THE EXPERIENCES OF REGISTERED NURSES IN
POLYTECHNIC BACCALAUREATE DEGREE PROGRAMMES:
AN INTERPRETIVE PHENOMENOLOGICAL STUDY

by

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ABSTRACT

This interpretive phenomenological study examines the experience of registered nurses who returned to study for a baccalaureate degree in nursing at polytechnics in New Zealand. Although there are substantial numbers of registered nurses undertaking a first degree in nursing in the polytechnics, little New Zealand research exists related to this particular student group. The purpose of this research was to describe some of the common meanings embedded in the registered nurse students' experiences, in order to reveal new possibilities for teaching and learning in registered nurse education.

Eleven registered nurses who had graduated from baccalaureate nursing degree programmes provided data, ten through interviews, and one through a written narrative. The transcribed interview texts and the written narrative were analysed using interpretive methodology based in a background philosophy of Heideggerian phenomenology.

Two major themes, *Experiencing thinking*, and *Experiencing community*, emerged. Closely interwoven, these themes describe how the registered nurses understood their degree experience as impacting on their thinking, and how sharing learning with other registered nurses contributed to changes in thinking. For registered nurses, clinical practice always constitutes the background to their degree studies. For some registered nurses, learning to think questioningly, opens up new possibilities in nursing practice and is a significant feature of the degree experience. For others, the degree is a reawakening of their expertise and understanding of their practice world as it is shared with others. The study describes how the common teaching and learning practices of reading, writing, and dialogue can contribute to students' thinking and understanding are described. The central importance of learning with other registered nurses as part of the degree experience is explored. Contrary to the conventional notion of learning as an individual endeavour, these registered nurses describe how learning is a shared experience. The findings of this study are discussed in terms of the possibilities for teaching and learning in nursing education.

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CHAPTER ONE

BACKGROUND TO THE STUDY

INTRODUCTION

In the six years since the commencement of the first pilot programmes in polytechnics in 1992, baccalaureate degree education has become established as the academic level for entry to practice as a registered nurse (RN) in New Zealand. There has also over this time, been a movement towards gaining a baccalaureate degree, among nurses who registered previous to the establishment of this qualification. It is these registered nurses returning for a baccalaureate degree in nursing through a polytechnic programme who are the focus of this research.

A major change in New Zealand nursing education was signalled by the passing of the Education Amendment Act 1990 (New Zealand Government, 1990). This Act of parliament was significant in that it provided the legislative change that allowed polytechnics to provide degree level education. Hitherto, awarding degrees was the sole prerogative of universities in New Zealand. The authorisation for polytechnics to award degrees is not automatic. Appropriate approval by the Nursing Council of New Zealand, and the New Zealand Qualifications Authority (NZQA) is necessary for polytechnic nursing departments to be able to award baccalaureate degrees to graduates of their comprehensive nursing programmes. The majority of the polytechnic nursing programmes in New Zealand now have this approval, and do offer baccalaureate courses in nursing for registered nurses. It is timely therefore that there is an exploration of this RN education. Little New Zealand research exists regarding any aspect of RN baccalaureate education. This current research study is most concerned with how these registered nurses are educated within polytechnic undergraduate degree programmes.

This introductory chapter examines firstly the background to RN baccalaureate education in New Zealand. Initially, a short chronology of events in post registration nursing education is given to orient the reader to developments prior to the RN degrees

in polytechnics. Issues arising in the development of post registration education relevant to the polytechnic baccalaureate degrees in nursing will then be discussed to situate the current study historically, and thus facilitate an understanding of the contemporary situation. The researcher's interest that prompted this study is described in the second section. Chapter one concludes with an outline of the chapters comprising the remainder of this thesis.

BACKGROUND TO THE INTRODUCTION OF BACCALAUREATE DEGREES IN NURSING

Chronology of post registration nursing education in New Zealand

1923   Efforts to establish university education of nurses commenced.
1925   Diploma in Nursing - University of Otago established.
1927   University of Otago course lapsed through lack of funding.
1928   New Zealand Post-Graduate School commenced.
1948   Hospital board post-registration clinical courses commenced
1970   New Zealand Post-Graduate School renamed School of Advanced Nursing Studies.
1973   Massey and Victoria universities offered nursing studies papers/courses in part fulfilment for a BA [Bachelor of Arts] degree.
1978   School of Advanced Nursing Studies closed.
1979   Advanced Diploma of Nursing offered by three technical institutes
1981   Victoria University programme lapsed.
(NZNA Committee on Nursing Education, 1984, pp. 59-60)
1990   Education Amendment Act passed
1992   Pilot baccalaureate nursing degree programmes in polytechnics commenced.

University education for nurses prior to polytechnic degrees

In 1923 the New Zealand Trained Nurses Association requested the establishment of a School of Nursing at Otago University. In 1925, Otago University approved a five year Diploma in Nursing course. By 1927 however, the programme had collapsed due to lack of finance (NZNA Committee on Nursing Education, 1984). Funding continued to be an ongoing problem. Despite the Reid Report (Reid, 1965), published by the University Grants committee in 1965, identifying the desirability of university preparation for nurses, no action was taken at that time (NZNA Committee on Nursing Education;

Workforce Development Group, 1988). It was not until 1973 that possibilities for degree education in nursing were introduced.

From 1973 it was possible for registered nurses to undertake a university course leading to a Bachelor of Arts (BA) degree that included some nursing papers. These programmes were offered at Massey and Victoria Universities. Victoria University offered an internal programme only, but Massey University offered both internal and external study options for RNs who wished to gain a baccalaureate degree (Christensen, McMahon, Cook, & Stones, 1992). In 1981, Victoria University ceased to offer their programme due to the retirement of the lecturer in Nursing Studies. Another proposal for a nursing baccalaureate degree programme at Victoria University was put forward in 1983 (NZNA Committee on Nursing Education, 1984) and in 1987, a full Bachelor of Nursing (BN) degree programme commenced at Victoria University (Young, 1991). This was again an internal programme. However, Victoria's programme was reviewed, and the decision was made to terminate the BN course when the initial quinquennial grant expired. This allowed a transition period for the degree which was to be discontinued in 1993 (Health Workforce Unit, 1990; Young, 1991).

The BA programme that included nursing at Massey University had a somewhat different history to Victoria University's nursing degree. The Massey course continued its evolution uninterrupted from its inception. A Bachelor of Nursing (BN) degree course was later offered in addition to the BA, along with graduate degrees at the masters and doctoral level.

Issues arising from the evolution of nursing's baccalaureate education in universities

It can be seen from the above summary, that degree education for nurses in New Zealand has had a somewhat inconsistent history. Some of the findings of the review of the Victoria University programme conducted by Professor Jean Watson of the University of Colorado School of Nursing, and Dr Warren Young of Victoria University, are worth discussing briefly here as they provide an indication of some of the potential issues that were faced by the polytechnics as they sought to institute Bachelor of Nursing (BN)

degree programmes. An understanding of these issues is also pertinent to this current research project given that the baccalaureate degree courses are now instituted in the polytechnics, but also continue in at least one university, thus to some extent a few of the issues, are still being debated.

The Victoria University programme never gained the RN student enrolments it expected. The Advanced Diploma in Nursing (ADN) was offered at the same time in the polytechnics. It was thought that the role of the university programme in nursing education had never been clarified sufficiently relative to the ADN. Lack of articulation between these programmes, a duplication of content, and lack of clear information as to what purpose and needs these two courses were meeting, contributed to the difficulty with determining respective roles (Young, 1991). These factors combined to contribute to a lack of support for the programme from, not only the students, but also the employers of registered nurses. Without the employers' support of study leave, RN students sometimes found it difficult to arrange time to attend lectures. The other major impact the employers had on the student enrolments in the programme is through the lack of recognition of the degree course in terms of career development (Young, 1991). However, it appeared that it was not the employers alone who had an impact on nursing degree education, the nursing profession generally at the time seemed to not support university education for registered nurses. Although not able to specify the exact reason for this Dr Young commented "It is apparent that lack of student demand for university courses results not only from obstacles within the workplace but from a certain degree of apathy within the workforce itself" (Young, 1991, p.31). It may have been that the structures of the polytechnic and university systems lacked points of articulation, and were perhaps incompatible to the point of becoming a barrier to nurses in post registration education. With the duration of comprehensive nursing courses leading to registration being three years in the polytechnic, and the minimum duration of the bachelors degree course at the university being two years, if credits were received for recognition of prior learning (RPL) and this was variable, then the time to gain a degree was the equivalent of at least five years (and possibly six years) full time study (Christensen et al., 1992; Young, 1991).

Massey University's undergraduate nursing programme fared better than that of Victoria University. Although faced with some of the same general issues, such as the length of time required to complete the qualification, non recognition of the qualification in career pathways, and lack of support from the nursing profession, by having a system of extramural delivery Massey University overcame some of the other constraints. Nurses enrolled extramurally at Massey University were required to attend the university on fewer occasions, if at all, and distance packaging of courses meant that RNs could study in their own time and at their own location, but still had a means of gaining resources required for this level of scholarship such as those from the university library.

International parallels in nursing at the time showed that the United Kingdom, Canada and the United States of America all favoured four year degree programmes within universities, with a planned phasing out of non degree programmes at the pre-registration level. Australia however, had three year programmes, again within universities (Christensen et al., 1992).

The New Zealand universities' experiences, particularly that of Victoria, had the potential for many lessons to be learned in bringing the baccalaureate courses into the polytechnic, and for the degree programmes once they were begun. However, there were also precedents set by other professions seeking degree status, and with whom nursing might expect parity in terms of treatment by the New Zealand Qualifications Authority (NZQA) in granting approval for programmes, and the government in terms of funding a degree programme (Dixon, 1991).

Nursing education and other professions: precedents for degree requirements

Two issues are relevant with regard to other professions' undergraduate degrees and the precedents they set for the development of the nursing degrees in polytechnics. The first point is related to the length of baccalaureate degree programmes. As stated above, one issue with the degree programmes in the universities was that nurses were required to spend the equivalent of five or six years of full time study to gain a first degree where similar professions such as teaching, physiotherapy or social work had developed four year programmes which awarded both degree and professional qualifications (Brook,

1991; Christensen at al, 1992). Thus there was an established national precedent for four year degree programmes in occupations that required significant practical experience of their beginning practitioners, a considerably shorter time than the five or six years nurses spent gaining a baccalaureate degree.

The second issue impacting on how the polytechnic nursing degrees evolved, shows the contentious nature of the debate at this time. Indications were given to other health professionals in the polytechnic sector that the government were reluctant to resource a fourth year of a degree course when no demonstrable need for this fourth year had been shown, nor requested by the public or the employers (Dixon, 1991). The Ministry of Education traditionally funded three years for a nursing course that resulted in registration and a nursing diploma. Therefore resources for a fourth year were not expected to be forthcoming should nursing develop a four year degree programme.

Funding issues

There was also controversy expected within the polytechnics as the government moved to Equivalent Full Time Student (EFTS) based funding, and a tightening of funding generally. Nursing courses are usually costly and administrators expected that there would be a need for nursing to strongly justify why they would require so much of the available funding (at the time nursing courses used 10% of all polytechnic funding (Brook, 1991; Grant, 1991). The funding situation overall, and particularly the Ministry funding stance in regard to the fourth year of a degree course, caused much debate, with some nurse educators favouring a four year degree, and others being resigned to the idea of a three year degree due to these funding pressures (Christensen et al., 1992).

Precedent for post basic courses in the Polytechnics

In 1928, following the cessation of the Otago University nursing programme, the New Zealand Postgraduate School for Nurses opened in Wellington. This one year full time academic programme prepared registered nurses for public health nursing, teaching and hospital administration roles. The school existed continuously over a fifty year period until its closure in 1978. The Advanced Diploma in Nursing course then moved into the

polytechnic system. There was provision for 150 registered nurses to enrol in the Advanced Diploma each year, but with no more than 50 enrolments being possible in any one polytechnic (NZNA Committee on Nursing Education, 1984). Thus, even though this course was not at baccalaureate level, there is a precedent for the polytechnics to provide post basic education, with the general aim of providing preparation for advanced practice for registered nurses.

By the 1990's, the preparation of nurses (at both pre-registration and post-registration level) was increasingly of concern to the nursing profession itself, and many other stakeholders such as employers and the government. All were concerned for varying reasons, but it was clear that changes in New Zealand society and the provision of health care, were making it imperative that the future of New Zealand nursing education was discussed and new directions and strategies decided.

VISION 2000: DEBATING THE FUTURE OF NURSING EDUCATION

Following the many changes that had occurred in the health and education sectors in New Zealand during the 1980s, there was widespread and growing concern about the impact of these changes on nursing and midwifery education in this country (Allen, 1992). In 1991, a steering committee, that included representatives of the New Zealand Nurses Association, The New Zealand College of Midwives, the Chief Nurses of New Zealand, Nurse Educators in the Tertiary Sector, the Nursing Council of New Zealand and the Department of Health, was formed. This group became known as the Vision 2000 committee. The goal of the committee was "to develop a national framework for nursing and midwifery education with targets, guidelines and strategies to establish shared ownership of education targets" (Vision 2000, 1991 cited in Allen, 1992, p.6). The first action this committee took was to convene an open, national forum where all interested nurses and midwives could gather to discuss nursing and midwifery education. Over 260 nurses attended this forum in Auckland, New Zealand in 1991. The forum was organised, through presentations and workshops, to identify issues facing nursing and midwifery education, and the future direction of these two professions (Vision 2000, 1991). The other action taken by the forum was to appoint a group to report outcomes

of the forum and recommend future action to the Vision 2000 committee (Vision 2000, 1991).

The Vision 2000 forum and subsequent committee report encompasses many issues, including the future of the second level nurse, the maintenance of professional competence, cultural safety, and nursing and midwifery education. All this information has been important to the development of the profession, and any separation of the issues is artificial, as many overlap. However, only the information most pertinent to nursing education and the development of the degree programmes in the polytechnics will be examined here as relevant to this thesis, as it was the change to pre-registration undergraduate degree education that promoted the baccalaureate nursing degrees for registered nurses in the polytechnics.

In the papers presented at the Vision 2000 forum, views of politicians, employers, education, and practice were all heard. Government representatives were concerned with provision of a cost effective health service and were looking for Vision 2000 to provide the direction for nursing education programmes that were practical and achievable in a fiscal sense (English, 1991; McLauchlan, 1991). A call for the direction to be in the form of a national framework was clear (English, 1991; Grant, 1991).

The changing role that the registered nurse was being educated to fulfil was also presented for discussion. Throughout all the papers was a recognition of the concern about the rapidly changing nature of health care and the contexts of nursing, and the need for nurses to be prepared for this environment at both the new practitioner level, and as advanced practitioners. The health service sector was placing challenges before the nursing profession, wherein there was a questioning both of the need for an all qualified workforce, and for the traditional role of the nurse to be expanded and extended. Quite clearly, nursing had to be able to justify whatever direction was chosen, with respect to how education would better meet the needs of the health service and its consumers. There was a strong message from the Department of Health that the service and education sectors needed to collaborate much more in determining what initial preparation and ongoing education was required for instance see (Smail, 1991).

Questions arising from the issues that had lead to the cessation of the Victoria University degree course also arose, and were brought to the Vision 2000 forum, and the nursing profession for consideration. These included:

- Was there a place for undergraduate degrees in the universities if polytechnics began degree courses?
- Could polytechnics provide the appropriate levels of research and scholarship compared with the universities?
- Do the nursing profession and the health sector perceive a need for post registration and post graduate education for nurses? (the issue of post graduate education necessarily arises in conjunction with undergraduate education in relation to preparation of teachers in nursing degree programmes)
- What sort of expertise should undergraduate and post graduate nursing programmes provide? (Young, 1991, pp. 32-34).

Issues raised by the profession as represented by the New Zealand Nurses Association (NZNA) relevant to the degree programmes included:

- What kind of programmes are needed?
- Should comprehensive programmes be diploma or degree programmes or a mixture of both?
- How to link comprehensive programmes with university programmes at Massey or Victoria?
- How do we support post graduate opportunities and the preparation of nurses to enable them to participate in policy development, strategic planning and implementation of decisions impacting on the health service? (Williams, 1991, p. 147).

The profession was also challenged to explore what made a degree different from a diploma, and to decide if that is what the profession wanted and needed (Brook, 1991). Of particular relevance to a degree for registered nurses was the issue of how to make provision that enabled existing diploma and certificate holders to upgrade. Qualification enhancement for teaching staff in polytechnic nursing departments also emerged as an issue if degrees were to be awarded through polytechnics (Brook, 1991).

Given the wide ranging nature of the issues discussed, there were 22 separate recommendations in the Vision 2000 committee's discussion document. These included several recommendations relevant to the degree courses in polytechnics:

- That a four year baccalaureate degree to become the criterion for entry to practice.

- That graduate programmes be developed for nursing, focusing on the discipline of nursing and its related practice and education.

- That criteria for nurse teachers to have appropriate advanced academic preparation in nursing and education be developed (the Nursing Council to administer this).

The discussion document was then circulated. Many submissions were received by the committee by March 1992. The submissions were analysed and the Vision 2000 committee published A Framework for Nursing/Midwifery Education in December 1992 (Vision 2000 Committee, 1992). Included in this national framework were the recommendations that:

- The bachelor degree is to be progressively introduced from 1992 to replace existing pre-registration programmes; the transition should be completed by 1997.

- Entry to practice for registered nurses and midwives should be via an undergraduate nursing or midwifery degree in an approved educational institution.

- For those seeking initial entry to practice and for those registered nurses/midwives seeking a further qualification, educational preparation should include recognition of prior learning.
  (Vision 2000 Committee, 1992, p. 3).

The Vision 2000 committee had thus clearly indicated entry to practice at baccalaureate level as the direction for nursing education to take. In the same year, the pilot programmes in Auckland, Wellington and Otago polytechnics commenced with the approval of NZQA and the Nursing Council (Christensen et al., 1992)

POTENTIAL RN STUDENTS FOR THE DEGREE PROGRAMME

A registered nurse (RN) is defined in New Zealand by the Nurses Act 1977 and its amendments (New Zealand Government, 1977) as a nurse whose name is recorded on one of the Registers of Nurses (New Zealand Health Information Service, 1996). In 1991, the year prior to the commencement of the polytechnic baccalaureate degree programme pilots, there were 25,701 registered nurses who were classified as actively

working in New Zealand (Personal communication, October 1998, from P. Easton, Information Analyst, New Zealand Health Information service). This figure excludes those RNs who held an annual practising certificate but were not in the workforce in New Zealand, either because they were practising overseas, or because they were not employed in nursing at that time.

A proportion of this pool of potential students would have held registration by virtue of certification through a hospital based programme. These programmes were a service based, apprentice type preparation in a particular type of nursing (such as general and obstetric, psychiatric, or psychopaedic) with entry to a separate register for each of these.

Following the Carpenter Report in 1971 (Carpenter, 1971) nursing education moved from the hospitals to the tertiary education sector, with the Department of Education assuming responsibility for the future of nursing education (NZNA Committee on Nursing Education, 1984). From 1973, polytechnic programmes leading to a diploma in nursing and comprehensive registration, gradually became the level of entry to practice. This transition did not require those nurses previously registered through the hospital based programmes to gain a diploma or comprehensive registration, and consequently, multiple registers still exist in this country. Thus a sizeable number of registered nurses were potential students for Bachelor of Nursing degree programmes in the polytechnics when they were first proposed. However, with an established record of provision of degree education for RNs, the Massey University undergraduate degree course was also competing for these RN students.

BEGINNINGS OF THE RN BACCALAUREATE DEGREE

With the level of entry to practice established as the baccalaureate degree, there was interest from RNs in how they were to be facilitated to complete a degree. As has been discussed through the Victoria review, for varying reasons not all RNs had chosen to undertake degree studies through the university programmes. The programmes in the polytechnics were in a position to address some of the barriers to RNs undertaking a baccalaureate course. A major influencing factor was addressed in the Education

Amendment Act 1990 (New Zealand Government, 1990). When giving the NZQA the power to approve courses, the act stipulated that Recognition of Prior Learning (RPL) must be allowed (New Zealand Government, 1990). Thus registered nurses could obtain entry with advanced standing for their previous registration and experience. Provision was also made by NZQA and the Nursing Council (who enact the Nurses Act 1977 and its amendments, which controls nursing education in New Zealand) for credits and exemptions to be gained within the courses on the basis of prior learning (Day, 1997). Many other factors could also be influential in RNs deciding to enrol at polytechnics for a baccalaureate degree, such as geographical location, or preference to study in the on campus mode rather than by distance. These are merely conjecture however, as there is a paucity of research into RN baccalaureate education in New Zealand. It is not clearly understood why RNs chose a polytechnic course over the university course.

From the beginnings of the pilot programmes, RN courses were being developed in polytechnics. By the time of this research study, nearly all the nursing programmes in the polytechnics offered the bachelors degree to RNs, although the structures vary in different institutions. Statistics and other information about RNs undertaking and graduating from these courses are difficult to gain however. Although the Nursing Council has in the last two years given RNs the option of having their academic qualification entered on their Annual Practising Certificate, this is not compulsory as is the other demographic information gathered at the time of the yearly application for the practising certificate. Therefore, there is little national information about how many RNs have undertaken baccalaureate preparation. A great deal more research is needed on many aspects of RN degree education, including theoretical and practical concerns both within RN degree courses, and upon graduation from courses.

CONTEXTUALISING THE RESEARCHER'S INTEREST

As a teacher with experience in educating both pre-registration students, and registered nurses (RNs) in nursing degree programmes, I was drawn to investigate the meaning of degree education for these RN students. Working together with RNs in teaching-learning situations had lead me to think that perhaps these students experienced degree education in a way that was different to pre-registration students, and that it was important for

teachers in nursing to gain a greater understanding of the meaning this experience has for RNs, to enable programmes, and teaching strategies to be devised that are more responsive to RN students. The general questions that were raised for me related to What does it mean to an RN to undertake a baccalaureate degree? What helps or hinders learning? What is meaningful about being a RN in how learning and teaching are experienced? And consequently, which practices of teaching and learning should be retained, and which relinquished? Also what new possibilities for teaching and learning may emerge? As a consequence, these questions called for an inquiry that aimed to elicit the RN students' experience of degree education.

Qualitative approaches tend to be of an exploratory nature, and concerned with human experience (Lobiondo-Wood & Haber, 1994). Interpretive phenomenological research in particular, is intended to reveal the meanings in human situations. The focus being on the phenomenon as it is situated temporally and contextually. As there has been little exploration of RN degree education in the New Zealand context, interpretive methodology is appropriate for researching this topic. An interpretive approach is suited to attempting to reveal new understandings that may bring insights to teachers and learners about the meaning of RN education.

PURPOSE

The purpose of this pilot study therefore, is to begin to understand some of the meanings in registered nurse (RN) degree education, revealed in the stories of 11 RNs who have returned to New Zealand polytechnics for a first degree in nursing. To achieve this purpose the methodology used in this study is based in Interpretive Phenomenology.

SUMMARY

As can be seen from tracing the development of RN baccalaureate degrees in polytechnics, there has been a long and difficult path to acceptance of degree education for nurses. Although there has been at least one university baccalaureate degree continuously since 1973, this did not lead to widespread acceptance of baccalaureate

education for registered nurses. Nursing remained young as an academic discipline (Chick, 1991).

With widespread concern regarding the contexts of nursing, and the role of nursing related to the accelerating changes in the socio-political milieu, interest grew in the early 1990s within government, the health service and the nursing profession to revision nursing education. The debate produced a national committee, whose framework recommended degree level entry to practice. The legislative changes that enabled degrees to be awarded by providers other than the traditional universities, engendered the baccalaureate degrees in nursing in polytechnic nursing departments.

Persistent questions and issues such as the place of polytechnics and universities in provision if nursing baccalaureate degrees, and their ability to articulate, the recognition of degrees in the career development of registered nurses, length of courses, recognition of prior learning, and the demands for RNs to complete degrees with little employer support, still linger in nursing education. The issues in the health care system of New Zealand that prompted calls to rethink nursing education, and those that arose in the debates that ensued, and lead to the degrees, now need to be re-examined in the light of the changes that have occurred.

Many questions abound in regard to RN baccalaureate education and its meaning for the discipline of nursing. This research study aims to address one aspect of the many - that of understanding the meanings for RNs of undertaking a baccalaureate degree in nursing.

THESIS OUTLINE

Chapter Two: Review of the Literature

Chapter two focuses on what is known about RN baccalaureate education from the published literature of the last ten years. Themes that arise from this literature are outlined to bring common understandings of what is known about RN students in baccalaureate education to the reader. This literature is reviewed to share with the reader the gap in knowledge of RN baccalaureate degree education that this research project is

trying to address. A further body of literature regarding women returning to higher education is also examined for its implications for the predominantly female occupation of nurses who are returning to higher education.

Chapter Three: The Interpretive Approach

The philosophical background to the development of the interpretive approach is traced in chapter three. This chapter explicates the story of the methodology by situating interpretive phenomenology within a history of philosophy. Particular attention has been paid to the philosophical background in order to locate a shared understanding between the reader and the researcher regarding interpretive phenomenology. Methodological critiques are included to alert the reader to some important debates surrounding this methodology. The specific process of hermeneutical analysis used in this study is described, and the ethical considerations relative to this research are addressed.

Chapter Four: Hermeneutic Interpretation and the Stories in Context

In this chapter the stories of the researcher and the research study are told through the description of the method and methodological rigour. The story of the researcher with the research participants is shared, as this chapter outlines how the interpretations were reached. The aim is to lay open the way of interpretation followed to the scrutiny of the reader, as far as is possible. Finally, the participants narratives about beginning their degree studies are introduced.

Chapter Five: Experiencing Thinking

In chapter five, the sub-themes that comprise *Experiencing thinking* in the degree course are presented. Implications for teaching and learning are included with the stories and interpretations in both this chapter and chapter six.

The interviews with the RN students revealed several major sub-themes related to this experience. The first is *Finding a path to thinking: holding on to questioning*. In this theme the transformation that occurs in the complexity of the RN students thinking is

uncovered. Integral to this is the development of a way of thinking questioningly. The utility and meaningfulness of this way of holding on to questioning in practice is a significant feature of the meaning of the degree experience to the RN students.

The sub-theme *New Partnerships: engaging others in questioning* extends the theme of thinking questioningly. In this section the influence of the RNs changes in thinking on the development of new partnerships in clinical situations are described.

In the sub-theme *Situated thinking: reawakening expertise* shows how RNs learning is always from the perspective of their being already a nurse. Thus, being an RN shapes their experience of returning for the degree.

The final sub-theme in this chapter *Reading, writing, thinking and dialogue: making thinking your own* focuses on how these common practices of teaching and learning belong together. These stories show how focusing on students understanding in reading, writing and dialogue helps RN students to make knowledge a part of their thinking, rather than focusing on the product.

Chapter Six: Experiencing Community

Experiencing community is the main theme described in chapter six. As in the previous chapter, the RN students' stories, the interpretations and implications for this theme are presented together.

The first sub-theme, *Belonging in the community: creating places for learning* captures the sense of how learning is a shared practice for the RN students wherein the possibilities for learning are created by belonging in the community, and learning with others.

When community is not engendered however there is a sense of losing something important that is apparent to the RN. In the sub-theme of *Not belonging in the community: missing out on learning,* this breakdown is explored.

The complexity of experiencing community is further uncovered by the story of those who belong in the community, but find at times it is not always a safe place. The sub-theme of *Belonging in the community: learning in silence* shows how the possibilities for learning are shaped by this experience, and are different from each of the foregoing sub-themes.

The final sub-theme describes the place of teachers in the learning community as experienced by these RN students. *Guiding and being guided: teachers as learners, learners as teachers* explores the role of teachers of RN students specifically in relation to teachers as learners and learners as teachers.

Chapter Seven: Possibilities in RN Baccalaureate Education

This chapter serves to bring together the implications found in chapters five and six. Discussion in this final chapter is centred around emerging possibilities for nursing education with RN students. As possibilities always emerge in context, a discussion of the limitations of this research study is included to share how the project itself may shape the findings. Finally the implications for future research in both the education, and research methodology fields are considered.

CHAPTER TWO

REVIEW OF LITERATURE

INTRODUCTION

In this chapter, the literature of the last 10 years (1987-1997), relating to registered nurses (RNs) returning for a baccalaureate nursing degree is discussed. In addition to the nursing literature, the body of literature about 'reentry women' (female students who return to tertiary education after a break between initial high school education and entering higher education) is deemed relevant to this research because of the particular characteristics of registered nurses as adult, female learners returning to study. The majority of the published information regarding RNs returning to higher education to obtain a baccalaureate degree in nursing is North American in origin. A few studies are available from Canada, the United Kingdom, and Australia, but there have been no published studies on this topic carried out in New Zealand. The major data bases used to search for literature were CINAHL, ERIC and Index New Zealand.

OVERVIEW

The review of literature has shown a majority of nursing research has focused on various discrete characteristics of RNs as learners in higher education (for example, individual variables include such specifics as role strain, anxiety, stress, coping, and personality characteristics) group characteristics (for example, professionalism and socialisation), and institutional characteristics (for example, admission procedures). Approaches such as these, grounded as they are in particular theoretical frameworks, and with the majority of studies of RN education in the nursing literature arising from the empirico-analytic paradigm, characterise the subjects by objective properties or attributes, and leave out the contextual determinants of the situation (Plager, 1994). Research comes generally into three themes within this framework. Characterising the RN student by objective characteristics and mental states; outcomes of the RN to baccalaureate degree transition; and programme variations both within RN only courses, and those courses with RN and

generic students together. Only three investigators have examined educational experiences from the perspective of the registered nurse students' understandings of that experience (Glass, 1998; Rather, 1990; 1992; 1993; 1994; Thompson, 1992). A further three researchers have similarly studied the students' perspective, but the participants have not been specifically registered nurses in baccalaureate programmes (Diekelmann, 1989; 1991; 1992; 1993; Ironside, 1997; MacLeod, 1995; 1996). None of these studies were conducted in New Zealand.

Given that the majority of nurses are women, literature pertaining to women in higher education has also been sought to background this study. The research relating to reentry adult students in higher education is found mainly in the educational literature. The themes discernible in this literature are however, quite similar to those described in the RN education literature. Objective characteristics of women reentry students are generally pursued under topics of multiple role women (which includes gender issues in returning to higher education). Mental states such as anxiety, role strain, and motivation to return to school are also examined. The other area uncovered in this literature is that of programme and policy responses to adult students (similar to the programme variations studies in the nursing literature).

Excluded from the literature review discussion in this chapter, is an area relating to a sizeable body of writing by teachers of RN students. In the main, this literature contains anecdotal writings of teachers' experiences. While this refers to student learning, it is not central to understanding the place of the current study within the nursing literature. Much of the writing relates to innovative teaching and curricula. Topics such as empowerment (see for example: Rodgers & Nealand, 1993; Worrell, McGinn, Black, Holloway & Ney, 1996), thinking and writing skills (for example: Allen, Bowers & Diekelmann, 1989; Bowers & McCarthy, 1993; Callin, 1996; Hodges, 1996), student teacher relationships (for example: Buchanan, 1993), student centred curricula (for example: Hegge, 1995; Perry, 1986; Rusin, 1993), narrative learning and teaching with RNs (for example: Blecke & Flatt, 1993) and more, abound. What this literature shows is, many teachers of RN students are very concerned with providing teaching and learning experiences that meet the needs of this particular group of learners. This points

to a place for the current study to help these teachers discover if what they intend to teach, is what the RN students do experience in their baccalaureate nursing courses.

REGISTERED NURSES IN BACCALAUREATE EDUCATION

Defining the RN student by objective characteristics

In Mathews and Travis' (Mathews & Travis, 1994) review of RN baccalaureate completion research from 1982-1993, many of the early studies focused on objectifying RN characteristics, such as demographic information or descriptions of personal characteristics. Much of the RN research literature, regardless of the variables being studied, provides demographic information about the RN student. Often this data is limited to factors such as age, type of employment, type of basic nursing programme and years since initial nursing education, but does tend to support the trends found in Baj's (1985) demographic study of an older woman with multiple other roles who works full or part time, is more likely to be married, have more children, studies part time only, works more hours in nursing, and has previous nursing experience (Fotos, 1987; Swanson, 1987). Most of these conclusions are drawn by researchers from comparing the characteristics of RN students with the characteristics of traditional generic students, whether this is acknowledged in the research design or not. Thus the RN students appear to be involved in more diverse roles than generic students.

Despite the demographic generalisations emerging from the studies, reporting such information is less useful if there is no information as to how these variables actually influence the registered nurses' experience in the teaching learning situation. The demographic patterns emerging from these studies would be more helpful for curricula and programme planning (Rather, 1990) if there was also understanding of their meaning to the RNs in the context of their experience in tertiary education.

Although a non research article, Green (1987) sought to gain some understanding that was deeper than a superficial reporting of demography. Green (1987) approached RN students from the viewpoint of multiple role women, and explored demographic variables of RN learners in a way that suggested how these characteristics may be

important in RN education. Green is one of the few authors who acknowledges the complexity in the relationships of the characteristics discussed. Green asserts that age is an important consideration given that older students generally have had more life experiences, and it is widely accepted that adult learners prefer the type of learning experiences that recognise and integrate their previous learning. When RN and generic students sometimes share classes, the same learning experience may have very different meanings to these different groups of learners.

Family structures are often described demographically in terms of marriage, but Green (1987) points out how this may hide important variables that impact on learning situations. They may have children, or dependent elders in their families, and as many variations of family structure as exist in the wider community. RNs will probably be homemakers, partners, and mothers, as well as paid workers. These multiple roles impact not only on learning and understanding in the discipline of nursing, but also in terms of time and energy these students have available to study in their degree course.

Wider social and political influences are also addressed by Green. The majority of all RN students are female. The socialisation of women has traditionally associated them with more passive characteristics. Coupled with an history of nursing that has also encouraged obedience, traditional behaviour patterns of RN students may be incongruent with the behaviours required in baccalaureate educated nurses facing the challenges of nursing in current health care systems. Teaching strategies that encourage autonomy and accountability in practice are required to prepare RNs for this level of practice. Educational and employment histories are extremely variable. The RN needs recognition of this experience and expertise. But with the huge variations among students, giving credit has difficulties in terms of recognition and validation. The student role adds even more complexity to the lives of these mature students. Green's examination of the impact of differing life situations of RN students points to a gap in the literature. By showing the various differing possibilities, questions arise regarding *how* RNs experience baccalaureate education, and in what way these differences are important in the teaching learning situation, and what teaching and learning strategies RNs find most supportive of learning in baccalaureate programmes.

Defining the RN student by mental states

Studies that examine the mental states of RN students are abundant. These mainly look specifically at role strain and anxiety in RN baccalaureate programmes, what may precipitate this, and possible solutions. Stressful incidents are often related to course factors such as time-tabling, admission and registration procedures. Time pressure related to multiple roles, particularly the work role, may contribute to anxiety (Derstine, 1988; Glass, 1997; Viverais-Dresler, Rukholm & Koren, 1991; Wang, 1991). However, trait anxiety in RNs in baccalaureate courses show no significant differences to normative scores of other working females (Derstine, 1988; Viverais-Dresler, Rukholm & Koren, 1991). What does stand out with these students is the higher level of state anxiety (Viverais-Dresler, Rukholm & Koren, 1991), a finding the authors deem consistent with the demands upon the RN student.

Consistent with the aim to predict and control, that accompanies the positivist paradigm within which these studies are located, one study specifically aimed to identify characteristics in the individual that may predict role strain. Lengacher (1993) tested the variables of personality, stage of career development and marital status in a predictive model with multiple stepwise regression analysis. Although the results could not be generalised because of sample numbers too small for the statistical tests used, and a convenience sampling strategy, the findings related to particular personality types and stage of career pointed to an area where the author perceived further research to be useful to assist nurse educators predict the needs of RN students whose success in baccalaureate nursing programmes may depend not only on academic ability, but also on their individual characteristics (Lengacher, 1993) and ability to cope with the additional role.

There is not always a clear relationship between the addition of the student role to the multiple other roles held by RNs, and stress. The student role for the returning RN student may also produce gratification as well as stress, and the balance of these two factors may be more important in coping than just examination of only one in isolation (Gerson, 1985). A study by Dick and Anderson (1993) examined job burnout in RN-BSN students. These students experienced no higher levels of burnout than their peers

not engaged in the student role. Support from family and colleagues was significant in reducing levels of burnout in students whose levels of stress may be expected to contribute to them experiencing strain in the job. Additionally, the decision to return to school and the associated sense of control over one's professional future, combined with the new knowledge gained, balanced out the stress felt from increasing demands (Dick & Anderson, 1993). RN students remain highly motivated to achieve a baccalaureate nursing degree, even while feeling the pressures of their return to school (Rendon, 1988).

