Storytelling as Pedagogy: Perceptions of Nurse Educators

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DEDICATION

This dissertation is dedicated to my youngest daughter, Rachel, who was a shining light in my life. She left this world too early at 15 years in April, 2011, and was not able to accomplish all of the important milestones that a typical person accomplishes in her life. I feel that her unspoken support continues to inspire my writing and my life. She provided me with the love and inspiration to be a better person. Thank you from the bottom of my heart for the lasting memories.
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ABSTRACT

STORYTELLING AS PEDAGOGY: PERCEPTIONS OF NURSE EDUCATORS

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George Mason University, 2015

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This research study examines how nursing educators integrate storytelling as pedagogy into teaching nursing students in both the classroom and clinical areas. At present, there are limited research studies about the effectiveness of storytelling pedagogy. This research will begin to fill the evidence gap for nurse educators as they prepare to meet the challenges of preparing contemporary nursing students for professional practice in the midst of the transformation in healthcare today. The main objectives of this study are to explore the use of storytelling in nursing education by considering how and when stories are used, the inter-relationship of course content with storytelling as a primary teaching strategy, how storytelling influences nursing professional practice, and whether storytelling can lead to improved learning outcomes for nursing students. A phenomenological design was selected to explore storytelling pedagogy because of its potential to use scholarly inquiry to obtain in-depth responses from participants that reflect their beliefs and personal experiences. Data collection consisted of in-depth
telephone interviews with responses from 21 nurse educators who have direct experience
 teaching using storytelling pedagogy in their own courses from both private and public
 learning institutions. Interview data was analyzed with a qualitative approach to identify
 themes reflected from all collected data.
CHAPTER 1: INTRODUCTION

“We recommend that nursing educators be fully supported in reflecting on and improving their teaching practice.” Benner, Sutphen, Leonard, and Day, 2010, Educating Nurses: A Call for Radical Transformation

Stories have been used for ages as a versatile and powerful communication device. The earliest history of storytelling has been recorded in various forms such as folklore, myths, fairy tales, epic adventures, and legends. These stories were used to communicate meaning and cultural identities which were told and retold within societies. Storytelling has been defined as the “telling of one’s story which gives a voice to our experiences and allows a revisiting of the past for the purpose of shaping the future” (Anderson & Branch, 2000, p. 1).

Storytelling was promoted in the 17th century by Giambattista Vico, a philosopher who used stories to frame ideas about probable truth for human beings and the social sciences. Since written communication was not readily available, humans had to be good listeners. Individuals used their memories to learn and pass stories onto others. These stories were also shared with people who traveled to distant lands because when people traveled, their stories traveled with them. This resulted in continuous communication which many believed connected past and present civilizations.

Davidhizar and Lonser (2003) discuss stories as being used for centuries to provide imagination, recreation, entertainment, cultural identity, and information, as well
as education. Stories are enjoyed by everyone regardless of form, including family
history, poems, books, movies, or theater (Davidhizar & Lonser, 2003). Stories are both
versatile and powerful. The influence of stories continues to touch every aspect of human
life from the past to the present. Storytelling is adaptable and is used frequently within
applied disciplines such as social work, law, education, self-study teaching, teacher
learning programs, physician education, and digital storytelling/photography (Lordly,
2007).

Storytelling is a unique “human experience that enables us to convey through the
language of words, aspects of ourselves and others, and the worlds, real or imagined, that
we inhabit” (McDrury & Alterio, 2003, p. 31). Davidhizar and Lonser (2003) describe
stories as having “appeal because they capture interest and attention, enable recall of
details by association, and bring facts to life by putting them in personal scenarios”
(p. 217). Historically, storytelling has been used to record facts, teach standards and
values, and educate in a variety of ways. Storytelling has been used within every
generation, culture, and social movement.

Stories allow us to come to know unknown worlds and our place within them as
we envision how they relate to ourselves; our families, friends, colleagues, communities,
cultures; and our place in history (McDrury & Alterio, 2002). Anderson and Branch
(2000) describe storytelling as a way to make sense of what a person has experienced.
According to Merriam, Caffarella, and Baumgartner (2007), the “authenticity and
immediacy of a story of lived experience takes us into the experience of another”
(p. 210).
Definitions

Although these terms are used in the context of teaching in this dissertation, the definitions are also used as a way of thinking about and discussing nursing education. The terms *story* and *narrative* are frequently used interchangeably as having the same meaning in the research literature. This is not the case in this dissertation where each term is explained with a separate explanation as follows.

The plural term *stories* “orient[s] researchers and participants alike as to the whom, what, and where” is taking place within a situation (LaBoskey & Lyons, 2002, p. 161). Stories have been defined by Nehls (1995) as when persons are engaged “in a learning dialogue with their own historical understanding and personal knowledge” (p. 208). “Stories are created through an individual’s imagination, inner thoughts or personal experiences from observing and sensing external objects or events” (Shieh, 2005, p. 1). Stories are a method where “practical knowledge is both taught and learned” (Nehls, 1995, p. 205). Telling stories is “one of the most effective modes to transfer information” (Brown, Kirkpatrick, Mangum, & Avery, 2008, p. 285).

A *narrative* is a story that is being told or a description of information that occurs in a series of events. A narrative is about connections and can be a plot, story line, or description. Even though a narrative may share some structural components with a story, stories are different because they involve a person telling the story or storyteller. Individuals do not tell narratives but they do tell stories. “Narratives are stories…that enable us to make meaning of our lives” (Merriam et al., 2007, p. 208). In research, “the
lives of individuals are studied where one or more individuals provide stories about their lives” (Creswell, 2009, p. 13).

Pedagogy is an approach to teaching and learning where the “individuals acquire knowledge, which is concerned more with form or process than content” (Bradshaw & Lowenstein, 2011, p. 5). In other words, “how nursing practice is being learned is as important as what is being learned” (Ironside, 2003, p. 122). It can be described as the way an educator delivers the course content or how he or she practices teaching.

However, narrative pedagogy is a particular “way of interpreting information from different perspectives; using a deconstruction (analytical) approach in classes that welcome and encourage student participation, analysis, and dialogue” (Bradshaw & Lowenstein, 2014, p. 95). This pedagogy “focuses on processes such as teaching; interpreting; critical thinking; and analyzing concepts, ideas, and situations. This approach allows teachers and students to form a partnership and publicly share and interpret their experiences” (Brown et al., 2008, p. 283). It provides teachers and students with a new language to describe their experiences to improve professional practice.

As storytelling serves as a significant type of communication within society, it has also proven to be a valuable teaching strategy in various disciplines including healthcare. Davidhizar and Lonser (2003) discuss the healthcare environment as impersonal and technical while storytelling provides a personal appeal that fosters reflection on important healthcare issues. Storytelling is used in nursing education as a reflective teaching strategy to guide students from classroom learning through their clinical experiences.
This technique assists these nursing students in integrating theoretical knowledge into thoughtful nursing practice.

Storytelling also provides an important teaching strategy within nursing education and practice by incorporating human experiences into understanding all aspects of nursing care. Bowles (1995) summarizes this practice of storytelling as being “advocated and practiced by nurses working in all fields and may be used…for nursing education, clinical teaching, clinical supervision, and nursing research” (p. 368).

The increased popularity of stories among nurse educators and clinical practitioners has contributed to many factors such as the surfacing of “adult learning theories, the rise of feminism, increased acceptability of qualitative research and the maturation of nursing’s epistemological foundations” (Bowles, 1995, p. 368). As the emergence of these theoretical frameworks becomes more obvious in the healthcare literature, the medium of stories will continue to identify individuals and entire cultures.

Bowles (1995) explains that stories are capable of promoting greater understanding, promoting hope, and enabling a more positive orientation toward specific nurse–patient situations. The nursing classroom provides a safe environment for educators and students to reflect together on how telling and listening to stories encourages learning. Lordly (2007) concludes that storytelling develops ways of knowing that influence how students will approach their professional nursing practice.

Stories are considered a fundamental feature of the human experience. Bowles (1995) believes that “stories contextualize and humanize knowledge, facilitating a deeper understanding of self and others” (p. 365). Stories are an established way of exploring
experiences. McDrury and Alterio (2001) explain that “informal storytelling occurs when there is a story to tell, a willing listener, and a suitable physical space” (p. 64). When experiences are told in the form of stories, they become an excellent teaching tool for both the teacher and learner. Stories provide knowledge and an emotional release from particular situations or events. Storytelling has also gained popularity as a professional development tool within organizations, as it is recognized as a useful strategy for all practitioners to better understand their practices.

Storytelling has been emerging as a more recognized educational method, moving from preplanned, uniform curriculums to more broad and creative forms of nursing instruction being taught in both the classroom and clinical settings. McDrury and Alterio (2001) explain sharing stories in a nursing context as engaging in a “conscious reflection to create meaning, to understand what is happening and to prepare for what may happen in the future” (p. 63). Storytelling is gaining respect in nursing education, especially in the development of clinical and assessment skills where it is seen as helping students gain skills in listening and collecting data for cultural assessment (Evans & Severtsen, 2000).

Storytelling improves lesson integration, so it is particularly useful in the clinical area where students learn by sharing patient experiences with their peers in the classroom setting. Stories can assist in gaining insight into the patients’ past history with illness, along with their cultural identity. All levels of nursing students have learned to listen to older patients in a “nonjudgmental, contextual way to the beliefs and values of the storyteller” (Davidhizar & Lonser, 2003, p. 218).
Darbyshire (1995) adds that nursing educators can help students understand lived experiences and to grow appreciation for influences of lived health experiences by soliciting and listening to stories. Storytelling is used effectively in teaching human personal concepts like ethics, caring, values, cultural norms, and their differences (Bergmann, 1999; Giarratano, 1997).

Nursing educators recognize a common dependence on traditional, teacher-centered pedagogies, such as standardized lectures and slide presentations that have been maintained in nursing education for years. Discussion is superficial during these presentations and many faculty even limit student questions. This pedagogy must be replaced to emphasize a more learner-centered pedagogy in which course content is preselected and techniques are integrated into a nursing course necessary for students to graduate from their institution’s curriculum. This content is predictable so that any level of nursing faculty can “step in” and teach the course. The result is that long-established learning objectives are being partially met instead of being updated. Innovative, nontraditional teaching methods create a range of nursing situations which allow stimulated learning and spontaneous ways of presenting content to be present in the classroom.

The new goal for nurse educators is to connect storytelling with reflective learning for realistic professional nursing practice and to apply lifelong learning to their students. Nursing faculty must both prepare their students to pass their state Registered Nurse National Council Licensure Examination (RN NCLEX) as well as prepare their
students with the knowledge necessary for the new and challenging healthcare roles essential for the future.

**Purpose of the Study**

Even though there is considerable discussion about storytelling in the healthcare and nursing education literature, there are few research studies to explore the impact of storytelling on students’ learning. McDrury and Alterio (2003) view student learning as a “social and collaborative process that values students’ prior knowledge and experience. It promotes reflective dialogue as a medium through which knowledge can be constructed” (p. 45). The majority of evidence about storytelling is only seen in the literature by verbal or written evaluation formats. Forms provide feedback from nursing students back to their faculty with their classroom course and clinical evaluations at midterm and/or at the end of every semester.

Few qualitative and quantitative studies have been done by nursing educators in both their individual undergraduate and graduate classrooms along with their clinical courses. Future research studies need to include larger educator or student sample groups, proven valid and reliable instruments, and more comparison groups. In addition, well-designed qualitative studies are needed to understand how students describe the impact that storytelling has on their learning outcomes.

This dissertation used narrative pedagogy as its theoretical framework because it is considered an educational philosophical approach to teaching and learning resulting from the lived experiences of nurse clinicians, educators, and students (Nehls, 1995). Narratives are stories that are “the oldest and most natural form of sense making and have
a place in adult learning because stories enable us to make meaning of our lives” (Merriam et al., 2007, p. 208). As a result, an individual’s life experiences and personal actions are understood and presented as narrative episodes or stories.

Since stories are defined as narrative and pedagogy is characterized as a teaching strategy, this framework may help prove that students can learn and benefit with this growing, innovative teaching approach. Therefore, the primary purpose of this study was to examine the reasons some nursing faculty use storytelling as a primary teaching strategy in nursing education, as well as how these educators incorporate storytelling into their teaching. Finally, this study will help identify the perceptions of nursing faculty regarding the learning benefits of storytelling used as pedagogy for their students.

**Research Questions**

This research study addressed the following research questions:

1. How do nursing educators describe the process of integrating storytelling into their teaching?

2. What are the perceptions of nursing faculty regarding the benefits of storytelling used as a pedagogical strategy for their students?

**Significance of the Study**

The ever-changing healthcare environment requires new goals for education and learning opportunities that compel educators to find and use different approaches for student instruction. Healthcare has changed with a decreased economy, increased managed care system, a shortage of qualified physicians and nurses for patient care, and a shortage of nursing faculty to educate these new nurses. In particular, nursing educators
are examining various pedagogies in regard to preparing students for a successful
transition in this new healthcare environment. The previous traditional and conventional
instruction methods are now seen as inferior options for educating present-day and future
generations of nursing students. According to Merriam et al.,

using stories to engage students in ideas that are part of course content may be the
only way to allow understanding to occur. It is also a powerful means of making
connections not only with ideas but with other learners. (2007, p. 210)

This could result in a possible learning community. Finally, nurse educators should
explore this new, creative teaching method known as storytelling.

Limited research exists about the effectiveness of the storytelling teaching method
and how its use actually strengthens the learning experience of the nursing student. Stein
(2009) explains that stories serve many purposes including bridging the gap from the
clinical area to the classroom setting, transitioning new nurses, and identifying students’
learning problems. Research is critically needed to examine which teaching approaches
and strategies are most effective for student learning and enhancing critical thinking.
Sorrell (2001) suggests that teaching with stories offers many possibilities for fulfilling
necessary desired learning outcomes. Research is needed to improve students’ critical
thinking skills, as well as emphasize human caring through student-centered learning
approaches. Nursing students have varied cultural backgrounds with a wide range of life
experiences. The storytelling teaching strategy allows for the creative blending of diverse
student experiences and applies these experiences to future nursing practices with
potentially better patient outcomes.
Evaluation is needed for teaching strategies that promote cognitive learning, ethical growth, and individual autonomy in professional practice. Educators are challenged to establish effective partnerships between students, clinicians, and other teachers (Nehls, 1995). Nursing researchers and educators are discovering the use of storytelling as a teaching approach which helps develop health promotion. Nursing education must also advance with essential changes in communication methods, technology, and recognizing generational differences in learning. The renovation of nursing education is essentially an attempt to discover pedagogies that can be used to enhance the scholarship of teaching that will prepare nursing students for the 21st century.

**Overview of the Methodology**

The researcher selected a qualitative research approach and a phenomenological design for this study. The reasons were that a subjective inquiry approach was necessary to explore storytelling pedagogy (as the central phenomenon) with an in-depth lens, data for analysis was collected primarily from the verbal interview responses of the nurse educators, and this data was analyzed for themes/patterns for researcher interpretation. The investigation results may be important for improvements within nursing education, student learning outcomes, and more effective professional practice (Creswell, 2008).

This study utilized 21 nurse educators obtained by snowball sampling who participated in a semistructured, individual telephone interview lasting approximately 60 minutes each. These educators teach nursing classroom and clinical courses in various programs of study in assorted learning institutions throughout the world. The details
regarding the data process and collection will be reviewed later in the Methodology Chapter 3.

**Personal Reflections of the Use of Storytelling in Nursing Practice**

I was exposed to storytelling early in my nursing career with hospitalized children, watching both parents and nurses read different stories to every age group at all hours. These stories do not only happen at night but at naptime, during a painful procedure, or just to make the patient feel better. Most large hospitals where I have worked as a Pediatric RN have a Child Life Unit on the pediatric floor where trained people teach the kids about an upcoming surgery, new procedure or test, or a new medicine. Child Life attempts to make learning and being in the hospital a little easier. Stories have been all around me!

I consider the use of stories a pedagogical strategy for investigation because I used this narrative or storytelling approach in my own teaching practice. One course I taught was Pediatric Nursing in a large classroom where 50 to 80 undergraduate nursing students are educated using storytelling pedagogy to teach disease concepts, treatments, and medications. Originally, this course was always taught in a lecture format. Nehls (1995) explains that *lecturing* denotes a situation where the teacher stands in front of the room and delivers prepared remarks while there is minimal or no discussion among teacher and student…The goal of this form of teaching is typically to impart or transfer knowledge, skills and information. (p. 208)
One way I implement storytelling in a large group (50 or more students) is by sharing personal stories that I or others have experienced. These story scenarios reveal the lived experiences of the nurse and patient in order to highlight the signs, symptoms, and treatments of a particular illness. As stories are shared, new partnerships develop between myself, fellow nurses, students, and their patients because everyone reveals a part of themselves. My focus as a nurse educator is to improve my teaching strategies, better prepare my nursing students with knowledge essential for their individual professional practice to grow, and make learning more enjoyable for my students.

My personal experience validates storytelling. It acts as a stimulus for remembering certain diagnoses, appropriate nursing actions, medications, possible medical procedures, and overall course information. If a student has a difficult time remembering a specific fact or concept, he or she can recall the associated story from class which would serve as a reminder to retrieve the needed information. As a nurse educator, these scenarios are used to make a point on a particular topic with the hope that students will understand course material better and retain it longer. When I first tried storytelling, the nursing students were entertained by the stories. I liked deviating from the traditional three-hour weekly lecture format so it became a permanent teaching strategy change.

When I decided to use storytelling as the primary teaching method in both my lecture and clinical groups, I noticed that my students showed increased involvement in class discussions and improved learning of the course content. This improvement was seen as students increased their communication skills in the classroom and their reflective
thinking improved as shown by the transfer of knowledge from the classroom to clinical areas. The retention of course material was shown in their improved quiz and exam scores. Therefore, my individual experience suggests that this storytelling teaching method really works! My course evaluations at midterm and at the end of the semester for both the classroom course and clinical instruction were very positive using the Likert rating scale with 1 being the lowest and 5 the highest. My ratings were all 5s, the highest, and I received excellent written comments from my students during my five years of teaching at that particular institution.

**Summary**

Storytelling has many applications in the educational setting to enhance the learning process for educators and students. New nursing faculty need to be open to new teaching strategies for effective, improved learning both in the classroom and clinical areas. Storytelling offers a simple, straightforward, and creative activity to facilitate active engagement of nursing students with a learner-centered teaching strategy. Storytelling can also help update teaching skills of new or current faculty who continue to use older, traditional methods. These educators may not wish to try something different because of their lack of exposure to it or apprehension about attempting a new and different teaching approach. As the effectiveness of storytelling is explored with students, the educator can consider identifying other ways to improve teaching and learning strategies.

Rossiter (1999) states that “how one tells one’s stories, how one selects and frames the stories, both reveals and creates the self” (p. 6). Stories offer the individual
educator other options for enlightenment and positive change for the future. Educators must continue to challenge their students to connect classroom theory and clinical practice using higher levels of critical thinking. Storytelling is therefore discussed in this dissertation as a possible teaching strategy that may be used to develop better learning, enhanced personal and professional development, and improved nursing practice. Changes in nursing education are vital for the ever-changing future.
Stories are a fundamental part of all cultures. Storytelling is an important communication method from one culture to another and is often used to transfer learning from generation to generation. “Stories can be read, written or recorded” from the past to the present but they are “most powerful when they are told from the heart and adapted to individual situations” (Koening & Zorn, 2002, p. 393). One individual situation that is rising in importance within education is the use of stories as a teaching strategy for nursing students (Benner, Sutphen, Leonard, & Day, 2010).

This chapter describes research literature that addresses the topic of storytelling as a growing, innovative pedagogy. The literature review continues as it first presents story features with essential story elements and benefits. A discussion of changes within education including nursing education follows. A description of learning through narrative continues with the narrative pedagogical framework used to guide this research study, followed by an explanation of storytelling applications and storytelling as a teaching strategy used in nursing education. This chapter concludes with a discussion of each of the dissertation themes and summary.

The authors of the research articles regarding storytelling suggest that the storytellers, in this case nurse educators or nursing students can pass on necessary insight and information that is not found by applying other teaching strategies. Storytelling
engages the audience in learning through important parts of a story, which is shown to be valuable in developing nurse–educator, nurse–student, and nurse–patient relationships. As storytelling in an educational environment is discussed, it is important to understand its many forms and fundamental features.

**Story Elements**

Restrepo and Davis (2003) discuss the essential elements of a story beginning with a setting that informs the listener where the story will take place. Second, the story must have one or more main character(s) with which the audience can identify. After these two features are established, an event occurs that motivates the main character to achieve a particular goal including interaction and imagination.

Haven (2007) identifies the components of a story as: characters, intent, actions, struggles, and details. Stories can be a form of reality where all actions lead to consequences and these consequences influence reactions. Stories allow us to experience those consequences without having to actually live through them (Meade, 1995) and as a result, allow for reflection and perspective. Since it is possible to transfer knowledge from one situation to another, educators can connect theory and practice with stories (Koenig & Zorn, 2002). Stories exist at the core of the human experience, so we must recognize storytelling’s value in adult teaching and learning—including nursing education.

