Reliability is also accomplished through the process of sharing portions of the video recordings with participants as a way to triangulate the research (Erickson, 1985, as cited in Everston & Green). Three participants were shown selected segments of their individual classroom video and asked to react to the segment. One participant requested not to watch herself in video. For this participant I described a classroom action/behavior and asked her to respond to the interview question about teacher actions in the classroom.

Each of the four research participants was observed two times in the classroom setting for one hour of class time at each observation. During each class period, the CNE was the sole teacher in the classroom. Because of teaching assignments and availability
of the educators, two participants were observed on two different occasions during the same academic spring session, and two were observed on two different occasions during two different academic sessions, spring and the following fall.

**Reflective Diary**

In addition to interviews and observations, I kept a reflective diary (Chiseri-Strate & Sunstein, 1997). A reflective diary is an important tool for a researcher who holds an inside position (Chiseri-Strate & Sunstein) to be able to recognize personal biases and subjectivities when they become evident in the research process (Peshkin, 1988). I found that this diary allowed me the freedom to express biases that I noted at the time of the interviews and observations. Through this expression I was able to examine the value of the judgmental thoughts that I experienced.

**Analysis of Data**

Data were analyzed initially using theory related to teacher beliefs and relationships from the discipline of education. Analysis began with transcription and moved through a process of multiple codings to identify themes and patterns (Coffey & Atkinson, 1996). Because the research question in this study is broad, I made multiple passes through the data to organize, reorganize, and retrieve significant meanings in the process of coding (Coffey & Atkinson). In this study it was important to begin the process of analysis immediately after the first interview to begin to identify the nurse educator’s espoused beliefs in order to provide a preliminary lens through which to view behaviors in the observations. Analysis in this study was ongoing throughout all steps of data collection with multiple reviews of the data to look for different belief themes. A priori theory of teacher self-efficacy, of teaching and learning and teacher-student
relationship informed the initial analysis (Yin, 2003, 2006). With a phenomenological perspective, I looked for emergent nurse educator beliefs that are outside of the current corpus of knowledge about teacher beliefs in the discipline of education.

All audio recordings were transcribed. Field notes and reflective diaries were also transcribed. Data reduction, coding and analysis were done manually without the use of computer software.

**Trustworthiness**

Trustworthiness in qualitative research speaks to the validity and reliability of a study (Lather, 1997). Credibility, transferability, dependability, and confirmability (Lincoln & Guba, as cited in Seale, 2002) are criteria used to establish trustworthiness.

**Credibility**

Credibility is the establishment of truth in the findings that can be assured through prolonged engagement in the field, consistent observation, triangulation, and member checks. In this study, credibility was assured through two interviews and two observations with each of four participants, for a total of sixteen data collection contacts. Data collection occurred over a period of nine months. In addition, I maintained field notes and a reflective diary throughout the process. I utilized member checks near the end of data collection and analysis to ensure that I have accurately captured and interpreted the participant certified nurse educator teacher beliefs and behaviors. I electronically sent to each participant her individual research profile for review with instructions that each was free to clarify or refine information in the document. All four of the participants indicated that I had accurately captured and interpreted their ideas.
One revision occurred when one participant edited her own speaking grammar in her quotes.

Transferability

Transferability is established when research consumers are provided with rich, descriptive data to “judge the applicability of findings to other settings that they know” (Seale, 2002, p. 105). The goal of the interviews and observations was to obtain rich, descriptive data to be included in analysis and reporting of findings. In depth interviews provided thick, rich data that is reported in Chapter 4.

This research study and my informal sharing of preliminary findings have generated interest with my professional colleagues who are nurse educators in the nursing program where I am employed. Seale’s definition of qualitative research transferability is evident to me when my colleagues recognize their own thoughts in my descriptions of the study.

Dependability

Dependability is established when data are reported accurately and interpreted authentically (Seale, 2002). Throughout the study, I continually questioned my thoughts and interpretations, trying to look from different viewpoints. I believe trustworthiness is further established through the ethical behavior of the researcher. As the researcher, I am ethically bound to record interviews and observations accurately from the perspective of the participant nurse educators. I assured dependability through audio recordings and accurate transcription of the interviews. I listened to each interview shortly after its completion for the purpose of early identification of belief themes. Video recordings of the observations allowed for repeated viewing with a finer grain of analysis with each
viewing. Dependability and trustworthiness was established by multiple passes through the data with an objective viewpoint. As noted under *Credibility*, research participants agreed that their written profiles were accurate.

To assure that I was interpreting the data accurately, I conducted a peer review with nurse colleagues at my location of employment. The reviewers confirmed identification of major belief categories through their review of the data and provided comments that broadened my thinking.

**Confirmability**

Confirmability is recognized when the researcher documents data, methods and decisions made during the process (Seale, 2002). Interviews were transcribed and observations were video recorded for preservation of the data during the study. To contribute to the confirmability of the study, I kept a reflective diary for two purposes: (1) to keep a record of events that were not captured in the audio recordings of the interviews or the videos of the observations and (2) to capture and recognize the subjective I’s (Peshkin, 1988) that emerged over the course of the study. On two occasions the participants shared stories about their relationship with nursing students after the interview session was ended and the audio recorder turned off. I recorded those stories in the field notes and journal. One of those stories led me to recognize the construct of relationship boundaries between nurse educators and nursing students.

As an insider in the nursing education profession, I initially found myself evaluating the teaching abilities of the participants. The use of the reflective diary allowed me to note those thoughts and to let them escape from my thinking.
Chapter 4: Phenomena of Teacher Beliefs

The research question is: What are the espoused and enacted teacher beliefs of the participant certified nurse educators (CNE) and what role do those beliefs play in understanding relationship with nursing students?

Theories described in the literature review in Chapter 2 provide the map for initial identification of certified nurse educator belief themes. Previously researched beliefs about teacher self-efficacy (Tschannen-Moran & Woolfolk Hoy, 2006; Tschannen-Moran & Woolfolk Hoy, n.d.), about teaching and learning (Calderhead, 1996; Kang, 2008; Lortie, 1975; Richardson, 1996), and about relationship with the learner (Moos, 1973; Pianta, 1999) provided the lens for the study and the framework for the analyses.

An unexpected event during data collection provided elements of the information about the participants’ espoused beliefs. Beliefs emerged from the interviews related to clinical teaching in nursing education. The espoused beliefs are identified and discussed, but the enacted manifestations of these beliefs are not visible because the study was designed to capture enacted beliefs in the classroom setting. Nevertheless, they represent beliefs about nursing education that guide the CNEs actions as teachers because clinical teaching is a significant component of nursing education.
The primary organization for this chapter is grounded in the theoretical framework for the study. The four participant certified nurse educators are presented through an introductory profile that includes professional demographic data, background information about their early aspirations to become nurses and their personal education experiences as nursing students. A summary of demographic data is included for reference in Chapter 3, Table 3.1.

The chapter is organized with the framework of the participants’ beliefs in major sections of teacher self-efficacy, and teaching and learning. Beliefs that emerged outside of the identified belief categories are presented under Emergent Beliefs. Discussion of the influence of the certified nurse educator beliefs in relationship with students is the final section. Individual participant data related to their beliefs are presented, followed by a cross case analysis in each section. As individual case data are presented, the cases are presented consistently in the order of their entry into the study: (1) Susan, (2) Mary, (3) Charlotte, and (4) Julie.

Case Number 1

Susan

Susan is a 55 year old registered nurse of British heritage who has taught nursing in a small Midwestern community college for 25 years. Her professional practice specialty area is medical-surgical nursing. She continues to practice in the direct care of patients on a limited basis during semesters when she is not teaching, usually in the summer months.

Susan holds a faculty position in a nursing program that offers an Associate Degree in nursing, teaching the beginning level nursing courses in the first year of the
program as well as a medical surgical course for students in their second year. She has
teaching responsibilities in classroom, nursing laboratory and clinical settings.

Susan has a single corner office with a window. In the neatly organized room
are an office desk and chair, computer, guest chair, work table with 2 chairs, and a book
shelf filled with nursing and health related books. There are numerous nursing artifacts
around the room including a framed poem written by a student. On the window sill is a
ceramic lidded jar labeled *Ashes of Problem Students*. Susan identifies all of these
artifacts as gifts from students. In one corner there are several posters with nursing
information that are student work from a previous course assignment.

Susan’s entry level education into nursing was a bachelor’s degree from a major
Midwestern university. Eleven years after earning the first degree, Susan returned to
school to earn a master’s degree in nursing from a different major Midwestern
university. Because a terminal degree is not a requirement for her faculty position and
she plans to retire in the next ten years, Susan has no plans to pursue additional
education.

**Career choice.** Susan describes two influences in her life that led her to the
professional of nursing. Susan’s greatest inspiration in her career choice was a great
aunt who was a nurse whom Susan remembers with admiration. At an early age, Susan
suffered an injury that left her hospitalized for six weeks. While she does not remember
specific care by nurses, she does hold pleasant memories about those who cared for her.

After a few years in the profession, Susan accepted a teaching position in
nursing education directly from practice, prior to earning her graduate degree. As a
practicing staff nurse, Susan often precepted nursing students in the clinical setting.
She enjoyed working with the students, was confident that she was effective with them, and was supported by her peers in that confidence.

**Influences in own education.** Like many teachers, Susan’s current teaching is influenced by her own educational experiences. As a student nurse, Susan remembers a nursing instructor who motivated her to perform at high levels. Susan describes her as someone whom other students did not want to have as a teacher “because she was so hard.” However, Susan was eager to have her as an instructor because she thought she would learn from her. She saw this experience as a challenge that motivated her to perform. Susan continues to challenge herself both personally and professionally in her current role. When the certification for nursing education (CNE) became available, Susan was among the first to seek the designation because it was a personal goal and would give validation to her role as a nursing educator.

Today, Susan believes she challenges nursing students to perform at high standards and believes that the challenge promotes student understanding of content. Through written assignments related to patient care, students “understand what’s going on with their patient.” Susan states “… I believe I challenge them to make them think” by asking for revisions of paperwork and through the use of questions in the classroom. During the interviews Susan repeatedly returned to the theme of challenging students as the rationale for her teaching. As a nursing student Susan challenged herself by volunteering to be assigned to what she perceived as a hard instructor. When asked about how she challenges herself, Susan explains that she has a fear of meeting new people and must force herself to go into patient rooms to meet the patients for whom her
students care. Challenging herself and her students is a driving force in Susan’s thoughts and actions as a nurse educator.

**Case Number 2**

**Mary**

Mary is a soft-spoken, 50 year old registered nurse with a doctorate in education (Ed.D.) which she completed shortly before her participation in this research study. She has taught nursing for six years in an associate degree program in a small Midwestern community college. During the time of her participation in the study, she obtained a different teaching position in a baccalaureate nursing program at a midsized Midwestern university in a different city. This move occurred between the two observations, making the occurrence of one observation and one interview in each faculty position. Her participation began during a spring semester, and continued into a fall semester.

Mary’s professional practice specialty is mother-infant nursing and pediatrics which she taught every other semester alternating with critical care, nursing management and medical surgical nursing in the classroom and clinical settings in the associate degree program. Her new position in the university setting is solely for classroom education, where she currently teaches nursing leadership and management on the junior level. She will assume responsibilities for mother-infant courses the next time the courses are offered.

At the first location, Mary had an office with a window, desk, chair computer, guest chair and a bookshelf with books and a few nursing artifacts. At the time of the second interview, Mary had been in her new office a few weeks. The office had a
window, desk, chair, guest chair, two shelves and a file cabinet with no personal or
decorative items.

Mary first earned a bachelor’s degree in nursing, followed by a graduate degree.
Within the prior 18 months of her involvement with this research study, she completed
a doctorate in education. The completion of the doctorate degree and personal interest
were reasons she stated for the change in teaching positions.

Career choice. As a child, Mary thought about becoming a teacher or a nurse.
Two childhood experiences led Mary to nursing. At the age of six, Mary’s mother was
ill and cared for by nurses for an extended period of time. It was this event that swayed
her decision to become a nurse instead of a teacher. She remembers one of the nurses in
a white uniform who was very friendly and made her feel very comfortable. Mary
avidly read the children’s books about fictional nurses that were popular at the time, and
was influenced “by the romance of it.”

Mary thought about teaching nursing for several years before she answered a
newspaper advertisement for the position in the community college. She states she was
not challenged by the practice position she held. She enjoys her work as a nurse
educator and sees it as a “balance of all the things I like to do…,” specifically working
with students and patients in the discipline of nursing.

When the certification in nursing education (CNE) became available in 2005,
Mary successfully completed the qualifying exam in the first group of those seeking the
certification. She sought both the doctorate and the certification for the education she
gained through the preparation process and for personal satisfaction in the
accomplishment.
Influences in own education. Mary’s current teaching is influenced by her own student experiences with nursing educators. Mary says one of her teachers “terrified me… And I vowed that if I ever decided to teach… I would never do that to a student.” Mary felt mentally and physically “paralyzed” by this teacher’s intimidating actions and words. She recognized that this teaching style did not help her learn. Conversely, Mary remembers constructive learning experiences with other nursing educators who were supportive and positive in their approach to students. These instructors serve as her role models today. Mary explicitly identifies that her past educational experiences influence her teaching.

Case Number 3

Charlotte

I struggled with the ability to accurately capture Charlotte’s essence as a nurse educator. Throughout the two interviews Charlotte maintained a level of intensity and passion about the profession of nursing, nursing students, and her teaching of nursing that I have rarely seen in my professional career. In field notes I recorded that Charlotte has a level of enthusiasm that is engaging and contagious. Charlotte maintains a high level of energy, is deeply self-reflective, committed, passionate about nursing and in her own words, “… I’m the ‘out-there’ faculty member.” She sees herself as different from her colleagues and she is comfortable with that idea.

Charlotte is a 55 year old registered nurse who is licensed to practice as an adult nurse practitioner. She earned a Master’s degree in nursing education in 1982 and a Doctor of Philosophy degree in 1997. Charlotte has been a nurse educator for 30 years and is currently a faculty member in an associated degree nursing program in a
midsized Midwestern public community college with teaching responsibilities for a community nursing course in the second year of the curriculum. Charlotte continues to practice nursing as a volunteer nurse practitioner at a free clinic in her local community and works as a camp nurse during the summer months.

Besides the expected office furniture and computer, Charlotte’s office is filled with motivational sayings and student-created academic work. Her office door is covered with humorous and inspirational sayings, postcards and photos. At the times of the interviews, it was evident that she had prepared a chair for me next to her desk prior to my arrival.

Several years ago Charlotte was instrumental in leading the faculty to adopt a theoretical concept of caring proposed by nurse theorist Jean Watson (see Watson, 2007) as the philosophy of the nursing program. Watson is a well known nurse theorist who purports a nursing theory based in human caring. Prior to this faculty decision, the nursing program operated without a unifying set of values.

Charlotte successfully completed the certification for nurse educators (CNE) during the first year of availability. She sought certification to gain the knowledge offered through preparation for the qualifying exam and for personal pride.