Other research related to the mental states and consequent behaviours of RN students, has focused on the coping styles and developmental maturity of RN students. Developmental maturity enabled the use of more effective coping styles, such as being problem focused, and gathering support from others in a study by Mattson (1990). Perry (1986) found relationships between coping styles and newness as a student, number of other roles, and length of time in the student role. Other studies have found RN students can be helped by being supported in developing effective styles of problem focused coping such as using direct action to overcome problems, and avoiding isolation through use of peers and teachers for support (Derstine, 1988; Dick & Anderson, 1993; Lee, 1988; Mattson, 1990; Perry, 1986). Few differences in coping appear to exist between RNs in specifically designed RN completion courses and those integrated in generic courses, except for the increased use of social networking as a coping method in those students in RN only completion courses. This may indicate the benefit of shared interests for those in programmes specifically designed for registered nurses (Lee, 1988).

The major limitation of most of the studies that examine the characteristics of the RN student is, they pay little attention to contextual factors such as culture, or historicity. This decontextualising of RN education leaves no place for understanding of, or critique of the wider context, be it institutional, social or political, mainly portraying RNs as having problems that are intrinsic, and thus suggest solutions that for the most part require behavioural change (such as strategies for coping) on the part of the RN student. The aforementioned studies predominantly do not look beyond this behavioural approach, and thus leave space for studies that seek to understand RN baccalaureate education through situated meaning. Fragmenting the characteristics of RN students into areas such as stress, anxiety, and coping, and removing them from the context of the

RNs experience of higher education further creates problems for teachers of RN students as to what is helpful, and what is not.

Strategies to help RNs cope with multiple role demands

A theme of structure and flexibility emerges from the literature in regard to helpful strategies, relating to multiple role demands. In terms of course construction, as multiple role women these students require flexibility in terms of time-tabling of classes, and early advisement of timetables to fit work schedules around (Derstine, 1988; Green, 1987; Kearney, 1994; Viverais-Dresler, Rukholm & Koren, 1991; Wang 1991) or flexible ways of meeting requirements such as external degrees (Dailey, 1994), or distance learning. In instructional strategies they require classroom experiences that enable discussion of the meaning of concepts among peers, and facilitate application to practice situations. Evaluation procedures that value their experience and knowledge and interests are also important (Wang, 1991). In what is a far from simple picture however, the issue of structure is also addressed. As novices in the educational system of degree courses, and probably having had a considerable break since their basic nursing education, these RNs need structure to help them through organisational areas. Access to advisers who are knowledgeable and have immediate access to required information is important in managing the stress associated with mastering academic requirements (Kearney, 1994). Although requiring classroom flexibility that allows for integration of previous knowledge, initially, structured classroom experiences may support the student to then become a more independent learner after the initial adjustment to study (Beeman, 1988; Wang, 1991). Regular contact with teachers about concerns related to class content or evaluation can also support this process of growth as a student.

RN students as simultaneous novice and expert

A further aspect of the extant research is that in many studies the RN student is compared with the generic student (a student in an initial nursing course who has no previous licensure as a nurse). The assumption is generally made that the RN will be compared with the generic student, using the latter as the standard to which RNs must measure up as they graduate from the baccalaureate programmes. This argues an

uncritical acceptance of an educational system that treats all students as novices, and ignores the relationship of practice experience to learning by the RN. The anomaly that arises in RN baccalaureate education is that RN students are simultaneously novices and experts. That is, they are often novices in the academic system but competent practitioners in the role of registered nurse.

In one of the few interpretive studies found in the literature, curricular implications of this novice/expert paradox are found in an Australian study of RNs enrolled in a distance baccalaureate course, undertaken through teleconference. Thompson (1995) highlights some of the deeper conflicts of being a simultaneous expert and novice facing RNs. Discourse analysis of the teleconferences, and interview texts of students and teacher revealed a tension between the student's roles as a clinical expert, and a novice student. Although the teacher often spoke of valuing the expertise of the students, the overall ethos of the course was that the RNs were beginners in academia and what counted in the course, was academic thinking and language, thus undermining the experience of the RN students. Thompson concludes that this tension is problematic and would impact on student perceptions of the course. As the course studied was specifically a distance learning course, the question remains of whether, and how, the issues that Thompson has raised about the novice-expert anomaly in this distance study may also be experienced by RNs in a New Zealand degree course.

RN motivations for baccalaureate education

Factors motivating registered nurses to return to school have not been extensively studied, although anecdotal stories abound regarding nurses feeling pressured by national mandates for degree level entry to professional practice (such as those of the National League for Nursing in the United States (Hegge, 1995; Rather, 1990) and Vision 2000 (Allen, 1992) in New Zealand). In a small study of 57 RNs in one university, Fotos (1987) investigated RNs motivations to return for a degree. The major reason for enrolment in the BSN was for professional advancement. Professional pressure (for . instance, for job security or job requirement) to obtain a degree was the primary reason for only 17% of these RNs (Fotos, 1987). Thurber (1988) similarly found enjoyment of learning and career advancement, skills improvement, and a desire for graduate

education were important motivations to RNs in enrolling in baccalaureate courses (both generic and RN completion programmes). Although very small studies, this research provides useful information regarding why RNs may have come into baccalaureate courses. It does however raise even more questions about what then happens to the RNs once they are in the course, how do they experience the course and does it meet the expectations with which they entered, or do other considerations become relevant. It may be possible to understand more about what motivates RNs towards baccalaureate programmes, if we gained understanding of the meanings embedded in the baccalaureate degree experience, and whether their expectations were met.

Programme variations in RN education

Several research studies have investigated admission procedures for RNs into baccalaureate programmes. This is an area often causing stress and resentment in RNs who feel they have already met licensure requirements and fail to understand the need for validation requirements for entry into degree studies (Kearney, 1991; Stecchi et al, 1994). The point of these processes is to establish the basis for advanced placement in baccalaureate nursing degree courses, which in North America span four years full time study for generic students, or to gain entry into a RN-BSN completion course specifically designed for RNs only, usually taking two years to complete.

Satisfactory results in validation exams were shown to be a significant indicator of achievement in course work by RNs (Kearney, 1991; Kroll, 1990). Interestingly, RNs who took the validation exam after a longer time had elapsed from graduation from a basic nursing programme, gained higher scores (Kearney, 1991). This result points to the influence of practice experience for returning registered nurses, and merits consideration in the planning of courses for RNs. Higher grade point averages in previous courses also predicted success for RNs coming back into BSN programmes (Kroll, 1990).

Universities in the North America have varying procedures for admission besides validation or challenge examinations. Some have articulation agreements with local colleges where course content has been reviewed to ensure RNs have entry level knowledge and thus direct articulation into BSN courses is possible (McHugh, 1991;

Stecchi et al, 1994). Having had experiences of blanket credit granting to RNs that proved to disadvantage RNs, other institutions have transition courses specifically designed for returning RNs that must be completed before gaining advanced placement in generic BSN courses (Stecchi et al, 1994). In a study involving 89% of the universities with RN baccalaureate programmes in Canada, 48% had opportunities for formal or informal challenge for credit (Andrusyszyn, 1993). There was great variation in the processes of challenge between all the universities. These schools of nursing although admitting that there was some value to RNs in being able to challenge for credit, questioned whether the examinations actually measured the type of critical thinking skills that were required of baccalaureate prepared nurses (Andrusyszyn, 1993). Challenge examinations may become less necessary as RN only completion courses become more widespread. Few studies differentiate between those RNs who have gained their basic qualification in a diploma programme and those from an associate degree programme, and these do not address the issue of entry or advanced placement in programmes, indicating that RNs may generally be treated the same for admission purposes regardless of basic educational course.

However, institutions do not just choose students. Having made a decision to return to higher education for whatever individual reason, students also choose between institutions. Research investigating the factors important to RNs in choosing a programme showed the most important considerations for the majority were cost and convenience (Beeman, 1988; Krawczyk, 1997). Accreditation of programme by the National League for Nursing (NLN), and flexibility ranked ahead of location, quality of programme, time for completion of course, instruction, and progression to a masters degree. The least important variable was the student profile (Krawczyk, 1997). What is not clear in this study is the type of BSN programme these students were enrolled in, whether a generic BSN course or a RN completion course. This may have some influence on student concerns as to the extent to which those enrolled in a course are similar to the RN.

Once within the educational environments of different types of RN baccalaureate courses, perceptions of how well RNs adult learning needs are met vary. RN only programmes more often encourage independence, than do those generic programmes

accepting RNs. RNs in traditional generic programmes may also feel inhibited in acquiring the information they seek, by having to repeat what they already know (Beeman, 1988). Comparisons between RNs in special completion programmes, and generic students in traditional programmes highlight and reinforce the finding that RNs benefit from a course designed to meet their particular needs. Comparisons show that RNs are not only older, but that they are at a different stage developmentally and professionally (King, 1986; 1988) With basic educational goals varying (generic students are aiming to become an RN, whereas RNs are looking toward a masters degree or professional advancement) it is not surprising that they have different values in education. Curricula that are flexible, and aimed towards independence and autonomy are what lead to greater programme satisfaction for RNs (King, 1988).

However, research by Linares (1989) brings conflicting evidence about RNs learning styles and preferences. On comparing generic and RN students on locus of control, learning style preference and self directed learning readiness, Linares found no significant differences between the two groups. Differences were more apparent between individuals, and between ethnic groups. It is noteworthy though that the sample in this study were junior year entry level students. This may have impacted on the lack of difference between the groups, as this is the point at which RN completion student begin their course. It has already been discussed in earlier literature that RNs feel like novices at this stage and require structure and direction until they feel more sure of themselves in the academic system. However, King's (1986) study found similar results to Linares in that no significant learning style differences existed between senior year generic, and RN students in a generic programme. Thus it would appear that the available evidence is somewhat contradictory, and further research is required particularly as the types of programmes available to RNs, and their points of entry are so variable, both factors which could have a bearing on how RNs learn in any given programme. Also, it may be that the developmental, and professional differences between generic and RN students, are more important to curricula and programme considerations, than are basic learning styles. Without understanding from the student's point of view how RN degree education is experienced it is not possible to make sense of the research available in terms of planning instructional programmes.

Some personal characteristics may make the role of a student in a baccalaureate programme easier for some than others. RN students with highly compliant interpersonal orientations experience a greater congruence within the student role than those with an aggressive or detached interpersonal orientation (Rendon, 1988) All RN students however, express strong commitment and determination to succeed in their student role, no matter what their interpersonal orientation (Rendon, 1988). Institutions and programmes that are based predominantly around the needs of younger, traditional students find compliance easier to deal with. A study by Swanson (1987) measured quality of effort in generic and RN completion students, and found the RNs scored lower. Effort however, was measured by time spent in the library, studying more hours and interacting positively with faculty. All these activities may present difficulties for the multiple role RN who returns to study for a degree. The RNs despite being described as making less effort, still scored more highly on measures of total nursing performance, a finding that should alert nurse educators to examine programmes for their appropriateness for RN students. Several questions may be raised in regard to compliance in the student role, given trends in nursing practice towards more autonomous practitioners.

> Compliance is more functional in the student role, but it may present an obstacle to the future enactment of the professional role. Are these students who experience enjoyment, involvement and satisfaction in the student role best equipped to enact autonomous independent practice in their future? Will the requirements of the professional role fit their compliant character structure or will these students be able to adapt to diametrically opposed role demands? (Rendon, 1988, p.176).

The nursing literature in examining characteristics of RNs and their educational programmes in isolation from each other presents the results in such as way as to conceal the effects of what this interaction of programme and RN students may mean in the transitions from nursing to academia to nursing as a degree prepared nurse. What remains unclear is how the baccalaureate programmes are experienced by the RNs. The variations in different RN baccalaureate courses may be understood better if these experiences could be explicated.

Outcomes of RN to baccalaureate degree transition

Research related to outcome achievements in graduates from programmes has focused on the factors that are assumed to make a difference in baccalaureate prepared nurses. The role of the baccalaureate nurse in practice is supposed to be professional in nature, as compared to the more technical, associate degree or diploma prepared nurse. Educational programmes in nursing need to prepare baccalaureate nurses with leadership qualities, who can be professionally accountable and responsible for their nursing practice. But much of the research about outcome measures is undertaken while those in the sample group are still attending the educational institution, which may limit somewhat how much can actually be learned about how these nurses actually perform in a real practice situation. Measures such as critical thinking, problem solving, and professionalism are the most frequently studied, based in the assumption that baccalaureate prepared nurses should be different to diploma or associate degree prepared nurses in these respects.

Comparisons of RNs at entry and exit from generic and RN completion programmes, and between generic students and RN completion students have shown that nurses from the completion programmes have significantly more professional attitudes and commitment, upon exit from the programmes (Chornick, 1992; Thurber, 1988; Witt, 1992) even though there is little significant difference in other measures such as critical nursing skills performed. This indicates that both generic RN programmes and RN completion programmes are preparing RNs for practice at the baccalaureate level, contrary to concern that the completion programmes may not be of the quality of the generic programmes (Chornick, 1992).

In a comparison of diploma and associate degree prepared RNs (Miller, 1992) diploma students showed a significantly greater gain in critical thinking skills. However this group had a much lower mean score to begin with leaving more room for improvement. Generic students show higher levels of critical thinking than any other group, (diploma, associate degree or RN students). But when critical thinking is compared with clinical decision making (Brooks & Shepherd, 1990) the RN students show significantly higher achievement, indicating an ability to transfer their critical thinking skills into practice that

other student groups lack. When critical thinking skills were again compared between the four types of student groups and linked with professionalism, the RN students again achieved higher levels of professionalism while critical thinking was similar to generic students, and well above students in diploma and associate degree programmes (Brooks & Shepherd, 1992). Again the influence of experience and education together show the RN student group to be valuable to the profession.

Studies examining the socialisation of RNs to BSN nurses as an outcome of the programme have again examined RNs in comparison with generic students, and also RNs in distance education. Cragg (1991) found distance education was able to contribute to a more professional orientation in RNs in a BSN course, although some of the respondents in this study claimed that they had little change in attitude because they already had a professional attitude before undertaking the course. A similar finding was apparent when Lynn, McCain and Boss (1989) compared generic and RN students' socialisation. Generic students' professional attitudes became more similar to those of the faculty over the time of the course, but the RN students experienced little change in professional orientation. A result not surprising given that the RNs, after some years in practice, were probably well socialised into nursing, and would be unlikely to identify with faculty in the same way as generic students. It may be that the nurses undertaking RN completion courses already show high levels of professional commitment.

Graduates have been tracked in some research to determine the effects of baccalaureate programmes. More RN baccalaureate graduates were found to be working full time and held higher positions in nursing than other graduates (Ehrenfeld, Ziv & Bergman, 1993) or are in positions of greater independence and autonomy (Ingram et al, 1994). They made more professional contributions and reported more involvement in introducing change because of the skills learning in the degree programme (Ehrenfeld, Ziv & Bergman, 1993).

Baccalaureate education as experienced by the RN student
A small amount of literature looks specifically at the experience of registered nurses in baccalaureate programmes from the perspective of the RN. Moving beyond the concept

of motivation as it is usually dealt with in the literature, Thompson (1992) examined RNs participation and persistence in baccalaureate programmes using grounded theory methodology. A model is proposed that illuminates the relationships between commitment and maintaining balance once in the programme. Showing up the limitations of most of the participation literature, that assumes participation is synonymous with motivation, this model may provide educators with useful insights into how RNs may be helped in persisting in programmes, despite difficulties of their multiple roles.

Rather (1990; 1992; 1993; 1994) examined the lived experience of returning registered nurses in an hermeneutical analysis with 15 RN students from three different schools of nursing in the United States. An overall pattern emerged in this study of "Nursing as a way of thinking" wherein nurses describe how they all changed with their study, regardless of whether they enjoyed the study or not. The change they noted was from just 'doing' nursing to 'nursing as a way of thinking.' Subsumed within this pattern, and describing how this was experienced by the RN students, were themes relating to how RNs learn with others, both students and teachers, how RNs make meaning out of course content by learning within the context of their previous nursing experience and then taking a deeper and wider perspective. Finally themes related to the oppressive nature of higher education and the particular impact this has on RNs who return for a degree. As licensed, practicing nurses, the de-skilling that occurs in the academic context, where students are made to feel they have to have a degree to do the job they are already doing, is a particularly difficult experience. This study illuminates important meanings in the returning to study experience of registered nurses in North America and signals a place for research into the topic in New Zealand, if we are to develop courses for registered nurses that best meet their learning needs.

As demographic information has consistently shown, RNs returning for a degree continue to practice full or part time while studying. The return to nursing education does not happen in a vacuum, thus an important area for educators to understand when trying to meet the needs of RN students is the impact of other contexts and roles on these learners, however little research exists in this area. The attitudes of nurses not participating in tertiary education, as well as those undertaking a baccalaureate degree, have been investigated in the Australian context using critical social theory and feminist

frameworks for the research (Glass, 1998). A high level of hostility from non-degree nurses has been found, causing tension in the workplace, and having a considerable effect on those who are undertaking study. Non-degree nurses appear to hold the belief that they are already 'good nurses' and therefore do not need further study. The defensive reactions about university study are also apparent in non-degree nurses' comments about their own position as a 'real' nurse and university nurses who are not 'real' nurses. What did moderate this tension for the nurses involved in study, was the support they received from others who were also studying (Glass, 1998). Further study is needed in this area to assist both groups of nurses to find ways to constructively deal with this situation, as the current situation is harmful not only to those suffering the tension, but to the profession in general. As with Rather's (1990) study, this study indicates the appropriateness of undertaking an exploration of how New Zealand registered nurse experience their tertiary education. Increasing our understanding of the experience will enable institutions and teachers of RN students to design and deliver courses that are meaningful for RN students.

Emerging Issues

Research literature pertaining to RN baccalaureate degree courses from countries outside of North America is sparse, but currently being raised in the United Kingdom is an interesting issue. Planning is under way that will require Occupational health nurses to have a degree as preparation for this specialist role. However, satisfying the English National Board (ENB) requirements, (the ENB is the validating body for nursing education courses) is proving difficult for educational institutions who are simultaneously trying to meet the needs of employers (O'Reilly, 1998). This issue is fundamental in the development of degree courses and warrants further investigation. Underlying philosophies of education must be clear when developing courses. Degree programmes are not specifically about meeting the needs of industry employers, above the needs of patients/clients. Nursing must remember it has a social mandate and so must be responsive to the needs of those it cares for.

Another issue that does seem to become clear from examining the literature, is that despite the increasing numbers of RNs returning to higher level education, less research is being done on this group in the late 1990's. Much of the research is from the late 1980's and early 1990's, and in the main it is from North America. Socio-political worlds change a lot in 10 years, and contexts vary between countries. A need exists in New Zealand for research with RNs, particularly in light of the professional decisions made in this country that have mandated entry to practice at baccalaureate level.

REENTRY ADULTS IN HIGHER EDUCATION

Adult women as multiple role students

Some of the educational research shows the complex nature of the relationship between multiple role students and their learning experience. Adult, multiple role students are affected by their other life roles in more ways than just difficulty with finding the time and energy to meet commitments as a student. Kasworm (1995) showed, contrary to the typical findings for traditional students whose educational effectiveness relates to their involvement in the student role, the adult learners viewed their student commitment in a such a way that it was situated with their other life commitments. The adult undergraduate student had a view of their learning in which they are engaged in many communities of practice (such as the home or employment as well as the classroom) that makes them simultaneously both expert and novice. Learning had to be meaningful not only in their classroom world, but also in the other worlds they inhabit. Kasworm's research is one of the few interpretive studies. The research data were gathered through semi-structured interviews. Inductive analysis was used to elicit the students' sense of meaning. Although non nursing literature, this study links to the multiple roles of nurses in degree education. Educational implications of situated learning, wherein the involvement of adult students is based on the importance of the current process of academic knowing being linked with past knowledge, and the role of student being linked with related roles as worker, family and community member (Benshoff, 1993; Kasworm, 1995) may well be applied in nursing. However some caution should be used in regard to this research due to the nature of the semi-structured interview, which may or may not have allowed the students the freedom to bring all issues of importance to the discussion

as the researcher to an unknown extent has already decided the questions, or at least the topic areas.

Whilst adult students may not be involved in the many extracurricular student activities that signal commitment in the traditional students, they do show a commitment within the classroom. Adult reentry women particularly were found to be especially concerned with the affiliative aspects of the classroom (Beer, 1989). This is of significance to educators planning courses and classes for these women. Specific strategies such as small group work and discussion time may be necessary to enable the relational needs of these women to be met, thereby allowing for learning to occur (Beer, 1989).

Multiple roles create the potential for strain and anxiety as well as gratification (Gerson, 1985). Role strain has been shown to increase with time constraints, full time employment combined with the student role, women with young children, conflict where crises arise and negotiation of roles is impossible (for example when a child's illness might conflict with a student examination) and where institutional practices place obstacles in front of the learner, such as rigid time-tabling and completion times, or financial barriers (Gerson, 1985; Horne, 1995).

The only piece of New Zealand research located on this topic showed similar findings. Miller (1993) in a study conducted at the University of Canterbury, found that the women perceived personal and structural barriers very similar to the literature mentioned above. Added to these however, was the barrier of self doubt, wherein the women were unsure of their abilities to learn. Miller also found prolonged disconnection from the formal educational system, contributed to both the self doubt of the participants, and increased the difficulty with understanding the structure and procedures of the university, making structural barriers more apparent.

In addition to the conflict of multiple roles, other anomalies exist for the adult reentry student. Although many see their education as an investment, many of these students may have limited social acceptability and support for their student status. They may lack an age cohort in their classes that supports what they are doing, and in addition mistrust their own abilities to be successful in their studies. There is also potential for confusion in

relations with authorities in the higher education system (Benshoff, 1993). Adult students need support within systems to reconcile these concerns.

Programme and policy response to adult students

The extent to which institutions actually meet the needs of the reentry students, rests in the efforts of both the student and the institution. Lewis (1988) found several strategies that were helpful for this including an open door policy, support groups, an holistic perspective that is inclusive of family and personal concerns, orientation sessions, alternate routes to learning, institutional commitment to reentry students. Although institutions may claim policies which support adult reentry students, not all policies are equal. Adaptation to non traditional students may vary from the laissez-faire stage, where major barriers such as age requirements or parental consent forms are removed, through a separatist stage where separate faculty teach and times and locations may be flexible, to an equity stage wherein appropriate systems are in place. These may include such things as recognition for prior learning, support and administrative services available at times and places convenient to the reentry students, as well as appropriate classes, faculty, and curricula that are integrated and respect the life experience of adult students. The findings of this research are pertinent to RNs re-entering systems that may still be designed predominantly around pre registration students, paying only minimal attention to RNs in the system.

CONTRIBUTIONS OF DIFFERING METHODOLOGIES

Reviewing the RN nursing education literature, reveals a large number of studies that adhere to the positivist approach derived from Descartes' notions of subjectivity, objectivity, and rationality. An explanation of the implications of this paradigm has been put forward by Diekelmann, and is given here to clarify this position:

> Descartes' explication of rationality and the ensuing rise of the scientific method gave rise to the possibility that everything in the world could be treated like an object (e.g., students, the teaching process, cognitive gain), or like a mental state (anxiety in RN students, denial, or motivation) (Diekelmann, 1993, p. 45).

Congruent with the use of the traditional behavioural curricula as a way of organising nursing education, where behaviour is seen as an object (Diekelmann, 1993) much of the literature is essentially within a framework that treats the RN students as objects, or analyses their mental states, thereby trying to solve technical problems of teaching and learning (Taylor, 1993) through predictions about, and control of, RN students. The sheer volume of studies found that fit into this positivist approach, show this has been the dominant philosophy of science behind the methodologies used, in the development of nursing knowledge until quite recent times. Whilst investigations of this type have proven useful in nursing education, they rely to a large extent on variations between individuals being held more or less constant. RN students are often a challenge to this notion. Consistent with the positivist underpinnings of much of this research, there is a tendency to focus on single variables, thus covering over the complexity of factors and their interrelationships, that are involved in baccalaureate education for registered nurses.

Another, much smaller body of literature, is that in which the studies are grounded in an interpretive framework. Based in a differing philosophy of science to that which underpins the logical positivist paradigm, these studies provide an alternative view, in that they seek understanding and meaning within an historical, social and cultural context, wherein the educational experience is described from the experiences of the RN students themselves. Some studies are specifically related to post-modern approaches, such as feminist interpretation (Glass, 1997; 1998) and discourse analysis (Thompson, 1995), and others in an interpretive phenomenological (hermeneutic) approach. Glass (1997, 1998) has carried out a study with Australian registered nurses to explore the RNs attitudes to tertiary nursing degrees, and the effects professionally, of undertaking tertiary nursing education. In another Australian study, Thompson (1995) has utilised discourse analysis to investigate the experience of RNs as simultaneous clinical expert and academic novice in tertiary education through a distance programme. Rather's (1990) hermeneutic investigation of the experiences of returning registered nurses, is on the same topic as this current study, but has been carried out in the North American setting.

Studies also have been carried out utilising an interpretive phenomenological methodology to explore nursing education, other than specifically RN baccalaureate

education. Pre-registration nursing students in baccalaureate programmes were participants in a study by MacLeod (1995). The experience of North American graduate students at the doctoral level has been described by Ironside (1997) and Diekelmann is conducting an ongoing research project with both teachers and students of all levels in nursing education (Diekelmann, 1989; 1991; 1992; 1993; 1995; Diekelmann & Diekelmann, In preparation) that has lead to her describing some of the common teaching and learning practices of teachers and students in nursing education.

All these interpretive studies are pertinent to the current project, not only for the insights they have brought towards understanding of meanings in students and teachers experiences in nursing education, but also for the contribution they have made in using, and developing, the methodology for exploring nursing education. A major gap in the literature that is revealed by these studies however, is that irrespective of methodology, little attention has been paid to the subject of RN education in the New Zealand context. Despite having had RN baccalaureate nursing degree education in the polytechnics for some five years now, there is a dearth of research studies published in this country.

SUMMARY

The review of the literature relevant to RN baccalaureate education has encompassed both nursing education and adult education research. The predominant number of studies are located within the empirico-analytic paradigm giving a decontextualised, fragmented account of discrete aspects involved in the experience of registered nurses in degree programmes. With the use of such methodologies, there are often contradictory results as characteristics of RN learners are removed from their contexts for examination and then reintegrated via statistical analyses. A further limitation of research of this kind is that describing categories in this way can obscure variations within the group, and similarities across groups, such as between the RNs and other groups of learners. This caution regarding the dangers of stereotypical categorisation, is also useful to keep in mind in relation to nurses as a subgroup of adult female learners. Without the understanding of the phenomenon of adult education as it is experienced by the RN returning to school, there may be important variations that are covered over.

Whilst useful information about particular variables is gained from such quantitative analyses, when methods are employed where only the researcher's interest is followed, such as in questionnaires or structured interviews, participants are often not free to bring to the research those issues that may be of greatest importance to the RN students themselves. There may be aspects of the experience of RN baccalaureate education that nurse educators and administrators in educational institutions do not even consider within baccalaureate programmes. It is timely then, for research that explores the experience of RN degree education in a contextualised way that allows the participants perspective to emerge to be undertaken.

Furthermore, chapter two has shown all the studies have been conducted outside New Zealand and therefore, may not be directly relevant to the situation in this country. Research that attempts to understand the meaning of baccalaureate as experienced by RN students here may lead to new understandings about this particular area of nurse education within the New Zealand context. This may have potential for changing teachers and educational administrators approaches to RN programmes, curricula and teaching/learning situations and lead to innovations in RN education. Adding to the body of knowledge with such a study may also give understandings that build on what has been determined in the other studies cited in this review of literature that has comprised chapter two of this thesis.

Chapter three begins the story of this study. In that chapter, the methodology is situated within a history of philosophy, and the interpretive phenomenological method used is described.

CHAPTER THREE

THE INTERPRETIVE APPROACH

INTRODUCTION

This chapter provides a description of the overall methodology of the study. The chapter is divided into five sections. An outline of the history of philosophy in which Heidegger's thinking is situated, comprises the first section. The development of textual interpretation (hermeneutics), and a discussion of the philosophical assumptions underlying Heideggerian hermeneutical analysis that are pertinent to this study are described in the second section. The third section provides a description of the participants in this study and the ethical considerations involved. The fourth section is comprised of the procedures used to collect the data. Finally details of the hermeneutic method employed in the analysis of data are provided.

HISTORY OF PHILOSOPHY

To understand the framework used in this study, and account for the use of this methodology relative to the question asked in this study, it is necessary to initially locate the methodology within the context of knowledge generally, not just within the nursing context. The development of epistemology (study of knowledge) and ontology (study of being) will be traced from the time of the early Greeks. It is to be noted that only a history of western philosophy is encompassed. Other philosophies (for example, eastern) have existed all through this time, however they are not deemed to be germane here since the traditions embraced by research in New Zealand is predominantly influenced by Greco-European rather than eastern thought. Furthermore, not all philosophers of the western tradition are examined, but only those that exemplify changes in the ways ontology and epistemology were thought about, are discussed. The early Greek period has been selected as a meaningful starting point, as this is the era to which Heidegger returned, claiming these early thinkers also asked ontological questions (Palmer, 1994).Thus, this is taken as a pertinent starting point to show the shifts that occurred

from an ontological view to a preoccupation with epistemology, then back to ontology when Heidegger evoked the interpretive era.

The Cosmocentric Era.

In ancient Greece prior to philosophical thinking that placed explanations of the world within the context of reason, explanations were grounded in supernatural mythical thinking (Magee, 1987) relating to the Gods (Palmer, 1994). The pre-Socratic philosophers mark the beginning of the Cosmocentric view of the world (Diekelmann, 1996). These philosophers were interested in finding explanations about 'what is' (Palmer, 1994). Although these philosophers all had different interpretations of the changes they saw occurring in the world around them, several commonalties in their thinking were important to the developing understanding of the nature and scope of human knowledge. They all believed in natural rather than supernatural explanations of the world, relied on observation to support their theories and believed that an underlying unity must exist to explain the apparent differences that were observed (Magee, 1987; Palmer, 1994). As men of their time, their observations centred around the already familiar elements of fire, water, air and earth as they searched for the substance that could account for the origins of what they saw occurring.

Heraclitus (c.470 BC) developed this thinking a step further. Shifting his focus from the substance itself to the process of change, he drew the conclusion that there "existed an unobservable Logos - a logic - governing change that made change a rational phenomenon rather than the chaotic, arbitrary one it appeared to be" (Palmer, 1994, p.23).

For Parmenides (c. 515 - 440 BC) thinking was not from an empirical basis, but a rational one. Taking the stance that, only what can be thought can exist, this view became the precursor of the later development of rationalism (idealism) one of two major schools of philosophical thought, the other being empiricism (realism) (Palmer, 1994). . This distinction between the idealist and realist positions (Diekelmann, 1996) will be the framework followed through this discussion of the explanations offered over time by the philosophy of science.

The next group of philosophers, the Sophists, were more politicians and rhetoricians than philosophers, teaching through persuasion (Palmer, 1994). In Sophism, concepts of scepticism, subjectivism and cynicism prevailed, with claims that moral knowledge was impossible. Value is centred in power in some form, and 'good' is dependent on the circumstances (Hunnex, 1986). A famous sophist, Protagoras (c. 490-422 BC) claimed "everything was relative to human subjectivity" (Palmer, 1994, p.40). Making human beings self conscious was one contribution of the sophists (Palmer, 1994). In the pre-Socratic era, human beings had not been considered in this particular subjective way, apart from other entities in the cosmos.

Following this line of thinking of considering humans separately from other things was the philosopher, Socrates (469 - 399 BC). Although Socrates never actually wrote down anything, but did his teaching orally, an understanding of his work has been gained from the writings of his pupil, Plato. Socrates rebelled in part against the ideas of both the pre-Socratic philosophers and the Sophists. In emphasising that we need to know how we ought to live, rather than how nature works (Magee, 1987) he was privileging moral knowledge. Contrary to the Sophists, Socrates believed moral knowledge was possible, universal, and open to reason (Palmer, 1994). Socrates wanted to base his arguments in objective definitions. In pursuit of this he developed the dialectic method associated today with his name. In this, he always began with a familiar and important concept (Magee, 1987), then posed the problem to those claiming to 'know' about the familiar idea, for example, 'what is justice?', then showed the flaws in their arguments, from this the pursuit of the truth followed.

After the death of Socrates in 399 BC, his student, Plato (427 - 347 BC), wrote the Socratic dialogues. In keeping assumptions open to constant questioning in the Socratic way, Plato showed that conclusions do not have any special status (in contrast to later technical rational thinking where conclusions are privileged). What counts is the process of inquiry used in moving towards the answers (Magee, 1987). Plato however, did not only write the ideas of Socrates down, but developed his own philosophy. Plato used "reason and insight to discover in perceptual phenomena the universals, i.e. ideas..." (Hunnex, 1986, p.45). Thus Plato became the first to take an idealist position (Diekelmann, 1996). Plato's theorising showed the contrast between the world of

particulars (the concrete phenomena we see in everyday life) and the world of the general (abstract ideas such as beauty or justice, that are independent of sensory perception). Plato therefore, posited that knowledge, (that is pure reason and understanding) existed independently of the empirical world (Magee, 1987). Underlying this theory is Plato's idea that knowledge is part of the essential soul of humans. Plato's use of the Socratic dialogues showed how people know the falsity of a statement from its contradiction with another statement. Therefore Plato asserted that knowledge of what is true must be deep within humans (Magee, 1987). Implicit in Plato's work was his ethical theory, that good is the ultimate purpose (Hunnex, 1986; Palmer, 1994). In The Republic, his most famous work, he demonstrates both his epistemology, and his social philosophy. Both are hierarchical and privilege abstract ideas over those of everyday knowledge. In Plato's representation of the organisation of an ideal state, philosopher-rulers use reason to convince the soldiers (the source of action) to help control the workers who represent the appetitive aspect (Palmer, 1994). Plato also saw the individual mind organised in this way. The mind links the body to ideas through appetite, will and reason (Hunnex, 1986). The organisation of the state then is a reflection of the internal world of the individual. This idea of Plato's, of giving precedence to abstract ideas over everyday experience of the world is one of the parts of the philosophical tradition that Heidegger was to later turn away from when he claimed that we understand the world in our everyday experiences of it.

Still within a Cosmocentric view of the world, but representing a Realist view (Diekelmann, 1996) was Aristotle (384-322 BC) a pupil of Plato. As with Plato, Aristotle's system is teleological, based in the assumption that all humans are striving towards the 'good'. But criticising Plato for his theory of two worlds, Aristotle denied that there were separate worlds of perfect 'forms' of things, and of things themselves, claiming that if forms of things are the essences, or the causes of things, then they cannot be separated from the things themselves. Aristotle sought instead, an explanation through pluralism as opposed to Plato's dualism (Palmer, 1994). Aristotle introduced ideas of form and matter, and potentiality and actuality. Overcoming the problem the early Greek philosophers had with change, he contended that the concept of change is underlain by matter, whereas the stability of the idea of identity is underpinned by form (that which organises the matter). Both these attributes must exist together in any substance (Magee,

1987; Palmer, 1994) forming human's reality, but they can only be distinguished in thought, not in fact (Palmer, 1994). Furthermore, explanation of change is interpreted through the concepts of potentiality and actuality. Aristotle believed that "perception like belief is interpretive and selective; the way we perceive things is an inseparable part of our conceptual framework, and of the manner in which , as human beings, we make sense of the world" (Magee, 1987, p.36).

A further important contribution Aristotelian philosophy made to thinking was through his development of logic. Logic became the method of knowledge, relating ideas to the perceived particulars (Hunnex, 1986) and many disciplines, including the sciences, began from this.

The Theocentric Era

The Cosmocentric epoch declined, and the characteristic world view at the time of the medieval scholars, was a Theocentric one, wherein God created nature (Diekelmann, 1996). The major thinking at this time may be exemplified by the work of St. Augustine (354-430 AD), a neo-platonic idealist, and St. Thomas Aquinas (1224-1274 AD) an Aristotelian realist. These philosophers were concerned with reconciling God and Christianity with classical philosophy (Magee, 1987) for them, there can be no knowing without reference to God.

However, these philosophers advanced not only theological knowledge, they also furthered the methodology of thinking during this period. Great emphasis was placed on rigorous disputation of theses. The use of logic in scrutinising and criticising, not only beliefs and arguments, but the reasoning behind the beliefs was stringently demanded (Magee, 1987). There was an emphasis on seeking explanations.

Both the realists and the idealists believed in God as the creator of the world. For St. Thomas Aquinas, as a realist, this meant a view that philosophy must start with the existing world, that world having been created from nothing by God. Humans cannot know anything that is not in their experience, but he reconciles this with a belief that humans were created for a supernatural end. St. Augustine, on the other hand, saw a

duality wherein God was ultimately good and eternal, and outside human experience, and his creations were temporal, and dependent on God's will (Hunnex, 1986).