**Story Benefits**

Heiney (2006) discusses four types of therapeutic story benefits: cognitive, affective, interpersonal, and personal growth. The cognitive rewards come from the
ability of a story to convey knowledge, improve learning, and assist in problem solving. The affective story benefits include catharsis (which may occur as normal feelings of despair, anxiety, and anger by the story characters), modeling, and hope. Interpersonal advantages involve more effective communication and trust building while working toward a common purpose. Personal growth is gained by increasing the self-confidence and self-image of the student learner.

**Changes in Education**

Zimmerman (2003) discusses the concept of education as critiqued by Freire (2005) where a student mechanically “receives, memorizes, and repeats” (p. 72) the content narrated by the teacher. Paulo Freire (2005) criticized the banking concept of education where the student is simply viewed as an empty account which “receives, files, and stores the deposits of knowledge” filled by the teacher (p. 72). Freire (2005) believed that “education must begin with the solution of the teacher–student contradiction so that both are simultaneously teachers and students” (p. 72). Therefore, he suggests that the traditional teacher–student roles be eliminated and the functions of the classroom participants change for the betterment of education. Also, Freire contributes to informal educational practices with his emphasis on dialogue. Storytelling can be considered a form of dialogue that gives student learners permission to share the wealth of information from their educators. He considered dialogue as a method of deep understanding where people worked with each other to make a positive change in society.

Effective education requires learner-centered, creative pedagogies that promote reflective and critical thinking, but this type of education currently needs more
development. As nurse educators promote educational challenges and alternatives to older, more traditional methods of teaching and learning, a greater understanding of the students’ needs must be developed. As experiences are told in a story format, they become a valuable teaching tool for both the educator and student.

**Nursing Education**

Nursing education must be transformed from its present status in order to meet the demands facing the multifaceted learning needs of current and future nursing students. The traditional teaching methods in nursing have been successful in producing competent, skilled nursing graduates in the past, but as the challenges change so must the nursing profession. A report from the Carnegie Foundation for the Advancement of Teaching calls for a “radical transformation” (Benner et al., 2010, p. 211) in the education of nurses.

Healthcare is influenced by expanding technology and the need for more technical education for lifelong learning, decreasing financial resources for education, escalated healthcare demands caused by the complexities of a broken healthcare delivery system, and the critical shortage of nurse educators to meet national projected demands. Also, other challenges facing nursing students include the burden of learning complex nursing practices, rapid problem-solving skills, and accurate decision-making abilities. Nursing education must advance with improved forms of communication that will address current impersonal patient–nurse relationships (Benner et al., 2010). These reasons require nursing education to change and expand with the use of new, innovative ideas including teaching strategies.
The National League for Nursing’s *Position Statement: Innovation in Nursing Education: A Call to Reform* (2003) challenged “nurse educators to develop new research-based pedagogies” (p. 283) that would respond to the ever-changing healthcare environment (Brown et al., 2008). Diekelmann and Mikol (2003) agree that traditional nursing curriculums with their older approaches, such as the lecture or demonstration format for learning, are obsolete and must change. They ask, “How does the pace of contemporary lives…influence teaching and learning practices?” (p. 385). The traditional hierarchy of education will not be sufficient to prepare future nursing students to meet the demands and evolving needs in healthcare today.

A paradigm shift is happening in nursing education as “the transfer from a passive, educational strategy to a more active, self-directed, and participative learner approach” is developing (Brown et al., 2008, p. 283). Nursing educators are moving toward new pedagogies from a teacher-dominated to a student-centered learning approach which is necessary to foster critical thinking and caring behaviors in order to prepare nursing students for future, complicated nursing roles (Sorrell & Redmond, 2002). This learning is personalized to keep students focused and provide them with multiple delivery methods for successful outcomes. New partnerships between and among students, educators, and healthcare professionals reflect these new teaching methods. This process can help educators and students reinforce a collaborative relationship within the educational community to create a greater understanding of the nursing student (Brown et al., 2008).
Many educators have expressed success with student learning using a promising innovative trend in nursing education: the development of storytelling as a pedagogical strategy. Banks-Wallace (1999) has identified education as one principal function of storytelling. Storytelling allows knowledge, wisdom, and insights to be shared between students and their educators. Experiential knowledge or peer learning, for which storytelling may be an effective component, is another theory that uses stories to teach students to learn from personal experience (Roberts, 2010). Even though individual students have previous learning experiences from their nursing practice, other students can benefit and use shared examples in order to learn. Listening to stories strengthens imagination, critical thinking skills, and provides a more flexible framework than traditional learning (Leventhal & Green, 2002).

Although informal storytelling has always been part of the nursing culture, effective nursing education now requires more intentional student-centered, creative pedagogies which promote reflective and critical thinking. The responses to this challenge are still developing, while educators promote educational challenges in alternative methods of teaching and learning, as well as needing to develop a greater understanding of the students’ needs. From a nursing perspective, storytelling is an important method of sharing nursing’s history, implied knowledge, critical thinking, and creativity. As experiences are told in story form, they become a valuable teaching tool for both the educator and student. Storytelling is a vehicle which provides an opportunity to learn from each other and to discuss the deep issues concerning professional practice.
As nursing education is transformed, storytelling is described as a way to “discover knowledge, uncover the knowledge embedded in practice, and recover the art of nursing” (Koening & Zorn, 2002, p. 393). Storytelling used in nursing education helps to develop skills in clinical settings, assessment skill development, active listening, collecting data for cultural assessment, and to achieve an understanding of common experiences or information.

There are multiple applications for storytelling in nursing education because there are so many possibilities of how it can be used between learners, educators, and course content. Daloz (1999) explains how stories are used by teachers for the benefit of students, “providing support, challenging students and providing a vision” (as cited in Merriam et al., 2007, p. 138). The literature discusses advantages of storytelling including improved understanding of information through personalization, a framework where meaning and connections are recognized, increased respect for the experiences of others by cognitive and emotional bonds, and problem solving with clinical skill development methods (Lordly, 2007).

Additionally, storytelling has personal appeal while healthcare is becoming more impersonal and technologically dependent. It assists students to explore issues and decisions regarding their patients that facilitate healthcare providers in being more client-focused and compassionate. Storytelling in practice offers a humane approach responding to an emotional need that isolates nurses from each other and their patients (Davidhizar & Lonser, 2003).
Therefore, the use of storytelling in nursing education offers the educator an opportunity to produce effective change. Even though the literature suggests the role of the teacher continues to be unclear, Northedge (2003) maintains that the educator is essential for learning to occur. The educator assists the students by summarizing meanings and providing explanations that students cannot generate alone. Some research shows that students will learn from each other without faculty intervention. However, other studies (Diekelmann, 1990; Koening & Zorn, 2002; Nehls, 1995) show that the educator appears to be crucial in terms of helping the students find meaning in the story discussions. The faculty members also learn from combining their course teachings with objectives and explanations of difficult questions or situations with students. The educator and student work together to explore the meaning and significance in the pursuit of knowledge to improve healthcare, resulting in a community of discussion.

Diekelmann and peers conclude that when educators shift the course structure from teacher-centered to student-centered, students will become more confident in thinking from broad perspectives to questioning their own personal beliefs (Koenig & Zorn, 2002). Student-centered educators focus more on the thinking process and less on the course content which creates a secure setting that is more encouraging of learning and student participation (Andrews et al., 2001; Diekelmann, 1993, 2001; Sheckel & Ironside, 2006). This teaching strategy creates open discussions, encourages collecting information from stories, and supports frequent questioning, all of which make learning and analysis easier for the nursing students to process. Educators using storytelling as a
teaching process have recognized positive educational differences when compared to traditional teaching methods.

Learning Through Narrative

Narratives or stories continue to be important to teaching and learning, as they appeal to all ages. A well-crafted story “transcends cultures, centuries, ideologies, and academic disciplines” (Rossiter, 2002, p. 1). “Narrative learning is the use of stories in the construction of meaning, whether the meaning-making has to do with the self, with the content of instruction, or with the world around us” (Merriam et al., 2007, p. 216). Rossiter (1999) describes narrative as a “framework for understanding the past events of one’s life and for planning future actions. It is the primary scheme of which human existence is rendered meaningful” (p. 5). The narrative structure and process can be a part of identity formation and development. It is applied to adult learning development through experience with the continuous development and redevelopment of life stories. Rossiter (2002) states, “to be a person is to have a story. More than that, it is to be a story” (p. 1). Vezeau (1993) explains storytelling as personal experiences that can be communicated to others leading to personal change in both the educator and the nursing student. This chapter will use narrative and story (telling) as interchangeable terms as this discussion continues.

Narratives are any stories with one or more character(s), event(s), and an end goal, or an “individual account of an event to create a memorable picture in the mind of the listener” (Kirkpatrick, Ford, & Castelloe, 1997, p. 38). A narrative is also the “lived experiences of teachers, clinicians, and students” (Nehls, 1995, p. 204) or a type of story.
Pedagogy is meant as “what is taught, how it is taught and how it is learned” (Ironside, 2001, p. 73). It can be understood as any teaching approach. These definitions of these terms will be used throughout this dissertation.

**Narrative Pedagogy Framework**

Diekelmann led an educational reform in the 1990s with her development of narrative pedagogy in nursing education. Diekelmann (2001) identified narrative pedagogy as a theoretical framework in which storytelling is used as a creative teaching strategy to focus on students sharing their stories of personal experience or the experiences of their patients. It is considered an interpretative approach to teaching and learning which evolves from the life experiences of teachers and students (2001). This creative framework is different from the predominant behavioral pedagogy where knowledge is traditionally passed on from teacher to student.

Narrative pedagogy is a partnership between teachers and students in their pursuit for knowledge where they publicly share and interpret their experiences. This pedagogy allows educators to use investigative questions from a given story to gain student attention by starting from many viewpoints to achieve a deeper understanding of a given topic. The power of storytelling used as a tool for reflection can lead to deeper reflection. Educators can challenge students to use this method in order to develop the situation to theory and, as a result, encourage them to connect with higher levels of critical thinking (Cangelosi & Whitt, 2006).

Narrative pedagogy is an approach to teaching and learning with a way of thinking that has both strengths and limitations in nursing education. Its advantages
include defining learning where the framework exists using reflective thinking, connecting theory to practice, assisting students to appreciate how practical knowledge develops over time, aiding in creating caring communities, and facilitating thinking (Nehls, 1995). This pedagogy has been criticized because storytelling has been regarded as unscientific and juvenile; further, stories can be interpreted as fiction instead of truth (Nehls, 1995). The question is not whether narrative pedagogy is superior to other teaching strategies, but how can it be helpful as a practical approach when rethinking nursing education curriculum.

Narrative pedagogy draws upon different alternative pedagogies such as critical, feminist, postmodern, and phenomenological approaches, with educators and students joining in conversations where their experiences can be interpreted from many different perspectives in nursing education (Diekelmann, 2001; Ironside, 2003; Smoyak, 1993). Narrative pedagogy shows a new kind of thinking, understanding, and student learning which becomes evident by using these approaches. It reveals new teaching and learning possibilities for educators in nursing classrooms and clinical situations. This method encourages a shift from content and fact-based teaching to learning with problem solving and thinking shared by the interaction of both faculty and students (Diekelmann, 2001). Diekelmann (1993, 2001) interviewed students and educators using narrative pedagogy to identify recurring themes in their nursing care experiences. The results of these interviews demonstrate that these educators and students are similar in regard to learning from their experiences.
Storytelling Methods

Davidhizar and Lonser (2003) have noted the storytelling methods most used by nursing faculty can be classified into three types. First, stories are used to role model both effective and ineffective nursing interventions. This technique demonstrates concepts that uncover individual experiences which encourage compassion and understanding. Nursing educators who teach using storytelling can role model effective nursing interventions considered to be positive experiences. Also, students learn not to repeat and to avoid negative personal situations.

Second, the use of scenarios, case studies, and an appropriate safe environment is needed to analyze student performance outcomes. Van Eerden (2001) begins with a case study where students role play in nurse–client interactions. Student performance outcomes from skills, demonstrations, communication, teaching, problem solving, critical thinking, resource identifications, and environmental cues are positively evaluated according to these interactions. Nurse educators can use these approaches to encourage students to write their own stories which would include critical reflection about their individual experiences, resulting in a possible emotional connection with their peers. Higgins (1996) had students share stories about the reason(s) each of them chose nursing as their lifelong profession that resulted in a transformational process. Students reflected on their own experiences as they were given a caring space where they gave their experiences a voice, resulting in purposeful caring for their patients. The scenario and critique can be used in the classroom or as a way to measure student learning outcomes.
and to stimulate the development of assigned skills in a group setting where students learn from each another.

Case studies are a way to provide reflection on individual actions and can provide a method to interject course content throughout the class while returning to the individual case as the class continues. This teaching method is useful for classes which are based on a single broad topic, for example, pain, preoperative care, or “the nursing care of a specific disease or condition. Each case is separated into segments and based on the sequence of events, stage of the nursing process, or another method of organization” (Herrman, 2011, p. 455). Educators can return to the client case study at any time while reinforcing class content. As a result, student learners see instant application of the class concepts.

Third, the use of reflective analysis is discussed as reliving clinical experiences through storytelling in both the classroom and in postclinical conferences where patient situations are discussed by the educator and student group together. This reflection is a method of learning with “professional maturity through the critical analysis of an experience” (Davidhizar & Lonser, 2003, p. 221). The faculty begins to help the student differentiate between stories with stereotypes and real situations which assist the student learn how stereotypes can generate bias. As “faculty and students share stories, guidelines for nonjudgmental listening, and respect are practiced” (p. 220). Finally, stories are evaluated for meaning while cultural knowledge and views on health are learned. Reflective analysis appears to be an effective method in learning course objectives.
Storytelling Pedagogy

Literature in the specific field of nursing education identifies important ways to use stories as a teaching strategy. Teaching strategies are referred to as any intentional methods made by the educator resulting in student learning. Teaching strategies are broader concepts than storytelling pedagogy, which can be characterized as one type of a teaching strategy and a theoretical framework focused on a story, account of events, or lived experiences. Heinrich (1992) explains four essential principles for nurse educators who use stories as a teaching tool: create a safe learning environment, the teacher must be honest about telling his or her own stories, the students are asked to share their stories, and listen to (hear) the stories.

Heinrich (1992) explains how nurse educators are trying to reestablish personal connections with their students in nursing education. Her attempt to accomplish these connections was to develop an advanced theory clinical course for senior undergraduate nursing students. Storytelling was used as the primary teaching strategy resulting in positive results. The teaching of stories provided a way for students to investigate, examine, and change the modern practices of teaching and learning. Learning through narrative takes place through reflection, writing, retelling, and interpreting experiences (Andrews et al., 2001). The important aspects of this teaching strategy consist of sharing, interpreting, and reflecting on stories. Also, sharing stories helps students improve their communication skills which can expose real meaning and create a greater feeling of connection between faculty and students.
The potential for using storytelling in nursing education includes the ability of nursing faculty to provide an alternative learning approach for students to achieve a better understanding of patient problems. Nurse educators integrate complicated information, learning examples, and the use of open-ended, probing questions to help students integrate themes from the stories. The students can then apply this information to patient care and improve their professional practice. Also, peer and team collaboration continues to increase throughout the semester with better communication skills, especially in the clinical setting. Storytelling can provide students with an introduction to various learning strategies that offer a forum for interactive discussion, including using essays, autobiographies, small group work, classroom presentations, portfolios, and simulations (Irvin, 1996; Schwartz & Abbott, 2007; Sorrell & Redmond, 2002).

However, the literature emphasizes role playing, journaling, and case studies when storytelling is being discussed. Role play is used in the classroom to teach students communication skills. These communication skills can also be used during peer interactions in the classroom and to provide experiences in nurse–patient scenarios in the clinical setting. Sheehan (1994) suggested that journaling could assist in developing critical thinking and presentation abilities. Journal sharing increased the sharing of significant clinical experiences, assisted in cognitive and professional growth, and resulted in developed reflection (Brown et al., 2008; Sorrell & Redmond, 2002).

Many educators believe that case studies and stories are exchangeable terms. However, there are notable differences between case studies and stories in nursing education. One difference is that a case study usually portrays a real patient scenario that
takes facts and uses them in practical ways. The practical function is when nurse educators can apply theoretical and learned knowledge to this actual patient event but it is modified to meet a specific learning need. Stories use lived nursing experiences that involve emotion and drama and illustrate a specific nursing concept. These stories can often be fiction with a bias from the person who is only talking about the situation.

Next, a case study can include pathophysiology, diagnostics, medications, or nutrition. Stories can also include individual patient details that emphasize nursing concepts and nursing actions. Lastly, case studies emphasize an interrelationship of concepts from a number of healthcare disciplines which may include a patient, nurse, and any other involved healthcare professional who investigates a certain health condition. A story focuses on both the nurse and student–patient relationship, concentrating on their interactions (Boykin & Schoenhofer, 1991; Wright, 1996).

**Dissertation Themes**

This section will discuss emerging themes from the body of literature using storytelling in nursing education. These themes are divided as follows: (a) improved critical or analytical thinking, (b) enhanced student active learning experiences, (c) increased retention of facts, (d) communities of practice, (e) increased knowledge of the student or educator’s lived experience, and (f) improved nursing practice.

**Critical Thinking**

Critical thinking is described as “reflective and reasonable thinking that is focused on deciding what to believe or do” (Ennis, 1985, p. 45). Facione and Facione (1996) explain this thinking as focused and self-regulatory judgment which considers content,
methods, and criteria. Critical thinking in nursing can be explained as the ability of effective reasoning and judgment in nursing interventions (Bradshaw & Lowenstein, 2014). Storytelling is a learning tool that promotes critical reflection on the personal actions of the student. Nehls (1995) explains this pedagogy as an interpretative approach to teaching and learning which develops from the life experiences of students and educators in their pursuit for knowledge. Also, Lindesmith and McWeeny (1994) believe that telling stories is a way of sharing critical thinking and creativity to learn from each other and discuss deeper issues involving nursing professional practice. The use of storytelling as a formal teaching strategy in nursing education programs allows the sharing of stories to be part of a meaningful experience that can be applied to everyday nursing practice. The significance of using storytelling to share and connect with nursing peers results in a powerful experience for the nursing staff (Lindesmith & McWeeny, 1994).

Storytelling can be utilized to assess how the novice student can think critically. The novices can be assisted by the experienced nurse after being asked probing questions which develops their ability to comprehend the details of the patient’s plan of care (Davidhizar & Lonser, 2003). This process improves the ability of the novice learner to combine numerous aspects of patient care into a meaningful whole (Benner, 1984). Also, a novice can use personal encounters with patients supported by an expert (experience is the precondition of becoming an expert) who asks reflective questions to better understand patient interaction details (Benner, 1984). Storytelling pedagogy provides a collaborative partnership between the novice to expert, a theory from Benner (1984) that
involves increasing the students’ self-esteem, collaboration with peers, communication skills, and their quest for knowledge. We can begin to understand that storytelling is a valuable method to promote adult education learning, dialogue, development, and change.

Storytelling centers on continuous conversation and the self-reflection of students, along with exploring their experiences to build critical skills related to nursing care. As students are exposed to a variety of experiences through a story, students ask questions, engage in reflection, and reevaluate their own perspectives. This process leads to a more critical analysis of practice (Lordly, 2007). Kirkpatrick et al. (1997) discuss this critical or analytical thinking as a result of the principles and messages from stories which transmits knowledge and promotes the problem-solving skills of the students. Also, it enables nursing students to consider fundamental issues to reflect on while considering their personal actions from the past. This pedagogy “focuses on processes such as teaching, interpreting, critical thinking, and analyzing concepts, ideas, and situations. The ability to know and connect with students becomes the focus of the learning environment” (Brown et al., 2008, p. 283).

This pedagogy can help students who previously learned by writing detailed notes after lectures to begin active listening and participating in classroom discussions. Reading material is discussed when it directly relates to class discussions, resulting in more effective participation from the nursing student. Storytelling can help students in the classroom express options, describe personal learning experiences, and critically examine their own personal values. Students become more involved by developing verbal and
analytical concepts to discuss as the class progresses. This pedagogy provides a way for students to discover, examine, and change events they have experienced for their own meanings and learning (Diekelmann, 2001). Students participate in the classroom by taking an active role in telling stories and determining their meaning from the acquired information and, as a result, construct new knowledge.

**Active Learning Experiences**

Narrative interpretations show effective ways to teach educational lessons to adult nursing learners through common, active learning experiences. The storytelling teaching technique is considered a positive step in preparing students to be lifelong and effective learners. It motivates analytical thinking and a deeper understanding of nursing issues by stimulating students to think about patients and their situations in real-life scenarios. The analysis of numerous interviews with students who have experienced narrative pedagogy has identified constructive aspects of meaning that impacts their common learning experiences. These results showed that these students were open to new viewpoints and explored the unknown when their thinking was uncertain (Diekelmann, 1993, 2001; Ironside, 2003).