**Career choice.** Charlotte pursued nursing as a career because she had an interest in the profession, but admits she did not know much about it at the time she entered her basic education. As she learned more about nursing, she realized she made the right choice for her. Today she expresses a passion for nursing that comes from her understanding that “just by showing up, nurses make a difference.” Charlotte further explains this idea by saying that “showing up” means being “fully present” mentally,
emotionally and physically. Nursing for her is about an interpersonal interaction with
the patient rather than the psychomotor skills that nurses perform.

**Influences in own education.** Three experiences, one with a patient and two
with nursing educators, influenced Charlotte in her early nursing education. When
Charlotte was a student, an experience with a patient taught her the value of
interpersonal interaction that she holds today. The experience taught her the difference
between social and professional communication and the power of therapeutic
connection in the care of another person. Charlotte learned that the role of advocate
who listens to concerns and provides information is significant in relationship with
another. Charlotte says this patient experience is the foundation for her practice today
as both a nurse and an educator.

Charlotte experienced two different types of nursing educators who influenced
her early nursing education. One was a positive role model whom Charlotte describes
as energetic and humorous. Charlotte portrays her as a teacher who “…did it, …taught
it, …ignited it.” From Charlotte’s perspective the educator could practice nursing as
well as she could teach and demonstrated enthusiasm in the process. A different
experience with another nurse educator left Charlotte saying to herself that if she were
ever a teacher, “that’s not the kind of teacher I’m going to be.” In hindsight, she
believes the second nurse educator did not know nursing content well enough to be able
to teach effectively. Both positive and negative influences provide Charlotte with a set
of experiences that she brings to her current nursing practice and teaching.
Case Number 4

Julie

Julie is a 43 year old registered nurse who is in her seventh year of teaching in a midsized Midwestern university where she is seeking tenure. She completed a Master’s degree in nursing in 1992 and is educated as a nurse practitioner, currently not practicing in that role.

Julie holds a full time faculty position in an educational institution that offers both baccalaureate and associate degrees in nursing. She teaches in the associate degree program at a branch campus. Julie has contact with students in both years of the program with primary teaching responsibilities in both classroom and clinical settings in the second year. At Julie’s request, I interviewed her in her home several miles from the university.

Career choice. From the time Julie was five or six years old, Julie wanted to be a nurse. She affirmed her thoughts in junior high school as a hospital volunteer and in high school working in a long term care facility. No major events or persons influenced her decision. Her parents made a commitment that she should go to college and she is a first generation college graduate in her family.

At the prompting of a colleague, Julie assumed the position of nurse educator directly from practice seven years ago. In a previous practice position she was responsible for in-service education for registered nurse colleagues. She had been living in a state that has a broad legal scope of practice for nurse practitioners and when she moved to the current state she could not practice in the nurse practitioner role as she had been accustomed due to restrictive laws. Today Julie “loves” academic teaching.
and states she has no plans to return to the practice setting. Julie became certified in nursing education during the first three years the qualifying examination was available. She achieved the certification for personal satisfaction.

**Influences in own education.** Julie’s fundamental education in nursing occurred in a diploma program. She remembers no specific positive or negative experiences during the time, saying, “I can remember my instructors and I can remember just having great experiences… thinking that this is what I want to do.” Julie describes one educator whose actions challenged her thinking in a way that remains with her today. The educator guided Julie to assume personal responsibility for patient care and to make connections between her actions as a nurse and a patient’s physiological and psychological responses. With this process Julie adopted a thinking that what happens to a patient is a result of her actions. As a nurse educator, Julie incorporates the same thought process with students by asking them “what are you doing to make them [patients] better…what are you doing to make a difference in their lives.” Julie notes that most nursing students in their early education experiences are nursing task oriented with a focus on the hands-on technical skills. With an emphasis on the person (*you*), Julie feels that she calls attention to the human interaction in the teaching of nursing and impresses upon the student that each has responsibility to affect the response of the patient.
Participant Beliefs about Teacher Self-Efficacy

Each of the certified nurse educators perceives her feelings of teacher self-efficacy in different dimensions. In the coding and analysis of the data, I made an assumption that the first area suggested by the participants is most important to them and I present that information first. Susan and Julie talk foremost about teacher self-efficacy in relation to student learning outcomes. Mary and Charlotte discuss their teacher self-efficacy in terms of relationship and personal characteristics of teachers. Descriptive data are presented for each of the four certified nurse educators.

Susan

Comprehensive feelings of teacher self-efficacy. Susan expresses teacher self-efficacy from a global perspective. She feels confident in her overall ability to teach, saying “when they finish with me…they’re where they should be and ready to move on.” Through dialogue with colleagues, Susan has learned that her peers see her as an effective teacher when “senior [level] faculty will come back and say I’m so glad they had you for clinical.” She states that colleagues tell students “make sure you get this faculty member [Susan]...because you’ll learn so much...” Susan experiences self efficacy as a teacher and receives feedback from peers that she is effective in her teaching.

Susan says, “I like teaching” and believes she is effective in the classroom and clinical settings. Susan says, “I think I do well in lecture,” but she is more comfortable in the clinical setting, saying, “I love clinical... I can’t wait to get to clinical ever, always.” Susan explains the difference between the classroom and the clinical as
… you’re doing more one-on-one or ...a small group of students versus a hundred in the lecture hall. And so, I feel like I have time to explain to students, show them... what’s out there in real life. Help them tie the theory to the clinical. And so they understand what’s going on in the patient.

When asked where she believes she is most efficacious, Susan states it is the clinical setting because it is there that she teaches students to think through the application of nursing content knowledge. Susan feels most efficacious in her teaching in the clinical settings.

**Teacher self-efficacy with pedagogy.** Susan is enthusiastic when she describes the various pedagogies she uses with students in the classroom, saying, “I think I do well in lecture.” She expects students to take notes and provides a handout for that purpose. She uses teaching strategies such as note taking, student response to sample test questions, case studies, use of humorous illustrations, anatomical photos and use of personal stories. During the two hours of classroom observation, Susan used a teaching pedagogy of traditional lecture augmented by the use of electronic visual teaching aids. She utilized a PowerPoint presentation supported by a student handout with matching information. The student handout was a copy of the PowerPoint presentation, modified with blank spaces so that the student could take notes by filling in the blank spaces. Of classroom lectures, Susan says, “…but they gotta listen to what I’m saying versus just copying.”

**Feelings of teacher self-efficacy related to student engagement.** While Susan is efficacious in providing a variety of resources for student learning, she senses a disconnect between her ability to provide those resources and her ability to assure that
students will use all the resources available to them. Susan believes she is effective in providing a variety of methods to reach different types of learners and to present content in multiple ways for learning.

It’s so frustrating when they don’t [follow through with the help that is offered]… and again, it’s their personal responsibility… . We’ve had maybe 2 - out of 94 students - we’ve had 2 or 3 students in each day. …a big thing is I’ll try to get through to you in different ways, but you have to be an active learner.

And so, we give them all of the means, but they have to use them.

When it comes to her ability to engage students in that learning, she is discouraged by that fact that students do not take advantage of the opportunities that are offered. She is efficacious in the use of teaching strategy, but not in her ability to actively engage students in the process.

Mary

**Teacher self-efficacy in development of student relationship.** As Mary discusses her teacher self-efficacy, she foremost expresses confidence as a teacher in her ability to develop relationships with students, “…the one-on-one interaction.” She believes she accomplishes positive relationships through her calm, open and approachable demeanor, her abilities to listen without judgment and to anticipate student problems. “I do everything that I can to make it easy for them to come to me,” Mary says, including face-to-face contact, email, phone and hand written notes. Mary “keeps her eyes peeled” for academic or personal problems that a student is not able to verbalize. As Mary works with students she role models problem-solving techniques telling students, “Even if we can’t fix the problem for you, we can at least talk it
through and think of some solutions.” Mary attributes her feeling of efficacy in developing relationships to her nursing knowledge, skills and attitudes stating that “compassion, first of all” is the important nursing attitude she utilizes in working with students. She says “…we have to be nurse to them…they’re going through a stressful time.” With this statement, Mary introduces a different role that she assumes in the teacher-student relationship. The discussion of the role of nursing the student is expanded under **Role of Beliefs in Relationship with Nursing Students.**

While Mary feels confident in her ability to develop a positive relationship, the use of compassion in relationship with students causes tension in teaching self-efficacy. When a student does not meet teacher expectations “…you’re balancing that consequences versus compassion kind of thing.” For an example, Mary described one situation with a student who did not complete an assignment by the deadline and offered personal circumstances that prevented her from completing the assignment. Mary struggled with the conflict between compassion for the personal issue and the need to have the student complete coursework to meet academic requirements.

**Teacher self-efficacy with pedagogy.** Mary talks about taking risks in the classroom through her use of creative pedagogy different from traditional lecture. However, she experiences tension in feeling efficacious in the areas that she identifies as creativity and risk taking. She is willing to try different teaching strategies but not always sure they will work as she had planned. Mary sees herself as creative with the use of alternative classroom pedagogy and defines creativity as the willingness to take pedagogical risks saying, “…so I think probably one of the things I do best is try new things to see what works.” Group activities and discussion, student presentations, real
and imaginary case scenarios, and role playing are the strategies Mary uses to try to involve students with the subject matter.

While Mary simultaneously expresses a comfort level with taking risks and a level of discomfort with the use of pedagogy other than lecture, she is committed to trying creative approaches saying, “some things that I feel strongly committed to…I’m gonna drag them kicking and screaming whether they like it or not.” She believes that the use of teaching strategies other than lecture “benefits them [students] in the long run.”

Mary further defines risk-taking as changing the student learning comfort zone in the classroom. While she feels efficacious with trying new pedagogy in the classroom, she experiences doubts about her abilities in the process. She explains:

I think the risk is that…they’re [students] used to that lecture…and I think that’s what they expect coming in…so when they’re asked to be involved [they resist]. I may not be the best at doing it, but at least I’m giving it a try and really, …trying to get them to understand that they can’t just sit there and be talked at.

**Feelings of teacher self-efficacy related to student engagement.** Mary ties creativity and risk taking to student engagement in the classroom. Her purpose in using creative pedagogy is to involve students in the classroom by “trying different approaches to teaching the material.” However, she finds that her use of creative pedagogy does not always assure that students will engage: “…the thing I find most challenging is, is to try and get them to be interested enough to really look into something and explore something.” Engaging students in the classroom is a challenge
for Mary even thought she feels efficacious in the challenge to use creative pedagogy. Mary defines student engagement as the actions that a student does to be prepared for class and to be present and involved in the classroom. She believes that she has responsibility for the facilitation of student engagement, saying “…our challenge as educators is to get them interested,” but realizes she has no control for the student response to her efforts. She expresses frustration with students who do not have the course textbook or do not read assignments. Mary says, “…I can’t hand them their textbook. I can’t make them pay attention in their head when they’re sitting there in that chair”; she expands the thought with “I think the one thing that frustrates me is they think that they’re gonna walk into class, open up their skulls and have me dump in the information. And then they can walk out.” In the classroom, Mary sees herself as a “coach and facilitator” who “can do what I can to interest them. But half of it has to come from them. They have to meet me half way.” Mary perceives that responsibility in teaching-learning is shared between teacher and student.

Charlotte

**Efficacy in the use of self as teacher.** The theme of self strongly emerges in the interviews with Charlotte when she discusses teacher self-efficacy. She talks about the use of self as teaching style and as a way of being in the practice of both nursing and nursing education. “So there is a lot of me in my education,” states Charlotte. She describes her experience with a well known nurse philosopher and theorist, Jean Watson. At a professional seminar led by Watson, Charlotte discovered a philosophy of caring in nursing that fit her personal thoughts. With the idea “this is the educator I
want to be,” she came away from that experience feeling empowered to be a nurse educator who cares for colleagues and students.

Charlotte values the caring concepts of Watson’s philosophy. She presented them to her faculty colleagues who adapted the concepts as a philosophy of the associate degree program where Charlotte currently teaches. The values that Charlotte embraces as a result of learning about this nursing theory and philosophy underpin her way of being as a nurse and nurse educator. Charlotte defines nursing as “…science and soul” where the science of nursing is factual content and the soul is the spirit, the personal presence, and the attitude of the nurse.

Charlotte believes that “…the best thing I teach is my attitude.” She defines two elements of attitude she brings to the nurse educator role. One is the happiness she finds in her practice with patients and as a nurse educator. There is “joy in what I do” and she speaks of bringing her attitude of joy to students in the education process when she says, “I mean I can turn their joy right on…” As an example of this Charlotte describes a situation in a clinical setting in which a student performed exceptionally well with a patient. At the end of the experience, Charlotte provided feedback in the form of verbal persuasion to the student saying, “…Did you get it today! [thinking and acting like a nurse] …all I can say to you is WOW! WOW!” The student later emailed Charlotte to thank her for the educational experience.

A second element of self in which Charlotte feels efficacious is enthusiasm. She recognizes that the enthusiasm she experiences is translated into energy. Charlotte goes on to explain that “…my energy, …that way I am a nurse, has something to do with their learning.” Charlotte believes that her energy and enthusiasm are connected to
Charlotte experiences teacher self-efficacy in her ability to consciently use her personal characteristics of energy and attitude of joy that motivates students. “…I really take my personality into the classroom. And I’ll give you [the student] a hundred percent of what I am. …you’ll know that I’m as fully present to you as I’m asking you to be to a client.” Charlotte also talks about her presence and her enthusiasm in the classroom as her “classroom magic” that engages students in learning in the classroom setting. She feels efficacious in using her personal dispositions, more than her subject matter knowledge in the teaching role to influence student learning:

I see the power in being a teacher that I saw in being a nurse. … it’s like you’ve got the whole world in your hands almost. … and I don’t want to wield that. But I want to use it to turn people on to it [learning]…

Charlotte speaks about the effectiveness of associate degree nursing education saying “our finished product is an amazing thing.” Charlotte’s teacher self-efficacy is visible in the pride she has for the graduates who have come in contact with her during the program. She believes those who have experienced her teaching are patient advocates, are self-reflective, treat patients with dignity and positive regard regardless of circumstances, collaborate with other health care workers, and realize “that mistakes are portals of discovery” for continuous learning.

Julie

**Teacher self-efficacy and student performance.** Julie sees a direct and positive connection between her teaching and student learning. She speaks about teacher self-efficacy globally as a goal and as action. “I want to be a good teacher. …my desire to be a good teacher shows in everything I do.” She describes her self-
worth as a good teacher in terms of student performance. Julie feels efficacious as a teacher because students earn good grades in her class and successfully complete the nurse licensure examination (NLCEX) upon graduation. Julie cites student outcomes as the benchmark for her efficacy as a teacher saying, “I’m proud of myself that they get good grades and they all pass NCLEX.”

Julie’s feelings of efficacy also arise from good student attendance in classes in which she does not require mandatory attendance. Julie believes students attend her class because she is skilled in explaining difficult subject matter. She says, “… I could explain it so they could understand anything. … I think they realize that if there’s something they didn’t understand, they will understand it [when they come to class].” Julie primarily uses a conversational style lecture as pedagogy in the classroom, utilizing both technical and common terminology. She intersperses questions to students to make specific points or to review content. Students demonstrate engagement in the classroom by responding to her questions and by asking questions.

Julie experiences positive feelings about her teaching: “I just love all of it. I like clinical but I like watching the students grow and seeing them, when I challenge them like I was challenged to see how they …will rise up to meet the task.”