The Modern Era

Although the church still maintained control over institutions of learning much later than medieval times, following the religious reformation a climate of scepticism prevailed. Many differing truths were put forward at this time, but with no way of reconciling these often contradictory explanatory religious claims with each other (Magee, 1987). This situation inspired the French philosopher Descartes (1596-1650) to begin a search for knowledge of which he could be absolutely certain, to be foundational to developing an objective system of knowledge (Palmer, 1994). This reflected a metaphysical quest for certainty.

Using a method of radical doubting, wherein anything that had the smallest shadow of a doubt about it was disbelieved, Descartes arrived at the point that the only absolute assertion possible was that "I think, therefore I am" (Palmer, 1994, p.140). By this he meant being aware of one's own conscious experience necessarily proves that one exists (Magee, 1987). Thus Descartes had invented "the mind" (Diekelmann, 1996) and "Cartesian dualism" was born with the subject/object, mind/matter, and observer/observed split that pervaded the western view of the world and underpinned science (Magee, 1987). The external world for Descartes then became any matter that is not mind (including our own bodies). The defining characteristic of matter is that it has location in space and time. Other qualities commonly assumed to be properties of matter, such as smell or taste are taken by Descartes to be subjective, occurring in the consciousness. (Magee, 1987). Later, Heidegger was to specifically take issue with the Cartesian subject/object split. With the ontological presuppositions that Heidegger disclosed, the possibility of this split had to become subsequent to the ontological position.

When Descartes started with the original question of "What can I know"? (Magee, 1987, p.94) Cartesian thinking specifically influenced philosophy towards an epistemological and egocentric view (Magee, 1987). Descartes had thus signalled the beginning of the

modern epoch, sometimes called metaphysics, and an anthropocentric view that placed humans at the centre of reality and made nature subject to human determination (Diekelmann, 1996). The Cartesian method for his theory of knowledge consisted of, doubting all knowledge until it is inescapably shown to be certain, reduce the problem to units of analysis, then rebuild the particular units into a general scheme and search for negative cases (Hunnex, 1986) thus arriving at certainty and truth.

The influence of Descartes can be seen in many of the philosophers that followed him. Neither idealism (rationalism) or realism (empiricism) is a single philosophical position (Audi, 1995). Whilst having major and important differences in each of their philosophies, theories may be classified through this framework. Both those positioned in idealism, such as Spinoza, Kant, Hegel, and Freud, and those with a realist view, such as Hume, Hobbes and Locke, have integrated the duality of Cartesian thinking into their work. The former group reduces real objects of the external world to mental constructions. The realist group of philosophers hold that experience and mind can be reduced to matter, and the physiological senses have primacy in respect of knowledge (Audi, 1995).

The culmination of the Cartesian tradition began with the work of Husserl (1859-1938 AD). Based in the Cartesian notion of subjects knowing objects, as the way in which humans and their world relate Husserl arrived at the conclusion that the one certainty humans have is of their own consciousness. This Husserl takes as the foundation of knowledge. However, Husserl at this point departs from Descartes and claims that we are always conscious 'of' something. Naming this intentionality, Husserl posited that this directedness is unique to the human mind (Magee, 1987). Therefore intentionality distinguishes the mind from all other things.

Having placed consciousness at the centre of his philosophy, Husserl developed a method that describes the way the world reveals itself to consciousness. Calling this method Phenomenology, he claimed it would show both the content and the method of the mind (Palmer, 1994). Taking as the starting point the everyday world as it is experienced by humans (Hunnex, 1986), for Husserl, phenomenology suspends the usual assumptions and presuppositions to get behind the 'natural standpoint' to find the

underlying structure (Palmer, 1994). For example, "...suspend all belief in clocks, train schedules, and calendars. Then we will discover that LIVED TIME is always experienced as an eternal NOW....to do anything is to do something now. You can never act then" (Palmer, 1994, p.314). Stripping away the non essential features of objects leaves the essences (Audi, 1995) that constitute the consciousness and perception of the world (Koch, 1995). This systematic analysis of consciousness and its objects as they are experienced, formed Husserl's phenomenology (Magee, 1987).

The Interpretive Era

Husserl's reflective phenomenological attitude of subject-object however provoked a reactionary response from his pupil, Heidegger. The work of Heidegger (1889-1976) signals the interpretive turn in philosophy and the beginning of interpretive phenomenology as distinct from Husserlian phenomenology or phenomenology per se (Diekelmann, 1996). Heidegger re-visions both the idealist and realist schools of thought and removed the philosophical emphasis from the epistemological questions by adding the ontological question. The discussion which now follows is not an exhaustive or definitive description, and is only meant as an introduction to basic ideas in Heidegger's thinking that are important in understanding this research study.

As has been seen in the foregoing discussion, since the time of Plato, there had been a privileging of the epistemological position in the quest for an answer to the question of 'how do I know' that gave precedence to abstract, theoretical knowledge as 'true' knowledge (Palmer, 1994). There is simultaneously a central quest for answers and certainty. Heidegger departed radically from the philosophical tradition when he challenged this dominance and centrality, and proceeded to posit that the ontological question of what it means to be, was necessarily prior to the questions of knowing which were only legitimate on a secondary level (Magee, 1987). Knowledge is derivative of Being. Heidegger was specifically interested in the Being of beings, or in describing and understanding the human way of being. Heidegger avoids the term existence because of its association with metaphysics and instead uses the term Being. Humans are referred to as beings.

In describing the human way of being, Heidegger posits understanding is the way humans are in the world, to be human is to be interpretive (Polkinghorne, 1983). The important point here is, that understanding is not something that humans do, but is constitutive of their Being (existence). Thus understanding is ontological (Palmer, 1969). Humans are special beings in that they have an understanding of their own Being (Dreyfus, 1991). Heidegger has named the existence of human beings *dasein*. *Dasein* means being-there. In its everydayness *dasein* is characterised by being-in-the-world. World for Heidegger is the totality of the relational whole (temporal and historical) within which we exist, not an objective world. World exists prior to the subject-object split, therefore world and the self are not separable (Palmer, 1969). Humans are 'always already' in the world, and their fundamental preunderstanding of being, enables humans to grasp meaning. World for humans is always present and yet is transparent. So although everything is manifested through world, most of the time, world goes unnoticed until there is breakdown of some sort. At this point meaning becomes revealed precisely because it is lost from the relational whole Palmer, 1969). But for the most part, being-in-the-world is so taken-for-granted that we do not consciously think about it (Dreyfus, 1991).

Beings are always being-in-the-world with others. There is always a shared background. Heidegger maintains that it is understanding in the shared world that makes possible understanding for the individual (Magee, 1987). Heidegger proposed a three fold fore-structure of understanding that shows how shared human preunderstandings set up possibilities for people's interpretations. Briefly, this taken-for-granted background is composed of a fore-having, wherein we come to any situation with an already understood involvement within the relational whole of being-in-the-world. Secondly, there is fore-sight, where interpretation is grounded in a particular interpretive point of view. The fore-conception is the third aspect of the fore-structure, giving an advance grasp of how the entity is to be conceived (Dreyfus, 1991).

Further explication of this fore-structure will be given in the section on Heideggerian hermeneutics where it is discussed specifically in relation to understanding within the hermeneutic circle. Importantly what the fore-structure shows, is that meaning is always situated in a certain context.

The temporality of *dasein* relates to the characteristics of dasein as; firstly, already having concern for our situation in the world (the past), secondly, the world as already having a "context of functional relations" (Magee, 1987, p. 264) in which humans find themselves (the present), and lastly dasein moves forward into new possibilities offered by the culture (the future). Thus, understanding is always before human beings, and opens up a future of new possibilities. The past is the lens for the present, only the present exists in the now, and the future exists as possibility.

Understanding is made explicit to human beings through language. The meaningfulness of an object resides in its being, but that meaning is given to humans through the possibility of language (Palmer, 1969). "Language does not merely represent our reality, it discloses our reality" (Rather, 1990, p .98). Language is a shared experience for human beings, that is social and historical (Allen, 1996) and through this meaning comes to humans, as they live linguistically.

This points to hermeneutic interpretation as being a meaningful way of revealing the meanings in human understanding of being in the world. The discussion in the next section of hermeneutics or textual interpretation shows how Heidegger radically reshaped the tradition of textual exegesis to arrive at philosophical hermeneutics.

TEXTUAL INTERPRETATION: HERMENEUTICS

Hermeneutics is the "study of understanding, especially the task of understanding texts"(Palmer, 1969, p. 8). However hermeneutics is not only a means of explicating texts, inherent in hermeneutics is an attempt to explain interpretation itself as it obtains as the most fundamental way of human thinking (Palmer, 1969). Interpretation pervades the life of human kind as people interpret their very existence. Intimately associated with interpretation is the linguistic existence of people. Human beings both shape, and are shaped by language. The way individuals constitute the world in their thought, is also shaped by language. The work of hermeneutics then is to not only examine a text for meaning, but to hear the interpretation of human being-in-the-world (Palmer, 1969). A brief examination of the development of hermeneutics reveals how it is possible for the

two aspects of hermeneutics, that of method and that which focuses on the historicality of understanding, to exist together (Palmer, 1969).

The development of hermeneutics can be traced to Ancient Greece. The word *hermeneia* is thought to be associated with the messenger God Hermes. In greek mythology Hermes was the messenger that brought to human understanding, messages from the world that was beyond humans. Hermes apparently discovered language and writing and brought it to humans as the means by which they "grasp meaning and convey it to others" (Palmer, 1969, p. 13).

The oldest use of hermeneutics was a theological one. Interpretation of the bible was necessary to give meaning to the sacred texts similar to the understanding conveyed by Hermes to human beings. Hermeneutics came to be accepted however, as also synonymous with interpretation of secular texts such as in law or literature.

Schleiermacher

A turning point was reached with the work of the Platonic scholar, Schleiermacher (1768-1834). Proposing a general hermeneutics (Audi, 1995), he moved away from the previous specific, diverse hermeneutics such as theological or legal exegesis. Schleiermacher contended that a unity of principles exists beneath the level of the discipline specific ways of interpreting. These principles could be formulated into a general hermeneutics which would provide " not a set of rules, as in earlier hermeneutics, but a set of laws by which understanding operates - a science of understanding, which could guide the process of extracting meaning from a text" (Palmer, 1969, p.91). This understanding encompassed two parts: understanding language, and understanding and reconstructing the inner thoughts of the author. Although there are some problems in Schleiermacher's work, such as his psychologizing of authors, he contributed greatly to the development of hermeneutics by his assertions of a 'science' of understanding (Palmer, 1969).

Dilthey

Of greater direct influence on the work of Heidegger however, was Wilhelm Dilthey (1833 - 1911). Dilthey carried on the development of a general hermeneutics that had, in the interim since Schleiermacher, fallen back into discipline specific endeavours. Reacting to the perspective that applied the reductionist thinking of natural science to humanities and social sciences, Dilthey claimed the inner life of humans could not be subject to the static, atemporal, abstract norms of causality, but that life must be understood from the experience of life itself. In one of the contradictions apparent in his work, Dilthey's project was however, aimed at developing methods of gaining "objectively valid interpretations of expressions of inner life" (Palmer, 1969, p.98).

Establishing the condition of historicality was a major contribution of Dilthey's work (Audi, 1995). Dilthey contended that temporality was intrinsic to experience, and this is what he termed historicality (Palmer, 1969). He meant not a focus on the past, but an understanding of the present that has a unity of meaning only within a temporal context. That is, both the past and the future constitute the horizon within which the present is interpreted. Within this unity of meaning, Dilthey allowed that experience may be discrete encounters separated from one another, but held together by meaning.

Having used the idea of the hermeneutic circle (first introduced by Schleiermacher) wherein the whole of life and the parts therein constitute the meaning of each other, Dilthey then placed the person within this circle also. Included in the contextual meaning is the horizon of the individual interpreting the experience. In the hermeneutic circle, there is an assumption of unity in interpretation. "Individual features become intelligible in terms of the entire context, and the entire context, in turn, is illuminated through the interpretation of individual features" (Atkins, 1988, p.442). In asserting that experience is prior to both subject and object, and is grounded in the relationship of the world and our experience of it prereflexively, Dilthey moved the focus from the author (as in Schleiermacher's work) to the expression of the lived experience. Basing hermeneutics in life experience thus conceived interpretation from a stance that was neither realist or idealist, but phenomenological (Palmer, 1969). The precursor to the later work of Heidegger can be clearly seen in this thinking.

Heidegger

Heidegger (1889-1976) radicalised the hermeneutic circle even further, seeing it as central to all human knowing and activity, not just as part of the method of the human sciences (Audi, 1995). Although Heidegger's work is often seen as starting with a re-thinking of Husserl's phenomenology, it also builds further on Dilthey's work, as can be seen in the development of the hermeneutic circle. Heidegger accepts Dilthey's life experience view, however he goes beyond it to place hermeneutics in an ontological context.

HEIDEGGERIAN HERMENEUTICS

Although both Husserl and Dilthey gave Heidegger possibilities from which to work, Heidegger's project was entirely different than that of either of his predecessors'. Hermeneutics was still concerned with understanding, however understanding was now ontologically defined (Palmer, 1969). The possibility that Heidegger saw in Husserl's phenomenology was a way of bringing to light the ontological manifestation of something. This manifestation however, was not to be bounded by acontextual ideal thinking with the mind projecting meaning onto phenomena but was to be historical and temporal interpretation (Palmer, 1969). For Heidegger understanding is our fundamental way of being-in-the-world, it is constitutive of our existing (Polkinghorne, 1983). "In this way, we live or have our being in the world; we live our lives by experiencing the world and not primarily by "knowing" it" (Thompson, 1990, p. 234). In this way, Heidegger posited that Being is necessarily prior to human consciousness and knowledge. Experience in the world is not characterised by a subject-object split until humans stop to reflect on that experience (Thompson, 1990). Characteristic of this understanding is its relationship to the future and its situatedness in our current world (world in the Heideggerian sense means the relational whole within which we exist and from which we are indivisible). The possibilities of the future exist within this already understood relational whole (Palmer, 1969). Human beings are however, so familiar with their world that it is mostly unobtrusive, and some meanings remain concealed.

Important to the notion of understanding is the prestructure that Heidegger termed the three-fold structure of understanding, or fore-structure. In both general and specific

contexts, "an interpretation always presupposes a shared understanding" (Dreyfus, 1991, p. 198). This prestructure resides in the context of the world (Palmer, 1969). Firstly there is the fore-having. The fore-having relates to the taken-for-granted understanding of the relational whole of which we are a part. These background practices, already understood, make interpretation possible (Dreyfus, 1991; Plager, 1994). The second part of the fore-structure is fore-sight. Because of our background we then have a particular point of view from which we make an interpretation, an interpretive lens that orients us in a specific way towards phenomena (Leonard, 1994; Plager 1994). Fore-conception, is the third part of the fore-structure, which is integrally linked to the previous two parts of the shared understanding. Because of background understandings human beings have expectations of what may be anticipated in an interpretation (Dreyfus, 1991; Plager, 1994). In interpretation in a specific context, that gives a preliminary sense of the possibilities for questions and what could potentially be an answer (Leonard, 1994). Grasping this fore-structure of shared understanding is essential for comprehending the hermeneutic circle in Heideggerian hermeneutics.

Polkinghorne (1983) has described the process occurring in the hermeneutic circle in a way that explicitly shows the integral nature of the fore-structure of understanding in the circle.

> In this kind of interpretation, the entire process has a hypothetical and circular character. From the context available to an interpreter from within his or her own lifeworld, he or she makes a preliminary projection of the sense of the text as a whole; thus one begins with a preapprehension or preliminary perception of the whole. This prejudgment is always vague, since it is by necessity without parts and is unarticulated. "A close analogy is the dim adumbration of an answer that we must project in order to ask a question in the first place." The parts of the text are not a mere mechanical collection; they are a complex which hangs together in a unity which is the meaning of the text. The process of understanding is a movement of the first prejudgmental notion of the meaning of the whole, in which parts are understood, to a change in the sense of the meaning of the whole because of the confrontation with the detailed parts of the whole. (Polkinghorne, 1983, pp. 226-227)

Thus in the moving back and forth in the hermeneutic circle, the text challenges the presuppositions of the interpreter in such a way as to reveal new questions and issues

that were not previously thought of (Palmer, 1969). Hence the act of interpretation is a process in which a thinking dialogue is entered into with the text, wherein previously undisclosed meanings may be revealed (Rather, 1990).

The way meaning is uncovered for human beings is through language. Another key shift Heidegger made in the philosophical tradition, was in regard to language. In modern times, language has come to be regarded in an instrumental way, wherein language is a tool (Thompson, 1990). For Heidegger, understanding is through language. Making the distinction between understanding of language, and understanding through language, the significance of language is central to his hermeneutics. Language has the hermeneutic function of "bringing to light" (Palmer, 1969, p. 139). Language has a speaking function, it is a disclosure of being-in-the-world. Language speaks. This speaking function of language is important in textual interpretation then, as it relates to the revealing of what is unknown. Language brings meaning to humans, humans do not give meaning to language as might be thought, when analysis is merely a matter of correctness. It is language that makes meaning. In our everyday life, things and their meanings are uncovered for us through language (Thompson, 1990).

Textual interpretation as developed by Heidegger is a matter of revealing the hidden. Therefore, interpretation is always a "new event of disclosure" (Palmer, 1969, p. 148) where meaning arises in relationship with the interpreter. Language may speak in a text in both the said, and the unsaid (Palmer, 1969). The interpreter is looking for new possibilities in meaning as the understanding of the interpreter is challenged through what is said, what is unsaid and what could not be said. The participant always knows the experience better than the interpreter, but the interpreter seeks to know the meaning of the experience differently and in ways that open up new possibilities for thinking and understanding.

Following on from the work of Heidegger was another German Philosopher, Hans-Georg Gadamer, whose work will also be briefly outlined here. Although coming after Heidegger, Gadamer's work is relevant to a discussion of a history of philosophy. This outline is of necessity very brief, and is not aimed towards a full exegesis of Gadamer's work. However, Gadamer's work on understanding, dialogue, and questioning has been

brought into conversation with the data analysis in this thesis, therefore some of his main points are described here to situate the later use of his work for the reader.

Gadamer

Carrying on and extending Heidegger's philosophical hermeneutics, Gadamer defines hermeneutics by reference to Heidegger's definition wherein understanding is seen as the fundamental way of being in the world (Palmer, 1969). Gadamer's work is centred around the phenomenon of understanding, and accounting for understanding as an ontological process in humans (Palmer, 1969). Sharing Heidegger's belief in the historicity of human life (Atkins, 1988), Gadamer holds that there is no ahistorical way of understanding human beings and society (Audi, 1995). Based in Heidegger's forestructure of understanding, Gadamer describes how, through the ontological linguisticality of human being in the world (Palmer, 1969) truth and knowledge are reached dialectically. Not in the dialectic of oppositions, but between ones own horizon and that of the "tradition" that comes down to us culturally and socially. (Palmer, 1969, p. 166). This sets up the conditions of humans' understanding temporally, wherein the past cannot be understood without the present, nor can the present be understood without the past (Atkins, 1988). Thus Gadamer introduces the notion of prejudice, and its importance in interpretation. According to Gadamer,

> The self interpretation... of the individual is only a flicker in the closed stream of historical life. For this reason the prejudgment of the individual are more than merely his [sic] judgements; they are the historical reality of his [sic] being. In short, prejudgments are not something we must or can dispense with; they are the basis of our being able to understand history at all. (Palmer, 1969, p. 182)

Through these prejudices, there is a certain "horizon" within which a human thinks. Given these horizons, Gadamer pursues the question of how understanding occurs. Interpretation to Gadamer has the nature of a conversation with other speakers, or texts (Atkins, 1988). What is sought in this conversation is understanding. This occurs when there is a "fusion of horizons" of the participants (Atkins, 1988, p. 441). In the interplay within the dialectic we fuse our own historical meanings and prejudices with those of the text. We enter the world of the text, but at the same time we bring the text into our own

world, thus gaining a more complete understanding (Atkins, 1988). Gadamer does however, maintain a commitment to the subject matter shaping the form of knowledge through the dialectical, so all understanding begins and ends with the subject matter itself (Atkins, 1988).

METHODOLOGICAL CRITIQUES

Two major critiques are relevant to the use of this interpretive methodology based in Heideggerian philosophical hermeneutics. One relates to Heidegger's personal politics, and the extent to which his philosophical thought and his political actions may be connected. This must be addressed, as the implication is that, by association, a researcher using this philosophy may be accused of fascism in their own writings. The second critique is that raised by Crotty (Crotty, 1996) regarding nursing's use of the philosophy and method. Claiming a fundamental misuse of the philosophy in the way nurse researchers have interpreted Heidegger's work, Crotty (1996) contends that the method cannot be used for any interpretation except that of *dasein* as in Heidegger's work.

Heidegger and National Socialism

The debate surrounding Heidegger's political involvement with National Socialism has been fierce, and generally polarised into two factions. There are those that condemn him, and of necessity then reject his philosophical work, and those who excuse his politics by deeming them irrelevant to his philosophical thinking (Dallmayr, 1993). Heidegger's involvement and subsequent silence on his alliance with the German National Socialist party has been investigated by many authors (for example, Babich, 1992; Dallmayr, 1993; Sheehan, 1993; Sluga, 1993) The concern for researchers using Heideggerian hermeneutics is that of, being accused of harbouring fascist ideas in ones own work as a consequence of association with the work of Heidegger. In the nursing literature, Holmes (1996) has challenged researchers' use of Heideggerian phenomenology specifically on the grounds of Heidegger's alliance with national socialism. It is impossible to ignore the fact of his involvement, but it is also not helpful to subscribe to one or other of the polarities of thought on this. Whilst in no way vindicating Heidegger, I have taken the view that more will be gained from keeping this problem directly in front

of my thinking. In this way my work is always problematic, and I continually search for the possible harm that may occur in my interpretations and thinking. As Sheehan (1993) has contended,

> The point is not to condemn a man for his past but to learn something about ones self in the present, not to dismiss Heidegger's philosophical work out of hand but likewise not to join the Perpetual Adoration Societies that currently thrive among the Heideggerian faithful in Europe and America. The task, for those who care to take something from Heidegger, is to learn how to read him critically, both his life and his works, not to swallow his philosophy whole but to sift it for what is of value and what is not (Sheehan, 1993, p. 92).

Having had this issue brought into sharp focus by choosing to use the philosophical works of Heidegger, and the method derived from those works, by Diekelmann, Allen and Tanner (1989) has meant that I do not take any literature for granted. I examine carefully the writings of not only Heidegger, but any other authors I may read. Potentially oppressive or authoritarian thoughts and practices are found not only in obvious places, and any inquiry must be constantly alert for these. Heidegger has thus presented me with both a danger and an opportunity. The danger lies in my writing being construed as incipient oppression, the opportunity resides in my awareness of this. Consequently, in both my writing, and that of others, I endeavour to keep meanings open, and look for any problems that may be within an interpretation.

Nursing and Interpretive Phenomenology

The second major critique revolves around nursing's use of phenomenology. In his analysis of selected phenomenological nursing research projects, Crotty (1996) reveals a preoccupation with Husserlian phenomenology in its Continental European philosophical form. Acknowledging that the phenomenological movement has indeed moved, he disdains the North American influence that contributed to this movement, maintaining that this is not a valid form of phenomenology. Similarly, with the nursing studies using the methodologies of phenomenology and hermeneutic phenomenology, he cedes that whilst what they do, makes a useful contribution to nursing, his point of contention is that they do not carry out phenomenology in its pure form and therefore should not call what they do, phenomenology. What Crotty has done in this instance, is confuse

Husserlian and Heideggerian phenomenology. This confusion over the underpinnings of the method has given rise to Crotty's critique of Heideggerian hermeneutics. This critique will now be focused on.

The critique Crotty (1996) offers raises an objection to two features; using experiences of other people as text for interpretation; and specific to nursing research based on Heideggerian hermeneutics, using everyday, taken-for-granted experience, shared by those experiencing it within a particular context. Relative to the former objection, with his existentialist view Crotty (1996) believes that phenomenology can only be conducted by an individual with regard to something they have themselves experienced. This is an inaccurate description of Heideggerian or interpretive phenomenology. The meaning of hermeneutics for Heidegger relates to the Greek meaning of the word as a "bringing what is unknown to light" (Palmer, 1969, p. 147). In The Origin of the work of Art (Heidegger, 1971) Heidegger explicitly extends interpretation to art such as poetry or paintings, showing the broad possibilities of hermeneutics, as well as the using an experience he did not undergo himself (namely experiencing whatever it was that birthed the writing of the poetry or the painting of the visual artwork). Thus, Heidegger leaves the way open for revealing meaning through textual interpretation of the experience of another.

Crotty's other objection to the use of everyday experiences, is grounded in his view that as

> Heidegger is after the meaning of Being itself. He is not intent on divining the meanings of real-life experiences...To rest content with meaning of that order would be, for him, to fall into the trap in which metaphysics finds itself enmeshed. It would mean surrendering Being itself for the mere being of beings. (Crotty, 1996, p.77).

However, because the meaning of Being was Heidegger's question, it does not necessarily follow that his is the only question. While Heidegger's work is seen as the fundamental ontology, there is a place for regional ontologies (T. Sheehan, personal communication, 1997) such as nursing. In Being and Time (1927/1962) Heidegger states

> The question of Being aims therefore at ascertaining the *a priori* conditions not only for the possibility of the sciences which examine

entities as entities of such and such a type, and, in so doing, already operate with an understanding of being, but also for the possibility of those ontologies themselves which are prior to the ontical sciences and which provide their foundations (Heidegger, 1927/1962, p. 31).

While Heidegger himself did not develop regional ontologies it is clear that he saw a possibility for them and that they would provide the basis for the natural and social sciences (Dostal, 1993). Thus although Heidegger's work was hermeneutical in both content and method (Palmer, 1969) the application of Heidegger's method of hermeneutics may reasonably be applied to questions other than the pre-ontological one of Being. Furthermore, Heidegger himself often used everyday practices to reveal understandings of being-in-the-world, and thus interpretation of such situations is not inconsistent with the fundamental ontology. Therefore, use of Heideggerian hermeneutics is justifiable in a study of specific ways of being-in-the-world such as the world of RN baccalaureate education.

Crotty's (1996) critique has done nursing a service in opening up this subject. The individual researcher gains from such critique by having to openly demonstrate their methodological rigour, and defend their use of methods. A danger with less controversial research methodologies is that over time, they may be unexamined by successive researchers and their assumptions no longer held up to scrutiny. Equally, it must surely be helpful to the development of the discipline's knowledge, for nurse researchers to debate openly (between themselves as well as with those outside the discipline, such as Crotty) and clearly justify, the use of any methodology in research. Furthermore, such a critique as Crotty's (1996) may eventually benefit the movement of phenomenology. By stimulating nursing to clearly scrutinise and develop the use of both phenomenology (such as that derived from Husserl and Heidegger) and hermeneutics, contributions to the development of these methodologies may arise from nursing research and advance philosophy itself.

METHOD

Procedures for gaining participants

In hermeneutic research, the informants must be able to provide rich descriptions of their experience of the phenomenon, therefore purposive sampling was employed for this study. In this project, the participants sought were all those who had actually experienced RN baccalaureate education within the three years prior to the commencement of this study.

The number of participants in hermeneutic research varies. Morse (1994) suggests six participants is typical, while Wilson and Hutchinson (1991) claim that 10 to 20 participants are sufficient, although fewer participants could be used if they are articulate. The aim is to gather a "rich and varied data set" (Wilson & Hutchinson, 1991, p.269). For this study a sample size of 10 was chosen, as this number was likely to generate sufficient data for an interpretation of the phenomenon of interest.

Purposive contrast sampling (Patton, 1990) was used in the selection of institutions to ensure inclusion of a diversity of schools of nursing. Of the fifteen polytechnics who offer baccalaureate nursing degrees to registered nurses, seven were approached to assist the researcher to reach potential participants. These seven were chosen to give wide geographical spread across the country. The Head of Nursing in each case was approached by telephone in the first instance. A letter asking for assistance (Appendix 1) along with a copy of the full study proposal, and the letter of ethical approval from Massey University, was then forwarded to each Head of Nursing to send, through the appropriate channels for their institution, to the Ethics committee responsible for research approval.

The polytechnics were asked by the researcher to forward envelopes containing the invitation to participate and a response form (a copy of the invitation to participate is found in Appendix 2) to graduates of their baccalaureate programmes for registered nurses. In this way the researcher did not have access to the names of students, and the privacy of individuals was respected in accordance with the Privacy Act (New Zealand

Government, 1993) which governs the use polytechnics may make of information collected from students.

Ethical approval was gained from four polytechnics. Interested registered nurse graduates were able to contact the researcher by returning the response form (Appendix 3) they had received in the envelope sent to them from the polytechnic they had attended.

There was a high response from all areas to the invitations to participate. In view of this, the researcher wished to offer as many of the interested nurses as possible the opportunity to contribute their stories to this project. Therefore, approval was gained from the Massey University Human Ethics committee for a change to procedure. This entailed inviting those interested registered nurses who were not selected for interview in person, to provide their stories in written form, or verbally by speaking onto an audiotape (Appendix 4). An information sheet (Appendix 5), consent form (Appendix 6) and sheet detailing procedures for participation in this way (Appendix 7) were sent to all those interested registered nurses who had responded to the initial invitation, but who had not been selected to participate in a face to face interview. Included in this letter, was a date for responses to be received by. If the individual did not respond by this date, then it was assumed by the researcher that they did not wish to participate in this way. The potential participants were assured that if they did not respond by this date they would not be contacted by the researcher again. In the event that the individual did not wish to participate, they were asked to destroy the information package they had received. One person responded to this invitation, and provided written information.

Study Participants

Criteria for inclusion required the registered nurses to have been in practice for at least a year prior to undertaking a baccalaureate degree in nursing. In order to achieve a rich data set, no demographic restrictions were imposed as selection criteria.

The participants in this study were 11 registered nurses who had graduated from New Zealand polytechnic baccalaureate nursing programmes for registered nurses. The

participants had been in nursing practice for periods between one year to more than 25 years. They worked in varying areas of clinical practice in both hospitals and the community. All had graduated from baccalaureate nursing degree programmes within the three years prior to this study being conducted. Ten of these nurses were interviewed in person by the researcher. Further data was received from one nurse who chose to write her story for the researcher. This additional participant was not interviewed in person.

Ethical Considerations

Following approval of the study by the Massey University Human Ethics committee and each of their own institutional ethics committees, four Nursing Departments from which registered nurses had graduated, agreed to assist in reaching potential participants (This study is specifically concerned with nursing degrees only, therefore all polytechnic departments offering a nursing degree will be referred to as Nursing Departments, although many are in fact Nursing and Midwifery departments.) The Nursing departments mailed out an invitation to participate in the research to past registered nurse graduates from their baccalaureate programmes. In this way, the researcher had no direct contact with the registered nurses until they volunteered to be involved in this study. The registered nurse (RN) baccalaureate programmes did not begin until after 1992, all graduates have completed their degrees within the three years prior to this study. Any registered nurses who had been students of the researcher, in her capacity as a lecturer for Otago Polytechnic Nursing & Midwifery Department were excluded. The participants were sent a copy of the information sheet and the consent form to read prior to finally deciding if they wished to participate in the study. The researcher then contacted them by phone to ascertain whether they wished to participate.

The information sheet utilised (Appendix 8) explicitly detailed that confidentiality was assured through the use of pseudonyms. The transcription typist and the research supervisors did not know the names of the participants. The transcription typist also signed a confidentiality agreement (Appendix 9) that was binding both at the time of transcription and in the future. In addition, the information sheet specifically asked that the researcher be able to recontact the participants at a later date to clarify interview

data. Means of contacting the research supervisor was included in the information sheet in case any participant had concerns or queries regarding the research that they wished to discuss with the supervisor.

The consent form (Appendix 10) included the participants consent for the researcher to audiotape the interview; and to use the information for the purposes of the research and for any publications and presentations arising from the research project. Furthermore, the participants were informed on the consent form that they had the right to withdraw at any time, and to decline to answer any particular questions. They could also have the audiotape turned off at any time during the interview that they so chose. Participants were also informed verbally prior to the interview of the above rights of research participants and were given a further opportunity to have any questions answered.

To ensure that neither the participants, or particular polytechnics are identifiable in this study, the names and locations of the participating polytechnics are not included. To further protect the identity of participants, all degrees have been referred to as either a Bachelor of Nursing (BN) or a baccalaureate nursing degree. In addition to the use of pseudonyms, when quotes from stories have been included, any identifying details have been omitted to protect the identity of participants, or of any third parties.

Data Collection Procedures

For those participants who expressed continued interest following receipt of the information sheet, an interview was arranged at a time and place convenient to the participant. All interviews were carried out in person by the researcher.

Although potential participants had received the information and consent forms to read prior to meeting with the researcher, and had received an explanation of the study over the telephone, for ethical reasons, (consent being a dynamic process rather than a static event), it was decided to discuss the study again in person when the participant and researcher met giving a further opportunity for withdrawal from the study. Prior to the beginning of the interview, the researcher explained the study in detail, the information sheet was read through with the participants and any questions about the research were

answered. Participants then signed two copies of the consent form, one to be kept by the researcher, the other by the participant.

Data was then collected through non structured interviews consistent with the methodological approach of this study, which seeks to understand the meaning of the phenomenon. Participants were asked to "Tell me a story that stands out for you about what it was like to be a registered nurse student in a nursing degree programme?" This question was asked as a way of engaging the participant in a conversation about their understanding of being a RN in a baccalaureate nursing degree programme, and to elicit what was meaningful to them about degree education. Many of the participants however, chose to tell their stories in a chronological way, beginning with how they came to the programme. From that point however, they often moved back and forward in time depending on what stood out as meaningful for them. Subsequent prompts depended on the responses of the participants, and were used to clarify the statements made in the narratives, or to gain access to the practices of RN education rather than an abstract commentary of the subject. For example: "Could you tell me more about that?" or "could you give me an example of that?" were prompts used. These interviews lasted between approximately one to two hours. The interviews ended when the participant indicated they had no more to say. All interviews were completed in 1997.

An experienced typist transcribed each audiotaped interview verbatim. All identifying information, such as places and names, was deleted from the text. The researcher then checked the transcribed interviews for accuracy and corrected the texts as necessary. The texts were then returned to the participants to check, and have the opportunity to veto any information they did not want used in the analysis. The transcribed texts were the data for this study.

Data Analysis

The philosophical assumptions underlying the method have already been discussed. This section therefore will provide only the detail of how analysis proceeded within the hermeneutic circle. Data analysis was based on the hermeneutic method described by Diekelmann, Allen and Tanner (1989), and Diekelmann and Ironside (cited in Fitzpatrick,

1998). Significant modifications were made for the current study however, as it is not common practice for students undertaking masters level research in New Zealand to work in a research team, as did Diekelmann, Allan and Tanner. A precedent for a single researcher analysis has been set in the work of Walters (1995) in Australia. The modified method consisted of the following stages:

1. The transcribed interview texts were read several times to gain an overall understanding.
2. The transcribed interviews were analysed for themes by the researcher. Excerpts from the texts were used to show support for the particular interpretation.
3. Themes were then examined to see if they appeared across texts. Texts were studied for similar or contradictory meanings.
4. Shared meanings and practices were identified. Review of draft analyses was carried out by a colleague who was experienced in RN education, and understood the methodology of this study. Another colleague skilled in interpretive phenomenology also reviewed draft analyses. Thesis supervision by nurse educators experienced in interpretive research, and nursing education also assisted in this stage. This purpose of this stage was to expose conflicts, inconsistencies or unsubstantiated meanings in the interpretation.
5. After excerpting the interviews and writing the interpretations by identifying common themes, the interpretations expressed were explored in terms of the extant research literature in education and nursing education, and the work of Heidegger where this related to teaching and learning. Bringing these texts into dialogue with the interpretations was described to reveal places of convergence and difference. This is an attempt to provide the reader with a different and more complex interpretation of the experiences toward evoking thinking. The interpretation does not lie beneath the text, but between the text and the interpreter as the horizons of the participants and the researcher come together in new understanding that is beyond both (MacLeod, 1996). The thinking sought is toward a future of new possibilities for RN education.

Hermeneutic analysis as a methodology also allows for bringing other critiques such as post-modern, feminist and critical, into conversation with the data texts. Interpretive research does not view these critiques as oppositional in the sense of traditional science,

which sees critique as an attack, but rather as a way of bringing together conversations about meaning and understanding. Challenging interpretations and understandings in this way, has potential for uncovering new insights.