If stories are used as shared active learning experiences, the results might show that the nursing student is able to “see the patient as more than a person with a medical diagnosis and nursing students as more than individuals who provide procedural care” (Restrepo & Davis, 2003, p. 43). The strength of storytelling is not only the story itself with idea sharing but actively listening to a story. Storytelling promotes listening skills between patient and nurse, educator and student, and between nursing colleagues. Nurses
develop better communication skills which are essential for the profession and, as a result, patient care and recovery are enriched. Storytelling develops ways of “knowing and dialoguing about issues which has the potential to influence how students will approach their professional practice” along with a critical need to improve the current healthcare system (Lordly, 2007, p. 30).

Anderson and Branch (1999) discuss the use of storytelling as a powerful tool that can engage students in reflective thinking, writing, and learning activities in the classroom setting by promoting active learning. Shieh (2005) described storytelling as creating opportunities for students to cocreate course material leading to a real-life experience connection to reflect on and learn from. As students share their stories with faculty and each other, these reflections move into an aspect of nursing practice that is not seen in textbooks. Shieh used both qualitative (Phase 1) and quantitative (Phase 2) approaches to evaluate the storytelling teaching method in an undergraduate nursing course with 26 students. Both qualitative written comments and quantitative knowledge questionnaires from participants revealed that the storytelling teaching method proved to benefit the engaged nursing students, as it contributed to the positive learning outcomes of the associated course (Shieh, 2005).

**Retention of Information**

Studies in the literature agree with many educators who feel that storytelling promotes an improvement in the retention of facts for nursing students. One such educator is Davidson (2004), who refers to storytelling as “a means of sharing and interrupting stories” (p. 184). She presents a hermeneutic phenomenological study of 10
nursing students using narrative pedagogy as the primary teaching and learning tool. The students imply that the stories provide an intellectual component, as the information became more dramatic, recallable, and interesting. Some students appeared to tell their stories while others did not. Those students who relived and told their stories agreed that their learning became more enhanced throughout the course.

Davidson (2004) used this study to conclude that stories served as a stimulus for students to remember specific, complicated medical terms and procedures in a women’s health undergraduate course. Also, she concludes that storytelling used in nursing education encourages caring, compassion, understanding, and improved cultural competencies.

Irvin (1996) agrees that using a creative teaching strategy like storytelling “assists nurse educators to improve students’ attention, retention, and comprehension of primary concepts in their nursing courses” (p. 108). Irvin also discusses creative teaching strategies such as storytelling pedagogy that assist nurse educators in improving students’ retention, attention to detail, and understanding of primary nursing concepts.

Overcash (2010) discusses her experiences as a geriatric nurse practitioner using storytelling when educating undergraduate nursing students caring for older adults with cancer. She believes that stories capture the students’ attention so that recall and details about the course concepts are retained longer. Overcash states that published research data shows about 5% of information taught in a lecture format is retained for only 24 hours, making geriatric practice standards ineffective if taught by lecture. She promoted that the fundamental objective of using the storytelling strategy was to influence nursing
students to provide excellent geriatric nursing care throughout their clinical training and career.

Herrman (2011) reports that many educators believe that a creative teaching strategy like storytelling develops learning, while nursing research continues to “build an evidence base” (p. 455). These practices may improve the retention of material by assisting nursing students to make connections, enhance their pleasure in the learning experience, and interact with the course material (Herrman, 2011).

Darbyshire (1995) writes that nursing educators can assist students to understand personal experiences and gain appreciation for better health by soliciting and listening to stories. Students relate success with course retention in learning from stories told in class. Darbyshire concluded that students credited their success in a nursing undergraduate course taught by storytelling and in testing by associating facts with a story told in class. Previous nursing students regarded stories as the best class feature. The nursing faculty who received the highest course evaluation scores in this research data came from the students who were taught by storytelling pedagogy. Class was more interesting and students performed with improved test scores because of their learning from the story material. The simplicity and drama of the storytelling tradition offer a powerful device that contextualizes and humanizes personal knowledge. Also, this practice creates a broader understanding of one’s self and others within ethical and cultural boundaries.

Communities of Practice

Communities of practice are an old but recently renewed perspective on knowing and learning (Wenger, 1998). These communities of practice consist of people (such as
nurse educators) who share a passion (like storytelling pedagogy) for a practice they do (teach) and learn how to improve it as they routinely interact (Wenger, 1998). Wenger notes three essential characteristics: domain, community, and practice, which can come in a variety of forms. This particular domain is one of interest where membership entails commitment to stories or storytelling. A member does not have to be an expert outside of the community (Wenger, 1998). The community could be nurse educators who build relationships, interact, and learn from each other. Practice requires members to be practitioners involving experiences, stories, or a shared practice. Nurse educators who meet and learn from each other on a regular basis can use these conversations as a main source of knowledge to teach nursing students how to tell stories. These stories can become student learning outcomes for increased nursing practice knowledge and communication skills (Wenger, 1998).

Diekelmann (2001) states that storytelling is an essential part of narrative pedagogy that promotes an example of a community environment for teaching and learning. Diekelmann (2003) discusses narrative pedagogy as effective in public storytelling sessions where educators and students examine and interpret experiences which challenge their beliefs of how to maintain patient safety in clinical settings. Diekelmann and Mikol (2003) show how educators can shift the focus in the nursing classroom and clinical courses from illustrating and learning content to exploring ways that teachers and students can enhance their learning environment by creating community. These researchers also discusses a student-friendly curriculum which must be developed for nursing students by educators using this pedagogy.
Shieh (2005) regards storytelling in nursing education as an essential part of narrative pedagogy which fosters a sense of community for teaching and learning. Brown et al. (2008) discuss the use of narrative pedagogy as it allows other pedagogies to happen and, as a result, supports the learning experience of the student. Creating a community requires sharing stories. Relationships are developed with stories that connect with students’ personal self and others, while the learner strengthens and empowers their beliefs, knowledge, and caring (Koenig & Zorn, 2002). Stories can be used to share ideas, discover shared practice, and develop the individual viewpoint which can be provided by educators and learners (Koenig & Zorn, 2002).

**Students and Educators’ Lived Experiences**

Narrative pedagogy uses stories to promote students and educators’ lived experiences. Baumann (2008) explains that stories provide student nurses with a reality dose that they cannot receive from lectures presenting the heavy subject content that is used in traditional nursing programs. Parse (1998) uses stories in nursing practice and research to clarify meaning and reflection, stating that patient stories taken from current clinical situations are beneficial in the classroom because they reflect aspects of both current medical issues and common lived experiences. Nursing educators that use these methods need to allocate enough time, opportunity, and setting for students to discuss personal stories and reveal their thoughts and feelings about them. As students hear stories from others in a more objective and professional context, they are better prepared to look at the world and other information sources more analytically.
Storytelling can facilitate faculty–student connections, allowing the instructor to be perceived as both a human being and a nurse with many lived experiences. As educators relate their personal experiences to students, they can illustrate problem solving and model alternative points of view (Meade, 1995). Alternative ideas can promote coping methods from these lived experiences, especially when confronted with comparable situations in the clinical setting. When lived experiences are communicated on a personal level, they have the potential to become more powerful than written words used in assignments and notes. Stories can help students become more insightful to other medical experiences, while they develop a relationship with patients. Story examples help clarify concepts and ideas. Stories based on personal experiences expressed in any form can place decisions and actions in real-life perspectives, as well as provide motivation for the storyteller and listener to choose a specific action (Helfrich, Kielhofner & Mattingly, 1994).

These learners connect the knowledge of lived experiences and combine it into existing narratives of learning where educators not only tell stories about the subject they teach but also the stories themselves. One goal of this practice is that it leaves the learner with enough room to interact with the educator about the involved subject. If the learner tells too much, he or she will not engage in any class discussion because the answers would be already expressed. If the opposite occurs and less information is given, the learner has less direction in relating to the meaning for the given class topic and the discussion will start. This method focuses on intersecting conversations that are continuous and self-reflective in searching and interpreting stories about experiences in
both nursing practice and education. General discussion is enhanced if students can relate their own lived experiences, values, and morals to specific situations because ethical dilemmas are frequent in nursing practice.

Qualitative nurse researchers such as Benner (1984, 1991) use lived experiences by extracting stories in nursing education to allow the student to benefit from the experiences of an expert. Benner (1984) provides a theoretical framework for storytelling in terms of role modeling from her novice to expert theory. Her model describes nurses as passing through five development levels: novice, advanced beginner, competent, proficient, and expert. Each stage builds on the previous one that develops from an assortment of patient experiences, while the student learner gains clinical skills. A novice (nursing student) can report actions assisted by an expert (nurse educator) who asks probing and insightful questions to enhance his or her ability to understand the dynamics of the interaction (Benner, 1984). As the expert role plays successful strategies, novices can certainly benefit and learn. The faculty can encourage students with better options after a negative patient interaction or nursing intervention occurs.

McDrury and Alterio (2003) discuss the storytelling approach as learning within a social-cultural framework that values students’ prior knowledge and experience. The approach promotes reflective dialogue as a medium within which knowledge can be constructed. When storytelling is used as a learning tool, past experiences of students, attitudes toward storytelling, and the intensity of feelings created by certain stories influence how and what is learned.
Heinrich (1992) incorporated these principles when she developed and taught an advanced theory clinical course for undergraduate nursing students. Storytelling was used with students being expected to assimilate both psychological and psychosocial assessments which provided appropriate interventions for patients and their families coping with complex problems. This storytelling technique was considered successful according to the involved educators, who believed that the students benefited in combining course objectives with their own lived experiences and, as a result, improved their communication skills.

**Nursing Practice**

Ramsey (2000) discusses how new perioperative nurses can use stories to improve nursing practice for critical surgical patients and to teach other staff nurses around them. Preceptors and educators are able to modify their teaching strategies in order to include storytelling in everyday learning for staff to improve their teaching proficiency. As new perioperative nurses share stories about the critical events of their patients, they help master their own caring process and increase their own nursing skills.

Lordly (2007) investigated the impact of storytelling in an undergraduate nutrition course using a mixed method approach of a 28-question, multipart, self-administered survey. This survey included 21 closed statements (18 opinion statements in a Likert format) and 7 open-ended questions given out during the final class. The narrative responses and survey data were analyzed by themes and independent content analysis. The student response rate was 88% with their ages ranging from 19-43 years. The study’s many conclusions centered on storytelling having a positive impact on participants’
learning, including the creation of a relaxed and sharing environment, the theory concepts were easier to understand with a more personal focus, and using storytelling emphasized a positive student–educator relationship.

Also, the majority of students expressed that this method was a positive addition to traditional teaching methods and that more professors should utilize this teaching strategy in other nursing courses. The use of stories in nutrition education introduced the developing professionals to a narrative approach that can open dialogue and reflection about nontraditional teaching and learning ways. Learners can continue to develop these processes as they enter professional nursing practice (Lordly, 2007).

The patient and his or her clinical experiences show another aspect of how storytelling can be used to develop nursing practice. Ironside (2003) emphasizes “how nursing practice is being learned is as important as what is being learned” (p. 510). Benner (1984) introduced the concept that expert nurses can develop their skills and understandings over time through patient experiences. Fitzpatrick (2004) recognizes the benefits of storytelling as a formal education method that is found by many nurses to be valuable in teaching patients and promoting patient healing. She suggested the need for educators to share these stories at the 2004 National League for Nursing Education Summit. Educators believe that students learn significant course concepts through stories for the future application of improved patient care and practice.

McDrury and Alterio (2001) state that storytelling is considered a useful strategy for improving professional nursing practice because it permits nurses to create meaning, understand what has happened with the patient, and prepare for future interventions. Lee
and Camp (2005) wrote how students did a birth story interview with patients to help understand how the social, cultural, and healthcare systems impact childbirth information for parents. This assignment proved to benefit their learning by reinforcing the major concepts from their undergraduate classroom course. Also, it assisted students to understand how the life experiences of others are manipulated by their healthcare providers. These birth stories provided knowledge for both the mother and the professional nurse that produced an effective learning tool. As stories are shared which expose a range of nursing situations, students have the opportunity to reflect and develop their own personal definitions of what proficient nursing practice means.

Summary

Storytelling pedagogy shows promise for the future of nursing education by exposing aspects of thinking, teaching, and practice that have been hidden by other dominant traditional educational approaches in the past (Ironside, 2003). Pinkstaff (1985) explains that when the writing skills of students improved through written forms, nursing students gained an increased comprehension of the course material and communication skills with storytelling. Storytelling provides enhanced oral and written communication abilities, as these students journey into different domains that they might not have experienced without the stories.

Storytelling could be a dominant teaching method if used consistently in more undergraduate nursing educational programs. It has often been ignored in general education, even though it has been used for centuries as a useful method of communicating fundamental knowledge by the lived experience of being a learner.
(Sorrell, 2001). Storytelling is a teaching approach which assists diverse nursing undergraduate students with many learning styles (Koenig & Zorn, 2002). Students who struggle with the empirical knowledge of nursing may be able to move forward in their learning through being taught with stories. Boykin and Schoenhofer (1991) describe this process as an “alternating rhythm, where one moves back and forth” from a wide knowledge base while merging significant parts into “the knowing of the situation” (p. 246). This rhythm enables nursing faculty to expand a method that equips nursing students to respond to the educational needs and patient care necessities for the future.

Nursing researchers and educators are exploring the use of storytelling to enhance health promotion and learning. Nursing educators should be alert for this growing body of research which can be applied to their own personal teaching strategies. Current limited research shows that storytelling enables students to benefit by learning in new ways while assimilating nursing knowledge into the classroom or clinical setting. Storytelling pedagogy is a new approach for teaching and learning that holds promise for the future of nursing education in that it exposes facets of thinking, teaching, and practice that have been obscured by the prevalent use of outdated traditional approaches (Ironside, 2003).

Future studies are critically needed to assess which strategies are the most effective in enhancing critical thinking, promoting cognitive and ethical growth, and encouraging individual autonomy in professional nursing practice (Brown et al., 2008). Future research can help evaluate current teaching strategies and identify new methods by
developing learning through stories for students in all disciplines, particularly nursing education (Sorrell, 2001).
CHAPTER 3: METHODOLOGY

Purpose of the Study

The purpose of this research study was to describe the use of storytelling as a primary pedagogical strategy by nurse educators hoping to strengthen the student-learner and faculty relationship and improve student learning outcomes. This study presents new evidence-based research concerning storytelling pedagogy to explore its potential as an innovative teaching strategy in nursing education today. The research questions were:

1. How do nursing educators describe the process of integrating storytelling into their teaching?

2. What are the perceptions of nursing faculty regarding the benefits of storytelling used as a pedagogical strategy for their students?

These research questions were feasible (time and resources), socially important, and scientifically relevant (Chambliss & Schutt, 2010). These questions which guided the inquiry were also practical, applied, and involved action-orientated issues (Patton, 2002). This inquiry included research which contributes to knowledge, evaluation which promotes program improvement with decision making, and personal inquiry answered the investigation questions (Patton, 2002).

This methodology chapter will discuss the purpose of the study, research design, population, sample size, and the process for selection of the participants. It will also
describe research procedures, instrument validity, data collection, data analysis, ethical issues, and limitations of the study with summary.

**Research Design**

A qualitative design was used because this design provided an open and flexible research approach to allow the exploration of the phenomenon of storytelling as pedagogy. A qualitative research design is common when studying healthcare research in that it facilitates researcher inquiry into the examination of their research questions. Selection of this design resulted from the logical inference of the research problem and its questions, as it allowed the researcher to question and discuss the strategy of storytelling with various nursing educators at numerous institutions throughout the world. Also, it permitted dialogue for participants to explain the process of integrating storytelling as a primary strategy into their instruction of nursing course information and student outcomes. The research questions used a qualitative approach that utilized the researcher as a channel to interview faculty participants using semistructured questions beginning with the “how” and “what” of their perceptions in their individual teaching or practice settings.

The primary strength of qualitative research is its potential to explore in-depth topics which rely on text and image data (Carlsen & Glenton, 2011). Qualitative methods can “add depth, detail, and nuance” (Chambliss & Schutt, 2010, p. 287). These methods were appropriate to this study because the meaning of the interview responses can be clarified and reveal more complex emotions and judgments (Patton, 2002). The inductive research process begins by collecting the data which may be used to develop a theory
which explains the patterns in the data. This type of research “results in new insights and provocative questions where general conclusions are drawn from specific data” (Chambliss & Schutt, 2010, p. 29).

The differences between qualitative and quantitative research are many, as each research approach manages scholarly inquiry through a plethora of diverse lenses. Creswell (2009) explains qualitative studies as those which analyze text by generating words describing people’s actions, behaviors, and interactions. Quantitative measures generally use numbers in statistical analyses which does not match the need to gather full, meaningful answers to the research questions involving storytelling pedagogy (Creswell, 2013). The qualitative process is interactive by asking open-ended questions leading to where future data can develop. Quantitative procedures use a broad, subjective experience to generate numbers resulting from surveys, tests, and other experimental designs. The necessary data that was required to answer the research questions for this study could not be obtained by a quantitative design.

**Population of the Study**

The population for this study is a group of experienced female nurse educators with a common interest in storytelling. Three male nurse educators were asked to participate in this research study but none agreed due to scheduling conflicts. This group presents a secondary effect of the initial selection with a wide geographical spread from various states (US) to several countries around the world. Sampling techniques can lead to valid generalizations about a population or an entire group of nurse educators that the study wishes to learn about. Nurse educators are the elements or individual members of
the population whose storytelling teaching characteristics are measured. Selection within sampling units was controlled and the sample is homogeneous and specialized. The sample in this qualitative study involved a process where most of the acquired information is used as data.

Participant selection included professional nurse educators who possess a Registered Nurse license and utilize storytelling pedagogy in their teaching (past or present) with undergraduate or graduate nursing courses within the last five years. It was not possible to assess the number of nurse educators practicing in learning institutions throughout the world to know this entire population. This researcher included the nursing faculty who agreed to participate in this research project after an initial contact was made and all of the criteria had been met. The participants have a genuine interest in storytelling as a teaching strategy; thus their responses generated rich, focused information from the research questions, providing a convincing account of the phenomenon (Curtis, Gesler, Smith, & Washburn, 2000; Walsh & Downe, 2006). The ultimate goal of the sampling strategy was to meet the informational needs of the study and to address this teaching method used in the discipline of nursing.

Sample Size and Selection

This study drew from a final sample of 21 female nurse educators. Qualitative methods are described as “purposeful” (Collingridge & Gantt, 2008) if the participant selection has a clear rationale and fulfills a specific purpose related to the research questions. Chambliss and Schutt (2010) explain the criterion for selecting participants is to obtain a purposive sample in order to target individuals who are very knowledgeable
about the subject that is under investigation (in this case, storytelling pedagogy). The criteria for selection in this research study included: RN nurse educators willing to participate in the study, who teach or taught teaching in a nursing program, and use(d) storytelling in their teaching practice (past and present) within an academic, learning environment. Since the design of this research involved an in-depth interview, participants had to be able and willing to take the time (60 minutes) necessary to respond.

Important participant selection factors included demographic characteristics determined from the interview protocol. These were: age, highest degree of education, associated school or university, years of being a licensed Registered Nurse, years of experience teaching nursing, and the type of nursing program—associate degree (AD), bachelor of science in nursing (BSN), master of science in nursing (MSN), doctorate in nursing (Ph.D.)—where their storytelling occurred.

Also, ethical conduct was considered with the justification of the inclusion and exclusion of potential participants, as well as the relationship and interactions between the interviewer and the participants. Trust was earned by the researcher forming a positive working relationship with each respondent while developing an active listening approach so that everyone involved was comfortable (Chambliss & Schutt, 2010; Creswell, 2008). Since the main source of information in this qualitative study was interview based, the verbal fluency, clarity, and analytical abilities of the researcher were crucial to gathering in-depth information (Patton, 1990; Sandelowski; 1995; Sobel, 2001).
Sampling Procedures

Patton (1990) writes that all types of sampling in qualitative research may be included under the broad term of purposeful sampling; Sandelowski (1995) agrees. This illustrates the complexity of sampling in qualitative research with the underlying principle showing that samples are chosen purposefully to fit the individual study. Patton (1990) adds that the logic and power of purposeful sampling lies in selecting information-rich cases for study, where a researcher can learn a great deal about “issues of central importance to the purpose of the research, resulting in the term purposeful sampling” (p. 169).

Patton (1990) discusses 15 different strategies for the purposeful selection of information-rich cases which includes the strategy that was used in this research study, snowball sampling. Snowball sampling is an approach for locating new, significant informants from previous participants already contacted. The process continues with a series of additional recommended sources being added to the sample size, as the snowball gets larger and larger (Patton, 2002). This technique is especially helpful to identify appropriate participants who are hard to contact (Chambliss & Schutt, 2010). Researchers who use snowball sampling cannot be assured that their sample represents a total population representing their topic of interest, so they must be watchful of making generalizations.