Teacher self-efficacy and use of personal characteristics. In addition to student performance, Julie’s self-efficacy as a teacher is related to personal characteristics that she perceives to be important to the teaching role. Julie states that she is constantly improving through self-reflection that she finds essential to the educator role. Purposeful follow-through with professional commitments to students
and colleagues enhances her feelings of efficacy. She states that she “approaches clinical…and…classroom with a hundred percent.”

**Cross Case Analysis of Beliefs Related to Teacher Self-Efficacy**

Teacher self-efficacy is defined as a teacher’s self-belief that he/she is able to accomplish a specific task for a specific purpose in a specific context (Bandura, 1997; Richardson, 1996; Woolfolk Hoy, et al., 2006; Tschannen-Moran, & Hoy, 2006). The body of work done by Woolfolk Hoy and Tschannen-Moran focuses on teacher feelings of efficacy in three major constructs: student engagement, instructional strategies and classroom management. I used these major categories as an initial framework to examine teacher self-efficacy beliefs of nurse educators. The four participants in this study expressed similar and divergent beliefs related to their perceived ability to accomplish tasks related to instructional strategies and student engagement.

Interview and observation data related to the construct of classroom management are minimal and make no significant contribution to the findings in this study of teacher self-efficacy beliefs of certified nurse educators. Interview questions were open ended and did not elicit specific information related to classroom management. Based on minimal and insignificant data, presentation of findings of teacher self-efficacy beliefs related to classroom management is excluded in this writing.

There are similarities and differences among the espoused and enacted teacher self-efficacy beliefs of the case study participants. The certified nurse educators feel efficacious in their abilities to instruct students for a variety of reasons that are unique to each. Susan, Julie and Charlotte identify their key teacher self-efficacy beliefs in the
areas of instruction, but with a different focus. Susan and Julie feel efficacious with the delivery of nursing subject matter, whereas Charlotte feels efficacious with the teaching of attitude and disposition for nursing. Mary identifies her key teacher self-efficacy in the ability to develop student relationships.

**Espoused Beliefs Related to Instruction**

*Delivery of content knowledge.* Susan and Julie share similarity in their feelings of efficacy with transmission of nursing content knowledge that results in student learning. Susan is confident in her overall ability to teach and says that students are “where they should be and ready to move on” after completing coursework with her. Her self-efficacy comes from verbal feedback she receives from colleagues who encourage students to register for Susan’s classes because they will learn, especially in the clinical setting. Susan instructs students in both large and small groups, and feels most efficacious when teaching in the small groups. She says, “I definitely see more learning and understanding then.” Susan develops teaching strategies and instructional tools to provide students with different opportunities to learn the content. Susan’s efficacy as a teacher comes from a perceived ability to develop various and creative instructional strategies that provide students with memory aids.

Julie feels efficacious in her ability to clarify nursing content for students, saying “I could explain it so they could understand anything.” She states there is high student attendance in her classes where attendance is not required because students “realize if there is something they don’t understand they will understand it” by the end of class time.
Similar to Susan and Julie, Mary expresses teacher self-efficacy in her willingness to take a “risk” the classroom “by trying different approaches to teach the material.” She is not afraid to try something new in an attempt to teach content or in an attempt “to get them [students] interested enough to really look into something and explore something.”

**Teaching of dispositions.** In contrast to feeling efficacious in the delivery of subject matter, Charlotte experiences teacher self-efficacy in the teaching of dispositions related to nursing. She defines nursing as “science and soul” where the science of nursing is the subject matter and the soul is the spirit, the personal presence, and the attitude of the nurse. Charlotte expresses the dispositions of passion and joy in her work as a nurse and a nurse educator, and says, “…the best thing I teach is my attitude’ and “I can turn their [students] joy right on…” Charlotte includes a personal characteristic of energy in the factors that contribute to her teacher self-efficacy when she says, “…my energy …that way I am a nurse, has something to do with their learning.”

**Caring for students.** Mary first expresses feelings of self-efficacy in the teaching role with the development of relationships with students. In order to develop relationship, Mary utilizes her nursing knowledge, skill and dispositions, stating that “compassion, first of all” is important. Mary elaborates with the idea that “we [teachers] have to be nurse” to students during their education because “they’re going through a stressful time.” Mary believes she develops awareness of student academic and personal issues before students’ may be fully aware of them. She feels efficacious in her ability to develop relationships with students through the use of observation and
communication skills she learned as a nurse. Mary utilizes nursing skills to develop student-teacher relationship in the academic setting.

Because Mary’s predominate teacher self-efficacy belief falls outside of the framework used for this study, it is important to look at circumstances that might explain her response. Mary’s classroom teaching situation is different from the other three participants. During the course of her participation in this study, she taught a nursing course with half of the nursing content delivered in an online format. The class convened every other week to discuss course content. Mary also taught a nursing course in which students presented content through group work. Mary’s role as a teacher was a facilitator rather than a presenter of content. In the facilitator role in both the online and classroom settings, she focuses on developing relationship with students rather than being the content expert in the classroom.

**Beliefs about Teaching Strategies and Student Engagement**

Without explicit expression of the concept, three of the case study participants discuss the concept of student engagement (Barklay, 2010; Harper & Quaye, 2009) in relation to their feelings of teacher self-efficacy. Susan and Mary describe elements of the construct implicitly when they discuss their frustrations with students who do not take advantage of learning opportunities. Both express self-efficacy as teachers in their ability to develop and utilize teaching strategies that they believe are interesting and creative. They also express feelings of frustration about the lack of student engagement with the learning opportunities that they provide. Susan says “it’s so frustrating when they don’t [take advantage of learning opportunities that are offered].” She does not feel efficacious in her ability to engage students in the variety of offered learning
activities. Mary shares similar feelings, saying “one thing that frustrates me is they think they’re gonna walk into class, open up their skills and have me dump in the information.” Believing in the use of interactive student pedagogy, Mary is “committed” to their use, but meets resistance with student participation. She says “I’m gonna drag them [students] kicking and screaming whether they like it or not” because teaching strategies other than lecture “benefits them in the long run.”

Conversely, Julie feels efficacious in her ability to engage students via her perceived ability to make content knowledge understandable. Julie suggests the construct of student engagement when she talks about high student attendance in her classroom, relating it to her perceived ability to explain content effectively. Julie defines student engagement as class attendance and participation in a setting in which she does not enforce mandatory attendance. She perceives that the students she teaches are engaged because there is a high attendance rate in her classes saying, students “realize if there is something they don’t understand they will understand it” by coming to class.

**Enacted Beliefs related to Teacher Self-Efficacy**

Even though Susan and Julie espouse similar beliefs of self-efficacy related to instructional abilities, they enact those beliefs in different ways. Standing at the front of the classroom, Susan assumes the role of a transmitter of knowledge who utilizes a traditional lecture style pedagogy supported by her own lecture notes, student handouts and the use of visuals created with PowerPoint. Julie uses a conversational style lecture in class and uses non-technical language in her explanations. Even though she is in the front of the classroom, she moves from side to side, utilizes PowerPoint visuals as a
class outline, and discusses content without notes. Julie leads the conversation with frequent questions to students and responds to questions posed by students. At times she encourages discussion between students to answer questions posed during class.

Mary enacts her commitment to interactive pedagogy through the use of student led classroom presentations, and group activities with student discussion in class. During student presentations and discussions, she offers comments and asks questions to clarify or support content. One of my classroom observations with Mary was a scheduled class meeting of the online course she taught at the time. As an observer coming into a class where the content had been presented prior to class, I noted that Mary summarized content and presented cases for students to apply the content. Students then discussed the cases and their answers.

Charlotte expresses teacher self-efficacy in the use of her own personal characteristics as pedagogy. Charlotte exhibits enthusiasm and passion for nursing and for the subject matter. As the research observer, I recorded in field notes that the atmosphere in her classroom invited students to participate. Charlotte was in constant dialogue with students who were both asking and responding to questions. Charlotte moved around the room and visited each student group during small group activities. The element of student engagement in the learning process did not emerge during the interviews with Charlotte.

Table 4.1 presents a cross case comparison of major findings in teacher self-efficacy for the participant certified nurse educators. Through repeated review and multiple codings of the interview data, I discovered that each of the participants initially responded to an open-ended question about teaching self-efficacy with different
elements. During the analyses, I made an assumption that the first response to the question was significant to each individual. The participants’ initial responses are listed first under *Identified Themes* column. The table includes behaviors identified from the classroom observations that reflect the enactment of the espoused belief.
Table 4.1

Cross Case Summary of Major Teacher Self-Efficacy Beliefs

<table>
<thead>
<tr>
<th>Participant</th>
<th>Identified Themes</th>
<th>Espoused Belief</th>
<th>Enactment of Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan, M.S.</td>
<td>Instructional: Delivery of content knowledge</td>
<td>I am a nursing content expert. Students learn when I work with them.</td>
<td>Uses traditional lecture pedagogy; use of PowerPoint; provide learning tools in the form of content outlines.</td>
</tr>
<tr>
<td></td>
<td>Instructional: Use of variety and creativity in pedagogy</td>
<td>I develop interesting and effective teaching tools.</td>
<td>Uses humorous sketches related to subject matter during lectures; includes case studies; sample test questions.</td>
</tr>
<tr>
<td></td>
<td>Student engagement</td>
<td>I am uncertain about how to ensure that students participate in different learning opportunities.</td>
<td>Makes effort to meet students individually and outside of class time. Is available for individual conferences and instruction.</td>
</tr>
<tr>
<td>Mary, Ed.D.</td>
<td>Development of relationship with students</td>
<td>I am effective in developing positive relationships with students.</td>
<td>Conversational style lecture; frequent contact via computer outside of class; uses nursing knowledge and skills to interact with students.</td>
</tr>
<tr>
<td></td>
<td>Instructional: Creativity and risk taking in pedagogy</td>
<td>I am not afraid to try new teaching strategies.</td>
<td>Utilizes group activities in class; student led presentations; case scenarios; teaches course with “hybrid” delivery method (half online with periodic, scheduled class meetings.)</td>
</tr>
<tr>
<td></td>
<td>Student Engagement</td>
<td>I am uncertain about how to ensure that students participate in the learning process.</td>
<td>Utilizes group activities; student presentations.</td>
</tr>
</tbody>
</table>
Analysis of the data reveals recurring belief statements in the espoused beliefs of the participant nurse educators. The four participants identified a recurring belief that students are responsible for their own learning. They also identified beliefs about their roles as teacher and their priorities for teaching nursing subject matter. Beliefs about teacher craft knowledge surfaced as they discussed their teaching.

**Susan**

**Responsibility for learning.** Early in the first interview Susan expresses a belief about learners, saying, “students are responsible for their own learning.” This concept was a dominant and recurring theme throughout both interviews with Susan. She describes student responsibility be giving examples of student behaviors. Students who submit assignment on due dates without remainders and who come to nursing
learning lab to practice at times outside of scheduled classes are demonstrating responsibility. Susan hints at motivation and engagement to describe responsible student behavior but does not explicitly mention the terms. She says,

…when it comes to skills, it’s their responsibility to come in and practice. We give them all of the means, but they have to use them. I can provide them with the information, I can give them different ways to learn, but I can’t make them learn. They have to take responsibility to study and put in the time.

Susan expresses frustration with students who do not take advantage of the learning opportunities she provides, stating that only one or two students come to lab learning sessions that are offered outside of scheduled lab classes.

**Beliefs about teaching in different settings.** During the interviews Susan discusses different settings where nursing education takes place: the classroom, a laboratory where students learn and practice psychomotor skills and a clinical setting where students care for patients. Susan teaches in each of these settings with the same groups of students during an academic year. She recognizes that it is necessary to teach differently in each of these settings, although it is not a conscious decision for her: “I don’t know that I’m conscious of thinking about a change [in teaching] because I’ve been doing it for so long.” She sees a difference in the purpose of the learning that occurs in the classroom versus the lab versus clinical. Her goal in the classroom is to provide information about nursing theory to students. In lab and clinical settings, Susan’s goal is to guide student practice where theory is applied. She states she “tries to meet the needs of the student” with different learning activities in different settings and
believes that “if you can be creative in the way you present, they [students] sometimes get it more.”

Classroom. During the initial interview, Susan identified a teaching belief that students are responsible for their own learning. Susan enacts the idea of student responsibility for learning into the classroom with the use of various techniques: she expects students to take notes and provides a handout for that purpose. She uses methods to engage students such as note-taking, responding to sample test questions, case studies, use of humorous illustrations, anatomical photos and use of personal stories. During the two hours of classroom observation, Susan used a teaching pedagogy of traditional lecture augmented by the use of electronic visual teaching aids. She utilized a PowerPoint presentation augmented by a student handout with matching information. The student handout was a copy of the PowerPoint presentation, modified with blank spaces so that the student could take notes by filling in the blank spaces. She expressed concern during the interviews and during the class periods that she was “behind” in presenting the material to the students. Susan sees herself as a transmitter of knowledge in the classroom setting.

But they gotta listen to what I’m saying versus just copying. If I see them… they are copying down what’s on the PowerPoint, I’ll black it out. Because I want them listening to me, and hearing what… Even if I’m telling a story…for some students that story helps them learn and I think it would help more people remember and learn if they listened rather than focusing on copying the PowerPoint.
During the final 15 minutes of the first observed class period, Susan presented a combination of ten questions and unfolding case studies on PowerPoint slides as a pedagogical method of summary. She presented the information and led the discussion while students answered from their seats.

**Lab.** Susan also has teaching responsibilities in the nursing laboratory in which students learn to perform psychomotor skills before doing them in a clinical setting with actual patients. Susan describes the lab setting as an opportunity for students to engage in learning activities with a focus on application of learning. Susan describes the lab setting as a time when instructor and students are physically close together. Susan has permission to arrange the tables and chairs and she states she usually arranges a “U” where twelve to fifteen students sit and she places herself in the middle so that students can see demonstrations and sample equipment.

Susan utilizes different teaching strategies including teacher demonstration, student presentations, and the use of self as a simulated patient. “I think you have to approach it differently because it’s a different size group and I think especially in lab and small group, I think you want more interaction or try to get more with the students and when we do small groups….we try to have more of a discussion type thing…and some participation.” Susan utilizes student presentations on nursing skills as authentic assignments to teach student how to prepare to teach patients and family members when a situation arises in the clinical setting.

**Clinical setting.** During the initial interview, Susan’s responses about teaching were first related to the clinical setting where Susan “challenges” students to “understand what’s going on with their patients.” Susan requires students to complete
written assignments to demonstrate their thought processes in addition to providing actual care for patients. While she is there to help students (“…I’m in the rooms helping them.”), Susan turns the responsibility of patient care to the students, saying, “You’re responsible for your patient’s care…I expect it to be done.” Susan expects patient needs to be met first; student learning needs come second:

Let’s say the patient needs something and it needs to be done right now. And the student needs more explanation or something like that, I think the patient comes first and we have to take care of the patient and then the student’s sort of put on the back burner and then hopefully you can get back to the student and fix whatever the problem was.