Although this process appears quite linear when set out in this way, it is experienced in a more circular manner, wherein the researcher is constantly circling around possible meanings within the texts, interpreting and reinterpreting these in the light of constant dialogue. Benner describes the experience of the hermeneutic circle:

> Just as the interpretive researcher moves back and forth between the parts and the whole of the text, the stance of the interpreter must shift from understanding and imaginatively dwelling in the world of the participant to distancing and questioning the participant's world as other. The interpretive researcher engages in cycles of understanding, interpretation and critique (Benner, 1994).

LIMITATIONS

As with any research methodology, there are limitations as to what can legitimately be achieved with it. Hermeneutic inquiries are most helpful where understanding of human experiences is sought. This methodology is not able to explain or predict. Nor does interpretive inquiry search for the certainty claimed by the foundationalist assumptions in positivist science (Allen, 1996). However, the increased understanding offered by interpretive phenomenology may help reveal for us a sense of future possibilities, and illuminate for us which human practices to preserve, and which to limit.

Plager, also points out the importance of context and temporality in saving interpretations from becoming assertions and "mere correspondence", as can happen if interpretive accounts "operate beyond their original context" (Plager, 1994, p. 81) and cites Heidegger himself as addressing this:

> Whenever a phenomenological concept is drawn from primordial sources, there is a possibility that it may degenerate if communicated in the form of an assertion. It gets understood in an empty way and is passed on, losing its indigenous character and becoming a free-floating thesis. Even in the concrete work of phenomenology itself there lurks the possibility that what has been primordially 'within our grasp' may become hardened

> so that we can no longer grasp it. The difficulty of this kind of research
> lies in making it self critical in a positive sense. (Heidegger, 1927/1962,
> pp. 60-61).

These limitations have been mentioned to bring the reader's attention to what may be justifiably taken from the methodology of hermeneutic research. This is not an apologist position for interpretive thinking. Notions that a limitation of interpretive research is that it somehow lacks the validity and objectivity of positivist science, while found in some nursing literature, is antithetical to the philosophical underpinnings of the interpretive project (Allen, 1996; Ironside, 1997). It is with this in mind that attention has been paid to giving a discussion of the History of philosophy and the methodology of Heideggerian hermeneutics, so the reader may evaluate these limitations by appropriate criteria, rather than by the tenets of traditional empirico-analytic science.

SUMMARY

The retelling of the story of the philosophy of science, and the development of hermeneutics, that constitute the early part of this chapter has shown the recurrent theme prior to Heidegger's project had been one of seeking explanations. Heidegger's work provided a critique of the limitations of science, and scientific thinking, as it had developed to his time. Following the interpretive turn of the Heideggerian hermeneutic project, a new path to thinking was revealed. Rather than trying to explain and predict, there was the possibility of describing phenomena in ways that increase our understanding of the meaning in human experience. Heidegger's work is ontological both in content and method. Having established ontological questions as prior to epistemological ones, he cleared the way to investigate what it means to *be*, not just to *know*.

RN baccalaureate education is a relatively unexplored area of nursing in New Zealand. It may be that our understandings of the shared practices and common meanings are held in a shared oral tradition, rather than a written one. This inquiry is an attempt to bring to light some of the meanings of RN education through interpretation of the meaning of being a RN student. The methodology of interpretive phenomenology is therefore

considered to be appropriate to explore and illuminate the meaning of being a RN student.

In writing the methodology, a full, and definitive explication of the work of Heidegger is not claimed. Rather what has been written here has been more in the nature of a reference point, to assist those reading this study, who may not be very familiar with the works of Heidegger. This is my reading of his work, situated in the context of conducting and writing this study. I have chosen to discuss only the ideas that have a bearing on this research. The most prominent critiques of this methodology have also been considered, and my position as a researcher relative to these has been discussed. Finally this chapter described the specific hermeneutic method used, including procedures for gaining participants, ethical considerations, the study participants, data collection procedures. Detailed discussion of decisions made in the course of this study, and the ways in which the processes were carried out are dealt with in the next chapter in the methodological rigour section.

Chapter three has been the story of the research methodology, chapter four begins retelling the stories of the participants in this research, RN students and researcher.

CHAPTER FOUR

HERMENEUTIC INTERPRETATION AND THE STORIES IN CONTEXT

INTRODUCTION

This chapter presents firstly the story of the study. As the story of the study, it is the story of the researcher, but is also about the way of sharing between the researcher and the participants. In this first section, criteria for evaluation of interpretive texts are made explicit. By laying out standards by which to judge an interpretive phenomenological analysis, there is the place for the reader to evaluate my entry to, and location in, the hermeneutic circle. Discussion about how I conducted my interpretations of the interview texts that made up this study, opens up the opportunity to audit how I went about reaching the interpretations that constitute this account of RN education. Maintaining fidelity (Sandelowski, 1993) to the underlying philosophy of hermeneutic research, and a careful approach are required in a study of this type. Therefore, this chapter contains detailed descriptions that seek to help the reader understand how the interpretive accounts were reached. Although seemingly separated from the previous chapter, this discussion is part of a circling between the story of hermeneutics (methodology), and the story of this particular study (method and methodological rigour) that give form to the interpretations of the stories of the participants.

The second section of this chapter begins the stories of the participants. The RNs stories are also carried on through the two chapters following. This current chapter presents the stories and my interpretations, locating the participants in the context of approaching the baccalaureate nursing degree course.

Paying attention to the form of the study, as well as the content is a way of sharing the rigour of the project. I have chosen to structure this chapter in a narrative form to try and retain the circular shape of hermeneutic interpretation. Although in parts, the

description of the research process seems linear, it is in fact a continuous process. Trying to capture this for the reader is difficult. I hope however, that as the discussion in this chapter and the previous one, circles around from the methodology to the method to the methodological rigour, and then through the actual interpretive accounts in later chapters, the reader will gain from the form of the writing, as well as the content, some sense of the circular nature of hermeneutics (Allen & Jensen, 1990; Palmer, 1969).

BEING A RESEARCHER: MAINTAINING METHODOLOGICAL RIGOUR

Evaluating the interpretive study

Rigour in hermeneutic studies does not rely on the accepted standards of empirical-analytic research such as reliability and validity, objectivity, representativeness and generalizability, and so forth. In fact these criteria are opposed to the philosophy underpinning hermeneutics and cannot be transferred to interpretive research (Benner, Tanner & Chesla, 1996; Ironside, 1997; Sandelowski, 1993). The basic challenge to interpretive researchers in dealing with rigour in their studies therefore, resides in the "lack of an alternative truth theory that matches the appeal of a correspondence theory of truth" (Benner, Tanner & Chesla, 1996, p. 369). Consistent with the philosophy underlying interpretive research, the legitimacy of knowledge claims is therefore dependent on the individual researcher choosing appropriate criteria, and demonstrating the trustworthiness of the study to the reader (Koch, 1996). For this study the criteria described by Plager (1994) is used. Citing the principles of evaluation developed by Madison (1988) as consistent with the philosophy of Heidegger, Plager claims these as appropriate for an hermeneutic study. The principles are as follows:

> *Coherence*: the account presents a unified picture including letting contradictions show up and making as much sense of them as the text will allow.
>
> *Comprehensiveness*: the account must give a sense of the whole that is the context (situatedness) and temporality for the participants.
>
> *Penetration*: the account "attempts to resolve a central problematic"
> (p. 29).

Thoroughness: the account deals with all the questions posed.

Appropriateness: the questions raised must be those raised by the text itself.

Contextuality: the historical and contextual nature of the text must be preserved.

Agreement: the account must agree with what the text says (not attempt a hermeneutic of suspicion) but should reserve room for reinterpretation by showing where previous interpretations were deficient.

Suggestiveness: a good understanding in the interpretive account will raise questions to stimulate further interpretive research.

Potential: the ultimate evaluation of the account "lies in the future" in that it "is capable of being extended" (p. 30): that is, insights, tact, and critical discussion are revealed and possibilities uncovered that can be illuminating for future events.
(Plager, 1994, p. 79-80).

It needs to be noted that these criteria often overlap. I will therefore discuss them throughout this narrative examining the rigour of this study, rather than in a strict linear sequence that makes meeting the criteria appear more discrete than it really is.

Approaching the study

As this study is underpinned by the interpretive hermeneutic phenomenology of Heidegger, congruence with specific hermeneutic principles must also be maintained for the study to remain faithful to the philosophy. These include explication of the researcher's entry to, and location within the hermeneutic circle, and the place of the fore-structure in my pre-understanding as it is relevant to the shaping of this study. Hence the attention paid to details of the philosophical background in the earlier part of this chapter, as the rigour of this study in part needs to be measured against the philosophy.

Of primary importance to the methodology of hermeneutics, is the explicit location of the author within the hermeneutic circle. Interpretive nursing research is not without criticism in respect of this requirement. Annells (1996), Koch, (1995) and Thompson (1990) have critiqued studies where it is perceived the researcher has failed to make

clear their own situatedness within the hermeneutic circle, locating only the participants in an historical, contextual, and social way. In so doing, the contention is that consistency with the Heideggerian position in hermeneutics is not achieved. It is important therefore, that I explicitly state here my historical, biographical and social position that forms part of my relationship with the texts I interpret (Allen, 1996). Making my own situatedness apparent also contributes to the reader being able to make judgements about the comprehensiveness of the report. As the reader begins to appreciate the sense of the whole that shows context and temporality for the participants (Plager, 1994) it is also necessary to be able to locate the researcher within the hermeneutic circle. I am a white, middle aged, woman who is teacher of RN students in a baccalaureate programme. I have taught for Otago Polytechnic's nursing programme since 1987, and in the RN degree programme since its inception in 1993. I am a registered general and obstetric nurse. Throughout the majority of my time as a teacher (since 1984), I have also been a part time student , first in a baccalaureate programme and then a masters programme. I have an undergraduate degree, with majors in nursing and education, from a New Zealand university.

My formal experiences in learning the method of interpretive phenomenology have mainly occurred at the University of Wisconsin at Madison, USA. During the winters of 1996 and 1997, I attended courses under the tuition of Professor Nancy Diekelmann, nurse researcher, and Professor Thomas Sheehan (a philosopher). I have also attended short courses with Professor Diekelmann at Massey and Victoria Universities. There may be differences between hermeneutical researchers who study with such philosophers as Thomas Sheehan, and those influenced by philosophers such as Bert Dreyfus. In this thesis, I have used the work of Professor Dreyfus, and nurse researcher Professor Patricia Benner, who brings Dreyfus' work to nursing, but my learning of this research method has been influenced more directly by Professor Sheehan, and Professor Diekelmann.

Clearly my biography, and my position as a teacher of RN students should be noticed and taken into consideration in reading my interpretations. My context is important in showing where I step into the hermeneutic circle, and where my overall pre-

understandings may interact with the parts, and the whole of the interpretation as it unfolds.

A description of the fore-structure of understanding has already been provided in chapter three. The meaning of the three aspects of this pre-understanding can now be made explicit within the context of this particular study. Although my familiarity with the everyday world of RN education is a part of what I bring to the interpretations in this study, it is not itself part of the data. Similarly, conversations with both students and teachers in RN degree education, both before, and during the period of this study have done much to enrich my understandings of teaching and learning in RN education although they are not part of the formal data.

My immersion in teaching and learning with registered nurse students over the last five years has brought me to this study with a particular "taken-for-granted sense... of what constitutes the phenomena" (Leonard, 1994, p. 57): a fore-having. This is congruent with Heidegger's position that understanding precedes knowledge (Ironside, 1997). If I had no understanding of registered nurses degree education, questioning concerning this phenomenon would not be possible. It is my understanding of the everyday practices that constitute the world of registered nurse degree education that makes an interpretation possible by allowing me to recognise the common meanings and seek the new possibilities. Relevant to Plager's criteria of penetration, that claims the research must attempt to explicate a "central problematic" (Plager, 1994, p. 79), my ongoing involvement with teaching and learning in RN degrees, my fore-having, has enabled me to understand the need for research into RN Bachelor of Nursing programmes.

With a fore-sight, our background shapes how we approach interpretation from a particular viewpoint (Leonard, 1994). I bring the point of view of a teacher of registered nurses in a degree programme, with me to this study. Prior to the interviews with participants, my biographical, contextual information, and that of the study itself was explicitly made known to the RNs, along with knowledge of the programme I taught in. So whilst the interviews were what is commonly known as 'unstructured,' I do not infer in any way, that the participants or myself came with no previous interpretations and understandings of what registered nurse degree education was about. Parts of the

participants' context that shaped their understandings will be apparent in the RNs stories in the data analysis chapters.

Fore-conception refers to the expectation we have of what we might anticipate in an interpretation (Plager, 1994). With my fore-conception of registered nurse education I have come to this interpretation expecting to find ways teaching and learning have meaning. Having this fore-conception should not be seen negatively as constraining the study however. As had already been stated, within a philosophical belief, wherein we live our lives interpretively, having a fore-conception is unavoidable. We are always already situated in the world, and have an understanding of that world (Heidegger, 1927/1962). What is important in interpretive research is, that pre-understanding is laid open to scrutiny. As Dreyfus (1991) points out, it is important to enter the hermeneutic circle in the 'right' way. I have entered the hermeneutic circle to look for new understandings about RN education that open new possibilities for teaching-learning in RN baccalaureate degree programmes. Through examining the texts of the interviews with registered nurses who have undertaken a baccalaureate nursing degree, and the adult education, and nursing education literature, which I have studied in an ongoing way throughout this study, my thinking has been challenged, and the boundaries of my understandings pushed further out.

Approaching the question

Dreyfus (1991) indicates the importance Heidegger attaches to primordial interpretation. By this he means, "our most direct or revealing encounters with entities. Thus hammering gives us the most primordial understanding we can have of what it is to be a hammer..." (Dreyfus, 1991, p. 200). Similarly, understanding the practices of RN learning and teaching in a baccalaureate nursing degree programme is the most primordial way of understanding the phenomenon that is RN baccalaureate education, giving a more unified view of what the phenomenon may be.

RNs were asked for stories that showed the meaning of their degree education because narratives are an appropriate way to elicit everyday practices.

According to Benner, Tanner and Chesla (1996) narratives give access

> to particular experience rather than to abstract or general constructions about that experience. Narratives allow the temporal unfolding of events to be captured in text and interpreted with that temporal structure intact... Within narrative, everyday language is encouraged, complete with multiple meaning, ambiguity and nuance. The aim of the interpretative process is to make a clearing and offer one grasp of the meanings evident in this everyday language, rather than specifying the terms up front and constraining the storying within the investigation to those terms defined a priori.
> (Benner et al, 1996, p. 354).

Furthermore, using narratives as the text for this research, allows those aspects of a situation which are not conscious, and therefore not directly expressed to become apparent and unconcealed for interpretation through examination of actions and responses within a story (Benner et al, 1996). This brings both the reflective and pre-reflective aspects of the situation together, enabling the taken-for-grantedness of the phenomenon to be overcome, and new meanings found (Van Manen, 1997). Bringing stories into the hermeneutic account shows the above aspects and adds to the contextuality (preserving the historical and contextual nature of the text) and comprehensiveness of the text (Plager, 1994, p. 79).

Interviewing Participants

The general pace of the interviews was unhurried and in a conversational style. The interviews took between a little over one hour for the shortest, and a little over two hours for the longest. All except two of the interviews took place in the participant's home. The remaining two took place in a private room at a location of the participant's choice. All locations for the interviews were chosen by the participants as the place that were convenient to them, where they felt at ease, and felt they had sufficient privacy to talk openly.

The way of interviewing that arises from the interpretive hermeneutic philosophy of Heidegger is directed towards understanding. Already, in the philosophical underpinnings

of this study I have discussed Heidegger's notion that we always already live our lives interpretively. In other words, we "dwell in the narrative as self interpreting beings; living a life is listening to each others stories" (Heidegger, 1993, cited in Sorrell & Redmond, 1995, p. 1120). Interpretive research is directed towards unconcealing meanings that are embedded in the stories of our everyday experiences. Therefore,

> The purpose of the interview is not to explain, predict or generate theory, but to understand shared meanings by drawing from the respondent a vivid picture of the lived experience, complete with the richness of detail and context that shape the experience (Sorrell & Redmond, 1995, p. 1129).

The very word, interview, if examined closely, reveals the path taken in hermeneutic interviews. Inter means "between, among, or reciprocally" (Allen, 1984, p. 383). View is "the power of seeing by eye or mind, or manner of considering a subject" (Allen, 1984, p. 842). Thus, that which is spoken in the conversation, lies in the 'in-between' of the interview. This may or may not be only the spoken word, as the gestures and silences, tears and laughter, also speak and contribute to that which becomes the text for interpretation. The pre-understandings of both interviewer and participants, come to the interview and this fusion of horizons (Gadamer, 1994) plays a part in the narrative thus constructed between them. I conducted all the ten interviews in this study in person. In conducting the interviews with the RNs in this project, the participants and I both shaped, and were shaped by, the interaction.

The stories structured the interviews, but by listening, and seeking clarification of meaning, the interviewer has an impact upon the interview. Often I asked for 'for instances,' to gain stories describing *how* the experience was for the RN, not an interpretation of why it was. The stories that were then told, often lead to aspects of the experience that would not have been obvious otherwise, but became apparent through description of the day to day practices. For example, if a RN said a lecturer had stood out as helpful or not helpful, I asked them *how* this person had actually helped (or not). At times when the RNs were very involved with their stories, I had very little to say at all. At other times I was silent to allow participants time to dwell with their thoughts within a story. Allowing silences to speak themselves is important in interpretive

research, as these silences often convey strong meanings, and speak louder than words. Related to the pauses in a story, are the times when, words fail the speaker. These instances where the person is searching for the right word, trying several words until the right word is found, are all important in the interpretation, and the researcher needs to let these be said (Lane, 1996).

Recapitulation probes, ask the participants about an aspect of their story and lead the participant to often give more detail, as they retell for the researcher a part of the story again (Sorrell & Redmond, 1995). This kind of probe was sometimes used as the researcher sought affirmation of understanding at times.

Gaining the stories from participants on audiotapes still is not the final data the researcher works with. The information has to be transferred to the written word. This process is known as transcription, the product is a transcript. This forms the main source of data the researcher works with. In this research, tapes were kept and listened to multiple times, along with reading the transcripts.

Transcribing the interviews

Transcription is not as unproblematic as most sources, such as research textbooks, make it sound (Lane, 1996; Sandelowski, 1994a; 1994b), nor is the transcript an exact reproduction of the conversation between the researcher and the participant (Allen & Jensen, 1990). It must be accepted that something is lost when our spoken language becomes words on paper. Additional to this expected subtle change in meaning, however, some other less foreseeable problems can arise in relation to the transcripts.

For this project, a professional typist, skilled in dictaphone typing was hired to transcribe the tapes, due to the large amount of data amassed. The participants were all aware in advance of the interviews, that a typist would be used for transcription and so would be one of the people who would see the raw data. The participants were protected by the researcher requiring the typist to sign a binding and lasting confidentiality agreement. All participants agreed to this part of the research procedure.

Similar to the experience described by Lane (1996). I had expected that the transcripts would arrive back typed ad verbatim, but found instead, that much correcting of the transcripts was needed. At times, this was because of background noise on the tapes, such as can be expected if taping in people's homes. Generally, as I had been present, I found myself able to hear things the typist could not. In only one tape was I unable to hear myself what was said in one part.

What transpired to be more of a problem however, was where the typist had 'corrected' what had been said by either myself or participants. It was necessary for time to be spent carefully going back through the tapes and putting back into the transcript such parts of the interaction as: the pauses, and longer silences; the thoughts that were left unfinished in a sentence, all the words used when the participant had been seeking a word and had tried out several, before finding the one wanted, the sounds that are used in conversations that do not have formal meaning as word, but do have meaning in constructing a conversation, such as hmm or u-hm, the words that may not have seemed right in the sentence but were, in fact, what the participant said, and the repeated words (Lane, 1996, Sandelowski, 1994b). The turns in conversation that the participant takes are very important to hermeneutic research and therefore had to be preserved along with all the other 'untidy' speech (Lane 1996).

It was important however, to give the participants warning of my desire to preserve these aspects of the spoken word in the transcripts, as I was returning the transcripts to participants to read so they could veto any information they did not want included. The issue of the ad verbatim transcripts, and the need for these, was discussed both personally at the end of the interview, and again in a covering letter I sent with the transcript to the participants. This static visual record of what is usually a dynamic, spoken/heard process was uncomfortable for some participants. However, the only thing asked for, was the removal of something that concerned one participant as it may have identified a third party. The majority of the participants did not communicate any desire for changes at all.

In places, in excerpts included in the research report, I have used ellipses (...) to remove conversation that is not relevant. This is an acceptable part of this method (Lane, 1996),

however I have done this with the utmost caution in regard to 'tidying up' the speech of the participants. The ad verbatim transcripts were used for the interpretations themselves. With the final reporting though, editing was done to find the balance that made the account readable, but maintained the meaning. A series of hyphens (---) have been used in this study to indicate a pause or silence on the part of the speaker, as pauses may give meaning in the encounter, and I wished to preserve this meaning in the transcripts.

This discussion of the transcription process is, I believe important to the overall judgement about rigour that is made in interpretive research. It serves to reinforce just how much we construct meaning. Each step of the research process in interpretive.

Interpreting the texts.

During the process of interpreting texts, understanding does not occur in a linear, even fashion (Benner et al, 1996). Rather, as the researcher is immersed in the texts, meaning emerges and thinking is evoked in a somewhat disorderly way. Moving reflexively between the parts and the whole of a text, and between different texts, gives rise to insights as the coherence and contradictions of stories are examined against each other, and against what was not said, (that may have been expected) in a circular manner (Benner et al, 1996). Part of the rigour of an interpretive study is to examine the contradictions and silences within the narratives of the participants. In The Way to Language (Krell, 1993) Heidegger recalls the importance of silence in language as he says,

> Saying and speaking are not identical. One can speak, speak endlessly,
> and it may all say nothing. As opposed to that, one can be silent, not
> speak at all, and in not speaking say a great deal. (Krell, 1993, p.408).

Understanding is challenged by these instances of silence, inconsistency, or contradiction. The coherence (Plager, 1994) of the interpretation may be judged in the _ data analysis chapters by how the researcher makes sense of the silences and contradictions as well as the unifying aspects of stories, instead of ignoring what on the surface may appear to not fit. This is where the hermeneutic circle shows its fundamental

primacy in interpretation. The researcher must guard against habits of thought that limit interpretation (Gadamer, 1994). Instead, "rival projects can emerge side by side until it becomes clearer what the unity of meaning is" (Gadamer, 1994, p. 267). In continually challenging thinking with the text, warranted understandings are revealed. However, agreement with the text also includes room for reinterpretation (Plager, 1994).

The content of the texts is not however, the only aspect of the text that calls forth understanding. *How* the texts speaks is also a form of meaning that is important to the interpretation (Van Manen, 1997). Often it is in these margins of understanding that new possibilities of meaning are unfolded. I have tried to show these by using multiple excerpts from the narrative texts in the data analysis chapters that show up these different paths to the themes. Within excerpts, preserving the shape of the story by indicating silences, pauses, and turns of conversation, rather than editing these stories for a smooth flow, uncovers for the reader a path for evaluating the agreement with the text and the possibilities for reinterpretation, as well as adding to the comprehensiveness and coherence of the account.

Thinking within the hermeneutic circle leads to an unfolding of meaning. As the parts are comprehended, understanding of the whole is grasped more fully, and at the same time awareness of the whole means the parts are understood more fully (MacLeod, 1996). Within this study, as each transcribed interview was listened to, read and reread, tentative interpretations were written. Initially I made margin notes on hard copies of the interviews. I then wrote further notes on separate sheets, as I again read the texts and my accompanying text notes. Very broad themes (such as thinking, and community) emerged. Draft analysis chapters were then written. These were reinterpreted in the light of other parts, the whole of texts and the questions that the texts themselves raised (appropriateness). Multiple stages of interpretation such as this allow contradictions to be brought forth as they exist in the texts, and meanings of these sought.

Reading, writing, thinking and dialogue have been identified by Diekelmann as practices that are constitutive of each other (Diekelmann & Magnussen Ironside, In press; Ironside 1997). Thinking, reading, writing and dialogue as a way of questioning interpretations are all part of a circle of understanding.

> As one goes round the circle with any part of the project or with the project as a whole, one's understanding begins to fill out, as it were. For example, reading begets questioning which begets writing which begets more reading, and so on.
> (Taylor, 1993, p .67).

Writing and rewriting the descriptions of the RNs learning-teaching experiences for the data analysis chapters lead me to thinking that allowed the themes to emerge from the data. Keeping all the successive written interpretations, archived ideas that had occurred to me, so they could be revisited in the light of other texts, or when my understanding had changed, or meaning was illuminated in a different way. It also meant tangential ideas could be kept hold of, in case these later became relevant. This process may be seen as supporting Plager's criteria of thoroughness and appropriateness, wherein the questions are those raised by the texts and the accounts deals with all the questions (Plager, 1994).

I was also helped by a colleague and my supervisors, who reviewed drafts and were able to comment as to whether the interpretations were substantiated to them. As I constantly read throughout this study, the literature also made me question the texts and my understandings, ensuring I kept my interpretations open, as I named and described the themes. This dialogue with other research methodologies (such as the critical or post modern education literature) as well as content, helped me to see interpretations in other lights which enhanced my aim of always keeping all my interpretations open. I did not however return my interpretations to all the participants for validation, although two of the participants each saw a final draft of a data chapter. According to Allen (1996) unlike the objectivist phenomenological traditions, in hermeneutic research, subjects' validation of an interpretation does not have methodological primacy, as "hermeneutics is not based in a mirror epistemology" (Allen, 1996, p. 179). Instead the author is seeking new meanings and understandings. One of the ways of judging rigour is through an interpretation being readily recognisable by others, as warranted. By this criteria, the reader should be able to see the interpretation as reasonable. Other possible interpretations may be perceived by the reader, who is also always interpreting and reinterpreting an account. There must be agreement however, that the interpretation put

forward by the researcher is uncovering meanings that lie 'between' the data and the researcher, not just within the researcher (MacLeod, 1996).

Naming data

Researchers working within hermeneutic inquiry do not 'code' data as this implies an objective dissociated stance. Instead I have sought to name themes as a means of illuminating the practices of RN education, in the contexts within which those practices occur. Naming of themes is never a neutral activity, but is political and contextual (Ironside, 1997). Names should arise from involvement with the text (Benner et al, 1996), not be imposed upon the text. The themes named in this research are not definitive, but rather, alert the reader to what interpretation is coming. The point of naming themes is not to replace the text with an abstract categorisation but to assist the researcher, and the reader to engage with the text (Benner et al, 1996)

Similarly, naming participants is not neutral. When giving the participants pseudonyms within this study, the names have not been chosen to reflect any characteristic specific to an individual. Because the overwhelming majority of nurses in this country are women, common New Zealand female names have been given for pseudonyms. As with naming themes, I have regarded the naming of participants as a way of helping the reader engage with the stories of the participants. However, I remain fully aware of the power inherent in being a "namer of names" (I. Ramsden, personal communication, June, 1998) and do not treat this activity lightly, but rather remain mindful of the diversity of people within nursing education.

I also found in hearing and reading the stories of the students that what they talked about was teaching and learning. As a consequence I have deliberately spoken in my interpretation, mainly about teachers, rather than nurse educators, tutors or lecturers in this study. Although nurse teacher is not a commonly used name for the staff employed in New Zealand polytechnics, I have deliberately used this term to capture the importance of, and engage the reader with, the teaching and learning aspects of the experience of RN education.

Interpretations

Interpretations are never complete (Benner et al, 1996) or absolute. There is no uncontested interpretation or truth to be found (Van Manen, 1997). Hermeneutic interpretation is grounded in the underlying philosophy that no foundationalist meaning exists wherein ahistorical, non-social, acontextual criteria pertain (Allen, 1996). However, neither is total relativism permissible. The author must show that the interpretation is warranted by remaining close to the texts. I have done this by showing excerpts illuminating each theme. Sometimes these excerpts may seem contradictory. In hermeneutic research, because of its non foundationalist approach, contradiction is not oppositional in nature, such as that found in positive-negative constructions, but rather shows the many facets that are present in any life situation, wherein contradictions easily co-exist. Constant interaction with the texts, rather than the researchers' abstractions about the text, is used to sort out the contradictions (Benner et al, 1996). This conforms to Plager's criteria of agreement (Plager, 1994). Inclusion of multiple complexities of meaning leads to a fuller articulation of the text and a richer understanding of the phenomenon (coherence according to Plager, 1994).

Thus it follows, that not all possible themes are discussed in this study. Interpretation could be ongoing and yield yet other new meanings. However in an endeavour of the kind demanded by thesis work, that must meet external conditions, a 'final' point has to be reached somewhere. I have limited discussion to two themes, but more have emerged from the rich data that was gathered for this project.

Plager's other two criteria of, "suggestiveness", (the account raises questions to stimulate future research) and "potential" (where the account uncovers possibilities for future events) (Plager, 1994, p. 79) are addressed in my chapter dealing with future implications for research and practice of teaching in RN education. Potential and suggestiveness may however also be seen by the reader within the interpretive accounts. By the very nature of hermeneutics, the circling conversation means, that information is not all set out in a linear fashion wherein the implications are neatly contained at the end of the research project. Therefore the reader will no doubt have thinking evoked towards

the implications arising from this project as they read the stories and interpretations throughout this study.

The next section of this chapter also adds to the comprehensiveness and contextuality of the interpretation. Being open to the historical and contextual horizons (Gadamer, 1994) of the participants, thus gaining a sense of the situatedness and temporality (Plager, 1994) of these RNs, enables the reader to begin to unfold the meaning of the stories of RN education that are contained in the chapters that follow.

RETURNING TO STUDY: MANY PATHS LEAD TO THE DOOR

This section describes the background context within which the registered nurses returned to a polytechnic to gain their baccalaureate degrees. The stories obtained in this research reveal some of the thinking of registered nurses in making the decision to return for a baccalaureate degree. Many nurses began telling their stories by presenting their reasons for returning to study for their baccalaureate degree.

It needs to be noted that nursing departments in this country have varying names. They will all, regardless of title, be referred to as a department of nursing, or the polytechnic, depending on the context in which I use the term. This means no disrespect to any department, but is a means of protecting identities. Baccalaureate nursing degrees awarded in different polytechnics also go under varying names. However, to further protect the identity of programmes, and participants, all degrees will be referred to in my interpretations as either a baccalaureate nursing degree or a Bachelor of Nursing as seems most appropriate to the situation. Similarly course and paper titles will be given a generic name reflecting the broad topic of the paper, for example: research, or nursing knowledge. The term praxis will be used to cover any paper based on practice or reflective practice.

Being a potential student: Returning for the degree

In the majority of nursing departments in the polytechnics, pre-registration students successfully completing a pre-registration programme are awarded a baccalaureate degree in nursing. The degree however, is a separate qualification from registration as a nurse in New Zealand. Professional licensure is awarded by the Nursing Council of New Zealand upon the student passing the State examination for registration, and being entered upon the register. This is legislated by the Nurses Act and its amendments (New Zealand Government, 1977). Students could potentially fail this registration examination even though they have gained their degree. Commonly, the situation now existing in New Zealand, is that the large majority of new graduate nurses have a bachelors degree in nursing as well as state registration as a comprehensive nurse, as their level of entry to practice.

Registered nurses who qualified from a polytechnic programme since their beginnings in 1974 graduated with a diploma in nursing, and registration as a comprehensive nurse, but not a degree. Prior to the phasing out of hospital schools of nursing in 1987, nurses graduated from these schools not with comprehensive registration, but as either a general nurse, a general and obstetric nurse, a psychiatric nurse or a psychopaedic nurse, depending on the course they had completed. There are therefore, large numbers of registered nurses who have no academic degree in nursing. These are the potential students for the baccalaureate nursing degree for registered nurses programmes.

Being left behind: Nurses who get weeded out

Some of the stories in this study show that the issue of entry to practice is a major one for registered nurses as they feel that they must now have a degree to 'keep up' with the new graduates. Pat's story reflects a common experience for registered nurses as they considered their plight. Pat describes this as "a realisation that further down the track our experience was going to count for naught."

> I was actually interested in taking a bit of a look at the girls who were coming through, and where they were going, you know, the new graduates. And where they were going and how people perceived where they were going and the perception was that... give these girls five years,

they are senior nurses. And I thought hells bells! I've been in this game for over 25 years, where am I going? Because academically they were going to leave me behind, because they had come through as BNs ...five years experience was going to supersede my 25 years experience. Every girl ...from here on in is a BN. Which left us in a fairly uncomfortable position in many respects.

Many RN students discussed, as Pat describes "taking a bit of a look" at the similarities and differences between new graduates with a BN and their group of nurses without degrees. The difficulty they perceive does not end with the decision to mandate entry to practice at degree level, their future employment potential was also effected. The RNs perceive that experience alone will not be enough to help them to gain the jobs they may wish to have. Anna

... had a vision that at some stage the type of nursing training that I had done would become sort of passé. And that in order to stay current, and in order to stay in the main stream of nursing you would need to be doing ongoing study of some description.

RNs expressed a concern that their career mobility would be compromised. Rita described how she enrolled in the degree programme after she gained a new position because "... I was very aware that I was fortunate to get that job without having a degree." Job security is also an issue. Robin is already working on her BA, but feels the pressure to keep "up to date with the people who are now graduating." She feels she needs a nursing degree to ensure she is not one of the non-degree nurses who will be "weeded out."

The precedent has already been set in this country with the phasing out of the enrolled nurse training programmes (formerly in the hospital schools of nursing). These enrolled nurses, who previously had a place in nursing, are finding it increasingly difficult to find employment as hospitals with shrinking budgets employ care assistants. The threat to their job security is direct in some instances. Several registered nurses in this study drew the comparison between the enrolled nurses and how they saw their future as registered nurses without a degree in nursing. Robin said

> Another reason why I decided to do the degree as well... I was doing the BA but I sort of also feel that there is a need to keep up too, with the nurses who are coming out now. That they're all coming out with degrees and there's... quite a few nurses that I've spoken to have expressed the concern that enrolled nursing used to be a well recognised programme and they're now phasing out enrolled nurses and a few people have sort of said you know, what about in 10 years time, is it going to be the non-degree nurses who are going to be the nurses who get weeded out, so there's a certain amount of people doing it because they feel that they need to keep their qualifications up to date with the people who are now graduating.

The RNs in this study discussed their concerns about the mandated entry into practice at the baccalaureate level and what it meant to them, and also the current and future implications it had on their lives. Common concerns included: threats to job security, decrease in employment mobility and concerns about "staying current" and secure in their present positions. But not all RN students discussed returning to study because of employment concerns.

Where do I go from here: New satisfactions in their practice world.

A love for learning and a desire for new knowledge was described by other nurses. They spoke of an inner drive that lead them to return to study for a degree in nursing. Although the motivation was a wish to learn more, to fill gaps they perceived in their current knowledge, and to grasp new knowledge, this is tied closely to their nursing practice, and contains elements of 'where to from here' in their careers. This concern for their future practices as nurses is different from those who felt that they may be left behind by the new graduates who had a degree in nursing. In the former, RNs were looking for new satisfaction in their practice world and saw the degree as a possible way of opening up that future. In the latter, it was more of a protection of future employment. Although these concerns are pointed to as different here, an RN may return to study for both these reasons. They may want further education, but also feel to an extent the political situation is forcing them into a degree programme. As was pointed to earlier in this chapter, contradictions easily co-exist in everyday life. Rose was searching for new satisfactions as she tells us:

Anyhow, because I think it's one of the driving factors for me, that I thought, I've got to upgrade my knowledge base. You know, I say I'm a nurse, I'm working, but I know there are great gaps in my knowledge, there are great holes in my knowledge and hospitals did not really give us very much, hardly any opportunities for in-service education. It's a real lack. I think things may have improved slightly, but it was a real lack. And certainly you had to fund it yourself totally, initially. But the drive to upskill my knowledge base was such that ... there were two things, there was that drive to upskill, but there's also the beginning of the restlessness, where do I go from here.

Returning to study for many RNs was to "upgrade" their knowledge base and "upskill" their nursing practices. But often there were hints of a "restlessness" or boredom with the current level or area of their practice. Several nurses talked about "realising a stage" in their practices where they were ready for major changes. Claire describes a similar feeling:

I suppose I had worked over a number of years in a number of different places, generally in wards...and I'd really reached a stage I felt that I needed to expand with my nursing, needed to think more widely about nursing as a whole rather than just by practice... I felt to get more from my career, which was reaching a reasonably stale state, that to work on my degree may help me focus and enjoy and acknowledge nursing more than I had in the past as a profession.

For Claire, this stage was a "reasonably stale state" in which she desires challenges and the exploration of new possibilities for her nursing practice. Rather than uncertainty about her future employment, it was uncertainty about her current level of nursing practice and a desire to "think more widely about nursing as a whole."