Three different strategies were used to obtain this study’s sample. The first strategy included identifying leaders in the field of nurse education who utilize storytelling as pedagogy. These educators are recognized as authors from nationally
known journal articles and books about storytelling. Second, these identified nurse educators were asked to use their personal research network to find others who were willing to share their perceptions and storytelling teaching experiences with this researcher. Finally, this researcher contacted her professional colleagues to obtain additional names of nurse educators in the population who have used storytelling as a teaching strategy.

Creswell (2008) states that this sampling type usually has the advantage of recruiting a large number of respondents for a study. The researcher wants to obtain in-depth evidence from each participant in qualitative research but this could prove difficult with a large sample. As a result, an inexperienced interviewer might generate excessive, inappropriate, or incomplete data that could prove insufficient for the depth of the required analysis. However, more detailed responses elicited from a smaller sample of well-selected homogeneous participants with an adequate experience of the phenomenon might provide more scope for an in-depth analysis (Cleary, Hayter, & Horsfall, 2014). Since the researcher is a more experienced nurse interviewer (from years of nursing and teaching) with a clearly defined research topic, the proposed smaller sample did provide rich, high quality data. The study has drawn further complexity from the geographical spread of nurse educator informants across the world, including countries such as New Zealand, Canada, Ghana, and the United States. It can therefore integrate global perceptions on storytelling teaching and learning across the continuum.
Instrumentation

A pilot test using the interview protocol form (Appendix A) and interview schedule was pretested on a small sample of two participants with similar criteria to the larger participant sample. The research questions were asked of each participant via telephone and digitally recorded after the George Mason University Informed Consent Form (Appendix B) and IRB approval were completed. Creswell (2013) discussed the possibility of needing to refine or further develop the interview questions, assess any degree of researcher bias, reframe questions, collect background information, and the possible need to adapt other research procedures. The interview questions were reassessed after the two test interviews were completed and no revisions were necessary to maintain the continuity of the study and its participants. The researcher continued with the individual semistructured interview questions with the remainder of the consenting participants. No procedures were used to increase the response rate and no follow-up methods were implemented. Thirty nurse educators were contacted to participate in this study and 21 were interviewed.

The researcher’s choice of measurement was an interview protocol. The study instrument was designed by the researcher to ask direct questions over the telephone striving for accurate memories or information regarding participants’ personal experiences. According to Creswell (2009), noted advantages of using interview questions are that participants can provide extra historical data which could add to the richness of the information, and the researcher can maintain control over the questions.
These values “vary in kind or quality but not in amount” (Chambliss & Schutt, 2010, p. 88).

Each interview included a digitally audio-recorded telephone dialogue in which data was saved for the accuracy of analysis. Written consent was given and received and the researcher reminded each participant that the recorder would be turned off at any time if requested by the participant. This condition was explained on the George Mason University Informed Consent Form (Appendix B) which had been approved by the IRB Office. Each individual transcript was e-mailed to every participant verbatim after its completion for accuracy and response clarification. The participants were given a 2-week time limit after delivery of the document had occurred to make comments or corrections with an e-mail reminder after 7 days. Each participant had an option to make corrections to any part of the transcript, and each sent back only minimal changes or grammatical edits. Every edit was corrected exactly as the respondent requested and each participant was notified after the edit was done. The data analysis began only after every respondent (21) gave their approval to the researcher or the 2-week time limit had passed. Notes were handwritten by the researcher during the interviews to include details concerning the participants’ reactions, voice tone, volume, and clarity.

A basic approach used to test the validity of measures was content variation where the “measure covers the full range of the concept meaning” (Chambliss & Schutt, 2010, p. 94). The range of meaning is determined when the researcher seeks expert opinions and reviews the literature that identifies different aspects of the concept. The interview selection in this study was appropriate because it asked the questions that
generated responses about individuals’ experiences, perceptions, opinions, feelings, and knowledge (Patton, 2002). Data consisted of exact quotations and personal stories with adequate material from the responses to the interview questions to be interpreted. Also, the researcher used the formal writing of written syllabi and assignment sheets from these nurse educators (only six e-mailed back written materials) to assist in triangulating the data collection and analysis. This triangulation showed evidence of quality, accuracy, and credibility of findings. The excerpts from these documents are data which were recorded and preserved.

Semistructured interview questions were used, as the participants answered in their own words by speaking at a scheduled day and time chosen by each nurse educator (Chambliss & Schutt, 2010). This is how the interviewer seeks in-depth information of the participant’s “feelings, experiences, and perceptions” (Chambliss & Schutt, 2010, p. 236) which is also previously discussed by Patton (2002). Semistructured questions can be used because a full range of responses cannot be anticipated, all of the questions have not been asked in a previous study, and a new participant group is used. These questions allow clear answers and involve complex concepts. Large poster charts can be utilized when obtaining a composite measure by summing, averaging, or combining answers to multiple questions which measured the same concepts (Chambliss & Schutt, 2010).

The criteria used to judge the quality of the data findings included traditional research criteria such as rigor, validity, and reliability (Patton, 2002). Validity was evaluated based on the evidence and methods used for this research study (Chambliss & Schutt, 2010). The two problems that often threaten the validity of a telephone interview
are the inability to reach all of the expected sample respondents (or coverage error) and not acquiring sufficient responses to make the results generalizable (the ability to apply the findings to a larger population) (Chambliss & Schutt, 2010). These two problems were not evident and did not affect the results.

Reliability is the degree to which the interview protocol (instrument) consistently measures something from one time to another (Chambliss & Schutt, 2010). Also, there must be consistency between the researcher and the respondents. This is necessary when the interview protocol involves personal (existing by perception) interpretation (Creswell, 2009). An advantage of the interviewer is that he or she has control because every respondent needs to have the same interview experience. In this study, each nurse educator was asked the same questions in a similar way by the same interviewer who reacted in the same manner despite their response answers. The participants’ answers did not need to be clarified.

Response rates in phone interviews are traditionally very high (above 80%) compared to other survey designs (Chambliss & Schutt, 2010). A problem that may develop involves the interview protocol being too complex with both open-ended and closed questions. Also, the nature of the emerging dialogue with the informant could mean that the questions are not asked in the same sequential order resulting in the interviewer losing control over the session. This did not occur in this interview protocol because of the heightened awareness of the researcher. The ability to control the question sequence and the completion of the interview protocol is crucial for reliability to be achieved and this was maintained. The ability to avoid contamination by others, the
ability to implement quickly, and the need to keep the costs low were important considerations for the interviewer and these were achieved. A trained transcriptionist was used to properly record the participants’ answers verbatim.

**Data Collection Procedures**

A preliminary letter (Appendix C) was sent to each potential participant by e-mail. This was to provide all of the possible nurse educator participants with information and the motivation of the researcher regarding this research study. All respondents had the option to decline their participation in this study if desired. The researcher received e-mail consent as a result of this letter with a response rate of 21 out of 30 nurse educators.

Patton (2002) correlates qualitative data with three methods of data collection: in-depth interviews, direct observations, and written documents. The data collection method in this research study was to collect from digitally recorded telephone interviews which occurred in the various work settings of the participants. The approval from the GMU IRB office was given and written consent was received from each of the participants. The researcher reminded the participants that the audio recorder could be turned off at any time at their request. Participants were given a choice of dates and times to complete these interviews at their own convenience. Participants were sent an e-mail reminder two days before their scheduled interview time. Instructions were read to each participant before the first interview question began. All of the interview questions were asked and data was transcribed verbatim. This was the first step in the data analysis.

The second method of data collection noted by Patton (2002) was direct observations. No direct observations could be completed during this interview process.
because of the telephone and distance between the respondents and the researcher. However, the third collection method to use all forms of written documents which could be obtained. Each nurse educator was asked to e-mail her most recent course syllabi and any relevant storytelling assignments to this researcher for data analysis. Any other data such as scheduled readings, handouts, or evaluations using storytelling were also considered important and were added to the data analysis. All information was numbered according to the assigned code number of the individual participant to insure confidentiality. All data are in a password-protected file on a locked computer that is available only to the researcher.

First, the data includes six short-answer, general demographic questions. Next, the researcher aimed for more specific stories and perceptions about their teaching experiences, along with student learning outcomes. These interview questions (Appendix A) were asked in an informal and interactive atmosphere that resembled a conversation encouraging sharing and candor (Patton, 2002).

Creswell (2013) discusses several good interview procedures: staying on track with the designated interview questions, completing the interview within the allotted time (unless mutually agreed upon as different), and being respectful. Others include: being courteous, offering few questions and advice, and most of all, being an active listener. Time was given in between questions for the respondent to think about the spoken responses, as well as for the researcher to make written comments or notes. The duration of each interview was approximately 60 minutes (or longer if agreeable to both the
participant and researcher). A final thank you was given to each participant to acknowledge the participant’s time and support given for the interview.

**Data Analysis**

Qualitative data analysis transforms data into findings. The raw data to be analyzed is text or words. There are no numbers or initial variables which are two major differences from quantitative data analysis. The text in this study was transcripts of interviews and notes made by the researcher from her sessions with the sample of 21 nurse educators. There is not one correct method to analyze textual data. Data analysis is an ongoing process of the data collection involving continuous reflection for its understanding (Creswell, 2009). The researcher must be alert to the discovery of new interpretations, especially since words, ideas, and categories are frequently compared to each other.

This research study used the inductive approach, allowing themes and topics to emerge from the interview data itself. This approach identifies important categories in the data including patterns and relationships using a process of discovery (Chambliss & Schutt, 2010). As interviewing continued, the researcher redefined the definitions of problems, concepts, and select indicators resulting in modified hypotheses which could be checked for the frequency and distribution of the phenomena. Creswell (2013) describes the beginning approach of the researcher in the qualitative data analysis as reading all of the note pages and transcripts, along with memoing or documenting the data. Next, all information is organized by describing, classifying, and interpreting into several repeated themes or coding (Creswell, 2013). Finally, the data was rearranged by
coding several times and placed onto index cards. These index cards were adjusted, condensed, and pinned on a large poster board. For the final analysis, relationships were compared to show if one concept influenced another, alternative explanations were evaluated, conclusions authenticated confirming both positive and negative evidence, and reflexivity (any possible bias from the researcher which influenced the study outcomes) was considered (Chambliss & Schutt, 2010).

Specific data analysis steps in this study were:

1. Text (all note pages and transcripts) was thoroughly read and margin notes were made.

2. The text was transcribed from the audiotapes as each individual interview was completed. A summary form to organize extra information was started.

3. After each of the interviews were transcribed, interpretation of the data or the larger meaning of the experiences began.

4. The objective, personal set of experiences or data was classified into initial codes. The matrix condensed data knowing that further intensive analysis of the data was needed as more coding was done. An outline (or a redesigned chart) was developed to assist with the final coding process.

5. Information was organized by describing, classifying, and interpreting into several simple, repeated categories or themes.

6. The text was coded by categorizing repeating themes onto index cards and pinning to a large poster board, which encouraged ongoing conceptualizing and strategizing about the text.
7. Data was organized by creating and arranging files for data.

8. The data was rearranged by coding several times and placed onto new index cards. These index cards were adjusted, condensed, and pinned on a large poster board.

9. Documents were saved by different (code) numbers which were randomly assigned to each participant.

10. Audiotapes were labeled by an assigned color dot representing the individual participant and placed in a locked box.

11. The data has been stored with all confidentially measures secure until after the dissertation has been completed for five years (Creswell, 2008).

**Analytical Framework**

Saldana (2013) states that coding decisions should be based on the methodological needs of the study and how the research questions will be investigated best. The conceptual framework involved in this qualitative inquiry is phenomenology theory, which is known to use the essence of the lived personal experience for an individual or group (Patton, 2002). The data collection included in-depth interviews from the individuals who had direct experience with this phenomenon of interest to develop patterns and relationships of meaning (Creswell, 2009). The researcher focused on how the participants “perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others” (Patton, 2002, p. 104) in order to better understand the particular learning experience. The process required the researcher to set aside her own
training and practices to understand the participants of the study, as well as share these fresh perspectives with others (Creswell, 2009).

**Coding**

Coding is not merely labeling but linking. It directs the researcher from “the data to the idea and from the idea to all the data pertaining to that idea” (Morse & Richards, 2007, p. 137). Lincoln and Guba (1985) describe interpretation as making sense of the data or developing a larger meaning of the data. This process begins with the development of the codes, the formation of themes from the codes, and as a result, the organization of the themes into larger data sections to make sense of the data. The researcher connects the interpretation to the larger research literature already developed by others (Creswell, 2013). Several issues were considered such as the credibility of the participant, how the responses were made to the researcher’s questions (spontaneous or not), and if the involved researcher influenced the participant’s statements (Creswell, 2008).

Saldana (2013) explains coding in qualitative data as a “researcher-generated concept that symbolizes and attributes interpreted meaning…for later pattern detection, categorization, theory building, and other analytic processes” (p. 4). The first cycle of coding was used as a beginning process which ranged in text amount from two words to an entire page. The researcher used in vivo methods as a coding process for the start of the data analysis in this research study while the data was separated into individual coded segments (Saldana, 2013). In vivo coding prioritizes and honors the voice of the participant in qualitative research (Saldana, 2013). It is one method that applies to action
and practitioner research (Saldana, 2013). The second cycle of coding uses the same or larger text sections, analytic memos concerning the data, or even a “reconfiguration of the codes themselves [is] developed” (Saldana, 2013, p. 3). This method was applied alone or with other coding methods. Saldana (2013) explains that the researcher should keep his or her coding decisions “open” during the initial data collection and review, since it usually is necessary to change the coding process later for a more accurate analysis.

**Coding Procedures**

Interview transcripts were examined by each line to help identify individual words or phrases from the respondent answers showing a connection to the interview questions. The text was separated into smaller categories of information which assisted the researcher to simplify and sort the content of this text data into more analyzable parts (Creswell, 2008). The smaller parts of the text provided the researcher with the ability to better recognize, interpret, and understand the data (Saldana, 2013). These smaller units of data or text segments were then assigned a code, regardless of the size of the database (Creswell, 2013). Code labels were in vivo codes that were the actual words from the participants or names that the researcher created that best described the interview information (Creswell, 2013). This was expanded with more codes as the researcher continued to review the database multiple times. After all the appropriate data was coded, classifying took the qualitative information apart and categories were developed (Creswell, 2013). These categories were then combined and reduced into major themes. A small number of themes were necessary for the qualitative analysis to provide more
detailed information rather than additional general information if many themes were used (Creswell, 2008). The data was logically interpreted and systematically summarized to the topic being explored (Creswell, 2013). The final analysis and written dissertation were presented by this researcher at her final Doctoral Dissertation presentation at George Mason University.

**Ethical Issues**

The researcher must take responsibility for five main ethical issues:

- voluntary participation (subjects are participating in a study voluntarily)
- subject well-being (avoid harm to subjects)
- identity disclosure (how much disclosure about the study and its participants is necessary)
- confidentiality (prevent identity disclosure)
- online research (do not violate the principles of voluntary participation and identity disclosure). (Chambliss & Schutt, 2010)

Permission was received from all involved nurse educators and approval was obtained from the GMU IRB office before data collection began. The researcher sought to identify and resolve any ethical issues of this research study before the project began, and committed to solve any new ethical concerns after the project began, as soon as possible. No ethical concerns were identified before, during, or after this research study was completed.

Confidentiality is an essential ethical obligation and is reflected in the GMU Consent Form (Appendix B) as to how the privacy of each participant was and will be
protected (Sieber, 1992). This prevents any disclosure of personal information and is critical to maintain subject confidentiality. The interviewer was and is the only person who has access to any information that could be used to link participants to their responses and that contact will be limited to the preservation of the study (Chambliss & Schutt, 2010). Whole numbers were used to link participants to their individual questionnaires. The researcher is keeping the names that correspond to these numbers in a password-protected file on a locked computer that is available only to the researcher. Telephone interviews are meant to sample only one opinion at a time and will be kept completely anonymous, revealing no names or initials. All informed consent statements and other appropriate measures were obtained from all nurse educator participants before data collection began.

**Limitations**

Several limitations were noted with this research study. These are:

1. Since the researcher used snowball sampling, the researcher cannot be sure that her sample represents the total population of interest, so generalizations must be provisional. Generalizability exists when a conclusion holds true for the population majority.

2. This study can be considered a cross-sectional design study because the data was only collected once (Chambliss & Schutt, 2010). The research study may suffer from serious limitations because the data will not be collected several times for further comparison analysis and does not allow the researcher to evaluate different groups across a population. It did not directly measure the
impact of time or consider that the data is not transported over time (Chambliss & Schutt, 2010).

3. This descriptive study was limited to the participants’ self-reported perceptions of their experiences regarding storytelling as a teaching strategy. The researcher selected a sample as a representative because she was not able to study the entire international population of nurse educators. The researcher sought an adequate number of participants from separate learning environments, so the findings may not be specific to a particular learning environment, but generalized.

**Summary**

The purpose of this research study was to describe how the use of storytelling as pedagogy by educators in nursing education can strengthen the student-learner relationship. These participants build an understanding of how stories are used in nursing courses or clinical settings and how its results may influence professional practice for present and future nurses. Even though the findings are not generalizable, the results from the experiences of these educators through the use of storytelling can be beneficial to other nurse educators in their personal methods of instruction.

The qualitative design was used in this research study because it allowed the researcher to explore storytelling as a pedagogical strategy, while gaining an in-depth understanding of its integration in nursing education. The research questions were qualitative in structure using the “how” and “what” for an open approach, allowing the researcher to develop the perceptions of individual respondents from their own words.
Data triangulation was used to ensure the quality of this research study by seeking out several different types of sources to provide insights into storytelling pedagogy and its student outcomes. As the interview transcripts and document analysis created the data convergence achieving this triangulation, various views about storytelling were explored.
CHAPTER 4: FINDINGS

This chapter discusses the results that emerged from the analysis of data collected in this qualitative study. The 21 participants were a snowball sample of nurse educators ranging in age from 50 to over 70 years who were interviewed individually via telephone. These educators had taught storytelling pedagogy within the past five years in all nursing program levels at numerous four-year learning institutions around the world. Two educators who were interviewed provided limited data for this research study because of job changes from teaching to consulting and quantitative research, respectively. All participants enrolled in this study chose to contribute freely without any noted restrictions.

This chapter shares the findings from an all-female group of nurse educators who reflected on their perceptions and experiences about storytelling pedagogy. Although both male and female educators were invited to participate, final participants were all females. This educator faction is reflective of the 2009 statistics from the National League for Nursing (NLN) which estimate that the female gender accounts for 95% of full-time nurse educators in the United States. This chapter begins with data results from interview questions including 6 short-answer demographic questions used for comparison data and 13 additional detailed discussion questions (Appendix A) about the teaching practice of storytelling. All interview responses were transcribed verbatim and reviewed
by this researcher by listening to each individual transcription tape. The educators were offered the opportunity to edit the transcribed interviews after completion but only offered few grammatical edits.

**Review of the Interview Process**

The interview process began with the researcher providing the title of the research study, purpose of the study, two prominent research questions to be answered, interview instructions, review of confidentiality information, and discussion of how the interview would proceed to the George Mason University Office of Research Integrity and Assurance. After the Institutional Review Board (IRB) granted all approvals for this qualitative study, two pilot interviews were done using the same interview procedures and questions as described above. These pilot interviews allowed this researcher to gain confidence and more experience with the discussion questions and interview process. The data from the two pilot interviews contributed to the remainder of the larger study of 21 nurse educators. The pilot results did not change any of the study instructions or questions. Pie charts (Appendices E-M) created from the main data spreadsheet (Appendix D) show a visual representation of the demographic information from each nurse educator, and the 13 remaining interview questions will be discussed in detail.

These interview findings provide a wide but significant depiction built from interview responses and educator stories to bring the bigger picture of the recurrent themes into focus. Several themes surfaced from the data collected and will be discussed in this chapter to indicate the potential of storytelling pedagogy as a valuable, innovative teaching strategy used in nursing education today. The most perceived benefits for the
students included (a) increased retention of information, (b) better developed critical
thinking skills, (c) improved communication skills (oral and written) leading to student
bonding with team collaboration, (d) advanced student learning (concept-based), and (e)
enhanced nursing clinical practice resulting from more effective problem solving.

The most substantial benefit for many of the interviewed nurse educators (7 of 21)
is the knowledge about storytelling pedagogy they acquired during conferences facilitated
by the renowned narrative pedagogy scholar Dr. Nancy Diekelmann. The educators were
involved in their own professional development as they shared stories among themselves
and learned from their peers. As these educators gained confidence in teaching this
pedagogy from Dr. Diekelmann, their students benefitted from the learning this pedagogy
provided.