Mary

The learning of nursing. Mary believes there is more than cognitive and psychomotor knowledge that is involved in the learning of nursing. She identifies “…the emotion that gets tied in with what we’re doing… that’s a real key component we need to develop.” Mary uses the teaching strategy of journaling and real life cases to encourage students to accomplish affective learning.

Speaking in general terms about the subject matter of nursing, Mary believes that learning in nursing is a time-consuming process that requires the learner to “invest” in the process and to apply what is learned in order to commit subject matter to long term memory for later retrieval. Students need to reflect on the body of knowledge they are studying. “You have to give the student time to kind of chew on it mentally.” “…you can apply it, you can use it. If you just memorize it, it’s not gonna stay.”
Mary provides students with both written and verbal feedback for their work. Because she believes that learning is a process, Mary asks students to submit drafts of written assignments. She reviews the work, provides additional guidance or redirection before final work is submitted. In the classroom she utilizes case study and facilitates group discussion to provide students with opportunities to process the content.

**Teaching role in classroom setting.** Mary’s view of learning as process where students construct (Kang, 2008) and apply knowledge influences her thoughts about her role in the process. She sees herself as

...a coach and facilitator. I do have some experience to offer...so that they can hopefully, relate whatever we’re reading to the situation. But I think also, to kind of move them toward whatever goal we’re working toward in that exercise. So, to coach them toward that, to... move the group through that.

In addition to coach and facilitator, Mary talks about her responsibility as an educator to be a role model for students. She is “… very conscious of the example I set [in clinical]. Or in the classroom…if I expect them to be on time, I need to be on time…expect them to dress professionally, then I need to set an example for that.” At the times of the classroom observations, Mary arrived in the classroom 10-15 minutes before the scheduled class time.

**Pedagogical content knowledge.** When Mary describes working with students in the clinical setting, she talks about providing experiences for students that are at a level appropriate to their skill and ability. For example, she talks about knowing that a student had the training and ability to perform cardiopulmonary resuscitation but lacked opportunity and confidence. During a critical moment with a
patient, Mary pushed the student to participate in the resuscitation process, knowing the student could perform satisfactorily. As the nurse educator in the clinical setting Mary says,

I think that when you are learning something, like a new skill, or if you’re doing something for the first time, you really should try to get an experience that gives them [students] success, if at all possible. Or gives them the best opportunity for success so they can build their confidence. And move on to more higher level things.

Charlotte

Responsibility of learners. When Charlotte discusses students she believes that students are responsible for and capable of finding out what they need to learn. She places responsibility with the student to specifically identify what he/she needs to do to in order to demonstrate learning. Whether the educational setting is the classroom or clinical, she tells students,

… you are your own best teacher. You always have been, especially at this level… Only you know. Figure it out. ...you’re not just going to say ‘I’m going to do a better job. I’m going to do this; I know exactly what to do next time’. The student is responsible for taking an active role in identifying what he/she needs to know and to do for learning. Charlotte sees her role as a supportive resource for students in the learning process. She counsels students and helps them plan strategies for improvement but the student must perform to accomplish the required learning.
I’m not going to save you. You’ve got save yourself. I’ll walk with you. I’m on the journey, I’m not going to throw you out there and say sink or swim. But it’s going to be up to you whether you get there or not.

Charlotte believes she has responsibility for student learning either to identify resources or serve as a resource herself; the actual work of the learning process belongs to the student.

**Responsibility of teacher.** When Charlotte speaks about student responsibility for learning, she closely connects it to her teaching responsibility as the nurse educator. As an example of her actions related to this belief, Charlotte describes a situation with a student in which previous nurse educators had identified a clinical performance concern with the student. When Charlotte expressed the same concern to the student, the student admitted that she had heard the concern before but that she had been unsuccessful in correcting the issue. Charlotte realized that the student had not been advised to seek help from an appropriate source. In counseling the student, Charlotte advised and directed her to a resource. The student followed up and corrected the problem.

Charlotte believes that teachers have responsibility as facilitator and guide to assist students to find the tools necessary to help themselves.

Because she believes it is the student responsibility to recognize and construct his/her own questions for learning (Kang, 2008), Charlotte sees her job as facilitator of teaching techniques to help them extend their learning: “I mean I try to help them figure out where they are so I can take ‘em from there to somewhere else. Cause if you just leap up here, there’s all that problem in between that they’ve never [understood].” Using her own descriptive words, Charlotte recognizes the concepts of the zone of
proximal development (ZPD) (Vygotsky, 1978) and of scaffolding (Wood, Bruner & Ross, 1976). In the classroom Charlotte demonstrates the use of these concepts through questions and facilitation of small group discussions with follow-up reporting. Prior to class sessions, students are required to prepare subject matter questions in the same format as the nurse licensure exam. These questions are used in class for both content clarification and summary. At one point during an observation, Charlotte responded to a student question for basic information with a definition before moving to the next level of subject matter. Charlotte says, “…I try to do interactive things to make them get in it instead of me telling them stuff. Cause I don’t think anybody really learns from lecture.” Charlotte leads an interactive classroom where she and students are in conversational dialogue about subject matter. She says, “…if they can articulate it, …they don’t need to hear it from me. …they need to be active in their own learning or it doesn’t mean much.”

Charlotte demonstrates a high energy level and enthusiasm in the classroom with movement around the room, visits to the student work groups, and constant discussion with students. She believes that her energy is her tool to engage students in the classroom and says “…they like enthusiasm in any form. That’s my classroom magic.”

In addition to the classroom, Charlotte discusses her role as a nurse educator in the clinical setting. She has a passion for patient care and says, “…that’s what I’m about. I don’t think I would ever just teach in a classroom.” When Charlotte is in the clinical setting with students she experiences tension between the nurse role and the nurse educator role. She states that she needs to consciously stand back to let the
students do the hands-on care for patients. She talks about the experience she wants students to have in the care of patients. “…I wanted this to be their good day not my good day…”

**Priorities in teaching subject matter.** Charlotte talks about two types of content learning in nursing. One type comes from content knowledge of the profession and the second comes from the learning that occurs with years of practice experience. In the past 30 years as a nurse educator, Charlotte has reflected upon the teaching of nursing content: “I always thought students needed to learn ‘X’ amount of content and I always thought students needed to know what I knew. And I was very wrong in that.” Today she prioritizes subject matter to facilitate student learning of entry-level nursing content related to the professional licensure test plan. Charlotte believes that nurses continue to learn with work experience and with new information that develops over time. With this idea, Charlotte emphasizes to students that they need to be “perpetual learner[s].” This stated belief was enacted in the classroom during one of the observations when a student asked a question about how much detail should be included for her group’s summary to the class. Charlotte responded with a comment that the group need only include the “entry level” information that was pertinent to the topic.

Charlotte uses the published nurse licensure test plan as her guide to identify essential content. She does not believe that she needs to impart her knowledge from years of personal professional experiences to students.

I think there’s so much content overload in all of nursing education. … I look at the NCLEX test plan and that’s my guide . . . I’m trying to shake it down to safe, entry level, real things.
Charlotte is able to identify nursing content that is essential knowledge and believes that content is the priority in the teaching-learning process.

**Teaching of nursing content.** Because Charlotte defines nursing as “science and soul” she discusses nursing subject matter knowledge in terms of content and “art.”

Nursing content is the teaching and learning of nursing factual subject matter. Cognitive learning of nursing content forms a foundation for thought process. Charlotte says, “I think it has to start with content. You’ve got to have some basic building blocks. “…I think nursing is about thinking. You’ve got to have some facts to move around to be a critical thinker.”

A prevailing theme in the interviews with Charlotte are critical thinking skills that she describes in multiple ways: the ability to look at a situation from various angles; the recognition for a need to question circumstances; the ability to know what questions to ask; and the ability to think metacognitively in self-reflection. For Charlotte the science of nursing is subject matter knowledge and the ability to use subject knowledge in thought process. She tells students, “learn how to think your way through things… you’re being paid to think your way out of a box.”

Charlotte believes that the body of nursing knowledge contains an affective dimension as well as a factual one. Charlotte talks about the affective dimension in terms of soul and art. Nursing content alone is not the whole of the body of knowledge in the profession. She says,

…[content] leaves out the whole ‘art,’ you know. I think there’s so much more to nursing than facts. It’s so human. That’s the fun I get to have in [clinical experiences]. They really get to see the human piece, and how you put...
soul in nursing, you know. Not in a boundary-problem kind of way, but, I’m giving you a piece of me. I’m there. …if somebody doesn’t get that, I don’t know how they’re going to make it through nursing.

Charlotte teaches the affective dimension of nursing through the use of journaling as pedagogy for students to critically reflect upon learning situations in clinical settings. Charlotte talks about the importance of student journals: “…I think journaling about…clinical issues is such an important thing because, I can only relate to what I think you [student] need to know, but you’re the one that knows.” Students are asked to recognize their thoughts and actions, think through different angles of a situation, and identify alternatives. Student journals serve two purposes for Charlotte: (1) they are self-reflective learning tools for students and (2) they provide insight into students’ zones of proximal development for cognitive and affective learning.

Julie

**Student responsibility.** Julie talks about student responsibility for learning in both classroom and clinical educational settings. Julie believes that students have responsibility for their own learning and labels it “self-direction.” She believes that students “…go seek what they want and [seek] new experiences.” However, there are students for whom she needs to provide more guidance than others. “…there are times the degree of responsibility I want them to have and the degree of responsibility that they want to have don’t always mesh.” When Julie’s perception of student responsibility conflicts with a student’s perception, she states that she talks with them to explicitly outline her expectations, usually with successful change in student behavior.
In the clinical setting, Julie enacts this teaching belief with the pedagogy of student self-selection of clinical learning experiences with patients.

**Teacher responsibility and pedagogy.** Julie perceives that she has shared responsibility in the teaching–learning process. She says, “...you [student] really want to learn this,...you have to meet me half way here. ...you give me a hundred percent; I’ll give you a hundred and ten.” Julie’s definition of giving 110% is to challenge students to extend their thinking, to provide feedback in timely manner, to work individually with students who struggle, and to convey the idea that her goal is student success. Julie states that she, keep[s] challenging them. Or I would say … ask them higher level questions.” Julie says she “…will never answer a question directly unless it’s an emergency situation. Never. I just don’t answer a question.” She responds to student questions by asking a series of questions to encourage the student to think through the situation. Without using the term, Julie describes using a Socratic method to help students find answers. Because Julie feels efficacious with this method, she also demonstrates an understanding of the zone of proximal development and scaffolding.

In the classroom Julie’s primary pedagogical style is a conversational lecture. She uses PowerPoint slides to highlight key points and as an outline. She is prepared and knowledgeable, speaking without the use of notes. She interjects questions to students and they freely ask her questions which she rephrases to another question to the group. At times Julie responds with an answer to clarify or extend the content. She also utilizes teaching strategies of case studies, examples of patient situations, and NCLEX practice test questions.
**Priority of teaching by principles.** A recurring theme with Julie is her viewpoint on teaching nursing subject matter. In a two-year associate degree program there is limited academic time to go into depth about specific factual information. Julie says, “I think education’s giving them the bare bones, or preparing them for, how do I say … for being able to draw on principles..., I don’t have them memorize, necessarily, facts. But help them learn more the principles.” In class Julie presents information conceptually, punctuated by case studies to demonstrate a concept or general principle. Julie is committed to teaching concepts and to teach students how to apply learned principles to specific patient situations. Julie says, “I want them to make those connections between what’s occurring with the patient and what could occur and how their actions directly affect that patient.” The teaching and learning of nursing is related to thinking, using resources to find information, applying the knowledge, and seeing connections between thought and action. In the classroom Julie integrates questions that require students to assimilate the content into her conversation-style lecture. Classroom observation data reveals that students respond quickly and occasionally follow up with clarifying questions of their own. In the classroom, Julie mixes her responses to student questions to include direct answers or to ask the rest of the class for their response.

**Learning of nursing.** When Julie speaks about student learning, she states she has a mental image of the level of student performance in the second year of the nursing program. She calls those levels benchmarks, saying, “I would say that they are meeting benchmarks ..., and I wouldn’t say that they’re benchmarks that are written down. I mean, I know at this [level] ...I know where I want them to be…”
Julie expands her idea about student learning with a thought about what learning means to her: “to say that they’re learning seems too simplistic. …I want them to make those connections between what’s occurring with the patient and what could occur and how their actions directly affect that patient.” Julie defines the learning of nursing as the ability to apply knowledge and to recognize relationships between nurse action and patient response.

**Sense of identity.** Although Julie does not utilize this term to describe her teaching actions, Julie develops a sense of professional identity with students both in the classroom and clinical settings through the use of a repeated phrase that is her mantra for safe patient care. As she talks about the principles of safety and good patient care she employs the phrase “not on our watch” to instill the idea to students that when they make sound nursing judgments based on learned principles, preventable events will not happen to patients during their time of care.

…on our watch we don’t kill…our patients don’t die. Huh, then, not on our watch, huh? …Not on our watch - these things don’t happen because we’re proactive nurses. And we don’t let these things happen to our patients. It’s kind of a running joke that we kind of work with, you know.

In the classroom, Julie uses this phrase to emphasize a point she is making about nursing care. As the observer in Julie’s class, I experienced a sense of identity with good nursing and goal-directedness when she utilized the phrase to make a point. I put myself in the students’ place and thought ‘Good nurses are not going to let preventable events happen through careless nursing actions and I want to be a good nurse, therefore I will not let anything happen to my patient during my watch (period of care).’
Learning environment. The atmosphere of the learning environment is important to Julie. She primarily talks about the learning atmosphere of clinical education setting because students “are all fearful of clinical failures and failing out clinically.” Julie believes that student fear prevents learning saying, “To me in that type of environment you cannot learn.” She describes an example of a student so nervous about inserting an intravenous catheter into a vein that the student’s hand was shaking, making insertion difficult. Julie utilizes the technique of humor to try to decrease student anxiety, saying, “…there are some anxiety reducing strategies that you try to use. I try to get them to laugh at themselves.” Julie has heard students discussing their clinical instructors and the anxiety they experience. Julie states, “The students will say, ‘when I have so-and-so [names person], I literally throw up every morning before I go to clinical because I’m so [scared]’.” Julie describes the importance of a calm learning experience to her saying, “I would be devastated if I thought my students were that upset about coming to my clinical. Absolutely devastated.” In the classroom Julie also strives to create a learning environment in which student feel safe to take risks. She creates a class atmosphere that encourages student interaction by allowing incorrect answers. Speaking as a student in her class, Julie thinks students would say, “I’ll toss out an answer, might not be what she’s looking for, but, you know. I feel comfortable enough to do that.”
Cross Case Analysis of Beliefs Related to Teaching and Learning

Within the constructs of teaching and learning, the participant nurse educators discuss teacher beliefs related to learner responsibility, their role as teacher, and priorities in the teaching of nursing subject matter as major themes. Analysis of the data reveals that each participant expresses teaching craft knowledge. Craft knowledge as identified in this study is not directly connected to beliefs, but is presented with the discussion of teaching and learning because it is most closely related to this construct.

Review of the data suggests a connection between the nurse educators’ espoused and enacted beliefs about student responsibility for learning and their beliefs about their role in teaching. For this reason, I juxtapose the discussion about their beliefs about responsibility for learning and their beliefs about roles in teaching. The major themes are presented in Table 4.2 in the left column with the individual espoused and enacted beliefs in the columns to the right.