Registered nurses' uncertainty about their potential for future employment is accompanied by uncertainty about their current level of practice. All this is occurring in a context of increasingly complex issues related to the wider political situation. These issues appear paradoxical. On the one hand, there are decreasing resources for health care in terms of budgets and staff - a threat to the employment of all nurses. On the other hand, at the same time there is a need for more RNs due to an increasing complexity in the care required by clients. The paradox is that there is a decrease in the numbers of experienced registered nurses to carry out nursing care, and a concurrent demand for

nurses to extend their practice to include such activities as research within the clinical area. All this is occurring as patient acuity levels increase necessitating nurses undertaking increasingly complex technical skills.

The institutional support for nurses to use education to help them increase their skills and levels of expertise and obtain more job security is inconstant. Employers are sometimes desiring Bachelor of Nursing degrees for positions, but what is offered to current practising nurses in terms of study leave and financial support are widely variable. Some nurses even questioned whether their institutions in fact were going to require nurses to have a degree. For Pat, the "push" by the institution is readily felt:

> By the hospital, the institution, it was well voiced that these [the new graduates with the degree] were going to be the girls who were going to be the movers and the shakers in future. ..But I'm not sure why we've been fed this information by the institutions. Whether its to push us into education or whether in fact it's a fact.

Most of the RNs in this study had to make the decision to undertake the degree programme without any support from employers in terms of time for study, or finances. Later in the course of their studies, some RNs received help with fees or received time to attend classes. Some nurses described managers who were unsure about the worthfulness of degree preparation. These RN students felt challenged to "prove" the hospital was going to "benefit" in order to receive any support for continuing their education. Pat recounts, "The manager ...said to me, if you can prove to me if we as a hospital are going to get any benefit from it, we might look at some assistance of some description." There are many complexities in the context of returning for the degree.

Returning for a degree: Polytechnic or University education?

The registered nurses also spoke of why they chose to return to a polytechnic for a degree in nursing. In New Zealand an undergraduate degree with a nursing major is available through both the polytechnic, and the university system. Massey University can be attended internally, or extramurally. As RN students are often either geographically distant, or considerations such as shift work apply that preclude attendance at lectures

and tutorials, the latter means of attendance is more common among nurses. The situation now exists that nursing papers at the undergraduate level are only offered extramurally at Massey University.

Some of the RNs described returning to study at a polytechnic because studying extramurally at the university, in isolation from other students and lecturers was not how they wanted to learn. These students chose the polytechnic because it was nearby and would readily provide them with student colleagues experiences. Claire shares her experience of choosing one programme over another.

> By doing a degree locally, I thought it would provide more motivation rather than studying in isolation, which I had very much enjoyed in the past, but I felt with nursing, to get that much more, it was better in a group situation with classes and interaction, some networking to some extent, but developing ideas more as a result of listening to other people as well.

The reasons for selecting a polytechnic programme were varied and often reflected the student's previous experiences in nursing education and practice. All RNs have past experience with learning before they return for a degree. This past experience may guide them in the *how* of their learning, and some of those in this study, like Rita, choose with that in mind. "I need to go to lectures. I need to interact with people, that's how I learn, and I learnt that through experience. So off I went to polytech." Beverley also wanted to learn with others, gaining the opportunity for networking. "I think the networking is the major thing. Certainly for the people in my class, who had chosen to study at the institution in our city rather than correspondence [it was] because of the networking."

It is evident in these stories then, that registered nurses approach degree education in a way that is influenced by their already being a nurse with a practice world. For some, their decision to return to polytechnic for a degree arises in some way from their practice. As has been shown this may have different meanings for individuals. Perhaps an urge to not be "left behind," perhaps thoughts about "where do I go from here."

For some RNs a fast-track mattered. Because most polytechnics offer several credits as recognition of already being a registered nurse, these RN students chose the polytechnic

system as a fast-track way to gain a degree. There is a balancing act that involves trying to fit study with career demands, as well as family and other life commitments. Kim describes having this view of undertaking her degree "I decided what was I going to do? what would be the best fast tracking method for me to complete a degree?"

Some RNs described their desire for the polytechnic baccalaureate degree as a building block. For these RNs this qualification meant they would get to a certain point that enabled them to move into something else that they have set their sights on, so the degree has a different significance to those who may perceive the baccalaureate degree as an end point. Robin shares her reasoning:

> I totalled up the amount of years it was going to take me to finish my BA. And the cost, and the fact that it would take only 2 years to complete [a degree] part time through [the polytechnic] and also, there was the added bonus, that having to go every week … you had to actually have achieved a certain amount every week… so I thought it would actually be better. If I was only going to do a degree and I wasn't in fact planning to go on, I would have finished my degree through [a university] rather than through polytech. Because I can see a situation coming where--- already there is snobbery about where people got their degrees, between universities and polytechs, where nurses who have got a BA, a lot of them are resentful for the years that it took to get it for a start, and secondly they're very--- well of course we've got a 'real' degree. And I think some of that reflects the time and the blood and the sweat that went into getting those degrees, but I think that if that [the bachelors degree] was going to be my final step that I would have actually stayed at [a university]. But I was quite--- what's the word, bloody minded about it I suppose, and I thought well, I'm going to carry on and I'm going to do something else and the actual degree is just a step that I've got to do to get into another programme and so it doesn't matter whether it comes from the polytech, or a university. So long as it's acceptable that's basically what I wanted.

Beverley also had further education in mind as she chose her polytech degree course. "I chose it because--- I chose to do the degree this way because it was quick and it gave me a chance to upgrade my registration to degree status, and I plan to build on it from there." Beverley took her chance to "upgrade" and keep up with those with degrees, but in additional she saw the degree as a building block. This influenced her expedient choice of a nursing programme, towards the polytechnic.

The stories of the participants often began with the meaning of choosing to return to the polytechnic for a nursing degree. As has been illuminated in the foregoing excerpts, there were many paths that lead to the door of RN education for these students.

SUMMARY

In this chapter, the method and rigour of this research study have been described. The underlying philosophy and methodology are of importance to understanding this project and making judgements as to the rigour of the study. In this way, the process of this research, as well as the findings might be evaluated. Decisions made by the researcher must be considered within this situated context.

Within interpretive inquiry, the researcher influences all stages of the research (MacLeod, 1996). Therefore it is equally important that my own pre-understandings about the phenomenon under investigation, and how these have came into dialogue with the interview texts of participants, and the extant literature, are visible, in as much as that is possible. The first section of the chapter provided some background to the researchers horizon of understanding (Gadamer, 1994). This retelling of the story of the researcher and the research, journeyed from the gathering of the stories, through the interviews, transcribing the stories into a written form, and interpreting the stories, to some of the limits of interpretations.

The second section briefly illuminated some of the background of the participants. Deciding whether to attend a university or polytechnic programme was an important experience that many of the participants shared. This issue, along with concerns about job security, and desires for changes in ones career were all threads in the stories of returning to study for the baccalaureate degree. Thus the background of this study reflects the varied concerns of RN students. It is with this understanding, that the stories of being an RN student they told, are heard. Rather than presenting the traditional type of demographic data, such as age or area of clinical practice, these stories have been told – as a background to the following data chapters. With differing 'ends in view' the registered nurse student population present important challenges to nurse educators to develop meaningful curricula and programmes. Common themes of their experiences are

presented in the next two chapters. Chapter five describes the theme of experiencing thinking.

CHAPTER FIVE

EXPERIENCING THINKING

INTRODUCTION

In this chapter, and the following, the interpretations of the interviews with the RN students are presented. Transforming their understanding of knowledge from finding the answer to thinking questioningly, some of the RN students find a new path to knowledge, and ways of calling others into thinking that encourage new partnerships in their clinical practice. This chapter uncovers the centrality of changes in ways of thinking in the degree experience for many of the RNs. Clinical practice is ever present in RN education, in a way that it can not be in pre-registration nursing education. RN students are always already nurses when they come to learning, they are not learning to nurse. Thus, some of the RNs find that the degree courses reaffirm their expertise through learning that is situated within their practice experience, rather than transforming their thinking. For some this makes a difference in their approach to the everyday world of nursing, for others changes in their thinking are so subtle, they hardly perceive their learning, as they expect something quite new. Common learning activities, of reading, writing, thinking and dialogue are often the practices that enable the RN students to make their own thinking visible to themselves as they engage with the knowledge of the discipline.

FINDING A PATH TO THINKING: HOLDING ON TO QUESTIONING

Although additions to the content of their knowledge were apparent, and commented on by some of the RNs, what stood out for many of them, was the way in which their way of thinking was transformed during their experience of undertaking the degree. Several RNs in this study reveal how the degree changed their thinking in respect of questioning answers to nursing problems and issues, thereby creating more complexity in their thinking.

Beverley recalls:

> But I think what's changed for me in the kind of same vein is, I work often with an enrolled nurse --- and she's a very competent nurse if she works inside of her area of practice, and now I find as she's come up to me --- I'm much slower to react and this [enrolled nurse] is the person who is a very quick thinker, type 'A' personality if you like, who at the moment something happens responds really quickly, but not always appropriately, to the situation or to what's being asked, and what I find when I'm working with this person now, I'm quite the opposite. I've become quite slowed down when issues come up. I've got so many things to check off on my mind, I think, is that ethically sound, and is that what they really want and maybe there's some other things ... or whatever. And so she sees me getting worse if you like, rather than better, with this whole academic process. But for me I'm thinking more broadly for what the issue is, so that's been an interesting situation to be in. I've ended up the more I've learnt the more I realised that I don't know, so the more loathe I am to in some ways to make some decisions whereas, two years ago it was 'yes, no problems', I was more black and white, now there's a lot of grey. So while it has expanded my knowledge at the same time it has made me a little more cautious sometimes about making decisions--- but in my practice, I think at the end of the day I make better decisions and they're more founded and --- it's just thinking things a little more broadly, but it takes more time so I maybe look more inefficient.

This story illustrates an increased complexity of thinking that has come about through the degree course. Beverley tells us she is not now a "quick thinker," but has slowed down because she has "so many things to check off in her mind." She shows how thinking is brought to the situation in a deliberate way and many possibilities acknowledged and explored. Although her knowledge has been "expanded" by the degree course she is now more "cautious" sometimes about making decisions, but feels that "at the end of the day [she] makes better decisions and they're more founded." Thus not only the new content learned is illuminated here, but also the importance of thinking as a practice of holding on to questioning is revealed. Beverley appreciates the that she has had to abandon "black and white" thinking to embrace the increased complexity of thinking that makes for "better decisions" in her practice.

"Slowing down" and thinking questioningly, has enabled Beverley to give nursing care that is more thoughtful for the client. Teachers in nursing aim towards students keeping thinking open in this way. The current emphasis on critical thinking in nursing

programmes attests to nurse educators' desire to develop thinking that questions, in students.

Yet we live in a time where problem solving, and finding answers are viewed as most important, and thinking is measured by efficiency and effectiveness. Heidegger points out the danger here lies in our being appropriated by control and technical mastery to the extent that we fail to recognise the hold of this kind of thinking (Heidegger, 1962/1977). When one 'correct' answer, is sought, implicit in this seeking, is a privileging of the answer. It necessarily follows then, that the problem has been addressed and solved, and no further questioning is entered into (Gadamer, 1994). This is not to say that technology and calculative thinking (Heidegger, 1962/1977) are not useful in nursing education and nursing practice, they are. But if calculative thinking is the only kind of thinking practised, then the results of our thinking will only ever be those answers that are within the given conditions of what we know already (Heidegger, 1966). Beverley's story points to a different kind of thinking wherein she is 'holding on to questioning', that now dwells along with her technical thinking, and enables her to learn more in any situation. Beverley "checks off on her mind" the many questions that come to her in the context of her practice.

Gadamer (1994) explicates the hermeneutical priority of the question in all knowledge wherein questions are fundamental to all experience and understanding. Beverley's narrative makes apparent that "in order to be able to ask, one must want to know, and that means knowing that one does not know" (Gadamer, 1994, p.363). In contrasting herself having "ended up the more I've learnt the more I've realised I don't know" with the enrolled nurse who "the moment something happens responds really quickly, but not always appropriately to the situation or what is being asked," Beverley shows the importance in gaining experience and knowledge of holding on to questioning and keeping open possibilities, rather than looking for an instant answer and acting inappropriately.

Questions are not without boundaries however. Questions call forth answers. According to Gadamer, the "horizon of the question" (Gadamer, 1994, p.363) is what makes a question possible. Although the concept of a question is understandable on a purely

theoretical level, questions must be asked within a specific context, not just in an abstract way. That is, thinking questioningly does not exist without particular content and context. For the RN students in this study, questioning is considered in relation to its meaning for their practice, not just as an abstract concept. The questions that evoked thinking for the RNs were situated in the context of their clinical practice. In nursing practice, holding on to questioning about "wider issues in [patients] lives that are impacting on what's wrong with them" keeps open the possibilities for patients, and is thus an important kind of clinical thinking. For these RN students, learning in the degree course to hold on to questioning, has given them knowledge that has meaning in the context of their practice, rather than knowledge that reinforces the theory practice gap.

Frances's story gives an illustration of how holding on to questioning may reveal itself in nursing practice.

> I feel more confident in my practice and I feel that I think a lot more about things, think about issues, I think about ways to do things. Sometimes I feel I'm a little bit more challenging than I would have been beforehand. Recently we had a case of parents and a child, and the child was ready to go home we thought. [The child] wasn't ready to go home [the parents] said and it was a big shock when we said it's time for [the child] to go home now. And they said that they weren't ready and had nothing for [the child], and a whole lot of excuses that they couldn't go home today, so they got a stay of execution you might call it, of another two days, and they were told that by Wednesday [the child] would have to go. And I heard talk among other members of staff who thought they were getting as much as they could out of the system ... and having known them for quite a long time, I really felt that there really was some sort of underlying issue why they didn't want to take the child home, why they couldn't --- I was challenging other people's attitudes. It turned out that there were financial problems and they didn't have enough money for another two days to get food and things together ... and there were other issues there, rather than just trying to milk the system for everything they could get out of it. I felt that I gave it a bit more thought than perhaps other people did, because having done the degree you learn to look at things differently and think that things aren't always what they seem. If you look a little bit more into what things seem to be on the surface often there's other things--- and that you think that it might not be the way it seems, there might be something else underneath. I do that a lot more now than I did before I did the degree--- I think I look at wider issues now, not just the person and what's wrong with them. It's easy to do that, because that's what we're there for, to fix up what's wrong with them, but there are wider issues in their lives that are impacting on what's

wrong with them. Tends to make me look at the bigger picture rather than just focus on the narrow issue of what's wrong with them in a health care point of view.

Frances's story reveals two ways she is holding on to questioning problems in her clinical practice and keeping her thinking open. She is looking for what may be underlying the obvious problem. She has learned "to look at things differently and think that things aren't always what they seem, if you look a little bit more into what things seem to be on the surface often there's other things." This looking deeper into problems is also accompanied by looking "at the bigger picture rather than just focus on the narrow issue of what's wrong with them in a health care point of view." Thinking in both a deeper and wider way about practice shows an increased complexity of thinking, that makes apparent the need to always question in nursing care, not only what is present, but also what is not visible. The close relationship of questioning and understanding (Gadamer, 1994) is illuminated here. What Frances shows is the danger of jumping in with the answer before we have really thought about the question. In seeking to question the meaning for the clients in this instance, Frances keeps her thinking open to understanding possibilities other than what is immediately apparent. As she seeks to bring the clients' understanding to the fore, Frances is able to bring a new understanding of the situation to all the staff involved. Keeping open possibilities for the client is important in nursing practice, in the light of the complicated nature of health care demands prevalent today as nursing practice has moved from a disease orientation to health as well-being. An issue here then, is how can teachers in nursing help RN students to hold on to questioning in their thinking, not only in the classroom, but when in practice, so they may better understand, and meet the needs of the clients and families who are central in nursing care?

Teachers in nursing structure experiences in the classroom to encourage many types of thinking. Sometimes new information may be required so the RN can gain assurance from developing a secure knowledge base. At other times, different kinds of learning and teaching are required for challenging practice and theory. In the education of pre-registration nursing students, conventional pedagogy provides knowledge that keeps student nurses safe (Benner, 1984) and this works well. Students are taught the theory and then given practice experiences to link with the theory. Sometimes RN students

benefit from applying new theory to practice. But often, RN students show us the opposite when linking theory and practice. They already have a practice world, thus new knowledge is understood within the context of being a registered nurse in this world (Benner, Tanner & Chesla, 1996), and needs to be learned in a different manner by practitioners. In this important way, the RNs are very different to pre-registration students. Using a deficit model of education that emphasises what RN students do not know may perpetuate some of the conflicts RNs face, and reduce their educational experience to one of "learning-as-testing" Diekelmann, 1992, p. 72) wherein learning is perceived by students as teacher dominated, and focused on getting the right answer. Although, novice nurses entering practice need rules to keep them safe in clinical situations (Benner, 1984) this is not generally the case for RNs in degree courses. Experienced in clinical nursing, RNs need learning situations in their degree courses, that expand their nursing knowledge through bringing theory to their practice world in a way that is meaningful for them. Rather than the emphasis being only on cognitive gain, RN students need to be able to also challenge their knowledge. RN students need to be able to enter into a conversation about what they currently know from practice, and how this is related to the extant theories and knowledge of the profession. For example, teaching at a post-registration level only in a way that reinforces one right answer, does not develop the thinking as questioning that the stories of RNs in this study, have shown to be important to practice.

How then do educators help the RN student to increase the complexity of thinking and hold onto questioning so that they find the path to thinking that enhances their practice? A difficulty for nurse teachers lies in there being no particular "method of... learning to see what is questionable" (Gadamer, 1994, p.365). What is most important is knowing that one does not know. Gadamer points out how difficult it is when one continually faces what one does not know. It is only when a question is asked merely to prove oneself right that questions seem easier than answers. Asking questions that reveal new potentialities is harder (Gadamer, 1994). The accepted logic of the western tradition does not allow for contradictory assertions to both be valid at the same time. Showing the falsity of one assertion, logically supports the truth of its opposite (Fiumara, 1990) and often signals the end of questioning. This is often the understanding of questioning and answering that prevails in conventional pedagogy. However, nursing practice is full

of paradoxes, and situations where contradictions often co-exist How then, can teachers in nursing enable RN students to step out of "a restrictive paradigm" (Fiumara, 1990, p. 168) of western logic which looks for rational answers, and find new understandings of their practice worlds by questioning. One possibility is to engage RNs thinking with what they already know, then focus on new ways of thinking about what they already do, and find the questions within the situation. In this way, theory may be taught as a language that helps describe what they already know, and in so doing enables them to learn more by holding onto questioning within this context. Taking the risk of questioning in the borders of their understandings, may then give rise to new thinking (Fiumara, 1990).

One way of approaching the knowledge of nursing is as "a contextualised way of participating in the world of the present. [That] lives through its use, not through the passing on of knowledge-out-of-context" (Applebee, 1996, p.2). It is out of this "knowledge-in-action" (Applebee, 1996, p.1) that the realities nurses know are constructed. In viewing the discipline's body of knowledge in this way, RN students can perceive the possibilities for themselves of changing, as well as being changed by, the tradition of nursing. Thus, nursing education at the baccalaureate level can become a 'conversation' questioning *what*, and *how* RNs know and do. This is theory taught as language not just a theoretical exercise divorced from RNs practice, and limited to finding a theoretical correct answer to the challenges of clinical practice. This 'conversation' in nursing education, or teaching theory and knowledge as a language experience for understanding, can extend to both curricular activities, and instructional strategies in the classroom (Applebee, 1996; hooks, 1994) that address the issues and problems of nursing practice that relevant to RNs.

Although RNs are gaining a first degree in nursing, and technically are undergraduates as are the pre-registration students, it may be that RN students are more like graduate students than undergraduate students. Perhaps nursing education could consider approaches already used in the graduate model of education, wherein teaching and learning strategies are focused more on reframing RNs experiences and "seeing familiar situations in different ways" (Callin, 1996, p.28) through both new content and new ways of thinking, rather than thinking towards a predetermined end. However, this learning process of bringing new ways of thinking to light is a labour that is not always

comfortable (Brookfield, 1985; Fiumara, 1990). Several RNs described how the educational process itself is able to "scare" them as they gain the knowledge to realise what they don't know. Beverley recalls:

> ...in some ways the whole educational process has scared me a little, because the more you read the more you realise you don't know, and ... I appreciate that, so while I've got more confidence and am more confident in what I've got to say, at the same time I keep thinking oh, well that might be right today, but what happens when I read a few more articles I might change what I'm saying. But on the other hand then, its OK to say to people that you've changed your mind as well, and that I've read all this or my knowledge to this level says this is right but you've got to be ready to change....

Rather than making the RN lose confidence, teachers in nursing need to develop approaches towards keeping the learner open to new knowledge and learning. Thus, learning is experienced as a practice, where both thinking and the resultant knowledge are kept open and problematic. Perhaps *how* teachers in nursing go about participating in the teaching learning situation with RN students, will have a major influence on how dealing with what is unknown is understood by the students.

Thinking as questioning shows how helpful it is for RNs to reflect on their experiences to increase their understanding. Narratives help RNs, find meaning in what they already know, and create a place for them to critically think about their practice, thus bringing out possibilities for making a positive difference in clinical practice. One of the dangers of the conventional pedagogy however, is revealed when teachers talk about critical thinking yet still approach thinking as towards a predetermined right answer. This is in contrast to thinking as holding on to questioning. In conventional pedagogy what the teacher sees as logical, may become sometimes what is seen by the students as critical thinking. Thus critical thinking becomes 'thinking like the teacher thinks,' even though teachers may intend otherwise. The issue however is not, the intentions of the teacher, but how do RN students interpret the conventional approaches to thinking when their experience of them may be like Rita's. Her story reveals how RNs sometimes feel they have to give the teacher what the teacher wants.

[Interviewer] Didn't you get the assignment back with comments that indicated to you where you had gone wrong or where you could strengthen it that maybe made you understand the mark you got?

Yes, probably, we'd get the mark in presentation, introduction, split up like that with comments, but I found for example in content, [the teacher] had made some comment, and split up the mark, I got say 8 out of 15 or something for content in that. But the comment was referencing done poorly, and under references and that, it was not according to APA standards, so from my reading of the comments it said to me she seems to have marked me hard and down on referencing all the way through, they were the comments but there was nothing else and again my attitude, not being an academic, I really don't care about referencing. I had this thing, that why should we fit in with the American Psychology Association when we're kiwi's, lets have our one, I know that's not a very academic approach. So referencing to me was very secondary, it was sort of the content.

[Interviewer] But you felt it was held against you in your content as well?

Yes, but I didn't feel as though I had the opportunity either to just go and sit down... and talk those frustrations out with anyone.

While Rita feels the content is the most meaningful part of the assignment. The teacher feels that learning to structure the paper was equally important. For Rita however, the experience of this assignment is one where she feels her thinking about the topic is ignored and the structure has become more important than the content to the teacher. This student experiences frustration rather than learning, and becomes further distanced from the possibilities of learning, claiming she is "not an academic."

Anna's story also reveals the "game" that may be played out between the students and teachers, when students seek to provide what the teachers want, but for her there is a more positive meaning.

Well, I call it playing the game because--- well because, each person who is your lecturer has expectations of you as a student and they expect that in order to give you the grades that they feel that you deserve, they need a certain amount of material and they need it presented in a certain way and so that's why I call it playing the game, it's called playing the assessment game, but it doesn't matter, you still you get out of something what you put into it, and more and--- and if they're going to give me my piece of paper that says I've got a bachelor of nursing because I presented them with a piece of work that they require, that's fine. You

know - it's a win win situation, I win, they win. You can see why it applies to some papers like to the research papers where you need to meet certain ends in order to in order to develop the know how, and so you have to learn the steps to go through to get to the end point which is, I guess at a place where you should be competent at doing beginning research. Some people are not particularly easy to please but, you soon find out having presented your first assignment for a new paper what it is that's required of you. That's why I feel as though it's a game, it takes the first assignment to work out from the comments and from the assessment of it whether what you feel is appropriate, is the same thing as what your tutor feels is appropriate. There are papers where there is heaps of room to do your own thing and just to express yourself and to let everything hang out--- [but] those papers too are playing an assessment game and depending on the tutor again of course, some tutors are reasonably rigid and some tutors are just a joy to work with because they've got your enthusiasm and your joy in learning and studying. And other tutors are very rigid and if you don't play the game you don't get the marks.

Anna's experience shows how often, RN students will try to make the best of the situation when faced with the kind of conventional pedagogy that disengages them from their learning. Although having a "certain amount of material ... presented in a certain way" is less meaningful for her learning, this student is prepared to do what she must, to get her degree. In this way, she feels she is getting something positive out of the situation. Conventional pedagogy does contribute to RN students' thinking and learning. Acknowledging that technical information is an important way of knowing, Anna says "you need to meet certain ends in order to in order to develop the know how, and so you have to learn the steps to go through to get to the end point." It is important to note that conventional approaches to education are not inherently restrictive, but the issue becomes *how* conventional pedagogy is practised. What does become restrictive for RN students is when they become disengaged from their learning, and feel dependent on knowing what the teacher might want in the finished product. When they reach the place of "I feel as though it's a game, [because] it takes the first assignment to work out from the comments and from the assessment of it whether what you feel is appropriate, is the same thing as what your tutor feels is appropriate." In this situation the student who is considered to be thinking is the one finding the right approach. But they find the answer, and then are finished thinking in relation to the topic. Many students find it hard to overcome this demand for technical requirements in the educational system (Shor, 1996). The risk then becomes that the student is engaged in merely meeting requirements, rather

than developing thinking. Anna speaks of this as a "win-win situation" as it keeps the teachers happy and gets her closer to completion of her degree, and yet this may be limiting her opportunities for thinking. According to Shor (1996) it also legitimises and reinforces a predominant teacher centred pedagogy. Anna's awareness of this "game" in which the system has power over the students however, shows that this is not really a winning situation for her. In a time when the complexity of practice calls for more complex thinking, could it be that if the demands of the system are paramount, the development of complex thinking in students is undermined, at the time when it is most important that RNs thinking needs to be expanded? And how, given this approach do teachers and students recognise and encourage new views, if students are mainly striving to reproduce what the teacher wants. How can teachers encourage the nascent thinking of students, and make places for RNs to think new thoughts about nursing practice? Perhaps if teachers in RN education could pay attention to instructional strategies combining calculative thinking with holding on to questioning in such a way as "to recognise the persistence and plausibility of the *two* differing orientations, we may yet explore the fertility of their coexistence and the ways of healing the breach" (Fiumara, 1990, p. 154). Anna's story shows how, at times, she experienced this coexistence of learning approaches as possible.

However, the experience of learning as a "game" is not always how it is for the RN student. Anna goes on to speak of another lecturer who "lit a spark" for her.

> ...I ended up with a lecturer who did have some enthusiasm and made research interesting because [the lecturer] was interested in it. Yes, yes [the lecturer] lit the spark and seeing research through their eyes you begin to think "hey, you know I can do this, I could do this if I wanted to."
>
> [Interviewer] When you say [the lecturer] "lit a spark for you" what is it that was happening?
>
> I think its a sharing role as much as anything else, I mean part of it is teaching you stuff that they've learnt by doing the research themselves and the other part is--- is just the magic of the--- I guess it's thinking outside the square, its how you can apply the research or what you could do yourself. Because they think outside the square. They think really. I mean I really admire someone who thinks laterally and I admire that in a

lecturer, someone who can see a bigger picture than getting from point A
to point B, than, know, proceeding from stage one to stage three.

This teacher engages the students in learning, by thinking out loud and sharing what "they've learnt by doing the research themselves." This sharing their thinking helps the students see what Anna calls "the magic" of thinking and "what you [the student] could do yourself [themselves]." Anna's narrative uncovers a situation where new ways of thinking did open up for her. She learns about thinking questioningly from the teacher who shares with the students "your enthusiasm and your joy in learning and studying" and "thinks outside the square." This leads the student to learn how she may be able to think, by being shown the practice of questioning and of 'thinking *with*' by someone who has begun this journey already themselves. The possibilities are kept open here as the lecturer shows "the steps," but also encourages the student to think about "what you could do yourself." This lecturer is "someone who can see a bigger picture than…proceeding from stage one to stage three." Learning to see what is questionable is important for RN students. For nurse educators, sharing how they have come to question within their own practice, and planning experiences that enable students to question problems of clinical importance, may be more useful to RNs than having classes structured around finding the 'right' answer. When the teacher shares their thinking experiences, then a place is created for RN students to practise thinking questioningly about their nursing practice.

The thinking as questioning that RN students described as meaningful is not however, without its limitations and risks. RN students are standing in two worlds, the academic and the clinical. One danger for RNs in thinking in this more open, situated and complex way in their practice is, that nursing is embedded in a health care system ruled by cultures of scientific objectivity and 'managerialism' that value measurable outcomes that are immediately apparent and reflected in analytic thinking. There is little space or time in such a system, for a "lot of grey" areas in thinking and decision making. While the discipline of nursing espouses the importance of reflecting on practice, often the RN in her clinical role, is seen to be right if she thinks within the agreed approach, and acts efficiently. There is a personal risk to the individual RN in looking more "inefficient" if she takes time to think through a situation and question the possibilities. The risk of not

having an answer immediately, can be threatening for registered nurses. In <u>What calls for thinking?</u> Heidegger questions this state of modern society:

> *Most thought-provoking is that we are still not thinking*- not even yet, although the state of the world is becoming constantly more thought-provoking. True, this course of events seems to demand rather that man should act without delay, instead of ...never getting beyond proposing ideas on what ought to be and how it ought to be done. What is lacking, then, is action, not thought. And yet - could it be that prevailing man has for centuries now, acted too much and thought too little. (Krell, 1993, p.370, emphasis original)

What is clear, is that to persist with questioning is not an easy thing to do in today's world of nursing practice (Ironside, 1997) which demands action. While the world of health care, clinical nursing and client care is more thought provoking than it has ever been, the difficulty lies in the healthcare system apparently not recognising or appreciating the value of thinking about what is usually not thought about, or what may be new thoughts (Ironside, 1997). Nursing practice, and thinking in clinical contexts, are central concerns of nursing education. An issue for teachers in nursing then, is finding ways in which to support the RNs in the baccalaureate programmes in holding on to thinking as questioning in their practice worlds, to shape the teaching-learning encounters so the RN student can explore new possibilities for clinical practice. Even when the RN student may not be accurate on occasions, confidence gained from learning thinking as questioning, enables students such as Beverley to sustain this questioning stance.

> I think the most valuable thing for me was learning some of the language skills and learning to be able to challenge areas of practice or certainly challenge what I see with some form of confidence and even when I'm not right, to go back and challenge again at another time and that's certainly happened. And I think that I may have been less able to state those things so quickly and I think that the degree process has just enabled me to feel more confident. I think, had I not been through the process [the degree], I might not have felt quite as confident. But as a practitioner, I have to cover what I see. And I don't want to be seen in court one day, and asked why I didn't question, and so I'm more happy to question and if I'm wrong that's fine, and I have been on many occasions, but often I haven't been.

Emerging from this story is the sense of persistent questioning that is experienced when the practice of thinking as questioning is learned. The right answer becomes less important than searching out the questionable, and the possibilities. "Being wrong" is "fine" because with her new understanding of the place of thinking in her practice, Beverley recognises a responsibility as a practitioner to question practice, and keep on questioning. Although they may not be fully aware of the meaning of the experience to RN students, teachers help RNs to hold onto thinking and questioning in their practice by giving them experiences in the classroom that enable them to practice thinking in this way. But teachers in nursing could perhaps consider more consciously and deliberately how to assist RN students in finding ways to show the contribution they make in transforming practice. Some of these ways are perhaps apparent to the RNs, and to some of those with whom the RNs practice in the clinical world, as the degree prepared RNs call others into questioning with them.

NEW PARTNERSHIPS: ENGAGING OTHERS IN QUESTIONING

Another of the ways in which their thinking changes is for the RNs to have more confidence in asking questions and engaging others in questioning. Although RNs are used to having to ask questions in the clinical situation, this is not always done with confidence, and perhaps in the past there has been a privileging of the answer inherent in the questioning. Earlier in this chapter, the conversational nature of learning thinking as holding onto questioning, was uncovered as the RN students learn to question the discipline of nursing and their own knowledge within it. The RN students have discovered in their degree education they are part of a conversation, in which thinking is experienced as a language that shapes nursing and themselves as nurses. Now in calling others into questioning, RN students realise how their conversations influence subsequent new partnerships. Thinking as questioning with others illuminates how dialogue is an opportunity for humans to make and remake their reality (Friere & Shor, 1987). In this way the RNs are transforming practice as they make these new partnerships. Having learned to think questioningly herself, Beverley describes how she _ is now entering conversation with others questioningly:

I've always questioned and I've always probed but it's made it easier to do that I suppose. It's made me more confident to ask questions. Well, in the past I had often questioned the things that were happening ... but now I just felt that I had more skills or I just had the words to use and I was able to reflect that back and often when the doctors would be speaking I'd say, "Yes, well I hear what you say, but have you thought about this or whatever" and we'd end up talking more in-depth and I found that really useful at the end of the day, rather than just standing there and just nodding my head to everything they were saying, thinking that doesn't sound right but I don't know what to say. And in the past I'd certainly challenge, but with no sort of knowledge basis, and that shows up quite quickly when you get questioned. So that was really good, and that gave me an avenue I guess to deal with some of the doctors on an equal footing... what we learnt, is that it was the way that doctors think and the way that doctors are taught and by the end of the day there are no rights or wrongs. If you know where your colleague is coming from then it's much easier to think, OK that's why they think like that and that's fine, but I think like this because, and that's fine too, and to try and get some medium by the end of the day. Often you don't, but its recognising the differences. Which before I hadn't appreciated why the doctors that I worked with would think in the way that they did---But now having that knowledge on board its made it much easier to see where they are coming from and its made it easier for me to try and express where I'm coming from and meet in the middle... so, rather than getting that very negative reaction to questions, our conversations can be long and in-depth on many occasions, I think that's a reflection on --- that its all worked.

Returning for her degree has given Beverley the "knowledge base" and "the words" for conversations with the medical staff. Based on her own thinking questioningly, and "long and in depth" conversations with the doctors, Beverley now sees where her colleagues are "coming from and its ...easier for [her] to try and express where [she] is coming from...and to meet in the middle." This RN emphasises how these conversations call the medical staff into questioning with her, and not only a new kind of conversation ensues, but a whole new relationship emerges. A new partnership is formed for Beverley that replaces previous "negative reactions."

Dialogue is central to working with others in the clinical situation. Dialogue is also an integral part of scholarship (Atkins, 1988; Ironside, 1997). Teachers often try to make a place for RN students to engage in dialogue in the classroom that is relevant to clinical practice. The experience of returning to school for the degree has opened up the practice

of dialogue as questioning for Beverley, and as she talks about the clinical situation, she describes how "now I just felt that I had more skills or I just had the words to use" in her conversations with others. Dialogue has been described by Gadamer as having the structure of questioning and answering wherein the participants in the conversation are related, not only to each other, but to their involvement with the subject matter under discussion (Van Manen, 1997). Beverley shows clearly this structure as she recalls how she says "Yes, well I hear what you say" (showing her relationship with the other in her questioning). She then goes on to illuminate the relationship of both participants to the notion about which they communicate as she says "but have you thought about this or whatever? and we'd end up talking more in-depth."

Dialogue such as this is not a mere technique (Friere & Shor, 1987). There is a hermeneutic sense in conversation or dialogue, in that the participants are searching for understanding. Gadamer (1994) contends participants' views in a conversation are answers to a question that the subject matter has posed for them. The "engaged listening" and "being open to all possibilities" (Diekelmann, 1990, p.301) that characterise dialogue when it is understood and practised as, thinking as questioning (Ironside, 1997) prevents "questions from being suppressed by the dominant opinion" (Gadamer, 1994, p.367). As a questioning, dialogue arises out of what is not known, rather than what is known. Thus,

> To reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but being transformed into a communion in which we do not remain what we were (Gadamer, 1994, p. 379).

The narratives of some of the RNs in this study show how returning for their degree gave opportunities in practicing thinking in such a way as to make them confident in thinking as questioning. This enabled the RNs to call other colleagues into questioning with them. As Beverley enters into the dialogue questioningly, she shows how the practices of thinking questioningly engages others (in this case it was the medical staff) in _ thinking and overcomes antagonism. The usual tendency is for people to assert their answers, but to engage someone in questioning, is to have both participants involved in the conversation admit that they don't know all the answers, and are questioning and

thinking through the possibilities. In the past Beverley has found herself "just standing there and just nodding my head to everything they were saying, thinking that doesn't sound right, but I don't know what to say." Thus acting as though everything the doctor said was the answer, has been how the situation was dealt with previously. Now however, Beverley approaches the dialogue questioningly, and engages the doctor in questioning with her, as she tells us "we'd end up talking more in-depth and I found that really useful at the end of the day."