One educator explains about Dr. Diekelmann’s study:

As far as the students’ outcomes were concerned, they were satisfied with this
new way of teaching and how different it was. It was a very well-thought-out
study, so the faculty was learning ways to teach it at the same time we were
involved in the research study that evaluated it.

Each of the themes discussed in this chapter is derived from analyzing the many
factors that nurse educators frequently repeated when responding to the questions about
storytelling pedagogy. These factors come together to form a broader picture of how
nurse educators recognize storytelling as an effective teaching strategy and why it is
important to nursing education. The discussion of each benefit often concludes with a
personal story or quotation(s) from a respondent reinforcing that particular point. This
chapter concludes with a summary that recalls the fundamental nature of why and how
these nurse educators use storytelling pedagogy. These educators firmly advocate this
pedagogy for other nursing faculty open to changing the scope of the current nursing profession.

**Demographic Question Findings**

The demographic questions identify significant trends among the 21 nurse educators who were interviewed that are illustrated in both the spreadsheet (Appendix D) and in the individual pie charts (Appendices E-M).

**Age**

These questions begin with asking the individual nurse educator her age group within a 10-year grouping beginning at 30 years and ending at over 70 years. A one-half majority (11) of the interviewed educators fall between the ages of 60-69 years (Appendix E). In this context, the interview sample is typical of the larger group of doctorally prepared nurse faculty professors. According to the 2012-2013 American Association of Colleges of Nursing (AACN) report on *Salaries of Instructional and Administrative Nurse Faculty in Baccalaureate and Graduate Programs in Nursing Report* (Berlin & Sechrist, 2013), the average age of full-time doctorally prepared nurse faculty professors is 61.3 years, up from the previously reported AACN 2004 statistics in *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply of 54.3 years* (Berlin & Sechrist, 2005a).

The one (double) master’s degree prepared full-time assistant nursing professor participant reported her age as being between 60 and 69. This range is not typical of the 2012-2013 AACN report lists for master’s degree nurses which shows an average age of
51.2 years (Berlin & Sechrist, 2013), up from the 2004 AACN reported average of 49.2 years (Berlin & Sechrist, 2005b). In comparison, according to the 2008 *The Registered Nurse Population: National Sample Survey of Registered Nurses* released by the Division of Nursing, Bureau of Health Professions (HRSA), the average age of the entire Registered Nurse (RN) population is 47.0 years of age, up from 46.8 years in 2004.

**Degree**

The highest level of degree showed an overwhelming majority of 20 out of 21 educators having completed a Ph.D. (19) or beyond (1), with only the 1 educator previously discussed finishing with two master’s degrees (Appendix F). One-half (10) of the educators possessed an advanced nursing degree while the 11 other degree subjects were education (1), higher education (4), and nursing education (1). Besides one Midwifery post-Ph.D. degree and one Nursing Science Doctorate Degree, the remaining educators included other academic interests of urban affairs/public policy (1), philosophy (1), public administration (1), and global health/bioethics (1) (Appendix G).

**Type of Nursing Program Taught In**

The schools or universities identified by these nurse educators where they taught storytelling pedagogy numbered a total of 2 community colleges and 39 four-year universities (Appendix H), noted separately on the spreadsheet (Appendix D). The universities of these educators are dominated by public institutions (31) versus private institutions (10) across the United States and internationally including Canada, New Zealand, and Ghana (Appendix I).
Years as Registered Nurse

Each doctorally prepared nurse educator worked as a Registered Nurse ranging in years from a minimum of 23 years to a maximum of 59 years with the mean (average) being 41.1 years for this research study (Appendix J). There were no recent data or statistics to compare this average with national nursing organization records.

Years as Educator

Every nurse educator revealed her years of overall teaching experience ranging from a minimum of 5 years to a maximum of 53 years with the average being 27.7 years (Appendix K). There were no recent data or statistics to compare this average with national nursing organization records.

Discussion Question Findings

The remaining 13 open-ended interview questions elicited more detail as the respondents discussed and reflected on their first experience with stories to the use of storytelling pedagogy with nursing students and its integration into their teaching. Also, a long discussion of both positive and negative aspects regarding student learning outcomes or benefits from the use of this storytelling teaching strategy follows.

Question 7 Findings: Exposure to Storytelling as a Teaching Strategy

Question 7 (Appendix A) asked about the respondent’s first encounter with stories as a teaching strategy (as a nursing student, before, or after). The discussion from this question began with the time in their adult life when they encountered stories in their own learning. One educator revealed that stories have “always been a part of my life,” while a second educator described her story introduction as “I have never been without stories.”
Lastly, a final educator stated that “from the very first class, stories are just part of who I am, how I interact, and teach.” For others, the time ranged from before nursing school (2) to as a nursing student (1); the majority response was after nursing school as an educator (18).

The next part of the question asked how the educators heard of storytelling as a teaching strategy. A minority (7 out of 21) of the educators noted professional conferences and collaboration with narrative pedagogy scholar Dr. Nancy Diekelmann as she introduced “the use of stories and their teaching” for this part of the question. However, the majority of educators had spoken of her influence in response to other questions by the completion of every interview. Another educator reiterated the pedagogical value of these conferences by stating, “we were learning all of these new ways of teaching (storytelling) and were exposed to all different types of feminist postmodern pedagogies.” Other answers that emerged were stories from nursing practice or nurse experiences (8), patient stories or patient/family experiences (4), and learning from student stories (6) or student clinical experiences (3).

**Question 8 Findings: Integrating Storytelling**

Question 8 (Appendix A) focused on when, why, and how each decided to integrate storytelling into their own nursing courses. One experienced educator answered this question with:

I wanted to use stories because I began to see that storytelling worked. I tried it out a little bit at a time when I was teaching the complex information [class content] that was hard for students to grasp. If I had framed it with the story from my own life or from other people in my research, I found that I could create an understanding of the information that I used in the story.
One educator stated, “I think stories were a natural evolution for me when I started teaching. I still tell a lot of stories. I think you can learn a lot from stories.”

Integrating storytelling started for the majority (13) of educators as they began their undergraduate teaching while using it in many of their classroom or clinical sessions.

Another educator explained:

It just seemed natural to use stories to remember being cognizant of the experiences. Learners need to learn because they are very visually orientated and some of them are more tactile. They have no frame of reference because many of them haven’t had any similar experiences. So if you told a story of a patient in a classroom setting, it became a great way to illustrate what I was talking about. It really brought reality into the classroom. I used my examples of storytelling to get students to tell stories of their own patients during post conference as a way of debriefing.

The minority (8 of 21) used it in their graduate nursing courses (master’s and doctoral level). The “why” part of the question was answered with the majority of educators believing that once they began to use storytelling, it provided multiple student benefits. Other interviewed educator clarified these benefits as “stories create an understanding of information that helps students remember information,” “stories are a way to get students more interested in course material,” and “stories help the student experience a different way of learning.”

One educator describes the integration as:

I would prepare to teach a class and think about different ways I wanted the student to learn the information or I try to think of a story that might help convey that patient information to help them remember content.

Another educator discussed the perceived benefits of integrating storytelling as:

I immediately used stories and realized how important stories were as a way of connecting or as a way of coming to know someone. I always used my own
student experiences to think about different ways of how students learn and how I can best teach.

Another educator responded to the integration question as, “I’ve been using stories on my own in the classroom ever since I could remember.” Finally, an educator explained that:

Times are changing. People are becoming more aware of the value of stories. I started using stories from day one because I just tend to see people as stories. That’s how I think. If you’re working with people in any way, stories are involved. People come with stories and that’s who they are. Listen to them; they’re going to tell you about themselves.

**Question 9 Findings: Type of Nursing Program for Storytelling**

Question 9 revealed the majority (14) of these nurse educators used storytelling in teaching at the Bachelor of Science in Nursing (BSN) level including the Bachelor of Science (BS) program (2) and the RN to BSN program (3). The next significant nursing program in which these educators taught with storytelling was at the Ph.D. level (9). Only a small number taught in the associate degree (AD) (3), Midwifery (2), Family Nurse Practitioner (FNP) (1), and General Nurse Practitioner (NP) (1) programs. Also, this is shown per each individual educator on the data spreadsheet (Appendix D).

**Question 10 Findings: Storytelling in Classroom or Clinical**

Two other interview questions (Questions 10 and 12 in Appendix A) resulted in very short answers instead of the longer dialogue that the other questions received. These answers are shown in detail on the spreadsheet (Appendix D) and briefly discussed here. Question 10 asked if the educator used storytelling as a teaching strategy in the classroom or clinical area. Every educator interviewed taught in the nursing classroom setting (21) with over half (13) also teaching in the clinical or hospital setting (Appendix L).
**Question 12 Findings: Primary Nursing Specialty**

The other question which generated very short answers, Question 12, inquired if the educator taught in the clinical area and if so, what nursing specialty area was primarily used by each. The resulting medical specialties from these 21 educators’ backgrounds were varied with approximately one-third of the total having general adult Medical-Surgical training (8), while others had adult specialties such as orthopedics (1), respiratory (1), neurology (1), mental health (3), emergency room/trauma (1), intensive care/critical care (3), oncology (1), and gerontology (1). Of the other two-thirds, some noted maternal-child (3), labor and delivery (3), general pediatrics (1), child/adolescent psychiatry (1), and pediatric oncology (1), totaling 9 educators. The two remaining educators listed quantitative research (1) and global health (1) (Appendix M).

**Question 11 Findings: Course Content’s Influence on Storytelling**

Question 11 (Appendix A) asked if course content influenced their use of storytelling in the classroom area. A large majority of educators (16) believe that it does influence their storytelling use, while only a few were not sure (3) and only 2 provided no direct answer. Every respondent said that it did provide an influence. The nurse educators who responded believe course content determines if storytelling is appropriate or not and the degree of creativity in these stories. Stories are information rich and the storytelling approach is very individual according to each educator. Stories “drive the content.” One educator stated:

> You can just try to teach the content that is still necessary but it’s very difficult for students to grasp the whole picture. No longer will I see faculty sitting and teaching with PowerPoints alone. I know that it’s absolutely not effective and when I see students studying from a PowerPoint I know it’s just [surface learning] or
memorization and they don’t really understand the content. I truly believe the only way I can actually teach the content that’s expected is to bring story back because I can teach 20 concepts with a story. I’m back teaching undergraduates now where there is so much content to learn and I feel sorry for them. They will remember a story. They’ll remember and understand the concepts in the story better and I think that makes a big difference plus it makes the class much more interesting.

The course subject being taught could be learned from story examples that students relate to because it “mirrors real life.” One educator believes that:

The content influences the stories because it is the lived experiences of the students. I think I use storytelling more from the point of view of listening to the students’ stories and deriving meanings from the stories that they tell. Also, they guide the process by which other students in the class see the interaction and can enter into that dialogue themselves. So it’s learning by doing; the process is not with me always telling the stories but with the students telling the stories.

These educators replied with multiple responses about students learning course content, as they also improve their sense of “caring, communication skills, ethics, more developed thinking, holistic nursing practice, and cultural diversity.” The students’ learning from storytelling has changed from what one respondent described as a “medical-model (using a traditional problem-solving approach) where diseases and medications were taught in the past to a concept-based model.” The medical-model maintains that the disease condition of the patient was of major importance, along with their medical diagnosis and treatment of disease dealing with only the facts.

The current model for the nursing curriculum has shifted to a concept-based model for student active learning and application. These educators reported they feel the need to “teach everything as students are overwhelmed with information and as a result, resort to memorization or compartmentalization of information.” This concept-based model allows students to integrate their thinking, relating facts to organizing concepts;
link new knowledge to prior knowledge; and achieve an abstract, deeper understanding. As one participant said, “The concepts are being emphasized here so that the content reveals itself through stories.”

The respondents think that students “retain and understand course concepts better with stories” and students consider stories “more appealing” than course content alone. As a result, the educators believe that students “feel entertained with stories.” Only two educators in the entire study believe that:

one of the prime aims of the teacher is to entertain the students. Educators believe that if students are having fun, they will be learning and as a result will be engaged. They are going to be a part of it.

A key question many of these nurse educators ask at the beginning of a class/clinical to start student engagement is “So tell me what’s on your mind…."

**Question 13 Findings: Changes to Storytelling Pedagogy Over Time**

Question 13 (Appendix A) inquires if the use of storytelling pedagogy has changed over time and if so, to what extent. Even though only one participant offered a direct answer to this question, many of the other respondents simply agreed without further comments.

Every generation creates new learning challenges and differences; as stories change the student perceptions of what you’re trying to teach also changes. I think students can embrace the story holistically and they’ll remember the story whereas, they may not remember just a lecture.

Almost one-half (10) of the educators agree that they “realized storytelling was really making a difference in their students’ learning.” A minority of educators (5) were unsure and 4 did not provide a direct answer to this question, while 2 replied that storytelling pedagogy had not changed. Another educator states:
There is a big push towards the patient perspective as an experience and the students like and appreciate that. It helps to make the abstract learning real for them and it is another way of getting a more relevant experience from the patient.

Many of these educators agree that challenges with current students include more “demanding, consumer-orientated adults.” The attention spans of students are “so much shorter now. Research tells us it’s about 7 ½ minutes per topic or maybe less.” The educator must “transform students by reaching out using storytelling as a more creative learning strategy with the purpose of getting them to listen and become more engaged with the presented course information.” Finally, these educators use stories to “enhance the material they must teach; incorporate stories into course content and learning objectives; and get students to be attentive again.”

Several of these educators (7) believe that the use of storytelling pedagogy has “not really changed at all.” One educator notes that:

The feedback that I get from my colleagues and from various students is that if anything has changed, we as educators have become better skilled in our ability to use this pedagogy and as a result, it reinforces the power of stories.

One educator states: “I think more educators are more purposeful in some of the stories that we tell and in making sure that the major points from the course are there. I am certain that we are listening more to students’ stories.” These educators concur that even though their “use of stories and how each individually teaches their story; it has not changed much. The fact remains that storytelling must be used more than ever at this time because the required content is so burdensome.” One educator expresses a new concern regarding present day and the future of nursing education. She explains, “I think with the rise of online instruction, the interplay between the educator and the student has changed.
The stories may be useful but they’re not interjections like when you’re teaching a live or virtual class.”

**Question 14 Findings: Changes in Students Over Time**

Question 14 (Appendix A) asks how students’ reactions and outcomes may have changed over time and to describe the results. The majority (17) of the educators interviewed agree that it is difficult to say if students’ reactions and outcomes have changed because education has transformed so much over time. Many educators believe that course “content may be modified and nursing practice is changed but we don’t see many differences in the students’ reactions. I think there is more of a strategic emphasis in learning now.” This educator supports the majority opinion with:

The students’ reactions and outcomes have not really changed at all. It allows them to be creative and this strategy only helps them apply the concepts to help them learn to work with one another. Then in the end, they edit it so they learn to discern what makes sense and what doesn’t make sense when applying the concepts.

However, most of these educators agree that storytelling changes both the students’ intellectual and physical affects such as appearing “comfortable in class” and “confident in clinical” along with obvious “positive physical expressions.” Some examples of these positive physical signals are “bright face, broad smiles, positive facial cues like smiles, positive visual responses (bright, alert eyes), and an increase in raised hands with enthusiasm” for asking questions or adding into the discussion. These educators have noted intellectual cues from nursing students such as correlating course and patient connections made from storytelling and as a result, “improved their learning outcomes by increased retention of information from rote memory to long-term
memory.” A second educator supported this comment by stating “students told me that they would have never remembered that class information, if they hadn’t heard my story. It made me realize that it really does go into their long-term memory and we remember those.”

One educator responded that:

I have always integrated storytelling into my teaching. On a personal note, I can tell you about students that I taught 15 years ago that still run into me and tell me they remember specific stories that I told in class. You tell stories because you want to drive home a point but the stories do change over time.

A second educator supports this comment from her personal experiences by saying:

I’ve been around long enough in this area that I meet lots of people who were former students of mine. They all say how they never forgot my class. It was really wonderful because of the stories. There’s no need for them to say that in a social context, so I think they are probably speaking the truth.

Another educator further reported from students:

They enjoy stories and are entertained by them because they are different. It allows students to be creative and the storytelling strategy helps them apply the concepts to help them learn to work with one another as a team. Then in the end: They learn to discern what makes sense and what doesn’t make sense when applying these concepts.

These respondents believe that students acclimate to stories quickly. Also, they think that students realize that stories help them apply course concepts to practice, and “learn from their ordinary experiences that result from caring stories. They are able to make connections between good nursing practice and bad health practice.” Finally, they agree that student expectations have “increased not decreased, changed from knowing just the essential information to being interested in their own learning process,” and
realize they can help “contribute to nursing by improving their nursing practice immediately.”

These educators also report a negative reaction from students concerning storytelling. If there is a “course that has a heavy fact content, the students don’t want or like storytelling because they feel that they only need to know the facts. These courses are a little harder to teach with stories.” Students only want to be told what is necessary for them to know and nothing extra because their grades are at stake. In addition, contemporary students are immersed in online learning for education (as discussed earlier in Question 13) where the environment for storytelling can lose its positive effect and learning aspects. Only two educators offered a different opinion, the first suggesting that “students are even more responsive currently and expect to be entertained in the classroom.” The second respondent commented that “as a teacher it is part of my job to entertain the students for them to learn.” However, the other respondents (19) stated that storytelling is drawing students back into the process of learning and currently away from the entertainment factor.

Finally, most of these educators believe:

That working in the classroom affects the outcome of the students. You have to apply more material rather than expect them to just memorize the information. I think stories affect the outcomes in a positive way. We need to bring the patient into the classroom and the classroom to the students. I think storytelling is a very strategic way to do that.

**Question 15 Findings: Storytelling’s Positive or Negative Effects**

Question 15 (Appendix A) combines what the educators see as both positive and negative effects on student learning outcomes regarding nursing practice from using
storytelling pedagogy. Student learning outcomes are consistent with storytelling pedagogy despite the different levels of nursing programs.

**Positive effects.** This discussion begins with the positive aspects first. The use of storytelling has improved student engagement with patients and their families, elicited positive student feedback, and offered several educator benefits.

A very experienced educator states:

> Stories engage students so they want to hear the beginning, middle, and the end of the story. I think they’re more engaged which helps them learn the material better and stay attentive. It helps them think outside of their own perspective which helps them see different cultures. Also, it assists them to see different ways of looking at something and transports them into another realm that they might not have been aware of otherwise.

Another educator believes that a positive affect is:

> The students’ thinking ability (especially problem solving) or to think critically is one. I do think storytelling and having them tell their stories, as they turn it inside out or look at it is one way that our students learn to think critically. The second one is that students gain respect for the meaningfulness of experiences. The students gain an appreciation from many other people who have had varied or different experiences as they learn to appreciate diversity. Finally, students retain their emotions and knowledge longer, therefore making them more meaningful and memorable. Stories tend to stay in one’s memory much, much longer than if you’re teaching the rote memory type of information.

Students tell these educators they have more “confidence and satisfaction with their performance on the NCLEX [National Council Licensure Examination].” Students have improved in the development of deeper thinking processes as “they learn to analyze and problem solve” along with their opinion that nursing clinical practice has become easier for them.
Several educators believe that storytelling is:

A very positive thing. You have to target your stories pretty specifically and then show that this story is related to the content being taught. It isn’t about just telling a story because storytelling is a specific pedagogical technique. To just tell any story, I mean that’s useless.

This educator defines story as:

Stories are the vehicles of meaning making and we guide our lives based on what is perceived as meaningful. Stories solidify passion and caring in our minds and therefore, become the way we will direct our lives. Stories are all about growing your self-confidence, growing who we are, and what we have to offer.

**Perceived student benefits.** These perceived student benefits show significant results from storytelling pedagogy cited by these 21 nurse educators from the same multiple responses given throughout the interview process. These benefits are summarized in the list below (in decreasing order) and followed by the associated question numbers with individual response totals. It should be noted that the top five responses from the following list of benefits meet goals toward a fundamental university education with a focus on student outcomes.

- “Learn and retain information longer.” (Q# 8,11,13-18) Total (T) = 8
- “More developed critical thinking.” (Q# 8,11,13,15-18) T = 7
- Improved “oral and written communication skills.” (Q# 11,13,15-19) T = 7
- “Bonding and team collaboration increased.” (Q# 8,13-16,18) T = 6
- Course content comes “alive and makes it real” for students. (Q# 8,11,13-15,18) T= 6
- “Increased creativity.” (Q# 11,13-16) T = 5
- “Awareness of diversity with other cultures.” (Q# 8,13,15,16) T = 4
“Attention span is increased.” (Q# 8,15,17) T = 3

“Ability to problem solve improved.” (Q# 14,16,18) T = 3

“Honors classroom and clinical confidentiality.” (Q# 15,17) T = 2

“Growth in self-confidence.” (Q# 15,17) T = 2

Ability to “prioritize course content” better. (Q# 16,18) T = 2

“Enhanced sense of empathy.” (Q# 11,15) T = 2

“Develop a sense of community in the classroom.” (Q# 15) T = 1

The storytelling pedagogy is equally positive for students in all program levels of nursing education because, as one educator said, “I found that students do not forget a story. Students forget other things all the time but they think about and really pay attention to the idea of the story.” Students give feedback with course and individual educator evaluations which have been very positive (according to their individual university standards) with this diverse group of nurse educators. Educators benefit from positive course evaluations, resulting in good performance, salary increases, and the possibility of tenure. These educators also enjoy the opportunity to share their knowledge of practice stories with a student audience and many “like to be on stage telling what they know.”