Responsibility for Learning and Teacher Role

Susan, Mary, Charlotte and Julie commonly express a belief that nursing students have responsibility in their own learning. However, each defines that belief with different meaning and enacts the belief with different teacher behaviors in the classroom. The different viewpoints of the belief of student responsibility are made visible in the actions of the nurse educators. In addition, the actions of the nurse educators are congruent with their perceptions of their roles in teaching. The enactment of the belief that students are responsible for learning appears to be directly connected to their self-identified teaching role. The connection between beliefs about student responsibility and teaching role is logical and intuitive with Mary, Charlotte and Julie.
Mary believes that students are responsible for constructing knowledge and sees her role as coach in the process. Julie, who allows students to make their own decisions about learning experiences, sees her role as a partner. Charlotte believes students know what they need to know; therefore she serves as a resource person for them. Susan alone seemingly presents a disconnect in her belief about student responsibility and her teacher role because she expects students to be engaged in learning when she primarily is the knowledge transmitter in the classroom. However, her definition of student responsibility in the classroom describes a student who is organized and accurately responsive to assignment due dates rather than responsive in the classroom. The different meanings of their definitions are evident in how they characterize their roles as a teacher. Table 4.2 presents a cross case look at the different viewpoints of the four case study participants.

Susan describes her belief that students are responsible for their own learning in terms of student behaviors in the education setting. Students who are responsible for their own learning attend class and actively participate in learning opportunities in the nursing laboratory and in the clinical settings. She expects students to know when assignments are due by self review of the course syllabus and states she does not “spoon feed” students with verbal reminders of due dates. She expects students to take notes in class on handouts that she prepares, and she uses wait time to allow students to keep on track with her presentation of lecture content.

In the teacher role, Susan perceives herself as the nursing subject matter expert who uses lecture as the primary teaching strategy. Susan uses teacher presentation (Good & Brophy, 2008) for 100% of class time with visual aids via electronic
projection to augment the content. However, she expects students to listen to her
lecture, saying, “But they gotta listen to what I’m saying versus just copying what’s on
my PowerPoint. There are things there [on handout] that are not on my PowerPoint. So they are forced to listen to me.”

Julie believes that students are “self-directed” in their learning, defining the
term by saying that students seek new information and experience. Given appropriate
learning opportunities, students search for information to satisfy learning needs. Julie
allows students to self-select clinical learning experiences with patients, saying that she
believes students “…go seek what they want and [seek] new experiences.” In the
classroom, Julie expects students to come to class with exposure to the content and
prepared to ask questions.

Julie cites the pedagogy of nursing students choosing their own clinical learning
experiences as an example of her perception of her teacher role as partner in the
learning process with students. She shares the power for decision making by
preselecting patient learning opportunities that are appropriate examples of nursing
content learned in class; students then select the individual patient experience from the
preselected list based on their learning needs. In the classroom setting, Julie conducts
the class with the use of electronic audio visuals that she uses as a class organizer. Julie
uses no teacher notes, but refers to the audio visuals as she presents content 90% of the
time. Students respond to teacher questions, ask questions, and offer on-task comments
the remainder of the time. Even thought Susan and Julie primarily use a teacher led
presentation of content, there is a difference in the class climate between their
classrooms. Susan conducts a formal lecture, while Julie invites student questions and comments in a less formal class presentation.

With their definitions of student responsibility for learning, Mary and Charlotte discuss student behavior with perspectives different from Susan and Julie. Mary believes students are responsible for constructing their own knowledge (Kang, 2008) and says of students, “when you have a greater personal investment in your learning, then you retain the information better.” She further says that in order to retain the information, students need “to think about it, they have to mull it over, they have to play with it in their head.” Mary perceives her role as teacher is a coach- facilitator who “move(s) them [students] toward whatever goal we’re working toward in that exercise. So to coach them toward that.” During the time of my research interaction with Mary, she taught two different courses with different pedagogy. She facilitates one of the courses as a hybrid online course, meaning that a portion of the content was presented in an online format. Students and faculty came together five times during the instructional period to review and discuss course content. Mary utilized group activities with student presentation during the face-to-face instructional periods. In the second course, Mary occasionally clarified or enhanced content during student-led presentations. Her teacher presentation time (Good & Brophy, 2008) ranged from 0-20% depending on the course.

Charlotte expresses a teacher belief that students are responsible and capable finding out what they need to learn, saying to students “you are your own best teacher. You always have been, especially at this level (nursing prelicensure).” Charlotte further explains that she requires students to self-reflect upon their behaviors in the clinical
setting, to recognize behaviors that were not effective and to identify specific behaviors that would be effective in the future. In the classroom Charlotte utilizes an interactional pedagogy in which she and student converse throughout the entire class time. Students are required to write nursing licensure-style questions to share during class with classmates. As content is discussed students integrate their questions into the dialogue. Teacher presentation time (Good & Brophy, 2008) is in the 41-60 % time range.

Charlotte believes her role in the teaching learning process is to serve as a resource and counselor for students. She helps students plan strategies to be successful but the student must perform the necessary work of learning. Charlotte says of students: “I’m not going to save you. You’ve got to save yourself. I’ll walk with you…it’s up to you whether you get there or not.”

Teaching Craft Knowledge

Craft knowledge of teaching (Calderhead, 1996), also called wisdom of practice (Shulman, 1986) is an understanding of teaching pedagogy that enables effective teaching. In the analysis of the data of this study, I discovered that the certified nurse educators implicitly discussed mental models that fall within the category of craft knowledge. Through their descriptions of their ideas about teaching, I identified their use of craft knowledge, specifically pedagogical content knowledge (Shulman, 1986) and an understanding of the zone of proximal development (Vygotsky, 1978).

Mary and Charlotte recognize the construct of the zone of proximal development in their work with nursing students. Mary provides an example of her thinking with an example of clinical teaching with a student. As noted previously in this
chapter, Mary encouraged a student to participate in a nursing performance situation for which Mary knew the student was prepared, but lacked confidence to perform.

Charlotte is more explicit in her understanding of her teaching actions: “I mean I try to help them figure out where they are so I can take ‘em from there to somewhere else.” Both educators understand that they are aware of students’ current level of knowledge and the need to move to a different level.

Susan and Julie demonstrate craft knowledge in their abilities to use pedagogy in different ways. Based on 25 years of teaching experience in the three educational settings in nursing education, Susan understands that there is different teaching pedagogy in each of those settings. She states she “tries to meet the needs of the student” with pedagogy that is relevant to each of the settings. With her years of experience, Susan says, “I don’t know that I’m conscious of thinking about a change…because I’ve been doing it for so long.” Susan has moved beyond the novice level in teaching knowledge.

Julie invites students to a community of nurses who provide good patient care with the use of a phrase that she uses frequently in class and clinical settings. Multiple times during the interviews and observations in the classroom, Julie reiterated the phrase “not on our watch” that she shares with students. To explain the use of this phrase further, Julie says, “A little thing is, on our watch we don’t kill…our patients don’t die…not on our watch.” Julie uses this phrase as a method to engage students in a community of nurses who have knowledge to promote patient safety.
Teaching Priorities for Nursing Content

Susan, Mary, Charlotte and Julie each express a different belief about the importance of teaching content in the discipline of nursing. The delivery of content is important to Susan and she is focused on delivery and coverage of content in the classroom through the pedagogy of teacher-led lecture. Mary and Charlotte prioritize the development of a caring attitude in nursing students. Charlotte also believes it is important to develop in the student a joy for the work of nursing in conjunction with caring. Mary enacts this belief through the use of writing journals, case scenarios, and role play in class.

Susan and Charlotte, with 55 years of teaching experience between them, differ in their beliefs about teaching nursing content. As previously stated Susan believes she must cover content and is concerned about having sufficient time to present it in class. Charlotte currently espouses a belief that it is important for students to learn “entry level” content that is relevant to success on the licensure examination and she believes she does not need to teach students everything she knows. In the classroom Charlotte facilitates interactive discussion with students and provides multiple activities related to the same topic for students.

Julie takes a different approach to teaching nursing subject matter. She presents material in terms of theoretical principles that underpin specific details of nursing content. In class she discusses details of content as examples of the principles. Her audiovisual slides are organizers that she uses as outlines for class discussion.
### Table 4.2

*Major Findings in Beliefs about Teaching and Learning through Cross Case Analysis*

<table>
<thead>
<tr>
<th>Identified Themes</th>
<th>Participant</th>
<th>Espoused Belief</th>
<th>Enactment of Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for Learning</td>
<td>Susan, M.S. Teaching: 25 years</td>
<td>Students need to be engaged in learning.</td>
<td>Does not offer reminders for assignment due dates; provides handouts in class with fill-in spaces for notes.</td>
</tr>
<tr>
<td>Mary, Ed.D. Teaching: 6 years</td>
<td>Students construct knowledge and need to be engaged.</td>
<td>Students lead classes and present content; group activities in class; Delivers and facilitates course 50% online.</td>
<td></td>
</tr>
<tr>
<td>Charlotte, Ph.D. Teaching: 30 years</td>
<td>Students are their own best teachers.</td>
<td>Assigns students to develop sample licensure exam questions for peers in class. Provides resources in class for group activities.</td>
<td></td>
</tr>
<tr>
<td>Julie, M.S. (enrolled in Doctoral program) Teaching: 7 years</td>
<td>Students are self-directed in seeking learning experiences.</td>
<td>Stated action: Allows students to choose own patients in clinical setting.</td>
<td></td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Role as Teacher</th>
<th>Susan, M.S. (Teaching: 25 years)</th>
<th>My role is to deliver nursing content.</th>
<th>Teacher presentation 100% of class time.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mary, Ed.D. (Teaching: 6 years)</td>
<td>My role is a coach/facilitator.</td>
<td>Teacher presentation 0-20% of class time.</td>
</tr>
<tr>
<td></td>
<td>Charlotte, Ph.D. (Teaching: 30 years)</td>
<td>My role is to serve as a resource for students.</td>
<td>Teacher presentation 41-60% of class time. Offers support; identifies learning resources; uses application style activities in class. Student presentation of material.</td>
</tr>
<tr>
<td></td>
<td>Julie, M.S. (enrolled in Doctoral program) (Teaching: 7 years)</td>
<td>My role is a partner in learning.</td>
<td>Conversational style teacher presentation 81-100% of class time. Creates community goal for student group with use of repeated phrase related to patient care (“not on our watch”).</td>
</tr>
<tr>
<td>Teaching Craft Knowledge</td>
<td>Susan, M.S. (Teaching: 25 years)</td>
<td>I provide students with different methods of learning in different settings.</td>
<td>Insufficient data; classroom observation only.</td>
</tr>
<tr>
<td></td>
<td>Mary, Ed.D. (Teaching: 6 years)</td>
<td>I provide students with the opportunity to gain confidence.</td>
<td>Student presentations in class.</td>
</tr>
<tr>
<td></td>
<td>Charlotte, Ph.D. (Teaching: 30 years)</td>
<td>I meet students at their level of knowledge and try to move them to a new level of understanding.</td>
<td>Insufficient data in observations.</td>
</tr>
<tr>
<td></td>
<td>Julie, M.S. (currently enrolled in Doctoral program) (Teaching: 7 years)</td>
<td>I develop a community of learners who share a common goal.</td>
<td>Use of repetitive theme in class that invites student to provide best practice in nursing.</td>
</tr>
</tbody>
</table>
Table 4.2, Continued

<table>
<thead>
<tr>
<th>Priorities in Teaching</th>
<th>Susan, M.S. Teaching: 25 years</th>
<th>It is most important that I cover nursing content in class.</th>
<th>Utilizes traditional lecture pedagogy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary, Ed.D. Teaching: 6 years</td>
<td>I believe a caring attitude is the most important for students to learn.</td>
<td>Students write journals; use real case scenarios and role play in class.</td>
<td></td>
</tr>
<tr>
<td>Charlotte, Ph.D. Teaching: 30 years</td>
<td>1. Students need to gain an appreciation for the attitudes and joy in nursing.</td>
<td>Emphasizes main points in class; content is presented in multiple ways; uses authentic assignments in form of nurse licensure exam questions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. I teach only essential knowledge to ensure success on the licensure exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julie, M.S. (currently enrolled in Doctoral program) Teaching: 7 Years</td>
<td>I teach nursing based on principles.</td>
<td>Uses outlines in class to present content. Content in PowerPoint slides used as organizers; not filled with content.</td>
<td></td>
</tr>
</tbody>
</table>

**Emergent Espoused Teacher Beliefs**

Analysis of the interview data reveals three emergent themes of espoused teacher beliefs that are shared by the case study participants. First, as I have previously identified, the certified nurse educators discussed their experiences in the clinical setting throughout their interviews. The emergent espoused beliefs related to the effects of the presence of human patients in nursing education come from that focus. The design of the study does not support collection of enactment data through observation in these areas; therefore it is not included in the discussion. The emergent teacher beliefs are discussed in the following paragraphs, followed by a summary chart.
Susan

Role of the patient in clinical setting. While she is there to help students (“…I’m in the rooms helping them.”), Susan turns the responsibility of patient care to the students, saying, “You’re responsible for your patient’s care…I expect it to be done.” Susan expects patient needs to be met first. She addresses student learning needs second.

Let’s say the patient needs something and it needs to be done right now. And the student needs more explanation or something like that, I think the patient comes first and we have to take care of the patient and then the student’s sort of put on the back burner and then hopefully you can get back to the student and fix whatever the problem was.

When this happens, student learning is disconnected from the most relevant teaching moment.

Feelings of difference. Susan’s feelings of difference stem from her perceptions that students see her as different from other nurse educators in the nursing program. Susan struggles with the reputation as the “hardest” instructor. She states, “…my reputation since I started teaching 25 years ago had been that I am hard…. that I can’t seem to shake no matter what. And I don’t like being thought of as the hardest [instructor] because I’m not.” She defines hard as having high expectations and standards for student performance. She believes the reputation grows from learning opportunities that students perceive as challenges and from high standards of performance that she sets. Because she knows she has this reputation, Susan states she tells students when they initially meet that she sets high standards and that she is “hard.”
As noted in the introductory paragraphs about Susan, there is a jar labeled _Ashes of Problem Students_ in her office that she identified as a gift from a student.

**Boundaries with students.** Susan believes that the boundary line with students is set at the point where social interaction begins. She says, “I’m not their buddy and I’m not going to the bar with them.” Susan draws the line also with social networking on the internet. Even though Susan defines the social boundaries at friendship she talks about physical boundaries in terms of hugging students. She describes herself as a “touchy person” and says, “I think people think being professional, maintaining that boundary means you don’t touch them, don’t give them a hug or a squeeze. I don’t think that’s necessarily true.” Susan also shared a story with me at the conclusion of the first interview which I recorded in field notes. She and a student were comparing their own surgical experiences and shared their surgical scars with one another.