The new partnerships with other colleagues the RNs describe, are not merely based in having an equal share of the power. In much of the professionalization and collegial relationship literature in nursing today there is a commitment to professionalism, and to nursing having power and control over its practice that goes unexamined (Allen, 1986). Much of the current writing exhorts nursing to gain autonomy and reward equivalent to other health professionals, mainly the medical profession. These assumptions need to be questioned for what they contribute to nursing. The RNs in this study show us other possibilities that are based around new partnerships that benefit the clients being nursed. Pat speaks of her changing relationships with both the medical staff, and the patients:

> You feel empowered, knowledge is empowering and we were gaining that knowledge, between ourselves and our lecturers. And it certainly gave us the confidence to say "no I don't agree with you", or "please explain." Certainly in the hospital that I was in, because I was a senior nurse, a highly experienced nurse and sort of held in that regard to some extent, I was probably more outspoken all the way along than some nurses, because I was reasonably comfortable with my knowledge in the work that I was doing. But I certainly became a hell of a lot more comfortable, you know and I'd take them on head on. I really became a patient advocate full time, big time, …because I became armed with the knowledge I was able to give…you know, digest it, think about it, and know that at the tail end there was a real person who meant something to me as well.

This story reflects how knowledge learned in the degree by this RN student is not just cognitive gain, but has been "digested" and thought about until the RN is "comfortable" with it. The importance of RN learning as always situated against the background of practice experience is described as Pat tells how she is empowered by thinking questioningly to act as an advocate for the client. Pat's story points out that whilst the

change in the thinking of the RNs is integral to these new partnerships, the play between the experience and the questioning thinking of the nurse also influences partnerships in clinical practice. Often experienced nurses are treated differently by colleagues than are novice nurses, because of practice 'know how' (Benner, 1984) that is the sign of nursing expertise. Those RNs who had returned for their degree actively created a place for sharing their nursing expertise by how they brought thinking and questioning into partnerships for the benefit of their patients. These RNs have moved beyond the professional closure (Chua & Clegg, 1990) that often seeks a place by looking for difference and separateness, and looked where they can find common ground by "delving into their [the doctors] cupboards" and finding that "medicine and nursing are complementary and they both need each other" to collaborate in healing the patient.

As this play between the experience and the learning of the RN students shows, their thinking is always situated in their practice world. They can never again think as lay people, having registered and practised in the world of nursing, so learning is always from the perspective of their being, always already a nurse. Hence stories of learning as a reaffirming and reawakening, rather than changing also emerged in this study. The difference between the conventional deficit model of education, that presupposes that RNs lack theory and knowledge, and a transformative approach where the knowledge of the RN students is reaffirmed or reawakened, and challenged or extended, became apparent in this study.

SITUATED THINKING: REAWAKENING EXPERTISE

Claire, reveals how reaffirming of her expertise, was experienced positively.

> It [the degree] hasn't changed it [my thinking] I don't think. I think it has improved it and developed it. By improving you could say it's changed it, but its more developed thinking, more closely in line what I learnt from the degree, it's more closely aligned with what I was thinking at the time prior to doing the degree, than I ever thought it would, I thought a lot of the subjects and thoughts would be totally different to my personal experience, but I was really quite surprised how closely aligned they were and we could identify a lot of circumstances with the subjects that were presented. There was quite a close alignment.

[Interviewer]So was it things you were already thinking about?

Yes... it provided greater insight into every day events...

Claire does not see her thinking as changed, but as "developed" and "improved." Perhaps Claire is more familiar with a deficit model of education, where change is viewed as a radical difference occurring, wherein previous ways of knowing no longer have a place. Claire seeks to define how her thinking is now different, in some other way that allows for holding onto her previous clinical thinking and her "personal experience." What Claire holds to, and values is the reawakening and reaffirming of her practice experience that, combined with her new thinking, now gives her "greater insights into everyday events." Her interest in the common experiences of clinical practice is reawakened. Thus, for Claire, the uncovering of experience that plays a part in RN learning is preserved, while possibilities for transforming practice are kept open. What RNs are concerned with, is the "everyday events" of nursing practice. Learning that is removed from understanding these events is widely acknowledged as the theory-practice gap (Thompson, 1987) and accounts for many nurses suspicion of academia. What Claire experiences, points to "developing" her knowledge-in-action (Applebee, 1996) wherein the classroom dialogue is not removed from the larger domain of nursing. Teaching and learning are occurring in the "contact zone" (Applebee, 1996, p.125) of situated learning. Thus an important concern for teachers of RNs is how they can teach, such that their teaching is embedded in the practice world, and resonates with the experiences of the RN students.

However, some of the RNs in this study, did not experience the degree as bringing about a transformation in the way they think. Thinking is shaped in many ways, and experiences of learning in the degree programmes are extremely varied. Some RNs found other experiences more important in changing their thinking. For Kim, the experience of the degree was "good going back and doing it and refreshing myself...but I learnt really nothing." She relates how her thinking was influenced more by earlier learning experiences. The degree merely seemed to reaffirm the expertise she already had.

I don't think it's made any more difference to the practice I did pre BN because of my knowledge and experience anyway, so I think that it's

made no difference in the way that I look at things. No, I don't think it does, because I think the Advanced Diploma of Nursing (ADN) had me thinking a lot of the ways... that way anyway, so for me, I probably didn't gain as much that some of the others would have gained who hadn't ever been introduced to that. So for me it was nothing... I enjoyed it because I enjoy learning, I love meeting people, I enjoyed the group interaction and I look back and think that was fun. But at the time it was very frustrating, because I was thinking I'm not really getting anything out of this, I'm not really feeling that I've learnt anything. And what I had learnt I had done myself, by basically just my interaction in the clinical areas. That was totally up to me. So from that point of view that was good...I think it does change your thinking but my problem is the ADN had changed me completely. I'd come from working in places like intensive care to doing the ADN. And so therefore, for me it [the ADN] was a whole new lot of language, and jargon as some people call it, and a whole new way of thinking. I found that it just became part of the way that I thought and I find it interesting when people say what's the point of learning about all these theorists, and I'm now able with a sort of knowledgeable answer, able to say well it is important, it does make you think about the wider person. Because I think I had good basic clinical skills but I'm now able to think more about the whole person and what's available in our communities and what's done for health. So from that point of view, yes. But I think there is still a lot of it that is not used or given the opportunity to be used in practice, you do forget that you've learnt it.

Kim feels she has already experienced in her previous education, a transformation in thinking that she expects the baccalaureate degree is supposed to bring. She feels she has learned nothing really new. Perhaps having completed her ADN, does Kim find the qualification required has changed (the baccalaureate nursing degree now being the 'piece of paper' wanted by employers and the profession) but the process has not, and the content remains much the same? Given this context of finding her hard-worked-for previous qualification is now no longer valued, Kim's story reveals her feelings of ambiguity about the experience of the degree. She says she "enjoyed it because I enjoy learning, I love meeting people, I enjoyed the group interaction and I look back and think that was fun," but paradoxically also says "I was thinking I'm not really getting anything out of this, I'm not really feeling that I've learnt anything. And what I had learnt I had done myself."

One way of understanding feelings of ambiguity such as this, may be by exploring the difference between "learning and being well taught" (MacLeod, 1995, p. 199). When

Kim speaks of the things she enjoyed, she speaks about involvement and interaction with other people where learning arises from dialogue, and where she had learnt through her engagement with nursing in the clinical area. Perhaps Kim is expecting some obvious teaching for learning to occur, but it may be that what she has learned is much more subtle than that, and so closely linked to her practice, that she only recognises it as what she already does. Perhaps learning as cognitive gain may be the way that is familiar to Kim as learning, or indeed of being well taught. For Kim however, the experience of learning in the degree may be a deepening of understanding, a reawakening and reaffirming of expertise. Kim is already situated in clinical practice, and knows how to learn from experience. And she feels she has begun her thinking transformation elsewhere. Could it be that Kim feels she has not been well taught and therefore feels she has not learned?

What RNs returning to study for the degree may distinguish from learning, is their expectation of being well taught (MacLeod, 1995) Courses for RNs need to be directed towards nurses with practice experience. A side of this paradox between learning, and being well taught, is the "alienated view" (Diekelmann, 1989, p. 34) of education where Kim may feel she has not learned anything because of the way she was taught. MacLeod (1995) identifies dimensions of being well taught such as experiencing structure that allows students to be in control of managing time and course expectations, understanding the teacher's expectations, and having a balance between flexibility and specificity in courses that are important to all students. But for RN students there is another important dimension. The reaffirming of their experience is equally important. This may point to how conventional pedagogy may not always work for RN students and leave them feeling they have not been well taught. If RN students are given the same format and same content, as pre-registration students, then the role of experience in learning is covered over, and minimised. Students may feel disconnected from learning, if that learning is not meaningful and transformative. The issue here for teachers in RN education is to find ways for situating learning within RN students' experience, *and* ensuring they are well taught. It is not a case of *either/or* here, but one of the RN students needing both learning and good teaching in their degree courses.

Kim's story shows us is she finds the experience of changing thinking as "good," but this experience is not necessarily tied exclusively to the BN degree, other educational experiences have also contributed to her learning. Another RN, Robin also finds that for her, there have been more compelling experiences in her clinical world than in the degree course. Teachers need to remain mindful that life and practice experiences are also important in provoking thinking. Robin finds it is the particular context of her practice world that has challenged her thinking, the formal process of the degree made little difference to the way she thinks.

> I think a lot of that reflects the fact that I worked in the community which challenges your thinking all the time, so you've got to be quite open to changing your ideas and your thinking when you work in the community. It [the degree] did change my thinking to some extent because I don't believe you can learn anything and not change your thinking, but I don't think it made a huge difference to me, from actually having done the diploma of nursing, in my attitudes to people at all, or really the way that I practice really.

Robin talks about the degree not making a "huge difference" from when she gained her diploma of nursing and her registration. There could be more than one interpretation of this story. Perhaps what is seen here is that there is a huge difference made by initial nursing education where the pre-registration student moves from being a lay person to becoming a nurse. When RN students return to the polytechnic for a degree, do they assume they will experience that same "huge difference," so learning embedded in a practice world, of which they already have an understanding, has less of an impact. Or could it be, that this student is showing teachers that an approach where all students are treated as if they were the same, and teachers focus on content and assessment as if every RNs career takes the same direction, and they need to think about the same things, does not encourage the RN students to engage with their learning. Robin practices in the community and credits the community as "challenging [her] thinking all the time," it is a place of learning where she has to be "open" to changing her thinking and her ideas. Perhaps Robin is already approaching nursing theory through thinking about its utility for her participation in the context of her practice world, as in the nature of "knowledge-in-action" (Applebee, 1996, p. 1).

It may be that these narratives reveal the complexities for teachers in planning learning experiences for RN students. Now the RN baccalaureate programmes are well established in the polytechnics, perhaps it is timely for teachers in these RN courses to question curricula, and pay attention to having content, and ways of teaching, that are compelling for RN students. Perhaps educators could think of structuring curricula in ways that involve RN students as partners in deciding what are the compelling courses, topics, assignments, and readings, that RNs need to engage in within the degree course. In this way, teachers may help RN students in making changes in thinking, by negotiating together for learning experiences that move students to questioning thinking, in ways that help address clinical problems, and change practice.

What then are possible teaching practices that help RN students to engage with their thinking? Diekelmann's (1997) work has described the common practices of teachers and students as including the practices of reading, writing, thinking and dialogue. Diekelmann contends these practices belong together, and the preserving of these is important in teaching and learning. This understanding has re-emerged within this study as an important consideration for helping students towards making the concerns of the discipline part of their own thinking (Applebee, 1996; Taylor, 1993). Thus reading, writing, thinking and dialogue become important practices for both teachers and learners.

READING, WRITING, THINKING AND DIALOGUE: MAKING THINKING YOUR OWN

Thinking is a central concern in nursing education. Current literature in adult, and higher education that focuses on thinking, however, often tends to look at thinking in isolation (Brookfield, 1993; Taylor, 1993). As Pat's story unfolds, *how* she experiences the practices of reading, writing, thinking and dialogue occurring together is revealed as she talks about the change that has come about in her thinking.

> I believe that I've progressed through an alteration in my thinking. I
> don't really know how to describe that, but I think I think.--- I think I
> think now--- I think I think. But I don't think I've ever taken things
> particularly at face value. I'm certainly far more inquisitive. I think that
> my thinking has altered, it's changed, I don't really know how to describe

it to you. Yeah, my thinking has changed, I can even get the cross words out now.

[Interviewer] has the degree changed the way you think, not the content, but the way you think?

It's changed the way I think.... I used to sit there and say "why am I reading this crap? Why do I have to write about it for God's sake?" And I've learnt to read. I've learnt to read, actually read. What I mean by that, is, I thought I was a reader. I love books, I love to read. But the number of pieces of paper that I had to read three and four times to get them through the thick skull was amazing, to the point that I read and understood. I learned to read. I'm a reader, I love reading.

[Interviewer] How did that happen?

There was this raft of information I was expected to digest, and regurgitate in an intelligent and meaningful way. I actually had to understand what I was reading, before I could begin to think about how I was going to put that back out in the manner in which they expected me to. And I thought I was a reader. I thought I could read. I was absolutely blown away when it dawned on me one day that I was seeing the words but I wasn't taking them in. I learned to read. Pretty scary stuff at my age. I tell you what, I read things, I got an assignment back yesterday, [from another course that she is now undertaking] it was an exam which I passed. Which I was really blown away on. Which was really good. And there was ten short answer things, which I didn't do so well on. And there were two essays ...the topics of them were quite long and quite wordy, they had quite a lot of things that they wanted you to put in this essay. You know how they send back that paper... evaluating each question, what the majority did, some did... some did... And these questions it said, and very rarely was blah, blah, blah as requested discussed. I read, I think I read the questions. And when I was going through and reading the results of that, and also reading my draft of what sort of I've done, I actually made the comment to my husband and I said "I know why I've scored well on these two essays, because I've read the questions." I just made the comment last night, I read the questions. Read each word. And I believe polytech taught me how to do that. Well, it made me learn. I think I string the words together on paper far better than I have ever done. When I read my essays, I had to jiggle round with them. You know you do your draft and you do your draft, do your next draft and your next draft, and you think, damn it, I don't want to do this any more I'll print. But I've gone through and read them when they've come back from marking, and I've thought a couple of times "did I write that?" And that's been good for me. Did I really write that? Because it's read well. The comments have been "this reads well." So you go through and read it, and you think, my God it does read well, did I really write that? So there's been a lot of personal proof. Heaps, buckets of it...And I think as a class we learnt a lot, and we learnt from each other, there was

just so much learning. Because everybody came from a different workplace, and there was just so much learning.

Pat tells us "I think I think... I think I think now." Showing how she emphasises thinking, she describes *how* she thinks as reading, and writing, and dialogue with the others in her class. What Pat's story points to is, that it is unproductive to separate thinking, reading, writing and dialogue. The practices of reading, writing, thinking and dialogue can easily be discussed in the abstract as separate, but Pat illuminates how they are experienced as belonging together. That is, Pat describes how her thinking has changed, by describing how her practices of reading and writing changed. Pat "loves to read" and describes herself as a "reader," but when confronted with papers where she "was seeing the words, but wasn't taking them in," she is "blown away" - "I thought I could read." Pat thinks reading a lot, equated with the reading for understanding that is required in the degree course - reading in which new ideas have to be thought about (Ironside, 1997). She also learns she has equated reading with "seeing the words." Pat finds she has to overcome a technical approach to reading and read for understanding, which at times meant having to read the text "three and four times." In this way her reading belongs with her thinking. Similarly her practice of reading belongs with writing as she describes doing draft, after draft, after draft, and how, as she reads what she has written she has to "jiggle round" with her thinking and writing. Embedded in her description is how her reading and thinking informed her writing, so that writing was no longer just a technical exercise, but a practice of thinking and reading (Diekelmann, 1997, Ironside, 1997). As she reads the text she has written, she reveals her experience of the belonging together of these practices when she says of her own work - "did I write that?... did I really write that? Because its read well." Pat's writing is understood by her as her thinking and reading. Teachers try to give students experiences of reading, writing, thinking and dialogue that are meaningful. But it is easy to treat them as separate practices. Perhaps RN students appreciate activities that evoke thinking as part of reading and writing, for example, assignments that call for synthesis of knowledge on a topic that is meaningful in practice.

However, Frances' narrative shows how it is important for RNs to also learn the technical aspects of writing early in courses to overcome any lack of confidence in their

ability to achieve in academia (Beeman, 1988; Wang, 1991). Thus these students are then able to move to a place of understanding in which reading, writing, and dialogue become inseparable from their thinking.

> That was a big thing, actually submitting the first assignment and then getting it back, it was a big thing, because I had been out of the way of doing that type of work for a long time, what I call school work, written work. …there's a format and it has to be done correctly. But even just sitting down and constructing sentences properly and thinking of the best way to write what I was thinking and what I wanted to say, actually having to put it down on paper was quite a big thing when you haven't come straight from school [high school]. Some of it did seem irrelevant, but I didn't challenge that, because I was too green really, I didn't know what was expected of someone doing a degree, so I was guided by the guide lines of the paper and I accepted that. I felt that I couldn't really question or challenge it, because I hadn't had enough experience to do that… in the academic side of things. I had had practical experience…Perhaps that changed a little bit as I worked through the degree though. Certainly at the start I was hesitant and very eager to just meet the requirements. I wasn't in the frame of mind to be thinking critically over what was required. I doubted my own ability for a long time.

> [Interviewer] Did the course change that in any way?

> Yes, I think it did. Part of that was being in a class with nurses who were practicing, but they weren't practicing in the same area as I was. After a while talking to people you realise that the same issues crop up everywhere for nurses really, practice issues… That was very much a part of it for me, interacting with other nurses and I think I learnt a lot from that, we told a lot of stories, because nurses do that traditionally don't they? A lot of stories came out from other practice areas and from my practice area and when you listen to other peoples stories you realise they have the same dilemmas. They have the same issues crop up, and you talk about how they're dealt with and you agree every one probably deals with things in the best possible way at the time. Sometimes there are ways that things could be done differently but you only know that in hindsight. You only know that when you talk about it, think it through and think well actually we could've done it this way, could've done it differently.

In this narrative, Frances shows us how RN students may inadvertently reinforce a teacher-centred pedagogy by trying to figure out what is required in the finished product rather than seeing writing as a way of thinking through an issue. It is not that the technical expertise of writing is not important, but rather *how* technical aspects are

taught and learned. Frances say "I couldn't question or challenge it, because I hadn't had enough experience to do that...in the academic side of things. I had had practical experience." Frances reveals the paradoxical nature of teaching RN students. She shows how it is important to teach the technical aspects early, so the student may overcome the feeling of being "hesitant and very eager just to meet requirements," but it is also important for the teacher to help the students move past this stage by unfolding with the students the possibilities of reading, writing, and dialogue as practices of thinking. An understanding of the mutuality of these practices is already with the RN student, as Frances says "thinking of the best way to write what I was thinking and what I wanted to say, actually having to put it down on paper was quite a big thing." Frances shows an understanding of writing as thinking, but what also emerges is her sense of needing someone to help her learn about "constructing sentences properly" as she "didn't know what was expected of someone doing a degree." For RN students, both learning the technical aspects, and learning thinking as reading, writing, and dialogue is significant. To hear the 'voice' (thinking in writing and dialogue) of practicing nurses such as Frances clearly is important to the profession. Perhaps teachers in nursing degree programmes need to attend to the practices of reading, writing, thinking and dialogue in a more overt way. They could perhaps look at providing experiences that show students *how* each of these practices constitutes, and is constituted by the others. In this way teachers can encourage practicing RNs to voice, through dialogue and writing, their thinking about the important concerns of practice. Too often writing and dialogue about nursing, is thought to be the domain of 'academics' rather than nurses in practice. Teachers could, for example, discuss with students in class how RNs already 'read' clinical situations and how this, along with dialogue with other colleagues and clients in practice, shapes their thinking. RNs may then appreciate these skills are not the sole province of nurses in education.

Frances shows how meaningful the practice of dialogue is to thinking. She reveals how her thinking changed, and her way of responding to what was required in her writing, "by being in a class with nurses who were practising." One of the ways she learns is "when [she] talk[s] about it and thinks it through with others," showing how dialogue and thinking actually shape each other. Teachers may help students experience, and understand the play between reading, writing, thinking and dialogue when teachers

practice this kind of learning together *with* students. Perhaps class time for discussion of the experiences of students with their reading and writing might help both teachers and students understand these practices of thinking better. Similarly, rather than teachers only being involved with finished assignments, as they mark it, it may be that new partnerships towards learning can be engendered by the teacher being involved with students in reading, writing, and dialogue that is thinking. For example, if students read each others papers, and discussed the assignment, perhaps new thinking would be provoked in the writer and the readers. If teachers also wrote assignments and shared these with students, and discussed their thinking about reading for, and writing the assignment, perhaps they and the students would learn more about these practices.

If teachers shift their emphasis to students understanding, rather than production of a product, they can help RN students in their search for coherence. It is not all the information that students gain from reading or writing which they retain, but rather it is that knowledge which becomes part of themselves (Taylor, 1993) and their practice. In this way when RNs practice reading, writing, thinking and dialogue as a belonging together, in that, what is thought, is written, read, spoken and thought about in a circular manner, they can make knowledge their own. The shift that is happening here is from students learning to write, to them writing to learn (Allen, Bowers & Diekelmann, 1989; Jackson, 1991). It is not that there is not technical skill involved, there is, and it is important, but if teachers focus *only* on the skill, then we may end up with work that is technically correct, but in which the student lacks a sense of the reading and writing being part of their own thinking. Students may be able to read books and journals and remember the main points, or write a paper with perfect referencing, but they may not have made thinking their own.

Anna shares how the process of reading, writing and dialogue changed her thinking so what she was learning, became a part of her.

> You know your brain is still going wow, wow you know. I guess part of that is thanks to the tutors as well, particularly some of the tutors, there are some amazing tutors down at polytech. And there are some amazing nursing writers... I think about the woman who put on paper about cultural diversity and things like that... but that book like Annette Street

talking about the high hard ground and the messy swamps and you think, yes I know that concept, I recognise that, but you wouldn't have thought about that for your self.

[Interviewer] Is it that she names something for you? Something you actually know? Is it that recognition from somebody else?

Yes. But it's even the closer to home stuff like, recognising the partnership process and things like that, things that are home grown. Yes. Recognising the phases of building a relationship with a patient, I mean that's another 'aha' sort of concept. Even... I can remember feeling really anguished over how terrible we were as Europeans, and recovering from that, seeing it on a more level sort of a ground and then studying the other side of it. The Maori side of it and appreciating that side of things as well. It was a series of extremes. And then coming out of it with conclusions of your own. Like moving to a place within your own experience that is comfortable for you, or that maybe you want to be at, at this moment and think about it more and move to another place.

[Interviewer]Can you tell me more about that, does that cross all papers? Do you move to a point where it wasn't them telling you stuff, but when it became yours?

Yes. I think it's across most of the papers, I can even recall aspects of it in the research paper really, a place where you suddenly think that's bloody pedantic, you don't have to go to that extent or that doesn't apply to me, or yes I recognise that, but... and think how it applies to you or how it could apply to you. Kind of listen to the platforms that the papers are being presented on and then make your own decisions about them. And that's part of the growth process of doing the degree too, I guess. Its working out how things are for you or how... or how much further you've got to go before this... you know setting some goals till you get to a place where perhaps you will be more settled, more grounded in whatever it is that you've been learning at that particular time. Or discarding them altogether and thinking well OK I've learnt that because I needed to learn that, I will just kind of file it now.

In part, Anna is describing how her experience as an RN is being reaffirmed as she reads and thinks "yes, I know that concept, I recognise that." But she also realises that she "wouldn't have thought about that for [her] self." Entering a conversation with the wider discipline, challenges and changes how Anna thinks, even as the conversation resonates with what she already knows from her practice experience. Anna describes how her – thinking changes as she comes into dialogue with others such as her tutors, but also with the literature she is reading. As she "listens to the platforms the papers are being presented on," Anna shows how she is coming into dialogue with what she is reading.

Anna is trying to make sense of the view put forward by the author, and bringing this into conversation with her own thinking, rather than treating the text as an "encyclopaedia, gutted for information" (Taylor, 1993, p.66). In this sense, reading and dialogue are inseparable, when treated as practices, and help the student to gain *understanding* and grasp a unified sense of the material in the text.

Uncertainty is an inescapable part of practical knowledge (Taylor, 1993) such as nursing practice, and to an extent, thinking and learning are uncomfortable (Brookfield, 1985; 1993) as Anna reveals, when she speaks about the "anguish" she experiences as she learns the "extremes" of differing perspectives. Moving from that, through a dialogue with her thinking and reading about the subject she arrives at "conclusions of [her] own" and "moves to a place within [her] own experience that [she] wants to be at, and thinks about it more and moves to another place." Anna is practising reading, thinking, and dialogue, in the same way Pat practised reading, writing, and thinking: as belonging together. It is these practices that help Anna to make thinking her own, not just a collection of bits of information from the authors she is reading. Thus there is the possibility of her 'voice' being retained and not covered over by dominant voices of either academia or nursing. If teachers and students in RN education come to see the classroom as a place for knowledge-in-action (Applebee, 1996) where they can affirm, or challenge and re-vision, the tradition of the discipline through reading, writing, thinking, and dialogue, they will open up possibilities for knowing which practices in nursing to relinquish, which to change, and which to hold on to.

SUMMARY

This chapter has examined the experiences of thinking that were revealed in the stories of the RNs in this study. The narratives in this chapter have shown that both transformations in thinking, and affirmations of current expertise and thinking were experienced within the degree course. Central to the changes in thinking was learning to think questioningly, and to draw others into questioning within the world of nursing–practice. The RNs learn that "the essence of the *question* is to open up possibilities and keep them open" (Gadamer, 1994, p. 299). As already practising nurses, all the RNs think about their learning in the context of the nursing world. The possibilities that open

up for them are possibilities for clinical practice. The practices of reading, writing, thinking, and dialogue re-emerged in this study as important ways for RN students to learn, and gain a unified sense of their own understanding, rather than thinking being experienced as collecting pieces of information predetermined by the teachers. In this way, these practices open up a way of the RNs to reach new possibilities for nursing.

In Chapter six, experiencing community is described, and a sense of how a path to thinking emerges from this shared commitment to learning is shown.

CHAPTER SIX

EXPERIENCING COMMUNITY

INTRODUCTION

Whilst the theme of Experiencing Thinking described changes the RN's understood to occur within them individually, there was also a sense of a path to this learning and thinking through belonging in a community of learners. All of the RNs in this study talked about other people who were experienced by the students to have accompanied them in learning. Most of the people were other RN students, some pre-registration students, and the teachers in the degree courses. Many of these stories reveal how learning is not an individual endeavour, even when the activities of learning may sometimes be carried out alone (Ironside, 1997). The RNs describe not only how their learning experiences shape their lives, but also how their lives shape their learning. Family members also journey with the RNs as they undertake their degree, but accompany them in a different way. Important to the students as a support during their degree education, these people help the students get through some of the difficult times in the experience, especially when time and technology seem to be against the RN students.

For many of the RNs, the possibility for learning is created through belonging within the community. Breakdown of the community uncovered in other stories emphasises how being silenced in the community, or excluded from it, closes down some possibilities for learning. RNs describe how the community influences learning. This theme revealed the nature of learning as constitutively a community experience.

BELONGING IN THE COMMUNITY: CREATING PLACES FOR LEARNING

Many RNs spoke of their experience in the degree course in a way that shows up learning as a community practice. There is an understanding of making friends and gaining support from others. But even more, a sense of learning being shared, or held in

common, in a way that is more than just a group of people who are present in one place at the same time. The stories of these RNs show us that learning as part of a community is very important to them. It is from this secure base that diversity can offer many possibilities for learning. Anna described how she experienced this relational aspect of learning, how belonging in the community creates places for learning.

> Oh, I think that's one of the beauties about studying at polytech, is--- it's just learning how things are for your colleagues. Because we had a really fascinating group of nurses doing [the degree] particularly the praxis paper. The year that I did the praxis paper we had nurses from the community, nurses from the hospital, nurses from the hospice, nurses in management, nurses at the grass roots. Nurses from everywhere and--- we sparked off each other really. I guess the praxis paper is a vehicle for thinking about what you do and why you do it. But it is also a vehicle for appreciating how other nurses do things and how things are for them, because this is an immensely--- its an immense political arena that we're nursing in at the moment and to listen to the experience of other nurses--- it was something special---because of the bonds I guess that we built up over the three years. Even though there was different people in each group as you did it, because nobody did the degree the same way around. There was plenty of room for movement within the papers, so not everybody elected to do the same things in the same year, it didn't follow any particular--- any particular way of doing the degree. That's what I see as some of the magic of nursing, is sharing stuff with your colleagues, listening to your colleagues, learning how things are for them as well as how things are for you and you know getting a chance to say how things are for you but I think the most important bit is- that's why I chose polytechnic over finishing at university- because university was so lonely. I mean, I did some really interesting papers. But it was still really lonely all by yourself. There's only you and a book ... you start in the book to do some piece of work and you can't put the book down, I mean there was that fascinating about it, but it was lonely. And polytech wasn't lonely. At polytech you had the benefit of the tutors' experience and their enthusiasm, because there are some amazing tutors at [polytechnic] and you also had the input from your colleagues. Makes a huge difference. Makes it practically painless to stick at.

Sharing learning in a community is more than just overcoming isolation. It is pedagogically significant. The community for Anna is a place where you "share stuff," and "have the benefit of tutors ...and colleagues" as well as a place where you are not - "lonely." Being connected in this way had both personal and pedagogical meanings for RN students. In New Zealand, university for many nurses means distance education. This is seen as an experience that, although "fascinating," is "lonely." Although in distance

learning, reading and thinking with texts can be construed in terms of a dialogic experience where the thoughts of the student can come into conversation with the thoughts of the writer (Ironside, 1997), contemplating the thoughts of those writing in the discipline as a whole does not create a sense of community for this RN student. It may be that baccalaureate education is the place where RNs feel beginners in the academic world, and need the sense of a closer community than that of the researchers and writers in the larger nursing and academic world.

For Anna as an RN student, the community is part of the "magic of nursing." Experiencing their education as part of their nursing, these RN students value the kinds of communities that are caring, and create places for learning. Diekelmann (1997) has identified Caring: engendering community, in her concernful practices of schooling, learning and teaching. Caring in a way that creates a community shows a concern for people, where teachers and learners are fair and respectful to each other, even when they do not agree with one another (Diekelmann & Diekelmann, In preparation). Anna's experience captures the sense of a community creating a place for learning, because of the "bonds that were built up." One of the practices emerging from the community is dialogue that is questioning and creates possibilities.

Embedded in Anna's narrative is how thinking is developed in the community through dialogue, and how central this is to learning. Showing how she moves from thinking about her practice to others practice, and in listening to others, circles around and "sparks" off them with new thoughts, Anna illustrates how her thoughts, spoken out, spark new thoughts in both herself and others. She is learning "how things are for others and for you" [herself]. Thus we see how thinking and dialogue are community practices of learning that belong together, each constituting the other. Engaging with others in dialogue extends understanding.

Listening and speaking in this way encompasses teachers and students, and they all become both teachers and learners gaining greater understanding of nursing practice. What is created is a "circle of learners in which students come together to create new learning while working from pre-existing...experiences" (O'Loughlin, 1992, p. 338). Traditionally we have thought of learning as an individual endeavour, with conventional

pedagogy emphasising competition, and rewarding this individualism (Belenky, Clinchy, Goldberger & Tarule, 1986; Diekelmann, 1988; Ironside, 1997). Although sometimes students are on their own while involved in the practices of learning, what these RN students show us is that learning is also a shared community practice and thus, creating knowledge is a community experience.

The RN students were all connected by their backgrounds of nursing practice, and by undertaking the degree. While all the RNs talk about the unity of RNs as "colleagues" that gives the group the feeling of being linked through all being RNs, and being "RNs doing our bachelor of nursing," overlying this, are differences that were obvious to them, such as their specialities of nursing, and the different life, and practice experiences they bring. Many RN students shared experiences of suffering hostile reactions from colleagues not undertaking the degree course. But they also shared stories of being welcomed into learning by other RN students and teachers in a way that was both meaningful and transformative. RN students value coming together as a community in learning where differences are welcomed, rather than ridiculed. This challenges the practices of teachers who use conventional pedagogy to teach as if all students were the same, and unwittingly encourage conformity in thinking. This unanticipated consequence may be the opposite of the intention of the teacher (Ellsworth, 1989). What these RN students reveal is that, when they bring diverse experiences to the classroom, learning is enhanced rather than impoverished, by responses that are diverse rather than similar. In the context of community, a place for learning is created by RN students within which diversity can be exciting and stimulating. Beverley recalls how interesting this was:

> The plus for myself was to be surrounded by a bunch of colleagues, and--
> the whole networking was absolutely a major plus. Some of the stories
> were terrifying and some of them were really good. That was good---I
> think that was good to see lots of different ideas on some subjects, and
> we had some fairly fiery discussions from time to time. Especially in some
> of the socio-political areas.

For Beverley, differences seem to have been respected. Despite "fiery conversations," the "plus" was being "surrounded by a bunch of colleagues," it was "good to see lots of different ideas on some subjects." For both Beverley and Anna, the diverse experiences shared by the RNs encouraged transformed thinking about their nursing, not because

everyone agreed, but because they, and others, shared their thinking and learned something different from this experience.

As knowledge increases exponentially, there is always more new knowledge to be included with little guidance as to what knowledge to remove from the curriculum. Nurse educators frequently feel pressured to teach new content, and when there is an overwhelming amount to teach, what may be lost is time to think about this new knowledge. Content is important and necessary, but perhaps what is also important to these RN students is that this new knowledge is not severed from their existing diverse experiences (Freire & Shor, 1987; Shor, 1992; O'Loughlin, 1992) as practising registered nurses. Ellsworth warns against seeking to push students into consensus and creating false unity (Ellsworth, 1989) that undermines a community, rather than valuing their differing experiences. In a community that shares learning, the issue is not so much about ignoring differences, but about being respectful of, and making a place for differences. In this way RNs can be encouraged to re-vision what they already know through dialogue with others, that maintains a respect for the diverse experiences of all learners and teachers. Thus, community practices help overcome some of the competitive aspects of traditional education.

Teachers in nursing encourage the development of reflective thinking when they pay attention to encouraging community, and making a place for narrative teaching and learning in their classrooms. The experience of the registered nurses can be used by teachers and learners to engage their thinking, and create a place for RN students to critique their own practice. When shared in community conversations, the RNs can learn from each other about their practice, about challenging it, and about taking this knowledge into practice. Respecting the differences brought about by experience becomes even more significant when the RNs take a course with pre-registration students.

> Oh the undergrads [the pre-registration students is meant here]. That was
> an excellent opportunity to study with the undergrads. It was like a
> breath of fresh air. It was tremendous getting these third years input into
> how nursing was going to be for them and how their relatively brief
> experiences of nursing were affecting them and was... a privilege really

to study with the undergrads. Just to realise, just to take you back, to make you not complacent about the environment of nursing, about the climate of nursing because these students didn't think twice about reflecting back exactly what had happened to them. I would recommend it to anybody to do a unit with the undergrads. The teaching process is quite different for the undergrads, the tutoring is quite different for undergrads and I think in a class with a majority of undergrads and two or three registered nurses it must have been an extra drain on the tutors, but they never made that apparent. They kind of, in a way, celebrated that we were where we were and that the undergrads were where they were.

Although not commonly the experience in this study, sometimes, for one reason or another, RNs and pre-registration students find themselves sharing a class. Perhaps there is no acontextual answer as to whether this is a helpful or not for either group. What appears to matter is that, if these students are taught together, the skills needed to create a community that embraces diversity must be present. Anna's experience with the pre-registration students illustrates how a class with widely diverse experiences can come together in a community. What made this class successful is how the teacher "celebrated" and created places for the diversity in a way that engendered a community where everyone felt valued for "where they were." The secure place, created by this teacher, is a critical space for learning. When Anna talks about how these inexperienced nursing students are "like a breath of fresh air" and how it "takes her back," she is seeing the same place with new eyes. This is an important part of education for the RN. To re-vision the practice she already knows, is creating a new place for thinking. What is meaningful about the degree for registered nurses is not that everything they learn is novel content, but that they reach a new place in thinking. RN education is a good place for nurse teachers to look at the practices of teaching and learning. Teachers could reflect on their abilities to build community, and share the practices they find helpful in developing a learning community. Teacher development could also pay attention to how teachers may learn the skills needed to engender community with classes in which both RNs and pre-registration students are present.