Storytelling provides a “good vehicle for presentation of course material” and “educator and course evaluation scores continue to be very high” using this pedagogy. These respondents discuss how the students like “the stories as a teaching style” and “educators guide and lead students to knowledge” resulting in team collaboration. The educator does not need to cover all the course content if stories are used because this
gives the students an opportunity to look up additional necessary information for themselves.

**Negative effects.** When I first asked the question of possible negative effects from using storytelling, most educators said that there were none or “they couldn’t think of any.” After I asked them to take a few minutes to consider this answer again, the discussion began. A perceived risk that makes it difficult for both educators and students to use storytelling pedagogy includes “the chance for stories to become too emotional or too close to home for some students so they are not able to hear and respond to it.” Also, the students may get “turned off if the stories get too painful or scary” (sad stories) and educators “need to have checks and balances in place so that they don’t make students vulnerable.”

It is hard to stop or reverse difficult situations involving stories. One educator told this story:

A student was going through a particularly difficult work situation where she’d been disciplined. I think she might have even had to leave her employment and so she started telling me stories online that were very angry stories and very critical of her workplace—pretty over the top really. That made a difficult situation for me and they were stories that I had no way of knowing the rights and wrongs of the situation. I think that the classroom online forum was not the place for us to deal with this sort of material.

Students sometimes do not have the right attitude to “tap into a story” and “students may not be willing to engage in telling a story or sharing any experience at all.” It is too easy for an educator to lose focus with stories. Another negative aspect mentioned by many educators is “if storytelling is not used correctly—it can be a horrendous time waster.”
One educator added:

Time wasters can also be negative if you’re not clear with your story. I think your delivery is important too. You have to be clear with the points you’re driving home otherwise, it’s seen as fluff. Also, students see it as camouflage because if you’re just putting out stories, you really don’t know the answers so you’re just blabbing on.

An educator revealed a story of this negative feature with a faculty member who was in front of the class “pontificating and telling her many stories about whatever she felt like chatting about that particular day and that’s a big waste of time. Like anything else, the stories have to be incorporated into your teaching plans” and be used effectively. Also, certain students found that using children’s stories was “most offensive or silly” with the educator needing to explain why she was “telling this story and how we need to listen to the story.” Also, another educator suggested that “the student learner may benefit from my experience stories but there may be parts of this experience that are not of any importance or interest to them.” Finally, another negative that was revealed was that “storytelling is very subjective.”

A major concern of several educators was that with the rapid progression of technology, students are more comfortable with technical communication methods instead of using the traditional method of speaking directly to one another. As an example, student feedback on one respondent evaluation suggested that “more video effects need to be included in class to better grasp their attention.” Several of the educators (7 out of 21) interviewed still maintained their previous response upon reflection that no negative effects are a direct result of using storytelling pedagogy for nursing education.
The disadvantage that was most discussed among these educators is that necessary class preparation is often considered too time consuming. The educator must have the skills to apply this pedagogy effectively in order to convey course knowledge to the students to pass their course exams and the NCLEX at the end of their nursing program. The students must learn to trust the educator to teach them the appropriate course content necessary to succeed. Educators feel that they often face two dilemmas with storytelling, such as cramming too much information at the student learners which may not be essential for the particular course objectives or not enough information in order to pass their NCLEX exams.

Several educators compared storytelling pedagogy as being the same with any other new pedagogical framework. Contemporary nursing education emphasizes the necessity of what one respondent called “evidence-based high impact teaching” and these are the terms that current educators need to demonstrate. Educators need to consider if the evidence of storytelling pedagogy is stronger than problem-based learning and if, as another respondent said, “story pedagogy is superior to most of the other teaching strategies in education now. The negative position right now is that we do not know.”

Other comments were that “An important issue for current nurse faculty concerns how to consistently grade stories” in the classroom (discussion) or clinical (typically graded pass/fail). A “rubric for grading stories must be developed in a way that either reflects the students’ thought process or their ability to reason.” Such a rubric would need to be a reliable and nationally accepted scoring system in order for stories written by students versus educator stories to become a significant part of the course grade.
Question 16 Findings: Storytelling’s Effect on Standardized Tests or Future Professional Practice

Question 16 (Appendix A) focused on the beliefs of these nurse educators on the use of storytelling pedagogy assisting students with standardized tests (such as the NCLEX-RN licensing exam) or future professional practice.

**Standardized tests.** Almost one-third (6) of the 21 nurse educators were not sure if the use of storytelling pedagogy had any bearing on tests, while another third (6) discussed the positive test benefits for students. Nine educators chose not to answer this question with a direct response. A positive benefit resulted in a rise of correct exam questions and increased test scores for the students of these respondents. Two educators believed these results occurred because of how “students remember the course content better as they pull the information out while relating it to a story” and how “students tell me that the critical thinking piece is also there.”

Several educators believe “I don’t think storytelling helps with test taking at all quite frankly” and “I don’t have any evidence that tells me storytelling makes a difference and to be honest, we don’t see any direct correlations there.” A negative story experience from an interviewed educator reveals a classroom situation where another nurse educator at her university overused stories and was not able to finish all of the course content for the semester. As a result, most students did poorly on the course exams which reflected badly on this educator’s final course evaluation.

One educator explains:

Let’s say I give a typical test where we use small scenarios and several multiple choice questions. The students score better on these tests because of the
improvement in their critical reasoning, problem-solving, prioritizing, and writing skills. Storytelling gives students a basic foundation. It allows other students who have been there before you to ask questions and that it is all right to seek out information.

**Professional practice.** While fewer educators agree about the influence of storytelling with standardized test results, a large majority (18) of these educators agree that storytelling provides positive effects influencing enhanced professional practice.

There were only 2 educators who were unsure of any effect and 1 educator who did not answer the direct question regarding professional practice at all. One educator stated:

> Stories really help in practice. It teaches students how to communicate better with the patients. It teaches them how to take into consideration the culture of the individual that they are caring for and to look outside of the individual that’s sitting in the bed within the environment they’ll return home to. It helps students learn to reflect and how to communicate in a professional manner with patients. They might remember a story that made them respond differently to a family or a way that you can engage a family by telling a story about another family.

Another educator agrees that

> students can better understand the perspective of others. Their approach to others is relative to language and meaning. I really do believe that storytelling helps students in clinical practice. It really gives them a more holistic view of the patient.

An educator said,

> Students must first reflect on their own story. This includes their personal attitudes, beliefs, prejudices, and value system. They must understand how those things blend with their own culture and how those things will affect their individual practice.

One educator believes storytelling helps students with professional practice and replies:

> It’s so critical for nursing students to be taught what’s at stake if you don’t practice with safe, quality, evidence-based techniques. I think that’s critical and that’s part of the socialization and their professionalism. It’s really important for professional nurses to be held accountable for their practice.
Other positive comments on professional practice from interviewees include: “the nurse has to figure out how to collaborate with his or her colleagues to change a difficult situation or at least bring that into an area of concern for people to think about” and “stories reveal ethical dilemmas and opportunities for professional practice to advance. I can't imagine any other methodology that would influence professional nursing practice like storytelling.”

**Question 17 Findings: Storytelling’s Effectiveness With Students**

Question 17 (Appendix A) asked these nurse educators how to assess the effectiveness of the storytelling teaching method with nursing students. The majority of nurse educators (18) expressed that storytelling was an effective teaching strategy with nursing students but all (21) commented on how hard it is to evaluate or measure it. Interviewees noted consistently that “course content was remembered better and longer by the nursing students” as well as “why and what the story meant to them.” When they compared this qualitative study with quantitative methods, nothing was measurable and storytelling is considered subjective. One educator summarizes her overall comments in one statement: “It is the behavior that you observe that documents the effectiveness.”

The indicators of effectiveness highlighted by nurse respondents involve factors such as formal classroom work, formal evaluation, informal evaluation, and nursing practice evidence. Several affective features considered significant by the educators include: “students appear more comfortable with positive physical expressions like smiles,” “improved student thinking regarding nursing care and their patients,” “increased students’ oral and written communication skills” as shown by their peer
reporting and patient charting, and “sometimes there’s actually a visual response and you just know from the expression right behind their eyes.”

An educator regards effectiveness as being when:

Students come out of class and say they love this class. “I learned so much from the stories from class and I will never forget them.” At the end of class, I ask them two questions which are: (1) What did I learn about nursing today? (2) What did I know before but understand in a different way now? These two questions are designed to see how their thinking has changed in regard to class content.

Another educator stated, “I believe storytelling to be very effective. I wouldn’t be teaching it or using it if I felt it didn’t work.” All respondents agreed that in the end “every teaching strategy must be evaluated by both quantitative and qualitative means” before it can be promoted as effective.

Several educators report anecdotal incidents where their former nursing students reached out to them after graduation to comment on remembering and enjoying the previous stories used in their earlier courses. One educator believed that “I was instrumental in helping myr students learn with storytelling pedagogy.” Formal work from the classroom showed effectiveness in many ways for these educators. They reported that “students used appropriate stories with improved writing skills in their clinical journals,” “increased student attentiveness was noted in class with better listening,” and “students retained course concepts better.” Clinical skills improved with “students being able to transfer knowledge easier into nursing practice.”

Indicators of formal evaluation were shown by improved course examination grades as “students correlated course content knowledge better by meeting class objectives” and evidenced “increased critical thinking.” Respondents included other
indicators in the question responses such as student evaluations with positive feedback (by individual university standards) at the end of the course with the acknowledgment of students’ interest and pleasure with storytelling. Also, educators self-reported that they received “positive classroom and clinical educator evaluations” and positive course reviews.

Informal evaluation success is shown by students saying “storytelling makes a difference,” “I loved and won't forget the stories,” and “I learned so much from class.” Evidence from improved nursing practice includes increased ability to “engage with patients and their family experiences,” “enhanced patient approach with stronger patient/nurse relationships,” “improved nursing care assessments,” “improved meaningful nursing practice,” and “stronger nursing team collaboration.”

Question 18 Findings: Why Storytelling Is Not Used More Often

Question 18 (Appendix A) inquires why storytelling is not used more often as a teaching strategy by other nurse educators. Many educators agree that the biggest barrier appears to be the lack of knowledge regarding storytelling pedagogy itself.

When I first started teaching, I don’t think educators knew about storytelling pedagogy or used it very much. However, educators did use storytelling but didn’t recognize it as such. I don’t think it was always identified as storytelling because many educators just didn’t know anything about it.

Respondents noted that new teaching strategies at learning institutions often work better with the support of the dean of Nursing along with tenured, more experienced professors who are already successful with a technique or who are confident about trying something new. Another educator believes “that some faculty do not have the individual competence level for storytelling pedagogy and that is why it is not used more
frequently.” The respondents have restated comments from other peer educators: “they don’t think of it,” “they haven’t tried it,” and “I don’t think they know how to do it.” The nurse educators who were interviewed believe that storytelling is used as a teaching strategy at many universities domestically and internationally but educators may not realize they are using stories and label it erroneously, for example, as case studies.

As noted in this study’s Literature Review (Chapter 2), case studies used in nursing are usually real patient scenarios with data resulting from in-depth interviews, direct observations, and the review of medical records. “Case studies take facts and use them in practical ways. This type of application shows students how selected interventions focus on outcomes for the patient” (Bradshaw & Lowenstein, 2011, p. 55). These case studies have a practical function where nurse educators can apply theoretical and real knowledge to an actual or potential patient scenario (Zucker, 2001). This may be of interest to others either in written form, online, or in a classroom/clinical setting.

Stories differ from case studies because they are often fictional with possible bias from the person who is telling the scenario. Stories are usually the oral telling or retelling of events related to the personal or clinical experiences of the nurse, educator, student, or patient. These stories usually have a beginning, middle, and an end, along with the many emotions that are apparent in the lived experiences of these educators. Stories help us understand how we came to that end and what brought us there. One respondent discusses case studies compared to stories as “more structured using the high acuity patient” to make a point. She believes stories “are more informal which sparks dialogue and emotion, while maintaining a purpose behind it.” Another educator describes case
studies as “scripted, generalized, fictional, and often, stereotyped” compared to stories which are “real, lived, and always changing.”

The interviewed educators believe that students want to tell them the details of what they need to know and think that some “educators succumb to student pressure,” “educators probably are using it but not in the context that is considered storytelling pedagogy,” and “educators just don’t recognize it” as storytelling. Also, “it’s about what opportunities educators are given to discover and learn from their own practice using storytelling as a tool.” Nurse educators agree that there is no right way to use storytelling pedagogy. Each educator uses it differently depending on their nursing background and experience. They agree that storytelling can be very successful if the educator is confident and skilled at using the story material appropriately.

All of the educators (21) recommend that some hospital experience must be acquired by the students before they attempt to initiate this type of pedagogy. This is necessary in order for the students to use stories from their own nursing practice to supplement clinical and classroom knowledge. Once students reach the level of having patient clinical assignments in the hospital, nursing students will have patient story experiences to tell and teach each other. As one respondent states, “Communication skills and listening abilities improve with both the educator and student when this teaching strategy is informative and purposeful.”

More experienced educators remind novice educators who are new to this pedagogy that “they really need to focus on getting the information developed before they can feel comfortable enough with the material and with themselves to be creative
and tell stories.” They may be telling stories but “they just don’t know they are or they are just so intimidated in front of the class that they really don’t know how to tell the stories well.” In these respondents’ opinions, novice educators tend to invite students to tell their stories but often do not tell their own. Students do their own learning from these stories which are much more important than the educator doing any random teaching. A large majority of respondents (20) offer strong support that appropriate evaluation must be developed by other educators in order to assess the storytelling pedagogy in regard to student learning outcomes.

One respondent suggested future questions to be asked:

How do you measure a student’s learning or achievements in concrete measures? The process must ask how you develop rubrics that can fairly grade the student’s stories and writing. This instrument needs to be tested and then the outcomes measured due to the storytelling or story writing experiences. This type of evaluation will really link storytelling pedagogy to classroom and clinical practice outcomes.

Concluding Question Findings: Advice for Using Storytelling

The concluding question asks about the advice these respondents could give to other practicing nursing educators in regard to the use of storytelling as a teaching strategy. The interviewed educators argue that “storytelling is more acceptable now” and should be readily used. The majority of respondents believe that many nurse educators already “use it” and “believe in its active engagement or active learning style.” As discussed in the previous Question (18), many nurse educators report that other educators are not knowledgeable about storytelling pedagogy. Educators need to be aware and become “skilled in this teaching pedagogy” before using it with students. Some educators have no previous history, experience, or information with this teaching strategy, so their
efforts tend to stay with the familiar, traditional methods with which they are most comfortable. Many educators accomplish this by “succumbing to the students who want to be told only what they need to know” in order to pass a course (as previously discussed in Question 14).

Also, respondents emphasized that nurse educators have not been provided the learning for this creative pedagogy, so their knowledge is limited. As discussed in Questions 16 and 17, 7 of 21 educators were taught storytelling pedagogy while attending yearly professional conferences in collaboration with Dr. Nancy Diekelmann. These educators later developed this teaching initiative into the nursing curriculums at their particular universities. The interviewees suggest that peers should be sent to similar professional pedagogy institutes or conferences in order to become more informed and proficient with this storytelling teaching strategy. Finally, these educators believe that discussing storytelling pedagogy with other educators at their university or other interested universities, attending yearly professional conferences, and peer mentoring with evaluation are important steps in utilizing storytelling correctly, purposefully, and effectively.

The educators offer advice such as the need to “start small at first and evaluate it every time you use it to decide if it works or not and what might make it work better.” As a result, the necessary changes to improve this technique can be made when you teach other course(s). Another educator states that “the best advice is to try it. Try it amongst your peers and it will give you confidence. Try it as a learning method and try it in the practice setting. Just try it.” One educator suggested:
using prompts in your notes or PowerPoints and use just two or three words as a story reminder. Keep the story length to four or five sentences. Keep the story short and factual but be very careful about its appropriateness.

Another educator recommends that “stories should be placed into parts of the lecture first and then go from there because this is an easy way to start.” Another educator advises to:

Go for it. Faculty should get a really good foundation in the theoretical framework of using this type of pedagogy before using it. The educator should always assess his or her course learning objectives and choose whatever strategy is best to teach the course itself. Peer mentoring and evaluation is important even if you’re an experienced educator because all faculties should be engaged in the scholarship of teaching and learning.

Several nurse educators defend that storytelling pedagogy “accepts all types of teaching learning strategies because it is inclusive rather than an exclusive pedagogy.” The respondents advise that when new faculty is orientated, senior educators could point out any courses during their faculty orientations which may be appropriate to start using storytelling. These educators continue by suggesting that these senior educators need to be available to offer encouragement and advice to the novice educators when needed.

Also, another recommendation from the interviewees is that educators need to get frequent student feedback at the beginning of the course or ideally during midsemester and at the end of the semester in order to make appropriate time adjustments in the course material. Some additional advice depends on the confidence and trust level, as well as communication skills that other educators have with their students. Also, one interviewed educator advocates inviting students to collaborate with their assigned faculty member regarding the use of stories and how best to use them in each of their course syllabi.

The interviewees continue with more advice about educators listening to their students and watching any and all student reactions after storytelling is attempted in the
classroom and clinical areas for possible adjustments. Finally, the nurse educator needs to look within his or herself and evaluate his or her individual motive(s) regarding using storytelling in assigned classes to make sure it is being taught for the right reasons.

Several participants suggest that novice educators could begin using storytelling in their teaching by asking any type of question to open up the class discussion. These educators can begin by saying: “Tell me about a memorable experience in…” (or any issue you are trying to communicate). The educator can select an experience and say, “Let’s talk about this…” or “What do you know about…?” Also, the respondents propose that novice educators tend to invite students to tell their stories but they usually do not feel comfortable enough to tell their own. Finally, they suggest novice educators evoke a story that would stand out for the students as a complement to whatever they need to teach.

**Nurse Educator Syllabi**

After the last interview question was discussed, all nurse educators were asked if they had any recent (within five years) copies of their individual nursing course syllabi or description of any student assignments involving storytelling along with its grading percentage to contribute to this research study. Six educators responded with formal evidence supporting their verbal support (from these interview answers) of storytelling pedagogy along with their classroom syllabi and storytelling student assignments. One educator used her two nursing classes to promote story topics from two and four classes per semester, respectively. The credit hours and names of the BSN nursing classes that provide some type of storytelling component from these six educators were: Family
Nursing (Elders) (2 classes—2 hours and 3 hours each), Foundations of Nursing (1 credit/15 hours), Ethics (3 hours), Nursing Practice (2 classes—2 credit hours each), and Professional Nursing/Family Nursing (3 hours). Also, one Health Assessment lab, two Family/Child clinicals (seven weeks each), and a Leadership clinical were used.

Two educators authored published articles about their individual specialties (not storytelling) which were assigned reading for their classes but did not require any story assignment or associated grade. One of these educators wrote one narrative article while the second educator wrote four articles with only two involving stories. Stories were evident in an assigned “restory” paper (4-5 pages) and “reflective journaling” or “quick writes” assignments for weekly clinicals.

The student assignments included narrative reflection papers, patient stories, or student stories ranging from no assigned grade or 0% to 33% of their total course grade. Two clinical faculty assigned stories as postconference discussions but no credit could be given because their final grade was pass/fail. Another faculty member graded her story writing care plan assignment at 15% of the total practicum grade. The end result shows only a total of four nurse educators who provided formal written evidence of grading written story assignments toward their final grade, along with their multiple lecture classes and three clinicals. The researcher is unaware of any other written evidence showing the grading system of the remaining 14 nurse educators interviewed or any national statistics from other nurse educators not involved in this research study.
One educator could not provide this researcher within an early course syllabus because the students needed to meet with this faculty member to help cocreate her master’s level course syllabus. This interviewee explains that:

I have a shell [of a syllabus] and share what the outcomes of the course and program are and that those are not able to be changed. How we get to the outcomes is up to the students and I to decide. The first class is spent on devising the syllabi and it works extremely well.

Every semester this faculty member meets with her registered students to incorporate their stories that might meet the course objectives, as well as agree on the grading process. Since her students have personal involvement into the course, the students feel that they “own” the course. They tell more individual stories because they feel safe within their environment, begin to know the other students after the first class on a personal level, do well with learning their course objectives, and result in active learning with good grades.