**Mary**

**Role of the patient in the clinical setting.** When she works with students who are caring for patients in the clinical setting, Mary believes she must balance the learning needs of the student with the safety and comfort of the patient. During clinical experiences, patient safety and comfort are Mary’s key standards in facilitating student learning. She weighs patient safety with learning opportunities saying “unless it’s something grievously offensive or unsafe…I’m gonna give them the opportunity to learn from it…” Of the instance of giving students failing grades in the clinical setting, Mary says, “I can feel bad that they [students] weren’t successful but I don’t have to feel bad for protecting the patients…” She emphasizes that patient safety is a priority.
**Boundaries with students.** As previously stated, Mary feels most efficacious as a nurse educator in developing relationships with students. Her boundary with students lies between sharing limited personal information and social interactions outside of the academic responsibilities. Mary relates personal stories to students, saying “I share myself with them a little bit . . . I try to limit how much I share. I don’t tell them all the details of my life. But I try and make it so that I’m a human.” She declines invitations to participate in student electronic networking and face-to-face student social events.

**Charlotte**

**Patient safety in the clinical setting.** Educating students in the clinical setting presents a source of conflict for Charlotte related to her role as a nurse and as an educator. She believes she has responsibility to both patient and student: “I…have this advocacy issue because I feel like I’m the advocate for the client. But I’m also the advocate for the student.” She believes the student should do direct patient care for learning, but patient safety is a priority. In the supervision of students in the clinical setting, if she notes that a student “…give[s] a client what would seem to me to be compromised care, (hits table) that’s whoa! Right here, no. I’m falling on the side of the client.” Safe care of the patient is a priority with education of the student a “close second.” As an advocate for the patient, she feels responsible for maintaining his/her safety. As an advocate for the students, she feels responsible for providing educational opportunities for the student to learn in the clinical setting.

**Perceptions of Difference.** At the conclusion of the second interview with Charlotte, she said, “I’m sure you have figured out by now that I’m the one on this
faculty who’s really ‘out there’.” At the time of the statement I did not recognize the significance that her statement would add to the findings of this study and did not pursue the details of her perceptions. The significance of the statement alone is that she perceives herself to be different from colleagues. Based on other data from Charlotte’s interviews and classroom observations, there is evidence that helps me to understand her statement. As previously stated in this study, Charlotte embraces the caring philosophy of nurse theorist Jean Watson as her own philosophy. She played the key role in developing a philosophy of caring that now underpins the nursing program where she is a faculty member. Charlotte demonstrates a high level of passion about both professions of nursing and teaching. Of teaching nursing, she believes that she is most effective with the teaching of attitude and dispositions rather than subject matter.

**Boundaries with students.** Relationship with students has social boundaries for Charlotte. She describes herself as a very private person who draws the line at personal and family information. She does not participate in social networking with students and says, “I’m not their friend.”

For Charlotte there is a difference between social and professional boundaries, Charlotte opens herself professionally to students in the relationship and does not feel threatened to admit to a student that she does not have an answer to their questions. When she talks about allowing students to see her needing to search for answers she says, “my vulnerability helps students be more comfortable with their own vulnerability....” She sees this professional openness as part of role modeling and part of helping students to be comfortable in their own learning role.
Julie

**Role of patient in the clinical setting.** The presence of the patient in the clinical setting influences Julie’s choice of teaching opportunities. When a student performs at a less than acceptable level, Julie defers to patient perceptions and chooses to delay the learning moment for the student: “There are times that I want to say things to students, negatively or whatever, that I don’t because I never, ever want a patient ill at ease.” Depending on the situation, Julie makes a different decision to take advantage of a teaching opportunity to act as a role model for students. She says, “Then there are times that I…talk to patients … especially [with] patient teaching or discharge planning or psychosocial, you know. I more or less let the student listen to me....”

**Perception of difference.** Julie experiences feelings of difference with colleagues when it comes to decision making regarding student and educational issues. In the clinical education setting, the majority of nurse educators assign students to specific patients for clinical practice. Julie allows students to choose their own patients within parameters she sets and agrees with student choices “9 out of 10 times.” Julie says that she and her colleagues “have a difference in philosophy” about this educational practice because “they think … there’s a perception that I don’t run a tight enough [ship]. … I’m not the ‘boss’ ” by not controlling student-patient assignments. Julie further elaborates on the idea of teacher control in the learning situation. She believes that it is necessary and appropriate for the teacher to control the environment for student learning. Rather than control individual patient assignment, she believes it is important to control the learning environment: “…that to me is more important, is the learning environment.” Julie believes she controls the learning environment in ways
that are anxiety reducing for the student. Allowing the student to have a say in patient
choice is a method she employs to reduce anxiety for the student and is her way to
control the learning environment. Julie manipulates the learning environment by setting
parameters for patient choice that students must follow while allowing student choice.
This strategy increases student engagement and responsibility for learning because the
locus of control has moved from teacher to student.

Julie also talks about the fact that she is perceived as lenient with classroom
issues. She discussed an example of a student who asked to take the course final a few
days early because her husband had surprised her with a vacation cruise that was to
depart on the day of the scheduled final. Her teaching colleague in the course did not
want to offer the student another time to take the final, but because Julie was the lead
instructor this particular semester, it was her responsibility to make the decision. She
allowed the student to take the final exam at another time. Regarding the divergent
decisions Julie makes she states, “… my peers give me a little rough time about doing
that. Big rough time.” Julie describes the rough time as “interpersonal issues”, but
would not elaborate in detail.

However, Julie sees a paradox in the situation that supports her teacher self-
efficacy. Even though Julie is perceived by her peers as different she also receives
positive feedback in her faculty position. Julie was selected to serve as a faculty mentor
for new faculty based on her different educational perspective:

It’s become an informal rule of sorts that a few of the things that I do are a little
different than some of the others. And…now [I] have new faculty that I’m
mentoring, but because I do some of these things, that’s why I was chosen as
their mentor.

**Boundaries with students.** Julie resides in a small town 21 miles from the
location of the university where she teaches. Occasionally, students in the program are
from the same small town. This presents a situation in which Julie has friendships and
relationships with students in social settings prior to and outside of the academic setting.
Julie describes situations in which the parents of her daughters’ friends and classmates
are enrolled in her class. Julie expresses a discomfort with the idea that social friends
would be in her clinical education groups because outsiders might perceive inequity in
assignments or evaluation of performance. She refuses to have social acquaintances in
her clinical groups and tells students, “…the other students couldn’t say to you, ‘oh,
well, you got easy assignments and you got this …because Miss (names self) is your
friend.’ ”

**Cross Case Analysis of Espoused Emergent Beliefs**

Three of the four participants recognize a feeling of difference between
themselves as nurse educators and their colleagues in their current nursing programs.
Charlotte, Julie, and Susan each perceive that they think differently, interact differently
or are perceived by students to be different from other educators in their nursing
program. Second, the presence of a human patient in the clinical education setting
brings an additional dimension of the maintenance of patient safety into the education
process. Third, a theme of teacher-student relationship boundaries emerged from the
interviews as the CNEs talked about their interactions with students. All four
participants hold specific beliefs about the nature of relationship boundaries.
Feelings of Difference

An unexpected teacher belief emerged from the data that is outside the theoretical framework of this study. Susan, Charlotte, and Julie expressed feelings of being different from their colleagues in some way. For Susan and Julie, this difference produces conflict that they must navigate on a daily basis. Susan is perceived by students and other faculty as a “hard” instructor because she challenges students to perform at high levels. She is uncomfortable with that label because she does not perceive herself with the same view, yet she tells students during early interactions in her clinical educations setting that she is “hard.” She encourages the reputation she tries to shed.

Julie struggles with decisions to be flexible with students’ personal needs, realizing that students have lives outside of the education setting. When she tries to make accommodations for students, she finds herself in conflict with other faculty members who do not agree. In the section about teaching and learning beliefs, Julie describes herself as a partner in education who allows student choice in clinical experiences. She aligns herself with students to meet their needs. This position raises conflict that is uncomfortable for Julie from the standpoint of her faculty relationship role, but supports her feelings of efficacy in the student relationship role. This tension for Julie is increased through the conflicting message she perceives when she is asked to mentor new faculty.

Charlotte, on the other hand, admits to feeling very comfortable perceiving herself as different from her colleagues. Charlotte’s perceived difference comes from two sources: (1) her philosophical connection with the nursing theory of Jean Watson
and (2) her belief that teaching an affective dimension of nursing is a priority. Unlike Julie, who feels unsupported by colleagues, Charlotte experiences collegial support as demonstrated through program acceptance of the nursing theory she championed.

**Influence of Patient in Nursing Education**

Susan, Mary, Charlotte and Julie discussed their perceptions of responsibility with the presence of a human patient in clinical teaching. The educators believe that safe care of the patient is a priority in the clinical setting. Their teaching responsibilities are to ensure that students’ actions are safe and appropriate without causing harm to the patient. Susan and Julie believe that patient safety is first and education of the student is second. Susan prioritizes patient safety and delays or omits the teaching moment for the student (“…student’s sort of put on the back burner and then hopefully you can get back to the student and fix whatever the problem was.”). Julie states she sees the triad of patient, student and nurse educator as a “team.” She delays teaching moments, removing the student from the room, so that she does not imply to the patient that the student has done something incorrectly. Her priority in the moment is to make the patient feel safe and she discusses her concerns with students at a different time away from the patient. In addition, Julie’s and Susan’s actions of delaying a teaching moment also serve to prevent a student from experiencing embarrassment or shame in the clinical setting.

Charlotte and Mary also place priority in patient safety. Charlotte places emphasis on the patient, but states that teaching the student is a “close second.” She experience tension in the clinical setting because she believes she is an “advocate” for both patient care and student learning. This tension exists until the student does
something Charlotte deems unsafe and then she removes the student from patient care. Mary believes that patient care and student learning should be balanced and allows the student to function in the setting unless they perform an action that is “offensive or unsafe.”

**Existence and Limits of Relationship Boundaries with Students**

Susan, Mary, Charlotte and Julie express beliefs about limits in communication and relationship boundaries (Altman, Williams-Johnson, & Shutz, 2009). Descriptions of the boundaries of those limits vary with each participant. I envision a line of a continuum with the words *tight boundaries* on one end and *less tight boundaries* on the other end. If placed on a continuum line, each would be in a different location, with Charlotte at the end labeled *tight boundaries* and Susan at the other end, labeled *less tight boundaries*. Mary and Julie would be placed in the middle of the line with Julie closer to Charlotte and Mary closer to Susan. Even though Susan says, “I am not their friend” and she declines both social network (e.g., Facebook, Twitter) and personal event invitations, I place her closest to *less tight boundaries* based on an interaction she described. In field notes, I recorded a story related to relationship boundaries that Susan shared with me at the conclusion of the first interview. A student approached Susan and described her recent surgical scar. During the interaction Susan shared and compared surgical scars with the student on body locations that are normally clothed. Conversely, Charlotte describes tight social boundaries with students and does not share what she perceives to be personal or family information. Mary shares enough information to appear “human” to students. She describes sharing common day-to-day activities and general information about vacations. Of the four participants, Julie
describes a unique situation in which she lives in a small town where students also live. She occasionally has students in her class with whom she has developed a friendship or relationship through children’s activities. Julie is cognizant of the perceptions of others in equality of student treatment or evaluation in the face of existing social relationship. She draws a boundary in the education setting with a decision to not accept these students in her clinical groups.

Table 4.3

*Emergent Teacher Beliefs of Participant Certified Nurse Educators*

<table>
<thead>
<tr>
<th>Identified Themes</th>
<th>Participant</th>
<th>Espoused Belief</th>
<th>Observation and/or Interview Data Related to Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of Being Different from Colleagues</td>
<td>Susan, M.S. Teaching: 25 years</td>
<td>I am perceived by students as the “hard” instructor.</td>
<td>Observed in faculty office: Jar in office labeled <em>Ashes of Problem Students</em></td>
</tr>
<tr>
<td></td>
<td>Mary, Ed.D. Teaching: 6 years</td>
<td>None expressed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charlotte, Ph.D. Teaching: 30 years</td>
<td>I’m the “out there” faculty member.</td>
<td>Interview data: Philosophical connection with Watson nursing theory. Belief in importance of teaching affective elements of profession.</td>
</tr>
<tr>
<td></td>
<td>Julie, M.S. (currently enrolled in Doctoral program) Teaching: 7 years</td>
<td>My colleagues think I am too lenient with students.</td>
<td>Observation data: Alter due dates for assignments for students who are ill. Interview data: Allows students to choose own patient care assignments. Negotiates changes in exam dates with students who have conflicts of personal nature.</td>
</tr>
</tbody>
</table>

128
| Role of Human Patient in Clinical Education Setting | Susan, M.S.  
Teaching: 25 years | Patient safety is priority in clinical education setting. | In the clinical setting, education of student may be delayed in order to make patient safety a priority. |
|--------------------------------------------------|--------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|
| Mary, Ed.D.  
Teaching: 6 years | Patient comfort and safety are priority and balanced with student learning. | In clinical setting, Mary says she allows students to care for patients unless actions are “offensive or unsafe.” |
| Charlotte, Ph.D.  
Teaching: 30 years | Patient safety is priority in clinical education setting, but I am also advocate for student learning in clinical setting. | Maintains priority of patient safety in clinical education setting. |
| Julie, MS  
(currently enrolled in Doctoral program)  
Teaching: 7 years | Patient safety is priority in clinical education setting. | Interview data: sees the patient, students and educator as a team. |
| Relationship Boundaries with Students | Susan, M.S.  
Teaching: 25 years | I do not form friendships with students. | Interview data: states she maintains social boundaries with students. Does not reply to social media contacts, e.g. |
| Mary, Ed.D  
Teaching: 6 years | I limit the amount of information I share with students. | Interview Data: states she shares enough information to appear “human.” |
| Charlotte, Ph.D.  
Teaching: 30 years | I have tight social boundaries with students. | Interview data: does not share personal or family data with students. |
| Julie, M.S.  
(currently enrolled in Doctoral program)  
Teaching: 7 years | I keep education and social relationships separate. | Interview data: does not accept social acquaintances in her clinical group. |
Role of Teacher Beliefs in Understanding Relationship with Nursing Students

Espoused Beliefs

Pianta (1999) states that relationships are more readily visible through conversation rather than observation. Because this study focused only on the teacher (certified nurse educator) rather than the dyad of teacher and student, it is most appropriate to examine the influence of teacher beliefs in the participants’ understanding of relationship with nursing students.

A belief category common to all is the idea of teacher role. How Susan, Mary, Charlotte and Julie see themselves in that role influences their interactions with students. During the time of her participation with this study, Susan experienced a situation that provides a significant illustration of the role that her teacher belief about challenging students plays in her relationship with them.

As a teacher, Susan challenges students through high standards of performance and because of that challenge, students perceive her as a “hard” teacher. As previously noted, Susan has a gift jar from a student labeled *Ashes of Problem Students* in her office as a reminder of how hard she seemed to that student. Over time, Susan began to tell students that she is “hard” saying “I would tell students ‘I can help you, come and see me’, and all that. But I was still saying I’m hard and stuff.” Beliefs and actions are reciprocal (Parjares, 1993; Richardson, 1996): student perceptions influenced her self-perceptions and in turn her self-perceptions influenced student perceptions. This reciprocity influences Susan’s beliefs about herself and her relationship with students. As a result of her participation in the initial interview, Susan reflected upon her action of using the word “hard” to describe herself to new students. During the second
interview that occurred at the beginning of a new academic term she shared a thought with me that is best understood in her own words:

And actually I have to tell you I have worked on that. The more I thought about it, I thought part of it is I’m telling them how I am ahead of time. I would say, I know I’m hard on papers, okay? So I was like giving a negative view of myself. So I was really careful this year.. I mean [to] change that…I had . . . I had a student last week, we were talking about something and he said, "well I heard you’re hard.” And I said, ‘oh, that’s been my reputation since I started. Don’t believe it.’ I figure let them find out for themselves how I am. So I ... like my clinical group, I didn’t say, ‘I’m really hard on grading papers.’ I just said [to myself], you know, I’m not gonna be like... I’m not gonna do that. And I will say I can see the difference.