While creating places for learning is important, issues of curriculum structure and classroom practices are also influential. RNs already know much of the 'content' and can focus on how to think about nursing practice, rather than learning content to apply in practice. Is the structure of RN education the same as pre-registration education? Do our

curricula for registered nurses still centre around content, testing and evaluation? If learning is experienced predominantly as testing knowledge of content accumulated, rather than thinking, then the competitive, isolating aspects of education can overwhelm the learner and constrict their learning (Diekelmann, 1992). Perhaps curricula structured round the needs of pre-registration students, who are novices in the practice of nursing (Benner, Tanner & Chesla, 1996) and who must be kept safe in clinical practice, do not meet the needs of RN students who predominantly seek changes to their thinking to enable them to explore their practice. Would negotiated curricula better prepare RN students to lead the practice of nursing into the next millennium. Negotiated curricula that centre around accompanying students to think about practice in a variety of ways, from a multitude of perspectives may open new possibilities for experienced RN students in their schooling and their practice communities, rather than merely accumulating more content about what is already known.

There are both positive and negative experiences in being in a community. To reach a place where they are able to share communally in a positive way, students and teachers must be able to connect with each other. Nurses are already aware in a clinical context of the importance of 'knowing' their patients, to be able to care well for them (Tanner, Benner, Chesla & Gordon, 1993). It is important then, for teachers to allow time in the classroom for RN students to get to 'know' each other, and the teacher (Diekelmann & Diekelmann, In preparation). In this way a place for learning that enables content to be more meaningful and compelling, especially for RNs may be created. Robin describes one of the ways she got a "really good idea" of how things were for the other people in her group:

> The main teacher for the group... actually had quite a lot of input herself about experiences that she had had and things like that... There was an outline of each week of what we were going to cover. But the first thing we'd do when we'd get there is--- we'd basically go round and each person would--- you'd just sort of say what had been the main things for you that had happened that week, and it could be about anything and you got a really good idea about the different stresses and different ways that people worked, just the different ways people found of dealing with situations, some quite creative ways of getting round problems really.

Most teachers begin a new course with time allowed for student introductions, Robin shows us here, that ongoing time for this is also important. Allowing the sharing time to "be about anything" helps create a sense of community that is not restricted to the "narrow boundaries of academic discourse" (O'Loughlin, 1992, p.339). Creating a place for sharing what are "the main things for you" places the classroom within the context of daily life and clinical practice. Many of these nurses are full time workers and part time students, as well as having families and lives outside nursing and their degree education. There may be many things that occur outside the classroom that are important to how learning occurs within the classroom community. Approached in a way that builds community, education becomes more than a whole lot of unrelated segments of teaching. Attending to learners and teachers getting to know each other may reveal ways that enable the RNs to create more situated meanings within their learning. Claire also shows how important the dimension of ongoing time is to forming a community that creates a place for learning.

It didn't particularly bother me [not knowing anyone at the start of the course]. I had been in a number of places and a number of situations similar to that. Usually you break down barriers and you get to know people, but it takes time, patience. And time will usually develop friendships and provide opportunities to discuss things with people in more depth than you can really with total strangers to begin with--- it takes time. But you find by the end of the course you knew those people reasonably well. Although again, depending where those people are working, most people were very keen to just get there and go, as I was, very much so. There wasn't a lot of post class discussion time or--- people essentially needed to get on.

Whilst stressing the importance of having time to get to know each other, what Claire also shows us, is that there is often not time for the RNs to try and do this out of class, as "people essentially needed to get on." This narrative shows the importance of teachers in RN education making time for the students to "develop friendships and provide opportunities to discuss things with people in more depth." Claire makes the point that dialogue and learning that are meaningful to her, cannot just happen with total strangers. Implicit in what Claire is describing here is the notion that people in a common location learning side by side, are not *learning with* in the same way as those in a community, who know each other as people and have built a place for sharing learning.

Robin's experience of being in a class with pre-registration nursing students shows even more clearly the difficulties of engendering community unless time is made for people to get to know one another:

> I think it would have been frustrating to have been with them [pre-registration students] all of the time, but because you're only with them for a small segment I found - most of the students were really good - but you would get some students that just didn't want to get in a group with you, didn't want to know you basically. They were like that with all students like me, [RNs] it wasn't just me, and I'm not sure why that was. And I was never there long enough to really--- you weren't, because you never spent lunch time and you didn't have recreation time to spend with these people, you actually wouldn't get to know them very well anyway. You went for your couple of hours and then you are off driving frantically in your lunch break back to work, or wherever it was that you were coming from.

Clearly, being in the same place as people for a period of time does not constitute community. The group must be able to find a way of knowing each other, and connecting, to become a community. Robin points to the sharing of lunch, or recreation activities that are two of the ways that people may get to know one another. Embedded within this story, is the notion that it is involvement with each other that makes a difference, not just learning side by side. Being sensitive to the contexts of RNs lives that leave little time for the students to get to know each other outside the classroom creates possibilities for engendering community in the classroom. Teachers who attend to how they create a place for RNs to share, and get to know each other within the class time in an ongoing way help build communities for learning.

Teachers often use group work that entails out of class meetings for students, perhaps thinking this will encourage community. However, several stories from RNs show that there is a danger in equating 'groupwork' with community. For many of these students the two are not synonymous, and traditional groupwork does not in fact create a place for learning that is helpful for RNs.

> The other thing that I found really frustrating is, I think if they're going to be having people who are studying--- like they're not full time students and they're only part time, that they have to make allowances for it in their programme. Like you can't expect people who work full time and

are studying as well, to get into a--- to be put into a group with people to do an assignment. Because nobody's interested in coming round to my place at 9 o'clock at night, which is when I'm free, if you know what I mean. And that was a bit difficult at times. And we were geographically spread, and people were working shift work, people were working night shift. I ended up doing an assignment with one lady who lived in [one place], one lady was in [another place], which is quite... like you're talking an hours travel in between. You know, another lady with an hours travel, a lady who worked night shift, and we took forever to actually find a date that we could all actually get together. I think that some of their assignments were not realistic as far as the other commitments that people had made. They worked well for students, full time students. They definitely modelled them on full time students, who have Friday afternoons off and can meet on Friday afternoons or they finished at 4pm. I mean who, apart from a student, finishes at four in the afternoon and has an hour for lunch, and has these huge holidays. And that was frustrating.---and I don't think that we learned anything. And lots of getting bits of paper and felt pens and getting in a group and working together as groups and then feeding back and it was all...you just sort of sit there and think, you know in a minute I'm going to learn something here. It just didn't happen because we'd already spent 3 years [as a pre-registration student] getting bits of paper and pens and going into groups and learning to work in groups so.... and there wasn't really the recognition of learning styles either. You know I felt that the praxis paper was the only one that actually recognised that the nurses who had already graduated, actually needed a different style than the nurses who hadn't. I think part of that was the fact that the tutors who were doing the stuff that wasn't the praxis paper, were just basically basing the work on what they'd given their day students if you know what I mean?

The story shows how groupwork was experienced as being out of touch with the responsibilities of RNs as they strive in the student role. RN students may see group assignments as unmeaningful for both their learning style and daily life as an RN. Many of the RN students in this study discussed the difficulty of group work, where organising the group was so difficult in terms of time and effort, that actual learning was compromised. There is an awareness that what might be meaningful for pre-registration students is not helpful for learning and engendering community with RN students. Beverley concurs.

Some of the frustration was that we were required to work in groups and it's very, very hard for adult students who have time constraints of children and jobs, to actually go and work in a group outside of the lecture time. It's that balancing act of husbands and children and work and fitting in study, it's not easy work, but having to work outside of that

in a group was difficult and added to the stress. I guess I felt that if they're trying to teach us to work in teams, well forget it. Because for me for example, I work in a team all the time anyway, I've spent 13 years working in a team. I don't need to learn those skills and it was just physically difficult getting together and co-ordinating people, their schedules and shifts and things to do the work. And because that was all kind of tied up with some topics that I didn't feel were particularly useful, I found it a little frustrating.

As Robin and Beverley's stories reveal, registered nurses find groupwork unruly. If groups are part of work outside the classroom they are very difficult to fit into their lives after class due to geographical distance from each other, shift work schedules, and commitments to families. However, there are also risks in class groupwork, as many RN students feel that the need to develop groupwork skills is redundant, they already have experience in groups in practice. RN students described groupwork within the classroom as running the risk of people being put into groups and then feeding back to the larger group without any meaningful shared learning taking place in the course of this interaction. As Robin describes it, "you just sort of sit there and think… in a minute I'm going to learn something here." Reducing learning to group work turns community into a strategy. The groupwork strategy is a way of reinforcing or presenting content, or approaching assignments, but does not necessarily engender community. Perhaps teachers could challenge whether groupwork will develop a community by getting the students to know each other. Does groupwork retain the conventional emphasis on curriculum (structure) and instruction (strategies) in which students are required, in this case, to depend on each other for grades. Groupwork in this way continues to be synonymous with mastering content. Teachers while seemingly using groupwork as a different way to present content by having students generate the content and report it back may be inadvertently encouraging, not learning in the group, but a focus on the product. What is at issue here, is not the content itself, whether it may be "useful" or not, but the practices teachers use to get the RN students to engage with the content in ways that engender shared learning. Clearly, the practice of groupwork as forced activity together is not creating a place for learning within the individual or, a community for learning. This is not the sort of community that the stories earlier in this chapter pointed to where nurses thinking grew out of their dialogue with other nurses, and was based on mutual respect and the commitment to learning. Both Beverley and Robin describe the

practices of making them work in groups as more fitted to pre-registration students who may learn something about teams. And indeed Robin feels that what the RN class got was just "based on what they had given their day students anyway." This conventional approach to pedagogy is not meaningful for RN students. Contemporary RN students are not like the pre-registration students who are often full time and together in classes through their education as a nurse. The community the RNs require must reach across distance and difference.

However, the paradoxical nature of RN education is revealed here. Curiously, when RNs are 'put' into groups for work, they start to try and bring their own ways of building community into play. Robin describes how the RNs tried to deal with the situation to make it less unruly.

> We were supportive of each other, like if we did have to get into groups we tried to get into groups with people who worked similar times so we could actually meet, but I found--- the thing that I found good I think, was the fact that if people said they were going to do something they would do it. Whereas I found sometimes as a full time student nurse that you'd get people in the group who would just ride on the group, if you know what I mean, they'd wouldn't actually pull their weight. But I didn't find that with a group of people who had already been working, so I liked the fact that if people were doing like --- we had to research something and present it and we didn't have any situations where people hadn't researched their topic, so that was quite good.

The RN students here are trying to set up conditions to make community learning possible even when the system is making it hard. Knowing how difficult it is for each of them to work in this way, they try to support each other by dealing first with practical issues such as time by trying "to get into groups with people who worked similar times so we could actually meet." They also share a commitment to each other, Robin says "the thing that I found good... was the fact that if people said they were going to do something they would do it." Where their lives are a "balancing act" to even be able to get time to go to classes, it is important that things are not made even more difficult for them by people not fulfilling shared expectations. The RNs show their community skills as an involvement with each other as people, that is respectful of the demands of their lives, and encourages them to help each other through. Differences are not merely

tolerated. Through knowing and connecting with each other, these students try to sustain each other in the community of learners.

It is important to RN students that teachers are helpful in structuring experiences that help with shared learning and fit with their daily lives as RNs. The difference the RN students show between speaking of their sense of community, and recounting their stories of groupwork, is the former is based in their world of nursing practice, and predominantly revolves around learning with and from each other, the latter appears to be based in academic requirements where reporting back content is central, and is thus less meaningful in extending their understanding of their everyday practices as RNs.

There are however more sides to the theme of belonging in the community. Community is constructed by the RNs in many different ways and can shift at different times. As nurses in practice know, patients may feel the presence of a nurse at all times, even though that nurse is a series of people and not one person (Christensen, 1990). In a similar way, students may construe a learning community even when it is a series of different people over time. If students have gained a sense of belonging in the community and hold a common interest in creating a place for shared learning within the diversity the RNs bring, they are able to do this respectfully with various people. Even when they are in multiple classes with different people RNs seem to be able to gather this sense of belonging to a community around them as they "bond" over time. Anna's earlier story showed how she felt she was in the community even though the people she shared classes with kept changing over the three years during which she undertook her degree. What is important is that the sense of community exists. The community is not solely found with fellow students and teachers. The families of RN students also play an important, if mostly unseen, part in the learning community. The experience of the degree as embedded in the life situation of RNs partially emerged in this research study. Mentioned here to show the importance of this aspect to the RN students, it is acknowledged however, that this theme requires further investigation.

KEEPING GOING: FINDING SUPPORT

For the RN students, finding support to help them through, often revolved around overcoming matters such as lack of time to fit in the competing demands of work, study and family life, managing technology, and how you get through the 'system.' Fellow students or teachers may have been the people who supplied some help, but several RNs in this study also told stories of where family members (including children) rallied around and made it possible for the RN to fulfil their student role amid the many other demands upon them. Having family added to the degree course being a "balancing act" for many of the RNs. However, it was also family members who were a source of encouragement and practical help, and often got the student through difficult patches. Beverley tells a story about her husband that illustrates a common thread that ran through the stories of family help.

> I miss the stimulation and I miss the wide networking because you just don't get access to all those people and the support really is part of the networking I suppose. The academic support and also the support to keep going, although I never really fell into any stage where I thought I wanted to give it all up. Except when I was doing --- doing an essay on [a particular subject] and it was a particularly difficult essay to do, and then my computer scrambled all my data. So it was suicide material at that point and I thought Oh no what am I going to do? Thankfully my husband's good on the computer and he managed to--- our computer at that stage was pretty old and he managed to take a very old floppy disk to work and hunt through line by line, and get every line back. It was a 5000 word essay.... thank God. It was absolutely heart breaking at the time.

Describing her sources of "support to keep going" Beverley starts off talking about how other students provide support and encouragement, she then recounts how her husband painstakingly saved a 5000 word essay. Feeling desperate at the time, her husband's actions show how the RN student's are accompanied in their learning by their families in ways that are important and meaningful. Even though students have to do the learning themselves, they are not alone. Their families often provide the support the RNs need to keep going.

However, the experience of community can show up in negative ways. What happens then to the students when community breaks down?

NOT BELONGING IN THE COMMUNITY: MISSING OUT ON LEARNING

Rita's story is one of a student who never had a sense of belonging in a particular course, and could gather no community around her.

> With this particular paper I received 50% RPL (Recognition of Prior Learning) --- but to actually get [the teacher] to sit down and say you need to attend [these particular weeks] to complete the course--- I rang her and I said, when do I need to first attend, and she said week two, and I thought that seems a bit silly, week one is always the week when you meet everybody and you get the objectives, and when the assignments are due, and all that sort of interesting information, and yet I didn't attend it. And when I got there it was like, "oh, oh well if you had been here last week you'd have known that." And the first night that I attended this course, there were a lot of people there that I had not met before, but there were a few that had been in the other course with me. And so I went in and sat down, I hadn't attended night one, and people are wondering who she is you see, and I sit down and in walks [the teacher] and she says "oh, you're here." And I'm sort of--- "yes", and then there was this "oh.. oh well, yes, oh well, I will have to change everything then," and I said "perhaps we should explain to the others what you're going on about here," so I introduced myself to them and said that I've got some RPL for this, so I hadn't attended last week and tonight's the first night. And she said, "oh yes, and I was going to do this. No, no I will start with this aspect." So she started with that aspect of the lecture. In part of it somebody asked a question, and she said "oh well I was going to start with that, I would have answered that question, but because Rita is here I didn't want to bore her." I felt like--- horror! And I said "well, I really am sure that I could cope with some recapping on that aspect of it, you don't need to change the whole thing round for me." It was from that moment that we were born to vie with each other. You know every night I would go and just keep my mouth shut, to a point. I couldn't possibly keep my mouth shut all the time, and I sort of suspect that she sort of was there, suspecting that every time I opened my mouth I was trying to bring her down I think. So I was trying very hard to pussy foot about... initially she had said attend weeks--- now I can't remember—say it was 2,3, and 6 and after that I would have to look at it again, type of thing. So, I attended [week] two and then I had that experience that I told you about, where it was, "oh you're here." She then said it's very hard for me to tell you what to come to, because I can't really, because sometimes something happens in week four and I decide the lecture I normally give in week six I'm going to do earlier because we've got onto it through what we've done. Which I understand the flexibility of all that and everything, and I said to her I am very easily able to be reached by phone, but that never happened. I think initially on paper, there was a plan. Yes, you would be able to read that, but being the type of person she was, quite flexible which suits some people, that plan of action never worked out. I was never quite sure when I went what part I was actually

there for. I was able to get RPL for [a particular subject]. However when I turned up for the night that I was to turn up, they in fact hadn't completed some part of --- I can't remember what it was---but it had gone on a week later so we were a week later, so I actually ended up coming to a lecture that I didn't need to. I felt as though I could have been warned about that, or some way they could have let me know that, and I didn't need to be there, and in fact missed a lecture on something I wanted to do. So it didn't work out like it should have. I felt after that experience I would never ever go for RPL on anything again, because just... half of the things that made the degree for me, the value of it was the people that I mixed with and the forming of the group and I felt that I had never formed the group. I was never part of it, I was always this odd ball, they enjoyed her coming in because she opened her mouth up and then went again.

[Interviewer] So you didn't get that interaction that you said when we started [the interview] was one of the reasons you went there to start with?

Yes, or...Not so much the reason that I had gone there, but one of the things I really enjoyed about being there. It was... to me looking back it was the most important thing that I got out of that degree was sharing with that large group of nurses from very broad backgrounds, mature people. That would stick out for me as the most important thing I got out of it.

Having not been present when the class started, Rita felt when she does first arrive that she has to try and explain to people why she is there, already she is feeling on the outside. She says she will "never ever go for RPL on anything again, because ... I felt that I had never formed the group. I was never part of it, I was always this odd ball." Registered nurses have experience, and they know about a sense of community from the nursing and life experience they bring to the classroom. This student knew that was a valuable part of her degree, and yet in this particular paper, this was denied her. Rita tells how she would come to class and "keep my mouth shut... trying very hard to pussy foot about." This has closed down the possibility of learning with the class through dialogue.

"When dialogue pre-empts, silences, or overwhelms diverse perspectives, rather than promoting partnerships, it exacerbates conflicts, alienation, and differences" (Ironside, 1997, p. 183). Rita's narrative reflects this breakdown and opposition that is set up between her and the teacher as she finds "it was from that moment that we were born to vie with each other." As the 'outsider' she feels it is up to her to silence her voice and

give in to the teacher, who gave Rita cause to think that she [the teacher] "was suspecting that every time I opened my mouth I was trying to bring her down." Not only does this challenge to the 'teacher as expert' close down the dialogue between Rita and the teacher, but as she struggles to keep silent to maintain some calm between her and the teacher, she has shut out dialogue with the other learners in the class. There is no longer an opportunity for sharing her ideas or stimulating her thinking from conversation with the ideas of others. By being outside the community, Rita no longer has the voice or the space (O'Loughlin, 1992) to think new ideas. Speaking shapes the social relations of those engaged in the communication (Friere & Shor, 1987).The traditional, dominant discourse of teacher centred classrooms has been confirmed in this story as the institutional structures (related to RPL) have set up particular ways of relating. What is present is the difficulties that arise when teachers try to not duplicate content for RN students. In this situation, recognition of prior learning has set the teacher and this student in opposition because the teacher is no longer free to change the course as the needs of the class demands, and the student is unhappy at missing some things and being present for others that hold little meaning for her. The teacher, the student and the class all suffer. The issue uncovered by Rita's experience is how, despite teachers' best intentions otherwise, power over students may be perpetuated by institutional and classroom practices in nursing education (Diekelmann, 1991) in such a way as to make the students miss out on learning and being part of a learning community in the classroom.

Rita's story brings to the fore one of the hidden dangers for teachers in nursing, of policies of Recognition of Prior Learning. Teachers work very hard trying to individualise courses for students, and for classes. But how do teachers remain flexible in meeting the needs of a class as they change over time, and still meet each individual's needs when they are there only for specific parts of the course ? How does a teacher help students to build a community for shared learning when people come and go all the time? The problem may rest in our current way of assessing for RPL. Credit is gained by the RN challenging the system. If the student can prove they already know the content or skills by writing an assignment, sitting an exam, or showing documentary evidence of previous work that can be compared to the particular institution's baccalaureate nursing degree curriculum, then credit, or partial exemption may be given. The emphasis is on

proving (Day, 1997). Also, the difficulty with this deficit approach (Diekelmann, 1993) that focuses on what RNs do *not* know, lies in this being driven solely by content. It is not that content does not matter, it does, but so too do the thinking abilities of the RNs. Their current learning competence may not be reflected in the past formal work for which they can provide evidence. There is no place in RPL policies for the context specific experiences of learning that have occurred in the RNs' practice. It may be that for RNs, current policies of RPL do not work in all circumstances, especially in the case of partial exemption as Rita's story illustrates.

In her story, Rita could understand the need for flexibility in the classes and supported that, but wanted a system that allowed for her to be told what was happening. What is called into question by Rita is the *how* of being flexible. Flexibility, in this situation, became oppressive for Rita. In this case, the emphasis on content was what created barriers to the students' (both Rita's and the others) learning. It seemed to make the classes unorganised and meaningless, because class was viewed as a number of hours and topics that were needed. This view assumes that classes will be perfectly predictable, and that the presentation of content does not change, with an hour for this, and an hour for that, otherwise it could not be arranged for when a particular student should be there. However this makes it impossible for the teacher to follow the students thinking and questioning, to build on the students experiences and what they do know. Hence the paradox of RPL policies lies in their flexibility creating an almost extreme rigidity, and unmanageability that compromises the teacher's possibilities for teaching in a way that is particular to a given group of RN students.

Equally however, RN students who have much experience do not want to be in classes that they feel are useless to their learning. But not all RN students have similar experience. Could it be that schools of nursing need to reconsider the importance of experiencing learning, as equally important to gaining content. And that the content that is in RN courses must be compelling and meaningful to the participants. Perhaps the RNs themselves are the best people to involve in new partnerships with polytechnics for decision making about nursing curricula for RN bachelor of nursing courses. Could it be that traditional ways of evaluating courses may not work for RN degree courses?

Institutions and teachers do ask RNs what they think about courses. And teachers and institutions are always asking students for evaluations of courses though this mainly happens at the end of courses however. With good intentions, teachers make many changes from one class to the next based on these evaluations. However, this way of evaluating courses is a type of questioning that is merely interrogation. Those RNs who are in the course at the time cannot enter into this dialogue of how learning is being experienced and join the teacher in thinking about the curriculum and instructional strategies, in ways that allow for new possibilities. This is another paradox of nursing education, that has implications for RN students

Also apparent in Rita's, and many other RN students stories, is the difficulty that arises for RNs because of inflexibility of schools of nursing organised predominantly around the pre-registration students. Pre-registration students are often full time, and can constitute the largest proportion of enrolments in departments of nursing. These students, in contrast to the RNs, are able to respond to changes in classes through a system of public notice boards. While Rita understands "the flexibility of all that" and tells the teacher "I am very easily able to be reached by phone," unfortunately this did not happen. Several of the RNs commented on similar difficulties, particularly as they try to balance life as a practising RN, with life as an RN student. Robin recounts in her story:

> I found it frustrating a couple of times when I was doing a paper that I would get there after not having had lunch, rushed through something, and a couple of times I left things that I really didn't want to leave to get there, to find the lecture had been cancelled and I hadn't been let know. Or it was going to be starting late that day and I hadn't been told and I found that really frustrating and I'd get told, well it was on...it's been on the notice board since Monday, and I'd say, well I only come on Thursdays.

What appears to the RN students to be treated as small administrative matters by the polytechnic, such as cancelling a lecture or changing the time, can in fact be quite important to the RN student who is trying to balance multiple commitments (Green, 1987; Viverais-Dresler, Rukholm & Koren, 1991). Paying attention to how a system of communication, even something like a recorded message on an answer phone that gave any changes for a day might be worked out for RN students, might simplify these

difficulties somewhat. The issue of how teachers and students communicate is important in light of the contemporary increase in RN students, students who hold down other jobs, students who live at a distance from the campus, part time and multi-level students. Perhaps the traditional way of communicating has not kept up with changes in student populations. The old system of communication no longer works in the new context of nursing education. As was discussed earlier, appreciating diversity is a way of envisioning, and bringing unity that is not predicated on 'sameness' (Ellsworth, 1989) - in this instance the sameness of the system that works for pre-registration students who have similar daily timetables. Respect for the differing needs of the RN student may call for different institutional practices that respond to the multiple experiences of being an RN student, and thus draws them into the community and creates a place for learning. There is perhaps something to be learned here for the pre-registration students too, as they also become more diverse.

Belonging in the community and not belonging were not the only ways students experienced sharing learning. Claire reveals a more subtle and often hidden way that students may experience learning with others. Although Claire appears to belong, she is sometimes having to hide within silence in the community to create a safe place.

BELONGING IN THE COMMUNITY: LEARNING IN SILENCE

> So it was quite a lot of ill feeling in some parts of the course that had a very negative impact and demonstrated horizontal violence perfectly within the course, but couldn't even be identified by certain class members as being perfect example of what we had been discussing and now they are actually acting out. This was within the class and directed towards teaching, and [the teachers], inappropriately I felt. Generally I dealt with it with silence and well--- perhaps discussion with some selected individuals about what we really did think, and how we felt it was pretty limited thinking. But it was pretty limited thinking keeping my thoughts to myself probably too.

> [Interviewer] Could you talk if you wanted to?

> Not always, no, and certainly in the most heated moments it would have been unwise to voice one's thoughts and I think one or two did actually receive the brunt of maybe voicing unpopular thoughts that didn't fit in with the general--- the dominating personalities, if it didn't fit in with their patterns of thought.

Claire's story brings a different meaning of belonging in the community, that of learning in silence. This is not a story of not belonging, as Rita's story was, but rather there is a way of belonging silently to keep oneself safe, that conceals learning within the individual and keeps it from being shared with others.

The community does not feel safe for Claire at times of "heated moments" when it would have been "unwise to voice one's thoughts." Power issues in the classroom destroy the possibilities for dialogue when some students aren't open to the diverse perspectives of others. Contrary to the kind of silence that speaks and that reveals something through making the spoken stand forth (Krell, 1993), the silence Claire is engaged in is a covering over to conceal her thoughts. What Claire reveals in this encounter is that speaking makes one highly visible in a community, and silence is a place of safety (Ellsworth, 1989). Speaking is not only making sounds that captures notice, but more significantly, is a revealing of understandings of the self and others, (Ellsworth, 1989; Fiumara, 1990; hooks, 1994) and an engaging with one's practices and thinking, publicly (O'Loughlin, 1992), and thus places persons at some risk within a community. Even though it is the teacher, and not Claire, who is the target of "ill feeling" in the classroom, it is clearly felt as unsafe by Claire and several others in the group. Forming a small "affinity" group (Ellsworth, 1989, p. 317), Claire and the others in it try and ameliorate the effects of the "ill feeling" in the classroom, by expressing what they think to each other, but Claire reinforces she "generally dealt with it in silence." Silence is thus her place of safety.

It is not that there *is* disagreement that is the issue here. Rather, it is *how* disagreement is experienced by the student. Claire's narrative reveals the importance of trust in the community. Does the student experience disagreement in the class as unsafe rather than a "spark" that engages students in learning? How different Claire's story is from that of the RNs who feel they belong, and welcome diversity in their unity, even to the extent of "fiery discussions." Engendering communities, requires a sense of openness, fairness and respect and is necessary in encouraging trust that enables students to speak and listen together. It is in this listening and speaking *with* each other, that students and teachers can remain open to thinking as a questioning that welcomes diversity, and explores the possibilities, rather than arguing, asserting opinions and closing down the possibilities.

These teacher and student skills are easy to discuss in the abstract, but are complex to develop in practice.

For example, teachers often do pay attention to the quiet people in classes, trying to find ways of involving them, and letting each person have their say. But Claire's story shows it is not quite that straightforward. This story has shown it is more than just not speaking out, but that thinking itself may be limited by not being able to be shared. Claire feels she is learning something in this context, but her thinking is kept within herself. Stating how she feels "it was pretty limited thinking keeping my thoughts to myself..." Claire reveals her emerging perception that thinking develops more if shared with others. Sensing that it is not only her own thinking that is limited by her silence, Claire describes how the "dominant personalities" have limited their own thinking by silencing others, through not being open to sharing the thoughts of others and creating a place for new learning for all in the class.

It is not the articulating of our thoughts alone that develops our thinking, but when others listen to our ideas as we speak, they may help us give birth to thoughts (Fiumara, 1990). Through experience of the kind of dialogue that listens and understands, and gives life to our thinking, we may have an inner growth. Similarly, as Claire found, when we are forced into silence by the dominance of others, either teachers or students, our thinking is "limited." Many thoughts or questions may be cut off before they are fully formed in language in our minds even, other thoughts and questions may form but remain unspoken, thus losing the opportunity of awakening thinking in others and ourselves. The issue here then, is how teachers and students can safeguard the communities in their classrooms, so that they are fair and respectful of all in them, and thinking is shared. Claire's story has shown the play of silence in RN students learning. Another way of understanding the theme of belonging in the community is through the stories of how RN students describe their teachers.

GUIDING AND BEING GUIDED: TEACHERS AS LEARNERS, LEARNERS AS TEACHERS

Teaching and learning are practices that belong together. As such learning is central to the practice of teaching in nursing (Diekelmann, 1991). Heidegger speaks of *how* teaching becomes learning.

> Teaching is even more difficult than learning. We know that; but we rarely think about it. And why is teaching more difficult than learning? Not because the teacher must have a larger store of information, and have it always ready. Teaching is more difficult than learning because what teaching calls for is this: to let learn. The real teacher, in fact, lets nothing else be learned than - learning. His conduct, therefore, often produces the impression that we properly learn nothing from him, if by "learning" we now suddenly understand merely the procurement of useful information. The teacher is ahead of his apprentices in this alone, that he has still far more to learn than they - he has to learn to let them learn. The teacher must be capable of being more teachable than the apprentices. The teacher is far less assured of his ground than those who learn are of theirs. If the relation between the teacher and the taught is genuine, therefore, there is never a place in it for the authority of the know-it-all or the authoritative sway of the official. (Heidegger, 1954/1968, p. 15).

In conventional pedagogies however, teaching and learning are separated. Teachers and learners are seen as different and distinct. The experience of the RNs show that the best learning happened for them when this traditional notion of pedagogy was overcome, and teaching and learning together resided in both teacher and students. Rita describes how when teachers come to the class and become learners with the RN students, the students learn differently than when the teacher is portrayed as the 'authority.'

> The lecturer, quite quickly, almost initially in the initial lecture sort of said, I don't know a lot about this, every time I learn more about research, I feel like there is so much more to learn. So you know, we're going to go together and it's--- I found her a wonderful teacher. Because she made the experience, and the classes were planned, she had articles we were all reading to come forward and discuss, and develop and we were all going into projects, and she did it in steps. And we did a research project with somebody else, so you felt as if somebody was helping you along with it. You didn't feel threatened like, I still don't know, you know when I think about a lot of the terms that you picked up, you had some idea of the terms and stuff. So you sort of feel, like--- yes its what I know that you do.

[Interviewer]You say that this lecturer freely admitted that, 'well I don't know everything there is to know about that', was that quite different to the other one that you felt didn't know a lot about the topic? [mentioned earlier in the interview with this participant]

Yes, because the first one was uncomfortable with the whole thing and you could sense that discomfort. Never really quite sure of what she was saying but would come out saying it like, I'm an authority on it, and yet you knew she wasn't, yet this teacher on the other hand was very much... quite quick to say I don't know, but we very quickly established she had a lot of experience more than we had, and was prepared to share that. But was also prepared to say, I don't know that aspect but look, I'll look it up for you or we'll look it up, we'll do something.

It is understandable, that in conventional behavioural education that is teacher centred (Bevis, 1993, Diekelmann, 1992) the risk is in trying to control the class so that they stay with the things the teacher knows, where they are the "authority." Although perhaps unintended by the teacher, this reproduces teacher centred learning But Rita found it "wonderful," when teachers and learners were all more free to be open to learning. In decentering learning from the teachers, they become part of the community of learning. When seen by students as transmitters of content only, or as not participating the community scholarship by having students do all the work of learning in the guise of enquiry based, or self directed learning, teachers inadvertently alienate themselves from the community, and students seem to also then disengage from their learning more. When the teacher closes down on learning, likewise the students may become less willing to participate in the community and learn *with* others.

Perhaps it is an important skill for students and teachers both to think about the limits of their knowing. As Gadamer (1994) says in speaking of questioning, even when we find an answer, it is just another question. Could it be that teachers need to think more about teaching and learning in terms of questioning rather than answering? Would classes be more meaningful for RN students if teachers and students thought together about what they *don't* know rather than what they do know the answer to? As RNs are already experienced nurses, they can be learner-teachers while teachers can be teacher-learners. In this way everyone can be drawn into thinking and learning when the teacher and the RN students talk together about what they are thinking, what questions this brings up, and what they do not understand. Openness such as this allows the community to

together overcome issues of silence related to ignorance, and encourages questioning because there are no 'silly' questions. Rose shares some of the best and the worst of the teaching as she experienced it.

In most of the papers, we would have said there were lectures where we felt it was an absolute waste of our time going to the course that day. We could have done the reading at home and not struggled to get children off to school or whatever.

[Interviewer]What was it about those ones that you thought were such a waste of time?

There seemed to be very little tutorial input from the tutors, we might be given a paper to read and then possibly we'd be brought back together and we'd sort of discuss it, but it didn't even seem to have a lot of content. There was quite a lot of feeling that tutors--- we often wondered what were tutors being paid for. We were told at the outset that this was an enquiry learning based course. Most of us really didn't quite understand what that would be I think, until we got into it. But in fact, often apart from [a couple of papers] there sometimes wasn't a lot of input from the tutor. They were there more as resource persons, I suppose, but you just wondered how come they got paid all this money, because the library was the major resource, or our clinical practice you know. There certainly was a degree of angst about the tutorial situation.

[Interviewer] What would people have liked to have happen?

We all in our evaluation complained that we didn't think we had had our money's worth of tuition, that's for sure. Maybe that was partly that we were older students and still in our brains a tutor is in front of a class actually imparting --- you know.

[Interviewer]What did you want them to impart?

I think a lot of us were actually hoping there would be more stuff, that we would then debate that stuff. Some tutors did do that, and there were tutors who stood out, because they would present--- there was one tutor--- now she would present stuff and then we would--- and we came from such a myriad of backgrounds, she would somehow draw out of us, and we were not shy, we talked. And we would learn so much from that interaction but she's actually put stuff in initially, that sort of thing.. ...another tutor... she was hopeless... she did not find it easy to cope with the students. But we had another woman, and she was just out of this world as far as interest--- I mean she would zip off at this thing and that tangent and the other tangent and she didn't mind the class challenging or asking questions or you know and she made us really think, I don't think we got through the curriculum.

[Interviewer]Did that matter?

Not an iota, because we came away, well I came away for the first time, which is deplorable, with a real understanding of health in New Zealand...and the changes in the health system.

Rose's experience shows the danger of replacing the old orthodoxy of behaviourist education that maintained total teacher authority over the learning situation, with a new orthodoxy in adult education wherein adults are *assumed* to be naturally self-directed learners, and that sole responsibility for their learning may be ceded to them, because the student, as an adult, will be aware of the full range of possibilities for their own learning Brookfield, 1985). RN students are historically constituted beings, as are any other adults, therefore they are frequently enclosed within these "self-histories" (Brookfield, 1985, p. 48). Whilst Rose can appreciate that in wanting a teacher to be in "front of the class imparting something" she is viewing her education from the perspective of earlier schooling experiences, she still wants the teacher to impart something and be an involved member of the community. What emerges from Rose's experience as an RN student is that the most important thing for the teacher to impart is not the content of the 'teacher as expert authority', but something of themselves to "make [the students] think." Rose's teachers who helped "draw out" learning, showed themselves to be learners as teachers and regarded the students as learner-teachers. The teacher participated in the learning community. What the student wants as well as content is to learn about learning from the teachers learning. The teacher who was "out of this world as far as interest" didn't "mind the class challenging or asking questions ... and she made [the students] really think." Learning as teaching is a very complex and difficult way of teaching, and is not fully revealed here. Perhaps what this teacher did, is show her own thinking, show she wants to be questioned and engage with students in looking for new approaches to questioning and thinking together as a community, and challenge the students habitual patterns of thinking in such a way that everyone reaches a *new understanding* of their practice. Not bound by behaviourist teaching Rose's class does not even get "through the curriculum," but this did not matter "an iota." Neither however, is the class just left to think about what they already understand, as it appears extant knowledge is challenged towards thinking about other possibilities than that which is already known, as the teacher "zip[s]

off at this thing and that tangent and the other tangent." Rose feels for the first time "real understanding."