Summary

The results presented in this chapter provide a clearer image of how 21 nurse educators view storytelling pedagogy and how they integrate it into their teaching with nursing students in both the classroom and clinical areas. The 21 participating nurse educators offered their own personal perceptions to the proposed interview questions but firmly advocated storytelling pedagogy. All of the educators agreed that storytelling pedagogy is an innovative learning strategy they most promote to achieve such benefits for students as retention of information and more developed critical thinking. These educators spoke of using their own stories to express their individual emotions and particular patient care experiences in order to assist students in learning by connecting
these stories to their course learning objectives. These educators are secure in how they practice this teaching approach and this discussion supports stories as an important part of the pedagogical process in nursing education today.

One nurse respondent supports her belief and personal experience with storytelling pedagogy as:

Stories are very powerful and those that are true to fact and true to the environment that the students are in are important. So I always use and I always incorporate stories to give students real-life examples of what happens with patients, why it happens, and how it happens. How can students critically think through situations to come up with an appropriate answer to the problem at hand?

There were five recurrent themes shown as the identified benefits for students noted by the interviewed nurse educators in this study: (a) increased retention of information and learning growth, (b) greater development in critical thinking, (c) improvement in oral and written communication skills, (d) increased student bonding and team collaboration, and (e) storytelling makes course content come “alive and makes it real” for students (further detail is discussed above in the findings for Question 15).

These key concepts were repeated and discussed in detail when these educators responded to the interview questions in this study. These themes were regarded as the most essential student benefits as a result of storytelling pedagogy by this sample of nurse educators.

Other benefits for students include informal knowledge such as empathy for their patients or for ill people in general. This knowledge is unspoken but essential for developing novice nursing students into compassionate professional nurses ready to work effectively in the real world. This information prepares new nurses to become more
valuable members of the medical community while performing excellent nursing practice and improving their professional demeanor. Some knowledge that students learn in nursing does not come from a book or a lecture or even a story, but by the examples of others. Good nursing students watch and listen to others, especially mentors, when gaining clinical experience. These novice nurses learn both good and bad from watching other colleagues as they collaborate with patients or other members of the healthcare team. Stories provide the emotional connection with others and the psychological insight to assess other patient concerns that are not often verbalized, for example, pain levels or mental disorders.

Chapter 5 will offer further discussion of the study results, recommendations for nurse educators (both new and experienced), and implications for further research. It will present the full picture of storytelling pedagogy shown by the data and multiple responses from the 21 nurse educators interviewed for this qualitative study. Conclusions will be presented, as well as the limitations of the study.
CHAPTER 5: FINAL DISCUSSION OF RESULTS

The goal of this qualitative study was to explore the process of how nurse educators integrate storytelling pedagogy as a primary teaching strategy in nursing education today. The perceptions of the 21 interviewed nurse educators have been identified and described regarding the benefits of storytelling used as a pedagogical approach for nursing students. This study used these two research questions to organize the discussion of the data and examined the responses to the interview questions to reveal the educators’ beliefs, experiences, and personal attitudes. The findings, using thematic analysis, are explained and summarized in relation to the literature. These themes, study results, related research references, and various associated documents contribute to a greater understanding of how and why nurse educators use storytelling in their teaching practices. As a result, nursing competencies, implications for further nursing research, and recommendations for new nurse educators within present-day nursing education are identified. Several personal stories from the respondents are included.

Contemporary healthcare settings must incorporate the need for critical thinking with quick problem solving from nurses. The current patient needs and situations within healthcare settings provide a high level of acuity that requires providers to make responsible and complicated decisions. The challenge for all nurse educators is to recognize that student learners must be within a nursing education program that offers an
effective and comprehensive curriculum, identifies useful teaching/learning strategies to teach critical thinking, and apply appropriate evaluation measures. Critical thinking is a process that takes time to develop within the individual nursing student and, as a result, teaching strategies and learning experiences must be learner-centered. For learner-centered education to occur, the student must be able to make decisions and take responsibility for their own learning outcomes. Storytelling helps in this process of thinking critically with problem solving as the students tell their own stories and hear others. The students begin to see different ways of looking at problems and situations, transporting them into a domain that they might not have appreciated before or been aware of.

Educators play an important part in developing an attitude of inquiry by guiding students to ask questions, examine or challenge current practices, look for answers, and evaluate various factors in the delivery of good patient care. The need to know updated knowledge of disease and illness has never been greater and as a result, educators must evaluate the content of their nursing courses and curriculum. This curriculum must include concepts that focus on developing a concrete knowledge base in order to be flexible to address multiple situations. The most common traditional strategy in the nursing classroom has always been lecture and this has shown to be ineffective in providing the necessary nursing skills/knowledge required to deliver safe and competent nursing care now and in the future. Storytelling may be the best new pedagogical strategy to meet these diverse and crucial needs.
The overwhelming responses from these nurse educators emphasized the value of storytelling for students. As noted in Chapter 4, the nurse educators consistently repeated the same unprompted responses regarding these values throughout the entire interview process. The educators mentioned the role of storytelling most often when discussing students’ enhanced acquisition and practice of foundational competencies to successfully completion the qualifications for competent nursing practice.

**Skill Competencies**

The significant skill competencies most noted from respondents as being essential for nursing education and enhanced by the integration of storytelling pedagogy include the ability to learn and retain knowledge longer, enhanced critical thinking including problem-solving skills, improved oral and written communication skills, and increased student bonding with medical team collaboration. Finally, these educators believe that attitudes change as a result of storytelling: Course content becomes alive and real for students. They reiterated these beliefs when responding to Question 15 as the positive advantages of storytelling pedagogy which are crucial for both new and returning nurses. Not only did these nurse educators discuss the advantages of storytelling for students in detail but answered the specifically addressed values and benefits with the same replies as listed above.

**Cognitive and Affective Domains of Learning**

The results of this research also indicate that storytelling may prepare students both intellectually with knowledge as well as emotionally with cognitive and affective domains of learning for their future profession. Nursing practice is more than just the
acquisition of technical skills. Nurses will face many diverse issues within the healthcare environment and must be able to make appropriate, immediate decisions in complex situations. The three levels of cognition are knowledge, comprehension, and application. This domain requires the learner to recall information, apply previously learned information to new situations, and understand basic content extending to critical thinking (Sorrell & Redmond, 2002). Every respondent discussed the need for students to develop a concentrated understanding of the content and apply this necessary learning from the classroom to the clinical environment. Respondents saw the positive contribution of storytelling pedagogy in the repeated responses discussed earlier which include the retention of information, more developed critical thinking, increased attention span, improved problem solving, increased ability to prioritize course content, and better communication skills (oral and written).

The respondents confirm that one of the most important positive effects included students’ enriched oral and written communication skills with patients, peers, and medical team collaboration. Students are forced to talk with the patients in order to better assist in their daily care and find out how the patients feel. Students must work together with other nurses and student peers to avoid duplicate patient medications or procedures and to help finish the required daily patient care. Finally, nurses spend most of their shift with their patients and helping others. They are the most logical personnel to speak to the physicians and other medical staff about what the patient needs or wants. Most physicians spend only minutes with their patients, who often feel intimidated asking a question or speaking up for themselves. Also, written communication skills are critical for
responsible nursing practice. Charting must reflect what that nurse or student gave the patient (for example, medications) or what procedures were done that shift (for example, surgery). If accurate charting is not done well, mistakes can be made and as a result, patients could die.

The affective domain is just as valuable but it is more difficult to teach and assess student outcomes. This learning deals with attitudes, feelings, and emotions (Sorrell & Redmond, 2002) which are essential to nursing practice. It is often difficult to teach students how to give compassionate patient care or to redefine their long-held values and beliefs for good nursing practice. It is through their integration of storytelling pedagogy that these respondents have seen positive gains in patient bonding or caring, increased creativity, cultural awareness or sensitivity, and an enhanced sense of empathy.

The response from one educator below indicates how the nurse educator can integrate a meaningful story to enhance both medical understanding and empathetic practice in nursing education.

You remember a story and a profound story you remember forever. You take it with you, as it touches your heart, your soul, and something other than your brain. It becomes embodied and you think “I’ll never do that again.” There was a story that came out of my thesis that I used with the midwifery students a lot and I’m sure it stayed with them. My thesis was on the meaning of being safe in childbirth so I interviewed this woman about her labor. She had a long labor and at the end of it she had to go and have forceps. It wasn’t much fun but she told me this story in a very matter-of-fact tone and then she said, “Do you want me to go on?” I said yes. She said the next morning she woke up and wanted to go to the toilet. She didn’t know if she could walk or not because she had an epidural. So she said some nurse came and took her down to the toilet and said, “Do you want to shower?” She hadn’t brought any soap or shampoo, so the nurse gave her a lot because that’s what you’re supposed to do. She said, “The nurse left me and I didn’t know what to do and I didn’t want to get blood on the towel and I burst into tears.” When she told me this story a year later; she burst into tears again. So her
being left alone in the shower was the most vulnerable moment in her whole labor experience. Students had this silence in the room as they absorbed the story.

Stories used in the classroom have four prominent advantages: (a) stories get the students’ attention while fulfilling their course objectives, (b) the classroom sets a trusting environment for students to interact and discuss their personal thoughts through a story, (c) stories can provide a strong connection between the nurse educator and his or her students, (d) storytelling gives an opportunity for all students to share their own individual experiences with the presented stories in front of their peers (even if they usually do not participate in class). If the students can relate to what is being taught by the nurse educator with a story, their learning can become more personal. As a result, the students are given the chance to become more involved in their own learning and take personal ownership of gaining new knowledge including cognitive and affective domains.

**Professional Practice**

A major strategy that emerged as a best practice showing storytelling pedagogy in nursing education includes how the nurse educator must have knowledge and skill with this strategy to appropriately teach it. The research demonstrates that the most effective way for the educator to learn about this pedagogy is through professional development activities. These can include attending learning workshops about storytelling pedagogy, peer mentoring, implementing the practice of utilizing stories in both the classroom and clinical areas, and lastly, by sharing stories among peers (Diekelmann, 1993, 2001).

Numerous respondents strongly agree that this strategy can be taught at any nursing undergraduate knowledge level or program with a nursing curriculum. This is
because the educator already knows what new content must be learned and, as a result, storytelling increases retention without repetition of material. These educators confirm that “everyone loves a story and responds to a story at some level.” All respondents agree that professional nurses must learn to be accountable for their own individual nursing practice, as well as for the opportunity to advance the nursing profession as a whole.

An interviewed nurse educator offered this personal story which emphasizes best practices using storytelling pedagogy to the specific needs of the nurse and the individual situation. This compelling story emphasizes informal knowledge that must be lived and experienced but is not in any formal textbook.

Telling stories is a very helpful way not only for the students to see you as a teacher and role model when you tell them things about your practice but they also understand how nurses handle situations. As undergraduate students they don’t have that experience and insight yet, so it helps them to hear or see things. So here’s an example. There’s a normal birth where the baby boy came out fine and you do a quick scan of the baby. This baby had six toes on both feet and the hands were fine but just the feet were the problem. The mother was still being attended to by the physician and I called the father over. I always tell the students at this point that whenever there is anything unusual, you always show the parent right away so that they know from the beginning. And so they don’t get suspicious that we’ve switched babies in the nursery and given them a bad one. Okay, so I called the father over and said that his son was a fine baby but I want to show you that he has six toes on both feet. And the father just looks at me and calls over to his wife, “Hey, the baby has six toes,” and the mother said, “Oh, that’s your family.” We’re all rolling our eyes and kind of pause in the room when the father says, “Oh no, she’s right. All the men in my family have six toes.”

Best practices for the integration of storytelling should also emphasize pedagogy with storytelling, curriculum integration of storytelling, and should allow time for reflecting stories representing the educator, student, and patient. A key element for the successful integration of storytelling pedagogy should be clarity: The educator and student should understand the nature and purpose of the storytelling assignments, the
contribution of such assignments to desired students outcomes with overarching course requirements, and be supported by informative rubrics for grading. The results should include student-centered learning and the educator as an expert or role model (Benner, 1984). The ultimate outcome of effective storytelling is that students are excited, willing, and motivated to learn in such a way that it enhances their future professional practice.

However, this pedagogy poses one risk with the entertainment factor: Students can feel the educator is providing stories for fun instead of information to be learned for the betterment of their nursing profession or practice. The educator may be able to avoid this way of thinking to maximize its meaning and engagement with the main course concepts by selecting their presented stories more carefully. The educator must be able to help students make clear connections between the course content, its objectives, and the given story. This is where the skill of the educator is important because an ambiguous story can promote unwanted concepts. Also, the educator runs the risk of students thinking that a story is just that, words with no educational objectives to learn from.

**Theoretical Frameworks**

This qualitative study utilized narrative pedagogy as its theoretical framework. This is considered an educational interpretative approach to teaching and learning resulting from the common life experiences of nursing educators, clinicians, and students. It is a method which requires a partnership between teachers and students in the pursuit of knowledge—which is different from behavioral pedagogy in which knowledge is transmitted from teacher to student. Narrative pedagogy group members meet and attend or create community practices by working together to revise nursing education. The nurse
educators recognize that storytelling is not a research-based pedagogy yet because more credible studies are needed for its support. Possible solutions are offered later in this chapter.

The significance of this study is its contribution toward an understanding of storytelling as a pedagogical approach that facilitates student learning. This study used the theoretical framework of narrative pedagogy to explore the perceptions of nurse educators about the impact that storytelling has on student learning outcomes in nursing education. A phenomenological design was selected to explore storytelling pedagogy because of its potential to use scholarly inquiry to obtain in-depth responses from participants that reflect their beliefs and personal experiences. The results may improve understanding of the ways in which storytelling pedagogy can contribute to the learning and professional practice of nursing students. This study does not advocate storytelling pedagogy as the only effective teaching approach to be used in nursing education. It intends to provide new and important evidence concerning storytelling that is based on research. This research aims to provide new insights regarding the value of storytelling as a primary teaching strategy in order to enhance the practice and knowledge of all nurse educators.

Another theoretical framework that could be considered a form of storytelling is experiential (Kolb’s 1984 Cycle of Learning) or peer learning, an effective theory that utilizes stories to teach students to learn from personal experiences. Experiential learning is any learning that supports students in applying their knowledge and conceptual understanding to real-world problems. Nursing students can learn from their nursing
classroom and clinical experiences, but other students can also benefit by using shared examples to add to their learning. Students engage in formal, guided, and real-world nursing experiences to develop skills through practice and reflection, deepen their knowledge by repeat actions and reflecting on these actions, and extend their learning as it is brought back to the nursing classroom.

Experiential learning teaches students the competencies they require for real-world success for a nursing profession or career. As a result, these skills create nursing students who become self-directed and lifelong learners. Listening to stories bolsters creativity, critical thinking skills (including problem solving), imagination, peer bonding, empathy, increased attention span, cultural diversity, and the course content becoming alive and real for students.

A respondent told this story regarding how a student nurse learned from her peers and herself:

I think one of the beauties of storytelling is that there is no one piece of wisdom in it. There are multiple pieces of wisdom that is not limited to class content. And one of the things that are really interesting is when somebody shares a story, everyone will hear a different story. I immediately think of one of the most amazing storytelling episodes I ever was a part of. I was working with a group of middle management nurses at a public hospital and they were doing a master’s (what we call a practicum paper) which is basically a reflection of practice and this student had been quite resistant to the business of storytelling. I thought whatever learning you need to do and I just need to encourage that. You have to learn to work out within the experiences available in relationship to practice whatever you have to learn. And one day when we were doing storytelling as a large group activity and we were using spontaneous drawings that a student had drawn as a starting point. This nurse who hadn’t contributed to the group in terms of contributing a story said that she wanted to share her story. And I was thinking, oh great! Go ahead. She came on the ward and there was a relatively junior nurse who had been caring for a child from the previous two days. Her understanding from this nurse was that she had been responsible for the child’s care rather than assisting with her care and this can easily happen. She went ahead with a process
of changing a severely burned child’s dressing. There was nothing to say that the standard procedure wasn’t going to work and the child had an anaphylactic reaction to the medication. The child went into cardiac arrest. She thought that she defined that in terms of what she as a Registered Nurse did not do prior to doing that treatment. She felt she’d made the incorrect assumption that the nurse she was working with had done all of this over the last couple of days. That she actually knew what was happening in terms of care. And that was an incorrect assumption. Plus the fact that obviously things were inadequately documented and she had taken the documentation as complete. She felt that the child was put in a dangerous situation because of her lack of insight and care. However, what her manager (also her immediate ward manager) saw was that there was a systematic problem in that there was inappropriate cover and lack of continuity of care and documentation. The way they started that day in terms of continuity of care was dependent on mainly junior staff members. The more experienced staff members had days off—except for two people who were returning from annual leave. In fact what happened was that eight other people were engaging in her story. At the beginning of the story, she focused on her lack of knowledge and her lack of realizing the appropriate treatment and care in this situation. But in fact, where she finished and how quickly and how successfully she had shifted in an acutely serious situation into actually saving the child’s life. We can get stuck in the negativity but other people will learn from that as well. But what they learn will be in relationship to where they are now.

Disadvantages

Nurse educators in this study were also aware that the use of inappropriate stories or the use of stories without conscious pedagogical motivation could prove to be deleterious. Even though this evidence is primarily anecdotal, the interviewed educators stress how storytelling pedagogy must be used with a clear understanding of how to teach this method appropriately and integrate it into contemporary nursing education courses. As discussed further in Chapter 4, the perceived risks spoken by the respondents reveal that this strategy may include stories that may become too emotional, familiar, painful, or scary for some students who are not able to listen or respond. A respondent suggests that if the wrong story is chosen or overused, it might be ineffective and the students could be
“turned off” with the information or even the course itself. Students might not want to tell or share any of their own stories with peers or, a worse scenario, say nothing at all.

The respondents discuss how easy it is for an educator to lose focus with stories and they could be a waste of valuable class time if not used correctly. The respondents agree that even if an educator uses a perceived children’s story to make a point, it could be misinterpreted and thought of as being silly and useless. Finally, the current times have introduced online instruction to be a growing contributor to higher education and these educators confirm that stories lose their positive effects with this instruction method and stories could be considered very subjective and skewed by others.

**Nursing Reform**

Nursing education is being reformed to meet the current challenges in educational and clinical settings through developing and implementing new pedagogies such as storytelling pedagogy. The subject of what advanced degree is prevalent besides nursing has become a more common question today. This study had 11 out of 21 interviewees with advanced degrees who have chosen other interests besides nursing. These educators discuss how their peers are accepting other job opportunities not related to nursing largely because of higher pay and better workplace environments which accompany other career offers.

The respondents agree with the 2004 AACN statements that low pay is the leading factor for the turnover among nursing educators followed by job dissatisfaction. These educators offer the cause of the current unstable economy as the rationale for salary remaining a deciding factor for nurse educators who decide to stay with nursing
and teach at a learning institution. The respondents all agree that such job discontentment includes lack of job security (within the university), inadequate opportunities for advancement (tenure), increased faculty workload, lack of leadership, limited benefits, insufficient time and opportunity to keep their nursing specialty practice current, and unclear role expectations. The respondents discuss the reasons for the nursing faculty shortage as those listed above and, as a result, the RN shortage is the consequence of not enough qualified nursing faculty to teach new nursing students.

The interviewed educators consider several major factors to contribute specifically to the nursing faculty shortage: (a) as the age of the educators continues to increase, the productive years they are willing to teach decreases; (b) faculty retirements are expected to outnumber new faculty nationwide, especially within the next 10 years; (c) higher pay in the private sector continues to deter current and future nurse educators away from teaching; (d) master’s and doctoral nursing programs are not filling their open positions for nurse faculty to teach new nursing students and as a result, nursing school program enrollments are limited. This enrollment is not expanding quickly enough to meet projected demands for new registered nurses: Almost two-thirds of the nursing schools that replied to the 2012-2013 AACN survey reiterated that faculty shortages are the primary reason for not accepting more qualified nursing applicants (Berlin & Sechrist, 2013).

The participants in this research study agree with the importance of having considerable clinical experience to better utilize storytelling pedagogy. The data from this sample group revealed each respondent averaged 41 years being a Registered Nurse and
had an individual average of almost 28 years of teaching experience. These educators were given choices at various times in their careers regarding which setting to teach in, resulting in both the classroom and clinical (13) compared to clinical only (8). However, all 21 participants chose to teach only in the classroom later in their careers. My own preconception from practice-based evidence was that storytelling was used more in the clinical setting than in the classroom. This study shows the results of research-based evidence which does not support my practice-based assessment of classroom versus clinical. Even though the clinical setting is where patient stories appear to be a priority, it is very appropriate for these educators to give examples of both good and bad patient care in either setting.

The respondents confirm that as nurse educators become older, they usually limit or stop their individual clinical practice because of the demanding shift/hours required to maintain their personal competencies in their specific nursing specialties with appropriate procedures and frequently upgraded equipment. This is supported by the evidence from this study, as all of the educators are deciding to teach only in the classroom setting.