At this point in the interview there was a knock on the door that interrupted the conversation and when we returned to the conversation, Susan had difficulty elaborating on the “difference” she perceives. This experience supports and exemplifies the concept that teacher beliefs are enacted in ways that affect relationship with students. From Susan’s change in behavior as a result of self-reflection, she perceived a difference in her relationship with students.

Mary’s belief about her strength in teacher self-efficacy provides insight into her relationship with students. With teacher self-efficacy, Mary feels most efficacious with the development of positive relationships with nursing students. The belief that relationship development is one of her strengths is grounded in her own negative experience with one of her nurse educators in which she was so intimidated that she
could not learn. As a result, Mary vowed to be the type of teacher who is open, cooperative, and “somebody that’s approachable, somebody that’s pretty laid back.” Mary demonstrates insight into her relationship with students realizing that students may not perceive her in the same way that she strives to portray herself. “I think because I’m in a position, kind of authority over them, as an instructor their perceptions are always going to be different than what I think I am projecting.” She is aware that position differences exist that may influence the relationship and believes that she does all she can do to make herself appear non-threatening to students.

Of the four participants, Mary alone perceives that the teacher-student relationship can be nurse-patient relationship. This idea was first presented under the section Participant Beliefs about Teacher Self-Efficacy.

As part of relationship building, Mary uses the “compassion” of nursing to connect with students to understand their personal situations in the schooling process. She uses nursing skills of observation to identify when students are in personal or academic difficulty and says that she recognizes problems before students verbalize them. Mary’s teacher self-efficacy in developing relationships with students co-resides with her perceptions of herself as a nurse.

Charlotte’s driving force in relationship with students is her feeling of efficacy in teaching the affective components for nursing subject matter. She believes that learning a positive attitude and joy for the work of the profession is a priority in nursing education. Charlotte utilizes her own enthusiasm and energy as pedagogy to engage students. Of the four case study participants, Charlotte is the only one who makes no mention of engaging students in the classroom setting. Observational data in her
classroom reveal that students are engaged at a higher level than students in the other observed classrooms.

Julie sees herself as a partner in the teaching-learning process. She allows student to make choices in their educational experiences in the clinical setting through choice of patient assignment. She states that she answers student questions in the clinical setting with another question to encourage thinking and works with students to direct them to resources for answers.

**Subjective Description of Classroom Climate**

Observations in the classroom afforded me an opportunity to watch the interactional relationships between the certified nurse educators and students. Design of this study did not include videotaping of those student interactions; however in field notes I recorded descriptions of events in the room and my subjective perceptions of the overall climate in each of the classroom settings.

In a qualitative study examination of researcher subjective perceptions may provide additional information to the understanding of the phenomena. As the researcher, I believe it is important to describe the classroom climate that was unique to each of the four case study participants. Susan’s classroom had a formal atmosphere. Students asked questions two to three times during the class hour in which Susan lectured, standing at the front of the room. At times students in the back of the room engaged in quiet conversation.

Mary’s classroom atmosphere was cordial. During the times of student presentations, Mary sat near the front of the room and would periodically interject clarifying remarks that were helpful and informative. Her tone of voice was calm and
non-threatening. During one of the class periods in which students worked in small groups, students asked Mary questions to which she responded.

The classroom atmosphere in Charlotte’s class was unique. I recorded in field notes on the two occasions of observations that I did not want to leave at the end of the allotted time. There was an engaging, contagious atmosphere that drew me into the situation even though I was there as an observer. Charlotte described her energy and passion for nursing and teaching during the interviews and her classroom “magic” was evident. Students were engaged and interactive in the conversation that constituted content presentation. During small group activity time, Charlotte moved from group to group asking and answering questions. At other times she moved about the classroom.

Julie’s classroom atmosphere was comfortable. She positioned herself at the front of the room, but moved from side to side, presenting content. She used no notes, using projected visuals as her outline. Students frequently asked questions to which Julie responded. Student questions became interactional conversations at times.

Reflecting upon these subjective observations, I thought about how each certified nurse educator expresses a different idea about her role in the classroom. Susan is a transmitter of knowledge; Mary is a coach/facilitator; Charlotte is a resource; and Julie is a partner. Davis (2003) suggests that pedagogical style of the teacher influences relationships that teachers form with students. This subjective description suggests that pedagogical style also affects the relational atmosphere in the classroom.

**Summary**

As teachers, the participant certified nurse educators expressed beliefs about teacher self-efficacy and about teaching and learning that are simultaneously similar
and different. Themes of their beliefs are similar, but the way they enact those beliefs are as unique as they are as individuals. For example all four of the participants identified beliefs that students are responsible for their own learning. Yet they enact that belief differently in the classroom based upon the teacher role they perceive for themselves. Teacher beliefs emerged from the study that are unique to nursing education, specifically the idea that the instructional pedagogy of a human patient in the clinical setting potentially affects the timing of teaching moments for nursing students. Whereas this study brought to light the phenomena of teacher beliefs of certified nurse educators, it raised more questions than answers.
Chapter 5: Conclusions and Implications

This qualitative research study is a broad, exploratory, and descriptive case based study about the construct of teacher beliefs of four subjects selected from a specific population of nurse educators in post secondary education. As teachers, certified nurse educators are underrepresented as subjects in both education and nursing education research (Nugent, et al, 1999; see Woolfolk Hoy, et al., 2006).

The American Association of College of Nursing [AACN] (2008b) reports a workforce shortage of half a million nurses by 2025. A critical factor in decreasing that shortage is the education of nurses, requiring nursing faculty. According to a study of baccalaureate nursing programs reported by the AACN in 2010 there is a faculty vacancy rate of 6.9 % in nursing education programs. The AACN reports that the vacancy in nursing faculty positions is due to a lack educationally qualified nurse educators and to inequality in salaries between education and practice in the profession (AACN, 2010).

As the AACN (2008a; 2010) reports, one factor that affects the education of future nurses is the preparation of faculty as educators. The majority of nurse educators enter teaching directly from nursing practice without the benefit of preparation for teaching. Comprehensive teacher preparation in nursing graduate programs is imperative to the development of effective nurse educators in nursing. In order to prepare nurses to be effective teachers, we must understand their fundamental beliefs as
teachers because those beliefs underpin their thoughts and actions in the practice of teaching (Oskamp & Schultz, 2005; Richardson, 1996).

The goal of this qualitative study was to understand the phenomena (Crotty, 2003; Tichen & Hobson, 2005; Patton, 2002) of espoused and enacted teacher beliefs of certified nurse educators and the role those beliefs play in understanding relationship with nursing students. A case study (Yin, 2006) approach was used to capture rich and descriptive data through interviews and observations with four participant certified nurse educators. Data were examined through the process of multiple codings and cross case analyses. Theories of teacher self-efficacy, teaching and learning, and teacher relationships provided the framework for coding data, reporting results, and drawing conclusions.

Certified nurse educators in this study express teacher self-efficacy in the delivery of instructional pedagogy and in development of relationship with students. Three teacher beliefs emerge from this study that extend the body of knowledge of education literature. Two certified nurse educators express negative self-efficacy in their ability to engage students in the learning process, even though they feel efficacious in development of instructional pedagogy. A belief surfaced that the instructional pedagogy of human patients influences timeliness of educational opportunities in the clinical setting. Three of the participants report feelings of “difference” between themselves and their colleagues at their educational institutions.
Foundation for Teacher Self-Efficacy

Findings of this study support the longstanding theory that development of teachers’ beliefs begins with their experiences and observations as students (Lortie, 1975). Whereas all four case study participants describe interactions with their own teachers that provide foundations for the development of their teacher beliefs, Mary and Charlotte provide significant evidence that teacher beliefs are developed as a result of experiences with previous teachers. Mary experienced shame and intimidation to the point of feeling mentally and physically “paralyzed” in relationship with a nurse educator that inhibited her learning. As a result of that experience, Mary vowed never to be the type of teacher who created a threatening relationship with students. In this study Mary identified that as a nurse educator she feels most efficacious in the development of positive relationships with students. For Mary, teacher self efficacy in relationship development takes priority over instructional teacher self-efficacy. Mary further explained that she utilizes her professional nursing knowledge and skill to develop a caring relationship with students. Mary’s feelings of self-efficacy in relationship development with nursing students are influenced by her past experience with a teacher and by nursing knowledge about caring for others.

Charlotte encountered three different experiences that influence her current beliefs and actions. One of her nursing teachers influenced her with a positive and enthusiastic attitude toward nursing. The second educator, whom Charlotte deemed incompetent to teach nursing content knowledge, influenced Charlotte to maintain current nursing knowledge and competence in her role as an educator. A third event
occurred in Charlotte’s professional nurse educator career when she embraced a nursing philosophy that underpins her current beliefs.

**Differences in Teacher Self-Efficacy**

Current knowledge in the literature defines teacher self-efficacy as a teacher’s self-belief that he/she is able to accomplish a specific task for a specific purpose and in a specific context (Bandura, 1997; Richardson, 1996; Woolfolk Hoy, et al., 2006; Tschannen-Moran, & Hoy, 2006; Tschannen-Moran, et al., 1998). Teacher self-efficacy beliefs expressed by the participant nurse educators in this study include instructional beliefs, relational beliefs, and beliefs about the ability to engage students in learning. Each of the participants place different emphasis on the self-efficacy beliefs they identified. Susan and Julie feel efficacious in and place importance in the delivery of content, whereas Charlotte feels efficacious in developing affective knowledge with students. Mary feels efficacious in the development of relationships with students and in the use of creative pedagogy. Woolfolk Hoy and Tschannen-Moran (2001) measure P-12 teacher self-efficacy in the areas of instruction, student engagement, and classroom management. Results of this study of teacher self-efficacy beliefs suggest that measurement of self-efficacy beliefs could be extended to include teacher-student relationship.

All four participants expressed feelings of self-efficacy as nurse educators in the context of the clinical education setting. The clinical setting represents the area of first practice for these teachers who gained nursing knowledge first and teacher knowledge second. Their clinical self-efficacy reinforces current knowledge about the effects of
teaching context (Bullough & Baughman, 1997; Nugent, et al., 1999) on teacher
efficacy.

**Teacher Preparation**

Through teaching experience, teachers develop practice knowledge, known as
craft knowledge (Calderhead, 1996) or wisdom of practice (Shulman, 1986) that is
specific to educational settings and subject matter. As discussed in Chapter 1, nurses
who become educators come to the teaching role with limited knowledge about teaching
and develop teaching knowledge over time. The four participants in this study
articulate and enact different components of teaching knowledge. Of the four
participants, Mary has a terminal degree in education and the least amount of
experience in teaching at 6 years. The others have earned advanced degrees in nursing.
Data from the four participants in this study provide evidence that craft knowledge
develops through practice in teaching. Susan, with a Master’s degree in nursing and 25
years of teaching experience, recognizes that different educational settings of
classroom, laboratory, and clinical require her to use different teaching methods. During
analysis of the interview transcripts I noted that although Susan describes pedagogical
content knowledge when she explains teaching differences in different settings, she uses
lay language instead of education terminology.

Julie and Charlotte demonstrate the use of teacher craft knowledge in different
ways. Julie, believing that students are responsible for their own learning, promotes
that responsibility when she allows students to choose their own patient assignments.
She also engages students in learning through the development of a community of
nurses who allow no patient harm “on our watch.” Charlotte, after 30 years of teaching
experience, demonstrates characteristics of a proficient/expert (Berliner, 1988; Calderhead, 1996) educator, and chooses priority content in subject matter to teach.

Of the four certified nurse educators, only Mary has had formal teacher preparation through her doctorate degree in education, as noted in Table 3.1. Charlotte and Julie have limited teacher preparation through their graduate coursework. Susan has no formal teacher preparation. With the certified nurse educator certificate, all participants have demonstrated achievement of standards according the NLN. However, data from this study suggest that there are differences in teacher preparation for nurse educators raging from no formal preparation to teacher preparation through the discipline of education. The fact that there is a small percent of educators with the CNE designation further indicates a need for formal and consistent teacher preparation and development for nurse educators at a time when the profession needs to educate more nurses.

**Lack of Efficacy for Student Engagement**

The participant nurse educators feel efficacious in their abilities to develop creative and varied teaching strategies. Two of the four, Susan, with 25 years of teaching experience and Mary, with a doctorate in education, experience frustration with the lack of student participation with the strategies they develop. Susan, who provides learning opportunities outside of scheduled class and nursing laboratory time, is frustrated by low attendance; Mary tries interactive pedagogy in the classroom and feels she “drags students kicking and screaming” with her. Both implied that the creation and implementation of different pedagogies will automatically produce student engagement.
Based on their discussion and frustration, I began to speculate that nurse educator preparation does not adequately address the psychology of student motivation and engagement (Barkley, 2010; Harper & Quaye, 2009). A review of three books (see Benner, 2010; Hermann, 2008; Penn, 2008) written specifically for the development of nurse educators by well known authors in the discipline of nursing confirms my thought. My review reveals two paragraphs devoted to information about student motivation and engagement. In a book that describes development and use of creative pedagogy by nurse educators, Hermann (2008, p. 291) suggests that when nurse educators use creative teaching strategies nursing students will develop a “thirst for knowledge.”

Susan’s and Mary’s experiences and the sparse information available in nursing education literature support the presence of a gap in nurse educators’ knowledge about student motivation and engagement that leads to their feelings of frustration. The gap could be closed through the inclusion of student engagement theory (see Anderman & Leake, 2005) in nurse educator development programs.

**Implications for the Teaching of Nursing in the Clinical Setting**

The focus of this research study was the teacher beliefs of certified nurse educators in the classroom setting. However, participants discussed their teaching beliefs in the context of the clinical setting throughout the course of research contacts. Clinical teaching in nursing presents a unique situation for education that led to an unexpected finding in this study. The participant certified nurse educators feel responsible for maintaining the safety and well-being of the human patient in healthcare settings. The fact that human patients are used as teaching pedagogy for nursing
students presents nurse educators with a dilemma in the timing of the delivery of educational experiences for individual students. As Susan most directly said, “I think the patient comes first and we have to take care of the patient and then the student’s sort of put on the back burner and then hopefully you can get back to the student and fix whatever the problem was.”

The recognition that student education in the context of the clinical setting comes second to patient safety challenges the effectiveness of a longstanding pedagogical practice. A hallmark of nursing education is student clinical experience in real life settings. When a teaching moment is delayed or omitted in the clinical setting, what happens to the effectiveness of that teaching opportunity? How is clinical nursing education affected by the use of the human patient as pedagogy? Do nurse educators recognize when a teaching moment is overlooked? How do nurse educators navigate the conflict between a teaching moment for the nursing student and maintenance of patient safety?