**Recommendations for Nurse Educators**

The role of the nurse educator is changing. There is a shift in education toward student-centered, active learning to develop critical thinking for generations of students who are familiar with immediate feedback and a variety of media stimulation. Educators must decide if selected learning strategies are valuable for genuine learning or, if not used properly, simply provide entertainment. Effective learning is more than just a result of good teaching. It is enhanced by a learning environment that includes active interactions
among faculty, student, and student peers. This learning is achieved through the use of creative strategies designed to inform and stimulate but not to entertain. The best way faculty can develop effective learning is by recognizing students as individuals with personal ways of knowing and learning, by creating learning situations that recognize diverse cultures, and by providing empowering experiences in which students are challenged to think. The value of storytelling is not limited to nursing education but offers the potential for successful learning outcomes in many different educational curriculums.

Stories help preserve the informal knowledge—what nurses learn through on-the-job experience compared to formal learning which is from a textbook—from educators and nursing practice so that students are being taught to retain information, remember it longer, and bring it to life. When nurse educators bring knowledge to life, it is easier for students to remember, develop, and apply the information for longer periods of time. The stories help with the learning and humanize the material. Most people go into nursing because they are attracted by the personal connection that nurses have with their patients, as well as making a positive difference in their lives. Storytelling breaks up the dullness of what nurses do as the usual routine and provides changing transitions. Listen, learn, reflect, and repeat: The students need to hear it in order to learn it.

A participating nurse educator states, “learn how to use different pedagogies to teach nursing.” One suggestion offered by the respondents includes that students could be invited to work with educators on using stories in class but the students would need clinical experience first to help provide content for the stories. However, many students
are not new to their overall program and would already have previous hospital experience with stories to contribute. This could provide collaboration between the educators and nursing students, as they assist in making realistic changes to the curriculum. Another suggestion is that educators could read current events and recent research literature on storytelling pedagogy to become better informed with this innovative teaching strategy and hopefully be more inclined to try it.

**Limitations of the Study**

Limitations were discussed in both Chapter 2 (Literature Review) and Chapter 3 (Methodology). Relatively few qualitative or quantitative research studies have been published on the topic of storytelling pedagogy (or its effectiveness) and thus, opportunities for comparison and review are limited.

As stated in Chapter 3, the researcher used snowball sampling in this study which provided 21 female nurse educators as respondents. This may not represent the total population of interest, so generalizations must be provisional. This study was limited to the self-reported perceptions of this sample of participants regarding storytelling as a teaching strategy. This researcher aimed for generalized results that were not limited to a specific sample group or setting. In Chapter 4 the 2009 NLN statistics were noted which estimate that 95% of full-time nurse educators are female, which supports the sample group in this study. Although three males were invited to participate in this study, none agreed to participate due to scheduling conflicts.

The instrument was an Interview Protocol Form (Appendix A) through which the researcher asked questions by individual telephone interviews and saved the responses on
a digital recorder for accurate analysis. This provided consistency because the same semistructured questions were asked of each participant. This research study is considered a cross-sectional design because the interview data was only collected once instead of several times. A one-time interview does not allow for the evaluation of further comparison data including different groups of nurse educators across a population over a direct measure of time. Finally, there were no available studies done on learning outcomes from students.

Methodological triangulation was also used in this study to show that more than one qualitative method was used to gather data. The interviews were supplemented by course documents from six of the interviewed educators. A complete review of these syllabi (discussed in more detail in Chapter 4) showed only four of the educators provided formal written evidence of the importance of stories within the content of their courses, learning objectives, and stories’ influence on the final course grade. Two syllabi showed evidence of storytelling being utilized as a teaching method (innovation or instructional strategy). There was evidence of a particular story reviewed in one syllabus where the students needed to “restory” it for a class assignment (4-5 pages), as well as “reflective journaling” and “quick writes” assignments for weekly clinicals. The other student assignments included narrative reflection papers, patient stories, or student stories ranging from no assigned grade (0%) to 33% of their total grade. Clinical grades were pass/fail so no number grade was assigned. An audiovisual aid (PowerPoint) was used for storytelling by one educator who used a story as a presentation for one clinical course.
Recommendations for Further Research

All of the respondents discussed the need for future systematic research on storytelling pedagogy with the development of comprehensive measures of its effectiveness as pedagogy. This pedagogy has no research structure and needs more longitudinal studies with larger sample size groups of both nursing educators and students from separate learning environments. Further assessment methods, appropriate valid and reliable instruments, and multiple data collections or comparison groups must be used. These studies are critically needed to focus on which type of storytelling pedagogy is considered noteworthy and significant in assessing student learning outcomes.

Rubrics or a type of standardized scoring system for grading stories told in the nursing classroom and clinical settings are essential for the development of storytelling pedagogy to be taken seriously. Rubrics or uniform assessments for grading stories must be created, accepted, and supported before storytelling can be successfully used as part of a course grade within any learning institution with positive changes being revised as necessary. This was previously discussed in Chapter 4, Question 15 (negative aspects).

Few nurse educators have done a consistent evaluation linking storytelling coursework to classroom or clinical practice outcomes. This researcher did not see any examples of rubrics or grading criteria in her extensive literature review. Also, in the quest to consider different course syllabi and their scoring of story assignments, this study’s respondents wanted to contribute their information to be included in this qualitative study (Diekelmann & Ironside, 2002).
One respondent asks:

How do you measure a student’s learning or achievements in concrete measures? The teaching process must ask, for instance, how do you develop rubrics that can fairly grade the student stories and writing? This instrument needs to be tested and then the outcomes measured due to the storytelling or story writing experiences.

**Recommendations for New Nurse Educators**

This research study’s results indicate that storytelling’s benefits to nursing education are substantial enough to suggest that aspiring nurse educators consider adding storytelling pedagogy to their teaching practice. This is especially urgent considering the state of transformation facing the current and future healthcare system with the vigor for nursing reform. The following recommendations can begin to initiate the process of utilizing storytelling pedagogy for new nurse educators:

- Start small at first and evaluate storytelling every time you use it. Try it in the classroom and in the clinical setting one class at a time.
- Practice your story among peers and it will build your self-confidence.
- Begin with stories as prompts in your notes and PowerPoint or start with a few words as a story reminder. Keep the story length short, factual, and appropriate.
- New educators need to discuss how to use storytelling pedagogy to successfully meet course objectives with experienced users of storytelling pedagogy.
- Ask a senior educator to come to your class and offer suggestions. Try to work with a more experienced faculty peer mentor who is willing to provide the evaluation necessary to succeed with storytelling pedagogy.
• Identify your individual needs regarding the integration of storytelling pedagogy. Search out and apply these resources specific to your needs.

• Read relevant books, journals, and literature search results to increase the knowledge of new educators regarding current storytelling pedagogy data.

• Observe a storytelling class taught by an experienced educator to obtain ideas and ask any questions.

• Do not ignore the basics: build self-confidence, tune communication skills, and develop trust with their students before attempting storytelling pedagogy.

**Best Practices for Educators Utilizing Storytelling Pedagogy**

The findings of this study have indicated the following best practices for nurse educators to integrate and utilize storytelling pedagogy into their courses:

• Prepare a standardized definition of storytelling pedagogy for nurse educators as they gain skills, knowledge, and information about this teaching strategy. Share this information with other educators at your learning institution and communicate with other interested universities.

• Develop consistent techniques for how to use storytelling pedagogy and discuss its varied benefits for students. Develop communication among colleagues to share this information and make revisions when necessary.

• Become informed and proficient with storytelling pedagogy by attending professional development workshops, conferences, or seminars (initially at first and then when work schedules permit). As educators become more
skillful with this teaching strategy, they must update their acquired knowledge and keep current.

- Be aware of nursing reform and national trends in nursing education to become better informed on how best to modify changes with storytelling pedagogy to meet student needs.
- Learn how storytelling pedagogy contributes to professional nursing standards and maintain these standards.
- Create an evidence base for nursing education that embraces storytelling pedagogy and identifies best professional nursing practices. This will prepare for diverse nursing student populations that can transform nursing practice.
- Imitate and develop storytelling pedagogical research studies to document its effectiveness and significance at your learning institution or learn about studies at various other learning institutions.
- Participate in peer monitoring programs by senior educators with evaluations each semester to keep your techniques updated and effective. Offer your students midterm and final course evaluations in courses where you use storytelling pedagogy to enable you to make changes when needed based upon their feedback (National League for Nursing, 2003).

**Conclusions**

The findings from this research analysis reveal that storytelling incorporates human lived experiences and emotions into a clearer understanding of nursing professional practice while integrating theoretical knowledge into good patient care.
The 21 nurse interviewees repeatedly discussed the same perceived benefits in their overwhelmingly positive responses to the interview questions in this study about storytelling pedagogy as explored from research data findings in Chapter 4.

It should be noted that these perceived benefits of storytelling stated by the respondents were slightly different than those discussed as potential dissertation themes from the written sources in Chapter 2, Literature Review. The themes that emerged from the literature were that storytelling (a) improved critical or analytical thinking, (b) increased retention of facts, (c) improved nursing practice, (d) enhanced student active learning experiences, (e) created communities of practice, and (f) increased knowledge of the student or educator’s lived experience. The first of these three themes were very similar to the interview responses given repeatedly by the research sample group of nurse educators in this study.

Also, it must be noted that the literature sources were very few for storytelling pedagogy but increased considerably for narrative pedagogy and telling stories in nursing. The topic of narrative pedagogy has numerous articles, books, and research studies, especially from renowned scholar Dr. Nancy Diekelmann beginning in the 1990s. Her narrative pedagogy workshops at various universities across the country have encouraged many nurse educators to continue with this work. However, the popularity of narrative pedagogy has resulted in very few research studies devoted to storytelling pedagogy, which is different, and has left nurse educators confused as to storytelling’s varied definitions, structure, and how to teach it. The literature’s themes are the direct result of related written sources on storytelling (not pedagogy) in nursing. Therefore, they
are not as accurate as those from this current study’s nurse educators using storytelling pedagogy in various learning institutions today. It is through this qualitative research study that this researcher has clarified storytelling pedagogy versus just telling stories in nursing and its student learning benefits.

Stories capture the attention of our students. Students become interested in what the story is all about, as well as how the story relates to them. The lessons that students learn and retain continue with them because they are able to relate to them personally. Stories can make discussions more meaningful if ideas are used from their own personal experiences, which assist the students to become more confident in the course subject and in their own life. The students may discover a different view of the subject and become involved in the joy of learning itself and, as a result, become lifelong learners. This accelerated learning can increase the pace of change in nursing professional practice with the rapid alteration in healthcare demands.

The transformation of the current and future healthcare system presents nurse educators with complexities of how to prepare present-day nursing students for the profession. This study’s respondents offer real-world perceptions and insights into the benefits of integrating storytelling pedagogy for their students. There is a critical need for more nurse educators to meet the demands of different educational strategies in nursing education and storytelling as a pedagogical approach is being used to meet these demands. It is because of this accelerating change in our profession that the potential of this research is critical to help meet these needs and assist nursing educators in responding to the need by directing the change.
Nursing education has a long and successful history of leading other disciplines in educational research, innovative teaching and learning activities, and problem resolutions in the academic setting. New nurse educators are being prepared or trained in new ways to expand teaching and learning approaches to better fulfill the needs of their ever-changing students. Storytelling pedagogy has been shown to be an effective teaching method for this sample group of 21 nurse educators in providing teaching and learning benefits to nursing students in various learning institutions around the world. Storytelling pedagogy offers nurse educators a student-centered learning approach away from the alternative of previous teacher-dominated traditional strategies by fostering critical thinking and caring behaviors, challenging past norms to meet the future needs of nursing education. However, storytelling pedagogy must be more systematically researched, communicated with better acceptance by other nurse educators, and taught in similar methods with appropriate stories and clear evaluation methods. These steps must be done before storytelling pedagogy is referred to by its correct name and utilized with a consistent definition and method to get recognition as a well-known innovative teaching strategy in nursing education.
APPENDIX A: INTERVIEW PROTOCOL FORM

Date:
Code Number:

Introduction:

Title of Research Study:

Storytelling as Pedagogy: Perceptions of Nurse Educators

Purpose:
To examine how storytelling is utilized by nursing faculty as a teaching strategy for nursing students in both the classroom and clinical areas. Also, to discuss its positive and/or negative effects.

Research Questions:
1. How do nursing educators integrate storytelling into their teaching?
2. What do nurse educators perceive as the benefits or disadvantages of using storytelling as pedagogy for their students?

Instructions:
A semi-structured interview will be done, the interview will be audio-taped, and the interview will be transcribed verbatim. The tape recorder can be turned off at your request and you may refuse to answer any question at anytime during the interview. Please feel free to ask the researcher any question at anytime during this interview.

Confidentiality:
None of your statements will be identified with you individually or associate you with your learning institution.

Interview:
The interview will be in two parts. The first part includes six short answer demographical questions used for comparison data. The second set of questions involve more specific questions about the teaching practice of storytelling with individual stories and any student learning effects.

Demographical Questions:
1. Age Group: (eg. 30-39, 40-49, 50-59, 60-69, above 70)?
2. Highest Degree of Education?
3. Name of School/University (where they taught)?
4. Public or Private Institution?
5. How many years have you been a Registered Nurse?
6. How many years of experience do you have teaching nursing?
Storytelling Questions:

*I am very interested in your use of storytelling with nursing students and the details regarding its integration into your teaching. Also, please feel free to discuss both positive and negative details regarding student learning outcomes from the use of storytelling. Please include any examples of a powerful or compelling story you may remember.

7. When did you first encounter stories as a teaching strategy? (as a nursing student)
8. When did you decide to use storytelling in your nursing course(s)? Why? How did you start its integration?
9. What type of nursing program have you used storytelling (AD, BSN, MSN, PhD)?
10. Have you used storytelling as a teaching strategy in the classroom or clinical area?
11. If in the classroom area, how does course content influence your use of storytelling?
12. If in the clinical area, what specialty area was used?
13. Has the use of storytelling pedagogy changed over time? If yes, to what extent?
14. How have students’ reactions and outcomes changed over time? Please describe.
15. What do you see as positive or negative effects from using storytelling? Can you explain?
16. To what extent does your use of storytelling help students with standardized tests (such as the NCLEX) or future professional practice?
17. How do you (as nursing faculty) assess the effectiveness of the storytelling teaching method with nursing students?
18. In your opinion, why isn’t storytelling used more often as a teaching strategy by nursing educators?

Concluding statement or question:

- What advice could you give to other nursing educators about using storytelling as a teaching strategy?
- What else could you add about storytelling as it relates to professional practice?
- Do you have any nursing course syllabi (recent) or have a description of any student assignments involving storytelling—that you would be willing to share with me for the study?

*I will send you a copy of your interview transcription as soon as possible. If you do not reply with any comments or changes by two weeks after its delivery, I will assume that all the details are correct and begin my data analysis.

Thank you for your time and support.
APPENDIX B: INFORMED CONSENT FORM

STORYTELLING AS PEDAGOGY: PERCEPTIONS OF NURSE EDUCATORS

INFORMED CONSENT FORM

RESEARCH PROCEDURES
This research is being conducted to explore the integration process of storytelling in the instruction of individual nurse educators and any student outcomes from storytelling used as pedagogy. If you agree to participate, you will be asked to interview once by phone for approximately 60 minutes. Each telephone interview will be audio-taped by the researcher for accuracy. You will receive an email reminder two days before your scheduled interview date and time. You will receive a verbatim transcript as soon as possible after this interview is completed to ensure no errors and clarity of information. After the document has been delivered and no reply has been initiated to the researcher after two weeks, the data analysis will start.

RISKS
There are no foreseeable risks for participating in this research.

BENEFITS
There are no benefits to you as a participant other than to further research in storytelling as pedagogy.

CONFIDENTIALITY
All data in this study will be confidential. (1) The actual auto-tapes will be identified by a random color dot and kept in a locked box; (2) The transcribed documents from each participant audio-tape will be identified by a random, whole number and kept in the same locked box; (3) The researcher will have the only access and be in procession of the only key for the above locked box containing both data sources. For coded identifiable data; (4) The participant’s name will not be included on the interview questionnaire; (5) The researcher will be able to link the data to an identity only by the participant name list recording both identification keys (color dot and whole number) kept in a password protected file; (6) The researcher will have the only access to this password protected file on a locked computer; and (7) After five years, the transcribed documents will be shredded and the audio-tapes will be destroyed.

PARTICIPATION
Your participation is voluntary and you may withdraw from the study at anytime and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty. You may ask to stop the tape recorder at anytime. You may refuse to answer any question at any time without penalty. You are free to ask the researcher any question throughout this interview. There are no costs to you or any other involved party.
CONTACT
This research is being conducted by Karen J. Houston, Higher Education Program at George Mason University. She may be reached at (703) 815-1902 for questions or to report a research-related problem. The faculty advisor for this research study is Dr. Lesley Smith (Dissertation Chair) and she can be reached at her George Mason University office (703) 993-4586. You may contact the George Mason University Office of Research Integrity & Assurance at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT
I have read this form and agree to participate in this study titled: Storytelling as Pedagogy: Perceptions of Nurse Educators.

________________________________________
Name

________________________________________
Date of Signature
APPENDIX C: POTENTIAL PARTICIPANT LETTER

Dear Nurse Educator,

I am a Doctoral student and Pediatric Nurse Practitioner in the Higher Education Program at George Mason University in Fairfax, Virginia. My doctoral research is focused on the use of storytelling by nurse educators. I am contacting you because of your prior work and publications related to storytelling.

For my qualitative research study, I plan to interview approximately 30 nurse educators about their use of storytelling with students. I am interested in learning about how nurse educators use storytelling in their teaching with nursing students and their perceptions of the impact of storytelling on learning. In the process of planning my study, I need to ensure that I have an adequate data sample. I am not asking you to make a formal commitment at this time but would like to know whether you would consider the possibility of participating in an approximately 60 minute interview in the future by phone. If so, I will contact you again regarding a choice of available dates and times that is convenient to you and confirm whether you are still agreeable to participate in this study. I will send an email reminder to you two days before your scheduled interview time.

If you consent to be contacted after my proposal is approved for your possible participation in this study, would you please reply with the email address and phone number that you prefer me to use?

Thank you very much for your consideration.

Sincerely,

Karen Houston, MSN, RN, PNP
### APPENDIX D. DEMOGRAPHIC DATA

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- PhD=18
- Ed.D=1
- POST PhD=1
- NURSING=10
- EDUCATION=1
- HIGHER EDUCATION=4
- NURSEHD/HEISERVMANAG=1
- URBANAFF/PUBLPOLICY=1
- PHILOSOPHY=1
- MIDWIFERY=1
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- PRIV=10
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136
APPENDIX E. AGES OF RESPONDENTS

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Ages of Respondents

- 50-59
- 60-69
- OVER 70
### APPENDIX F. DEGREE TYPE OF RESPONDENTS

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*Degree Type Of Respondents*
APPENDIX G. DEGREE FIELDS OF RESPONDENTS

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Degree Fields Of Respondents
APPENDIX H. NURSING PROGRAMS TAUGHT BY RESPONDENTS

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Nursing Programs Taught By Respondents
APPENDIX I. PUBLIC VERSUS PRIVATE INSTITUTIONS

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APPENDIX J. YEARS AS REGISTERED NURSE (RN)

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![Years as RN Pie Chart]

- 20-30 YRS
- 30-40 YRS
- 40-50 YRS
- 50-60 YRS

Years as RN Pie Chart
APPENDIX K. YEARS AS EDUCATOR

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APPENDIX L. CLASSROOM VERSUS CLINICAL AREAS

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Classroom vs. Clinical Areas

- CLASSROOM TEACHING
- CLINICAL TEACHING
**APPENDIX M. NURSING SPECIALTIES OF RESPONDENTS**

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<td>Pediatric Oncology</td>
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**Nursing Specialties Of Respondents**

- Adult Medical-Surgical
- Child/Adol Psychiatry
- Adult Orthopedics
- Adult Respiratory
- Adult Intensive Care/CC
- Adult Emergency/Trauma
- Adult Neurology
- Gerontology
- Adult Mental Health
- Pediatrics
- Maternal Child
- Labor & Delivery
- Quantitative Research
- Global Health
- Adult Oncology
- Pediatric Oncology
REFERENCES


Karen J. Houston received her Bachelor of Science in Nursing Degree (BSN) from Niagara University, Niagara University, NY in May of 1978. She was inducted into the Nursing Honor Society of Sigma Theta Tau and has maintained her membership with support throughout her many nurse educator positions. She has worked nationwide at various medical centers and local hospitals with specialties ranging from Level III Neonatal Intensive Units to Pediatrics. She graduated from a dual degree program with a Master’s of Science in Nursing and a Pediatric Nurse Practitioner from Upstate Medical University, Syracuse, NY in May of 1996. She utilized this degree working as a Pediatric Nurse Practitioner and in management positions as a Hospital Coordinator/Supervisor. She is fulfilling her dream of completing her Doctoral Degree in Higher Education from George Mason University, Fairfax, VA in the spring of 2015.