Implications from the recognition of the teacher belief that patient safety is a priority are twofold. First, recognition of the belief supports teacher development programs that promote awareness of the belief and identification of pedagogical methods to promote timely instruction in the context of clinical education. The second implication is the use of alternative pedagogy in the form of human patient simulation (computerized mannequins) in the classroom or laboratory educational settings. The question about the effectiveness of simulation for learning is currently a popular research topic in the discipline of nursing.
Feelings of Difference

For three of the participants, the phenomenon of perceiving a difference between themselves and their colleagues was an unexpected finding. These feelings arose from different philosophical viewpoints about nursing and education, from making different decisions at the intersection of instruction and relationship with students, and from feeling that students perceived them differently than other nurse educators. Each reported receiving positive and negative feedback from colleagues that supported their perceptions of difference. Susan experiences mixed messages in feedback that affect her feelings of self-efficacy. From colleagues she perceives that she is an effective educator; students perceive her as “hard.” She struggles with the idea that students see her this way. Julie also receives mixed messages from colleagues who give her “a big rough time” for the pedagogical decisions she makes, yet assign her to be a mentor for new faculty. These experiences demonstrate how cognitive feedback plays a role in the development of self-efficacy. These findings suggest further study about how teachers navigate mixed messages in self-efficacy and what determines the overarching efficacious feeling.

Boundaries in Student-Teacher Relationship

Boundaries provide limits and structure to human interaction and may be rigid or lenient as determined by those involved (Barnett, 2008). Analysis of relationship boundaries reveals that certified nurse educators draw a line at developing friendships with students. All four of the participants use the term friends or friendship to describe the boundaries they set. Their descriptions of communication and relationship boundaries support what we already know from current theory (Altman, et al., 2009).
Susan presents an opportunity to look at relationship boundaries from a different viewpoint when she describes comparing surgical scars with a student. She states she does not form friendships with students, yet she shares what is usually reserved for family and close friends. Because nurses, as members of a high touch profession, are expected to view body parts and perform intimate care such as bathing for strangers, this data potentially extends the student relationship typology identified by Altman, et al. Current research in P-12 education (see Andrzejewski & Davis, 2008) explores how teachers navigate touch with their students. The boundary beliefs espoused and enacted by Susan suggest there are different viewpoints in different educational settings with teachers who have different development in professional backgrounds.

Results of this study further suggest a blurring of boundaries between professional nurse and nurse educator in relationship with students in the education setting, as evidenced by Mary’s belief that she is “nurse to the student” in the teacher role. This idea is explored under **Implications for Future Study**.

**Implications for Future Study**

Early in the data analysis of this study, I began to see the implications for future study of nurse educators. The identification of each belief brought more questions to mind. First, results of this study are based on four case studies of certified nurse educators. The study identifies teacher beliefs of these four participants, but as a phenomenological case based study, is not generalizable to the population of certified nurse educators. A next logical step emerging directly from this work is to develop a survey of belief statements grounded in the results of the study for use with a wider population sample of certified nurse educators. In addition to certified nurse educators,
future surveys of non-certified nurse educators would further extend the knowledge of teacher beliefs of a specialized group of teachers in higher education. Comparison of beliefs between the groups of certified and non-certified would provide useful information for teacher development in the field.

Because this research project is a macroscopic look at the teacher beliefs of certified nurse educators, the results of the study reveal a rich description of a breadth of beliefs related to teacher self-efficacy, teaching and learning and teacher relationship with nursing students. Each of the identified beliefs could be the subject of research that explores its depth. For example, teacher-student relationship boundaries between certified nurse educators and nursing students could be explored, asking the following questions: What is the typology of relationship boundaries (Altman, et al., 2009) between certified nurse educators and nursing students? How do demographic characteristics of both nurse educator and student affect those boundaries? How does the level of teacher knowledge of the nurse educator affect relationship boundaries? How do these boundaries look different in nursing education versus education in other professional disciplines such as teacher education or medical education?

A second study related to nursing student motivation and engagement specific to the three different educational settings in nursing would add to the body of knowledge for nursing teacher education. What elements of motivation are present for nursing students in the different education settings? What factors promote or prevent nursing students’ engagement in the three settings? What are the differences between nurse educators’ and nursing students’ perceptions of engagement in learning?
Post Study Subjectivity Statement

Transferability of qualitative research is established when findings of the study are deemed useful in another setting by a consumer of research (Seale, 2002). As an insider in nursing education, I am both the researcher and a consumer of the results of this study. From the time that I began the analysis to recognize teacher beliefs of the research subjects, my ability to identify belief statements of the faculty with whom I work increased. The exploration of the research data, supported by my expanding theoretical knowledge, provides me with a wealth of resources. Coupled with teacher education knowledge learned through this journey in graduate education, I recognize that I use this information daily and feel efficacious in helping nurses become educators.

I began this study with a subjectivity statement in Chapter 1 in which I stated that I struggle with a prevailing idea in the profession that nurse educators eat their young (Loring, 1999; Rowe & Sherlock, 2005), and that nursing students suffer shame in interactions with their educators (Bond, 2009). In my professional experience, I have encountered several nurse educators who shamed students. For this study, I solicited volunteers from an available pool of 39 certified nurse educators and engaged four subjects with whom I had no previous contact. All four of these participants demonstrated beliefs and actions in the classroom that do not support the idea of shame and humiliation that is often discussed in nursing literature. I end this dissertation with a statement that I perceive a difference between those whose quotes began Chapter 1 and the four participant certified nurse educators. I speculate that one difference could be due to the process and education required to acquire the CNE certification. Future
research is indicated to explore the differences between certified and non-certified nurse educators.
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Appendix A: National League for Nursing Educator Competencies
Core Competencies for Nurse Educators

Competency 1 – Facilitate Learning
Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:
• Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
• Grounds teaching strategies in educational theory and evidence-based teaching practices
• Recognizes multicultural, gender, and experiential influences on teaching and learning
• Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
• Uses information technologies skillfully to support the teaching-learning process
• Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
• Models critical and reflective thinking
• Creates opportunities for learners to develop their critical thinking and critical reasoning skills
• Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
• Demonstrates interest in and respect for learners
• Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
• Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
• Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
• Serves as a role model of professional nursing

Competency 2 – Facilitate Learner Development and Socialization
Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:
• Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners
• Provides resources to diverse learners that help meet their individual learning needs
• Engages in effective advisement and counseling strategies that help learners meet their professional goals
• Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners’ self-reflection and personal goal setting
• Fosters the cognitive, psychomotor, and affective development of learners
• Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
• Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation
• Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

**Competency 3 – Use Assessment and Evaluation Strategies**

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

• Uses extant literature to develop evidence-based assessment and evaluation practices
• Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
• Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
• Uses assessment and evaluation data to enhance the teaching-learning process
• Provides timely, constructive, and thoughtful feedback to learners
• Demonstrates skill in the design and use of tools for assessing clinical practice

**Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes**

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

• Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
• Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
• Bases curriculum design and implementation decisions on sound educational principles, theory, and research
• Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
• Implements curricular revisions using appropriate change theories and strategies
- Creates and maintains community and clinical partnerships that support educational goals
- Collaborates with external constituencies throughout the process of curriculum revision
- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

**Competency 5 - Function as a Change Agent and Leader**
Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:
- Models cultural sensitivity when advocating for change
- Integrates a long-term, innovative, and creative perspective into the nurse educator role
- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
- Evaluates organizational effectiveness in nursing education
- Implements strategies for organizational change
- Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
- Promotes innovative practices in educational environments
- Develops leadership skills to shape and implement change

**Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role**
Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:
- Demonstrates a commitment to life-long learning
- Recognizes that career enhancement needs and activities change as experience is gained in the role
- Participates in professional development opportunities that increase one’s effectiveness in the role
- Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
- Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
- Engages in activities that promote one’s socialization to the role
- Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
- Mentors and supports faculty colleagues

**Competency 7 – Engage in Scholarship**
Nurse educators acknowledge that scholarship is an integral component of the faculty role,
and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:
• Draws on extant literature to design evidence-based teaching and evaluation practices
• Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
• Designs and implements scholarly activities in an established area of expertise
• Disseminates nursing and teaching knowledge to a variety of audiences through various means
• Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
• Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

Competency 8 – Function within the Educational Environment
Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good “citizen of the academy,” the nurse educator:
• Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
• Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
• Develops networks, collaborations, and partnerships to enhance nursing’s influence within the academic community
• Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
• Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
• Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
• Assumes a leadership role in various levels of institutional governance
• Advocates for nursing and nursing education in the political arena
Appendix B: Certified Nurse Educator Teacher Beliefs Study

Email/Phone Script
21C Participant Identification, Recruitment, & Selection

Certified Nurse Educator Teacher Beliefs Study

Email/Phone Script

January, 2009

Hello,

My name is Barbara Barta and I am a doctoral student in the College of Education and Human Ecology at The Ohio State University. As part of my program of study, I am conducting a research study in an area of special interest to me. I am interested in nurse educators and their beliefs about teaching. The purpose of the study is to understand certified nurse educators’ teacher beliefs about their own teacher effectiveness, about teaching, and about their relationship with the learner. I am writing/calling to ask for your help with this study.

I would like to ask for your permission to participate in a variety of ways. The study is designed to collect information through two interviews and through two observations of you as you teach in the classroom. First, I will ask you to participate in an initial interview that I expect will last one to two hours. The interview will be audio taped for future reference. Second, I will ask your permission for me to observe you as you teach in a classroom setting on two different occasions, of one hour each. These observations will focus on the nurse educator and will be videotaped for later review. Lastly, I ask that you participate in a second interview, lasting one to two hours. In total, I am asking for no more than 6 hours of your time, spread out over several meetings.

Your confidentiality is ensured through the use of pseudonyms of your choosing. The interviews and classroom observations will be digitally recorded. Storage of the files will be password protected and hardcopies of transcripts will be kept in a locked file. Your participation is voluntary and you may withdraw from the study at any time without penalty.

I am working under the direction of Anita Woolfolk Hoy, Ph.D, at The Ohio State University. If you have questions for her, I will be happy to provide Dr. Hoy’s contact information. I can be contacted through email at barta.15@osu.edu; phone; 614-481-8545 (h) or 614-975-8474 (cell).

I would love to have a few minutes of your time to discuss any questions you have or to discuss the study in more depth.

Sincerely,

Barbara Barta, MS, RN.
barta.15@osu.edu; phone: 614-481-8545 (h); 614-975-8474 (cell)
Appendix C: Consent Letter
Participant Rights: Your participation is voluntary. You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact the researchers, Dr. Anita Woolfolk Hoy or Barbara R. Barta at the addresses and phone numbers listed below.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If you are injured as a result of participating in this study or for questions about a study-related injury, you may contact the researchers, Dr. Anita Woolfolk Hoy or Barbara R. Barta at the addresses and phone numbers listed below. In case of emergency, co-investigator, Barbara R. Barta may be reached at 614-975-8474 (cell phone).

Sincerely,

Barbara R. Barta
1824 Barrington Road
Columbus, Ohio 43221-4334
Phone: 614-481-8545
Email: barta.15@osu.edu

Dr. Anita Woolfolk Hoy
159 A Ramseyer Hall
29 W. Woodruff Ave.
Columbus, Ohio 43210
Phone: 614-272-3774
Email: hoy.17@osu.edu
Appendix D: Letter of Support for Research Study/Data Collection
LETTER OF SUPPORT FOR RESEARCH STUDY/DATA COLLECTION

Name
Director, School of Nursing
Address

Dear

I am a doctoral student in the College of Education and Human Ecology at The Ohio State University. This letter is to request your acknowledgement and support of my doctoral research project at (name of institution) where a member of the faculty has agreed to participate as a subject in the study. My presence at this educational institution is solely for the purpose of data collection.

No XXXX personnel will be involved in the conduct of the research project, in recruiting, or in the collection of data. The only role of a faculty member at your institution is as a voluntary research subject.

As noted below, my dissertation study has been approved by the Institutional Review Board at OSU.

Doctoral Research Study: The Ohio State University
OSU IRB Protocol Number: 2009B0010
Approval Date: February 21, 2009
Study Title: Certified Nurse Educators: Espoused and Enacted Teacher Beliefs and the Role They Play in Relationship with Nursing Students
Principal Investigator: Anita Woolfolk Hoy, Ph.D.
Co-Investigator: Barbara R. Barta, MS, RN

Thank you very much for your support of this research project and for promoting the development of knowledge about nurse educators. Please return this signed letter to me in the stamped, addressed envelope provided. If you have any questions about the study, I can be reached at barta.15@osu.edu; or 614-481-8545 (h); 614-975-8474 (c).

Sincerely,

____________________________________________
Your signature on this letter indicates that you are aware and support research data collection at (name of institution) by co-investigator Barbara R. Barta.

Signed: ___________________________ Date: ___________________________
Title: ____________________________________________
Appendix E: Interview Guide # 1
Research Title: CNE: Espoused and Enacted Teacher Beliefs and their Role in Relationship with Students.

1. Nursing Background
   a. **How/why** did you **decide** to become a nurse
      i. Significant event in personal education experience
      ii. Influence of that event
   b. **How/why** did you **decide** to become a nurse educator
   c. **How/why** did you decide to become **certified** (CNE)
   d.

2. Teacher Efficacy
   a. What does it mean to you to be certified in nursing education
   b. What do you think you do best as a NE (confident)
      i. Classroom or clinical: difference?
   c. What is it important for you to do (most satisfying?)
   d. What is it like for you being a nurse educator
   e.

3. Teaching/Learning Process
   a. Everyone has beliefs that guide their teaching. Could you share your thoughts about teaching process?
   b. How do you believe (nursing) knowledge is gained by a learner?
   c.

4. Students and Relationship
   a. How would you characterize your relationships with students
   b. Could you describe your most rewarding experience with a student.
      i. Not so rewarding experience?
   c. Pretend you are a student in your class, how would you see you as a teacher
   d.

5. Anything you would like to mention that we have not discussed?

6. Demographic information
   a. Age/race/gender/length of time teaching/teaching responsibilities/highest degree/professional certifications other than CNE
Appendix F: Classroom Observation Guide
CERTIFIED NURSE EDUCATOR
Classroom Observation Guide
Record of Action/Behaviors

Date of Observation: ____________________ Start time: ______ End Time: ______
Location: ____________________________________________
☐ Classroom
Participant Name/Code: ____________________________________________
Observer Name: ____________________________________________
Video/Audio tape ID #: ____________________________________________

<table>
<thead>
<tr>
<th>Event Time</th>
<th>Teaching-Learning Behaviors/Events</th>
<th>Teacher Efficacy Behaviors/Events</th>
<th>Relationship with Students Behaviors/Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teaching strategies/pedagogy</td>
<td>Risk taking</td>
<td>Eye contact</td>
</tr>
<tr>
<td></td>
<td>Allocation of Responsibility</td>
<td>Creativity</td>
<td>Position in classroom</td>
</tr>
<tr>
<td></td>
<td>Classroom management</td>
<td>Subject matter knowledge</td>
<td>Classroom climate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gauge student comprehension</td>
<td>Interaction with students in class</td>
</tr>
</tbody>
</table>

174