> The struggle for teachers then is to learn how students develop meanings for their practice out of the experiences teachers provide. This problem of trying to understand how and what students are learning will be a problem that will help all teachers be forever learners. Students and nursing knowledge will always change, and so must the teacher. In this manner, the teacher both shapes and is shaped by learning.(Diekelmann, 1989, p. 38).

This is the sense of the learner-as-teacher (Diekelmann, 1989). Students in RN classes often teach teachers information. Rose's story shows how the RN students contribute information from their "myriad of backgrounds" and the teacher became a learner along with the students. This is not to say however, that teachers and students are the same in this approach. Although it is important that teachers are part of the learning community with the RN students, they also have particular roles in assisting learning that are important. As Kim's experience of being in a group of RN students that were left to be 'self-directed' learners shows, teachers have responsibilities to bring knowledge of teaching and learning to encounters with RN students. In the same way that the RNs bring expert nursing knowledge to clients without claiming to know the person and their health better than the client themselves, teachers have to collaborate with students, to bring specialised knowledge of learning, while still making space for the students own knowledge of themselves and their learning. Kim and her group struggled as they tried to work out what they were to do in a particular paper.

> But we did try and meet, and we did have a couple of evening sessions, where we met and all fed back our information and groups of us did go off and do other things. It was expected by the programme, but you know, they said well you need to do this, but it was up to us to do it and organise it and arrange times and supposedly we were meant to make times to meet the lecturer but it was all very unstructured and very little fed back to us. A lot of students said "I don't know what to do, what's expected, what are we meant to do." I would say the majority of our group were absolutely dumbfounded as to what are we were meant to be doing. We didn't have a clue, we had to go back and say look you know, can you give us a bit more of an idea. Even when we started doing it, we weren't sure whether this was right, so somebody should have been with us guiding us I think in that very first part. Because for other people it

was a very new concept going out and doing this type of paper. Different from the other papers they'd done, so that actually made it quite difficult, yes it was very difficult actually, I thought and very unstructured. ...I felt that I was doing a tutor's job [helping the others with what they were supposed to be doing], and although I loved doing that, I felt how would these people have got on if I hadn't been here. The amount of time that was wasted before people actually came to grips with what were meant to be doing, was quite phenomenal. And it's very easy to say that it's up to people to make their own learning, but they need— people need guidelines. And as I said it was a whole new concept for most of them so for me that was very frustrating. And also it meant that I put a lot more time into it than a lot of them did so that made me a little bit bitter I guess, it was very frustrating I guess.

What Kim's narratives shows us is that while learning ever only occurs within the learner, RN students need experiences that are not totally open and unstructured. They need teachers to be guides. RN students do not wish for rigid, overly structured teacher centred pedagogies, but as Kim reveals neither do they want to have "time ... wasted before [they] come to grips with what [they] were meant to be doing." Getting the right level of involvement is important in teaching. As the group of students "didn't have a clue" as to what they were supposed to be doing, it was impossible for meaningful learning to occur. Kim (who has had some experience of education before) feels she has to do "the tutors job" - that of accompanying the other students until they are able to negotiate the learning path themselves. Although experienced in learning in their practice worlds, and the discipline of nursing, it is unreasonable to think the RN students will automatically know how to learn in the academic world (Kasworm, 1995; Thompson, 1995). Self directed learning used in this way can become a repressive practice, albeit one "masked" as a democratic practice (Brookfield, 1993, p. 228). Self-direction with its strong individualistic basis may also slip into the trap of unity being equated with 'sameness,' rather than unity as the acceptance and welcoming of diversity in the community as was discussed earlier in this chapter. Instead of treating everyone as though they are experienced learners because they are RN students, it may be that if teachers support students by helping them "find the appropriate structure" (Applebee, 1996, p. 111) for their activities in the academic world, they will then participate in their learning by bringing the anomalies, and competing claims (Applebee, 1996) and concerns of the practice world to the classroom to explore and think about in the learning community.

RNs do have a place in two worlds, they are practising nurses as well as students. This gives rise to an issue for teachers and RN students. While the students gather in a community of education, they want the teacher to also be a part of the RN's community of nursing. Teachers often are concerned about keeping current and staying connected to nursing practice. Experienced teachers in nursing often find they bring their nursing to teaching. They teach, as RNs in clinical practice nurse, (Tanner, Benner, Chesla & Gordon, 1993) through practices such as, knowing and connecting with students, caring for their students, helping and coaching them through their experiences (Diekelmann, 1997). Teachers also need to be able to connect with the practice world in concrete ways that are contemporary. Rose tells how RN's need the teachers to be "grounded" in actual clinical practice.

> I would certainly encourage other nurses to do the course, but I think some of the content needs to be a bit more grounded or something. And I think... one of the things we did find, that a number of the tutors were a long way from the clinical setting. They had been in the tutorial situation far too long. I do know that they are now saying that tutors have to have so many hours a year in the clinical situation. But I think in fact you do need tutors who are still clinically grounded, and who have an up to date knowledge of how the clinical is functioning.

For Rose, as for other RNs, thinking cannot be acontextual. The RN students are looking for knowledge that is "clinically grounded" and "up to date." For RNs what is most important about nursing education is how it relates to nursing practice. When they speak of learning, they rarely mention learning as purely academic, but more often link it to the world of nursing practice. Thus it is necessary for teachers to be familiar with, although not necessarily expert in the clinical world for them to be clearly in the nursing practice community that shapes the nursing education community.

Another possibility opened up by a teacher who is a learner and exploring of 'already known' practice worlds relates to course content selection. Educators, rather than trying to design courses for RNs that try in advance to guess what new or expanded content is needed by RNs returning for a degree, may instead design experiences that will help RN students better understand what they know and what they don't, and will also help students to know what is new that is out there in practice.

SUMMARY

The central importance of community as creating a place for RN students to learn through the sharing of differences has emerged in the stories in this chapter. This study has revealed that rather than trying to overcome differences, the welcoming and sharing of diversity, within a community of learners and teachers, enhanced learning for RN students. Their stories revealed how the community was influential in how they came to see that there may be more than one answer to a question, and more importantly, that every answer is another question (Gadamer, 1994). Thus the RN students were often most engaged in learning when they were able to share, and extend their understandings of their practice worlds. This study reaffirms what many teachers of RN students already do in making the RN students' experience of clinical practice central to their classroom practices. The importance of dialogue to learning is emphasised as the play between thinking, listening and speaking is described by the RN students. Times of breakdown and silencing in the community were also described. These limitations to engagement in learning, reveal another side of the place of the community as a learning space. Creating communities for learning was especially meaningful for RN students. The community is experienced by them not as a group of people in one place side by side, but in the relational aspects wherein there is a commitment to learning that is shared, and thus works even over difference and distance. It is in this community scholarship that possibilities for transformative learning in RN education reside.

In chapter seven, the possibilities for RN education arising from the data analysis chapters are summarised. The limitations of this study are discussed, and the implications of this project for future research are noted.

CHAPTER SEVEN

POSSIBILITIES IN RN BACCALAUREATE EDUCATION

INTRODUCTION

This final chapter looks towards the possibilities for transforming RN baccalaureate education, and serves mainly to summarise previous discussion. The themes revealed by this study that increase understandings of RN education have already been discussed in depth within chapters five and six of this work. To maintain congruency with the methodology of interpretive phenomenology, interpretations are kept close to the description provided by the study participants. In keeping with this approach, it is important for any implications arising from this analysis to be embedded with the data, so the reader may participate in assessing the text. In this way, the reader can follow the origin of the implications as they arise from the participants' stories. As well, the reader can trace the origin of the implications as perceived by the researcher as they become apparent. The reader is then in a position to understand or challenge any interpretation and its implications.

Again, consistent with the methodology, implications are neither predictive, nor prescriptive, but seek to describe *what is*, in way that allows *what could be*, to be seen. As Thorne (1997) has stated

> We will do well to remember that knowledge of the particular is a certain species of knowledge that has the potential to evoke within us a reflexive analysis that may inform our sense of what is possible or as Denzin (1989) might put it, "enlarge our interpretive horizon." It is not, however, a credible source of 'truth' about the universal or even the general (Thorne, 1997, P. 291).

In addition, neither are the implications discussed herein exhaustive. The reader may uncover implications and see *what could be*, in a way that may have remained unseen by the researcher. The purpose of interpretive phenomenological research is to evoke thinking.

The limitations of this study will also be examined to show how uncovering and understanding possibilities may be constrained by the parameters of the project itself. All possibilities are always situated, they are not limitless and unbounded. Therefore, the limitations of this study, as I have perceived them, are explored in this chapter in order for the reader to hold these in mind, when thinking about the research findings in relation to their own understandings of teaching and learning practices. As already stated, it is important in interpretive research, for the reader to also be part of the process, making both their own interpretations, and drawing understandings from the data and interpretations provided by the researcher. In this way the reader may attest to how warranted the researcher's interpretations are, but also may extend these with their own understandings.

Furthermore, the implications for future research in both education and the research methodology are discussed. However this inquiry is not exhaustive, and the reader may in turn have questions of their own arise in the course of their interaction with this study. The review of literature revealed there has been very little research conducted in New Zealand with regard to RN baccalaureate education. It is my hope that some of the contentions put forward in the implications for future research section will be addressed in the future in the New Zealand context.

This chapter is divided into three sections. The first seeks some of the reformative possibilities for RN degree education that may arise from the findings of this research, and inevitably with RNs, this includes implications for clinical practice. The second section explores some of the limitations of this study. Implications for future research are examined in the final section.

FUTURE POSSIBILITIES FOR TEACHING AND LEARNING WITH RNs

An impetus in carrying out this research was that teachers of registered nurse students might interact with this study and find new understandings of RN baccalaureate - education. It is hoped that such interaction leads teachers to develop teaching and learning practices which are meaningful to registered nurse students, and open up new

possibilities for learning. Therefore, this discussion is shaped toward possibilities that are centred around curricular and classroom practices.

Negotiating learning

In conventional approaches to nursing education, there is the assumption that theory will be taken beyond the classroom and applied to the learners' practice (Benner, Tanner & Chesla, 1996) This is vitally important with new practitioners, or indeed, with those more experienced practitioners who are encountering unfamiliar clinical situations. This research points however, to a different relationship in RN baccalaureate education, one where nursing practice constitutes the background to all the learning experiences for RNs in their degree education. It becomes important then, that in classroom practices, teachers create questioning with the RN students, that evokes thinking that arises out of clinical practice. There is a traditional assumption that content reinforces, or increases the ability to bring theory to practice and close the gap. What the RN students have pointed out is that they do more than merely use their knowledge gained in the classroom, to apply to practice, but begin also to question and challenge the very contexts of their practice. Bringing their understandings of their 'applied theories' into class with them, RN students are able to have discussions about application. As Brookfield (1986) has commented, "the world outside textbooks is characterised by contextuality, complexity and ambiguity" (Brookfield, 1986, p.199). Registered nurses inhabit this 'real world.' In practical terms this creates possibilities for teachers to use situated learning to better engage with students in examining the application of theory in practice. One possibility for teachers of RNs is to encourage the use of subject matter that has personal significance for individuals, therefore making theory compelling and meaningful for registered nurses.

However, when using RN students' knowledge and expertise in such a way, it becomes important that teachers do not relinquish the role they have as guides. There is an important role for teachers in introducing new knowledge, challenging current student understanding and providing critical perspectives of practice. Education, even that claimed as self directed, must not be without purpose. It is vital that teachers of RN students work more as facilitators who can negotiate and re-negotiate programmes in

response to specific classes needs. But it is also important they maintain a central vision that includes provocative and controversial learning situations that challenge thinking. The assumptions underlying negotiation with adults in practice disciplines are outlined by Brookfield (1986), and these can be seen as particularly relevant to RNs as they return for their degree:

> Significant personal learning entails fundamental change in learners and leads them to redefine and reinterpret their personal, social and occupational worlds. In the process, adults may come to explore affective, cognitive and psychomotor domains that they previously had not perceived as relevant to themselves. But to establish a set of objectives where attainment determines the format and focus of the teaching-learning transactions is to make it impossible for learners to reformulate their goals and make them correspond more closely with their new perceptions of the world. One cannot specify in advance what changes one wishes to make when it is a question of redefining the self, reinterpreting past behaviours, or attempting to grant meaning to current or past experiences. This is one reason why the idea of continuous negotiation and re-negotiation is stressed so strongly as a feature of effective practice. Only if this re-negotiation is possible can one abandon previously formulated goals as these become demonstrably irrelevant and begin to formulate ones that will allow learners to explore new directions that appear to them to be more meaningful than those identified in advance by a facilitator (Brookfield, 1986, p.214).

Brookfield reveals here the importance of avoiding curricula that are prescriptive and overly behaviourist, emphasising content and skills that are able to be specified and measured. Diekelmann describes the curriculum as dialogue (Personal communication, 1997). In RN baccalaureate programmes there is the potential for negotiated curricula that are based on dialogues or conversations (Applebee, 1996, Atkins, 1988) with students that situate their learning in the context of both students experiences, and teachers concerns for helping the class to challenge thinking.

Important in the notion of negotiation, is that there are two parties in this transactional relationship that both have something to bring to the situation. In teaching RN students there is not the imbalance of nursing knowledge between teacher and student that is predicated in objectivist type curricula (that may exist between teachers and lay persons who desire to learn to be a nurse at the pre-registration level). Knowledge and expertise are balanced between nurse teachers and RN students. This is not to say that the

knowledge and expertise of the teacher and the student are precisely the same. They may differ, with the RN students often bringing current, expert clinical knowledge, while teachers may be less clinically skilled, but more adept at questioning thinking, and challenging the boundaries of the discipline of nursing. Both teachers and learners however bring knowledge and ways of thinking to the teaching-learning situation from which all may learn. Thus, an important area of negotiation is opened up between teachers and the RN students. Based on the interviews in this study, it appears one of the most fruitful areas in which to negotiate, is the area that lies between clinical learning and classroom learning, with all parties welcoming the diversity in knowledge and expertise.

This study indicates negotiation must be ongoing throughout courses, not merely at the beginning or end of a course. Teachers who give formative as well as summative evaluation to students, facilitate students' learning, not merely being evaluated or judged. The merit of this idea can be used in reverse. For the RN students to be involved in planning courses, and evaluating courses early as well as at the end, opens up the possibilities for negotiation and re-negotiation of content and teaching-learning practices wherein learning may occur for all involved throughout.

Mutual negotiation is important however, as one danger in following *only* the students' interests is that the course can lose meaning through a lack of purpose, and dearth of help for learning how to think questioningly. The teacher is an important partner is RN education. Without the teacher as a partner in negotiation, the course could end up narrowed to the extent where one explores only what one already knows, rather than extending learners by *also* exploring beyond their existing boundaries. As the stories of the students in this study showed, they wished to learn in the context of their practice worlds, but they also relied upon teachers to be guides, to show RN students how to approach new ways of thinking. A major finding of this research was the shift from *questions* to *questioning* revealed in the thinking of the RN students. In this way, thinking became a questioning conversation involving both teachers and students, and encompassing a move from teaching to learning practices.

Learning practices

A focus on learning practices encourages a shift from looking for the 'right' answer, to thinking about what is known and unknown, that is, from questions to *questioning* nursing practice. This shift influences both students and teachers and how they create learning situations. The learning community is an important place for this to happen, a place where knowledge is viewed as collaborative (Atkins, 1988). By learning with others in an atmosphere that not only tolerates, but welcomes ambiguity, uncertainty and questioning, RN students learn that there is more than one possible answer, and can come to embrace complexity and ambiguity in their thinking. The possibility arises for teachers to approach theory as a language for holding a conversation about the discipline (Applebee, 1996). How teachers participate with RN students can be important in showing students how to gain meaning from what is known and unknown. When teachers engage with students in a conversation, they can reveal how they think questioningly, and share how to extend this conversation to interacting with published texts and journals as well as people. In this approach, teachers show how questioning conversations can work in extending understanding of the discipline and in crossing disciplinary boundaries (Applebee, 1996). Questioning may provide a place for RN students to learn together with other RNs and with teachers. But the shift to questioning is complex. To help RN teachers learn this approach they may need staff development where instructional strategies such as thinking aloud with the RN students are demonstrated. In staff development, the stories of teachers can also be used to illustrate how students may also be given assignments where they can actively engage with learning, in which the RN student can practice thinking questioningly, and show this thinking.

Another possibility for teacher development is to show teachers how the stories of the RNs in this study reveal the nature of the belonging together of reading, writing, thinking and dialogue. Teaching reading, writing and dialogue as a way of thinking, is one way teachers bring these learning practices together and show how they constitute one another (Diekelmann & Diekelmann, In preparation). In this way, RN students are able to learn about thinking through questioning with their teachers. This study shows that teachers can be guides to RN students in this, through sharing their own learning and

thinking within the classroom. When teachers show *how* to think, read, write, and engage in dialogue (rather than lecture), students are able to learn much more than when they are expected to somehow just grasp these learning practices by themselves. Of equal importance is for the teacher to reveal to the student, the possibilities within the student's own thinking by challenging them to think more deeply. Similarly when students are part of a learning community, peers are also able to extend each other's thinking.

Teaching interpretively also opens up possibilities. Thinking involves interpreting situations. Teachers often make use of the stories of the practice world from RN students to show how to transform these narratives through analysis and interpretation into a re-visioning of their practice that allows for knowledge and action to be also understood as belonging together (Applebee, 1996). Interpreting practice is to see nursing through new understandings, and thus reinterpret it. These conversations with the discipline, at the boundaries of what is known, show new possibilities for practice knowledge and action and open up ways to revision nursing practice (Benner, Tanner & Chesla, 1996). New knowledge is entwined together with thinking, reading, writing, and dialogue. RNs as learners can see how thinking *is* reading, writing and dialogue and how these are shared experiences and practices that do not happen in isolation from one another (Allen, Bowers & Diekelmann, 1989; Diekelmann & Diekelmann, In preparation; Ironside, 1997), or apart from others in the world of RN education and practice.

Teacher development for these learning practices could attend to innovative teaching that emphasises how reading, writing, thinking and dialogue belong together. For example, teachers could ask students to write assignments that are shared with other students as well as the teacher. Teachers could write the same assignments that students are asked to write and share their writings with students to show how they are thinking. And rather than disallowing the practical use of the written feedback that teachers work very hard at giving students, the same assignment could be submitted more than once to show development in students thinking and how the RN student explored their thinking, and reading around the topic over time, through rethinking and rewriting. Similarly feedback could be gained by the RN students from peers as well as teachers to do this. Having a chance to revisit and rework ideas may help students learn more than always pressing on towards new content. RN students may benefit from courses structured more like

graduate courses. For example, in the process of writing a thesis, the student reworks and refines their thinking many times, with the guidance of supervisors, before the final product is marked. The assumptions that underlie this process, may well have possibilities in the context of RN baccalaureate education. Perhaps thinking of RN students as more like graduate students than baccalaureate students may help teachers explore possibilities for transforming RN curricula, and seek new instructional practices.

The possibilities suggested here for teacher development in relation to learning practices in RN education that focus on learning practices are not exhaustive, but ideas such as these are predicated on a move away from the concept of conventional education as an individual, competitive endeavour. However, it may be contended that a less adversarial approach than the traditional one, may be more appropriate for RN education, and all students. Educating for clinical practice based on partnerships may be a more useful approach to education.

Various authors have described the curriculum as "conversation" (Applebee, 1996, p. 35) or "dialogue" (Diekelmann, 1988, p. 144). These approaches offer an alternative to the conventional view of curriculum as rules by which to organise RN education. If students are negotiating knowledge of the discipline through conversation with teachers, other students, and the wider discipline (through reading and thinking about published authors), and writing, these ideas can be transferred to a curriculum. What then arises is "curriculum as conversation" (Applebee, 1996, p. 35). This focuses on thinking and acting belonging together, with the knowledge of the discipline being viewed as *constructed* rather than received. The emphasis of the curriculum is then less focused on the selection and sequencing of content, and more on thinking. This enables thinking to be brought to bear, no matter what the content, or the nature of the experience, or how it may change over time and contexts. Thus a curriculum is possible that meets the educational needs of registered nurses from varying practice contexts.

Learning in the community with RN students, who brought their experience and shared their thinking engendered a questioning way of thinking for the RN students in this study. The centrality of sharing dialogue in a community was apparent in the stories of the RNs in this study. It was this sense of sharing thinking that enabled the RNs to

extend their thinking through challenging theory in terms of their practical knowledge and experiences. Connected by their practice background and the experience of returning for the degree, there was a place for diversity (Ellsworth, 1989), and critically thinking about practice within the learning community.

When teachers were able to engender community, there was respect for all students from both teachers and other RN students. Teachers have a central role in safeguarding and preserving learning communities. An important feature of the communities that helped the students learn, was that of this respect for diversity of ideas and thinking. Students were not forced into a consensus, although they felt a belonging to the group. It appears that expecting consensus undermines community rather than engendering it (Ellsworth, 1989). Engaging students in learning as a community practice (Atkins, 1988), makes a place for learning from each other through seeing different perspectives and respectfully challenging thinking. In all the aforementioned learning practices there are important implications here for how nurse teachers are prepared for this role as guides.

Teacher preparation

Rather (1990) in her study with returning registered nurses in the United States comments:

> ... no matter what the curriculum looks like on paper, what matters in the final analysis is how individual teachers translate the curriculum into action in specific contexts with specific students. Curriculum is thus viewed as a process, a process of initiating and maintaining a dialogue among all persons involved in education (Rather, 1990, pp. 227-228).

Thus the preparation and ongoing development of teachers in nursing needs to help teachers learn to engage with the curriculum in such a way as to translate this to something meaningful and compelling for RN education.

Possibilities for teacher development might include seminars where teachers discuss what works well with registered nurses. The experience and knowledge of teachers can then become accessible through narrative learning in the same way as was suggested earlier

for RN students. Teacher development that assists teachers in finding ways of developing thinking rather than how to teach content to RNs may prove helpful. Also, preparation of education courses specifically designed for practice disciplines may be called for. Diekelmann (1989) has already identified some of the practices of teachers and students that are a part of revisioning teaching practice. More attention could be paid in teacher development, as to how to teach the practices that engender new partnerships with RNs, and develop communities for learning. However, there are certain paradoxes in contemporary RN education that make the development of learning communities a challenge, despite the best will of the teachers and students. These are not insurmountable, but discussion is desirable among teachers and students to look for new possibilities for overcoming some of the difficulties.

Tensions in creating learning communities

In this study, creating a community of learners with a common commitment to learning was of great importance to RN students. Both personal and pedagogically significant meanings arose for RN students in their connecting to others. However, tension exists between creating such a community, and the non-traditional nature of the students in RN programmes. In this study, paradoxes such as the relationship between the recognition of prior learning (RPL), and the ability to engender community, arose from the diversity of students in RN programmes. Recognition of prior learning is of vital importance to RN students. These experienced nurses do not want to spend time on classes they consider redundant because they already know the content. However, difficulties arise because of the structure of programmes, and the nature of how RPL is assessed and granted, with its emphasis on content and learning outcomes. RPL policies, under the influence of behaviourist assumptions in many curricula (Day, 1997), focus for a large part on demonstrable evidence of formal courses that cover similar content. Although RPL in nursing is a little researched area, recent work by Day (1997) shows the need for RPL to focus on student *learning* rather than assessment, and to make a place for interpretive and emancipatory curricula.

Students who are exempt parts of classes because they have covered the content, may be at risk of having difficulty with belonging in the group, in the sense of being part of the

community, and learning with others. Programmes that focus on learning different ways of thinking about the important problems and issues of clinical practice, as well as re-visioning the everyday experiences of nursing practice, may overcome some of these difficulties of RPL. These courses would not be centred around content that may be repetitious for RN students, but around thinking questioningly about the discipline of nursing and the contexts of nursing practice.

Although distance learning was not part of the experience for the RN students in this study, the implications of what the students in this research described about learning communities may be significant in the development of distance learning programmes as well as those on campus. In today's environment many more RN baccalaureate courses are being conducted by distance teaching. There is a challenge to teachers to find ways to gather a community, and help those in it connect across distance, the separation of students from each other, and from the teacher. Opportunities for speaking with each other and learning from each other have appeared as important to the RN students in the study. Finding ways of engendering community with RN students will become increasingly important as more courses are delivered by distance to maintain flexibility for RNs who, as it has been stated before, are balancing professional, personal and academic lives. Information technology now offers many examples of how to create communities across distance, for example interactive video and internet courses offer new possibilities for RN education.

Part of being in the learning community for the students in this study however, also related to attending classes at an institution. Although only the voice of the students is apparent in this study, (and there are undoubtedly other viewpoints to the narratives in this research), the understandings of the RNs in regards to institutional organisation was an issue.

Institutional organisation

One issue arising for some RN students was that small details matter in terms of how they were treated. Sometimes concerns were held by the RN students, which appeared to them to have been treated as insignificant details by the institution, but were described by

the participants as important to them as students. RN students already perform a "balancing act" in juggling professional, family, and study commitments so they may attend courses and meet academic learning and assessment requirements. The way in which teachers, and the polytechnic organisation communicate with RN students is of significance in how RN students understand their experience in the degree programmes, as is the importance the institution assigns to the need to communicate and keep the students informed of day to day organisational matters (Derstine, 1988; Green 1987; Kearney 1994; Miller, 1993; Wang, 1991). Information technology is such now, that there may be opportunities to use innovative means of communication such as electronic mail or voice mail that would overcome the difficulty students have with matching the diversity of their lives with the systems and programme requirements of the institution.

IMPLICATIONS FOR PRACTICE

The Vision 2000 committee's discussion document pointed to the need in practice in the coming millennium, for nurses that were able to think proactively, and cope with uncertainty and change. The committee commented:

> What is needed above all else, is a strategy for coping with uncertainty both within practice, and as a central approach in education. To be able to accept uncertainty as a norm would mean to be able to incorporate change in such a way that the practitioner is not required to react, adapt or even respond to it, but that the processes and knowledge of the practice itself are developed in such a away that change is incorporated as it occurs. Thus change becomes the ethos of practice or education, and the ability to incorporate change on a day to day basis becomes central in all aspects of health related activity and care (Allen, 1992, p.11).

The intent behind this statement of the direction for future practitioners, essentially shows the relevance to practice of the RN education changing from asking questions to thinking questioningly. The increased attention of the RNs to complex issues and nursing problems in clinical practice, and their willingness and ability to create new clinical partnerships was shown by the RNs in this study to be of benefit to the health services. Thinking, questioning, and acting *belong together*. And many of the RN students felt they certainly thought, and often acted differently. This study suggests that RN

baccalaureate education has possibilities for enhancing the Vision 2000 statements for nursing practice in the new millennium.

An issue here however, is that the visibility of these changes in the RN's practice is often difficult to show or measure. Practice and education need to work together to make more obvious the difference made to the clients, bringing to the attention of colleagues in nursing and other disciplines, and management, what contributions these changes in RN education and RN practice do make. The narratives of RN students describe the changes in their practice. Nurses, as they experience changes in their thinking and practice may also make their contributions more obvious by involving themselves at the level of policy and decision-making, rather than keeping this skilled thinking only at the level of the client-nurse interaction. In showing how they now saw the "bigger picture" in relation to their clients, these nurses could extend their sphere of influence by thinking about the bigger picture in nursing and working to transform nursing at the decision-making level also.

Another change in practice that the RN students reported was being more able to engender new partnerships in practice situations through a different approach to working with colleagues. RN graduates of the baccalaureate programmes, may bring new opportunities for partnerships that are non adversarial in nature. To move the benefit of this beyond the individual RNs, possibilities for involving these RNs in mentoring programmes in practice would be a helpful direction to take.

Extrapolating the notions inherent in learning in a community may also open up new possibilities for practice. When RNs are accustomed to learning as a communal practice, and appreciate how thinking may develop further when it is shared, they may find more opportunities for learning in this way in practice. This is to the benefit of all in the practice world, not least the client.

LIMITATIONS OF THE STUDY

In this study, some of the limitations were apparent before the research was commenced, and many of these have already been explored. In the main, this scrutiny has occurred in

the methodology chapter, where the place of interpretive phenomenology in the history of philosophy was explicated, and current critiques were illustrated. In the methodological rigour section, evaluation of interpretive research was discussed. This discussion revealed what knowledge is possible within this methodology, and what is not possible according to the philosophical stance. According to Lawler (1998) nursing has not yet explored fully the consequences for both researchers on the one hand, and the methodology on the other, of taking a fundamentally philosophical approach and relocating this to a practice world. In this case the practice world is that of teaching and learning with RNs in baccalaureate nursing degree courses. However, although the issue of translocation of methodology has been raised within the critique of the methodology, what remains essentially unresolved is the resultant tensions. In putting forward my thinking and justification (see chapter 4) for using the methodology in the sense of a regional ontology, I have tried to lay my reasoning before the reader, and present how I have worked at surfacing, and dealing with, the tensions as they appeared for me. I do not however believe these are, or can be, resolved totally within the constraints of a masters thesis. This limitation of translocation presents a challenge to all nurse researchers working with phenomenological methodologies of whatever variation, to continue to explicate and address the important issues in relation to methodology use (Lawler, 1998).

Other limitations became apparent as the study progressed. Some of these also were methodological (for example the difficulties involved in transcription) and have been discussed in the section on rigour of the study (chapter 4). This final analysis is to serve the purpose of alerting the reader to other possible limitations that I have identified, that may impact upon understanding this study, and the implications of the findings, which should be considered by the reader.

Thompson (1990) has made the point that Heideggerian phenomenology is not political, and does not specifically address the social and political contexts that shape our background meanings (Rather, 1990). Accepting this as a valid point, and relevant to a project conducted in our post-modern era, I have tried to address this limitation in the following way. Where it seemed warranted I have brought both critical and post-modern education texts into conversation with the data to enhance the interpretation through

attempting a critical hermeneutic. I make no claim to being an expert in the field of either critical social theory or discourse analysis, but have brought these texts to my interpretations to try and challenge the insights gained from this research and open up further future possibilities with the exploration of these ideas.

Interpretive research does not demand large samples or the ability to generalise. I chose however, to gain participants from different institutions. My aim in doing this was to elicit the story of RN degree education, rather than the story of any particular institution. Self selection through volunteering to participate may have resulted in participants that were highly motivated in one way or another to talk about their experience. I believe however, that the overwhelming response to the invitation to participate initially received (see chapter 4) showed that many RNs were willing to speak of their experience. Although this sample is not representative of all polytechnics in New Zealand (some institutions approached chose not to allow me access to their graduates, and I did not approach all institutions), I believe the findings can provide some insights into, and evoke thinking about RN education. Throughout the study when I have been in conversation with other RN students, at various times the themes of my study have been challenged or confirmed. Thus there was a continual process of cycles of interpretation. When my interpretations were challenged, I returned to the texts to reinterpret the stories and account for the challenges.

Given the constraints that are part of a course of study at the masters level, choices have had to be made as to which stories and meanings would be included in this interpretation and which would not. Bearing in mind that all these interviews generally took about two hours, there were numerous other areas of interest and seeming importance that were mentioned by participants. However, in making choices in regard to which data to attend to most closely, I have chosen that which appeared to have some importance for most participants, albeit in differing ways. These meanings are embedded in the 'thinking' and 'community' chapters of this thesis. Other ideas that seemed important, but were either, not able to be explored within the scope of this study, or the meanings and themes were only emergent, but were never fully revealed, are mentioned in the implications for further research that constitutes the final section of this chapter.

IMPLICATIONS FOR FURTHER RESEARCH

Further interpretive research with RN students

This is a beginning study in an area that is under researched in this country. Firstly in recommending further research, more studies into the experience of RNs in baccalaureate nursing courses are needed to extend our understandings of the meanings important to RN students. Although in interpretive research, where participants are always situated and the research is contextual, there is no such thing as replication as is understood in the traditional use of the word, I would suggest that undertaking this study again with other groups of RN students would extend, and reveal further meanings and deeper understandings that could enrich the possibilities for teaching and learning in baccalaureate degree programmes.

Further research into emerging themes

One of the areas that seemed important, and began to emerge in this study, but did not become entirely clear related to the dislocating effects of undertaking and completing the degree. Some nurses found that the workplace became a proving ground where they had to frequently justify their place as a 'good' nurse who was committed to nursing practice, to the other RNs (who were not undertaking any degree studies) they worked with. In being perceived as an 'academic' they had in effect become dislocated from nursing practice in the understandings of others. The RNs had experienced nursing in a particular way prior to undertaking the degree, and when this shifted following their studies they had to find a way of relocating themselves. Glass (1998) has undertaken research in Australia into RN degree education and found similar stories related to the theme of the contested workplace between RN students and colleagues not enrolled in a degree for RNs. This is an interesting area requiring further investigation. In another story, undertaking the degree and the accompanying change in thinking caused the RN to feel that she was no longer able to practice within the constraints of the institutional system as it existed, and had to look for work in a different clinical area. This was another way dislocation appeared as an emergent theme. Further research needs to identify the dislocating practices, and probe into the experiences of RNs in regard to this dislocating

effect of academic study, to explore how the degree is experienced in the practice context.

Employers of the nurses who participated in this study also appeared to take some convincing of the benefits of RN degree education. Questions in relation to this issue that deserve further investigation could explore how nurses make visible *in what way and how*, nursing care is improved by the changes in their thinking. Research could also focus on what employers could do to assist RNs in degree education, and support them to use their new way of thinking to improve patient care. How RNs can use their new ways of thinking, at a level of decision and policy making to influence the future path of nursing practice is another area worthy of study in more depth.

On an even broader level, the meaning of polytechnic degrees for RNs compared with university degrees may also be an area for inquiry. Although this theme never clearly emerged from this research there are questions related to this area that may be important to the development of the profession of nursing. What difference has the restraints imposed by regulatory bodies such as the New Zealand Qualifications Authority (NZQA) made to the experience of undertaking a degree? Given that the NZQA national framework that gives approval to nursing degree programmes is "reminiscent of the Tyler model with its interests in control over curriculum" (Day, 1997, p. 283) this raises questions as to what tensions are created between curriculum and system requirements of NZQA, and the learning needs of RN students and instructional practices of teachers in nursing. These issues may be exacerbated when the students are already RNs and have ideas about their own learning needs as these are situated against the already always present background of their nursing practice. Furthermore, what differences are there in the RN students experiences, and in people's perceptions of BN degrees when the polytechnics must conform to these regulations and yet the universities have resisted? Some participants in this research touched on these tensions when speaking of the path that brought them to the polytechnic degree programmes. However further inquiry into this potential 'Ivy League' situation, such as is seen in the United States must be undertaken if polytechnics continue to be subject to restraints that the universities are not, to determine what will be the implications for nursing if this situation continues.

New questions

While this research revealed further understandings of the meanings of the Bachelor of Nursing degree for RNs, it also has given rise to many new questions that warrant investigation.

Hearing the stories of the RN students has raised many questions about the experiences of RN teachers. The experiences and understandings of the teachers in the narratives presented in this study have been absent. In the future, the experiences of teachers of RNs need to be explored in an interpretive way. Such questions as the following need attention: What is the meaning of being a teacher of RN students? How do nurse teachers learn to teach RNs? How does being a nurse influence the practice of teaching? And what is the meaning of being a nurse-teacher? How do teachers continue to teach in a way that is meaningful for clinical practice when the move to teaching may consequently de-skill the teacher in clinical terms? How do teachers stay connected to clinical practice? In the current climate of rapid technological change how do teachers teach about what they may never have done? How do teachers learn the skill of creating questions that will evoke RN students to think questioningly? How does the learning of the teacher impact on their teaching? How does the post graduate education system in New Zealand impact on teachers in the undergraduate system? What should be included in post graduate education for teachers, what innovations are needed, and what should be discarded from how teachers in nursing are prepared?

If the common experiences of teachers were more clearly understood, then another important step is to understand the shared meanings for teachers and students together. When the experiences of teachers and students are put together they become something different again than the two separate experiences. Interpreting teaching and learning experiences together would mean the experiences of each were examined in the light of the other, and would lead to new possibilities being opened up for teachers and learners in RN baccalaureate education. With new understandings explored in the shared meanings of teachers and learners, then new ways to transform RN education could arise. The ways in which teaching and learning belong together could be explored, rather than examining them as separate practices. The practices of teaching and learning that

should be preserved, and those which are not helpful in RN degree education could be jointly described by those most closely concerned.

Questions of research methodology

Many critiques and questions ranging from the philosophical, to the political, and methodological, have already been raised within this study (see chapters 3 and 4, and the limitations above) with regard to the use of interpretive phenomenology within nursing research. This study has by virtue of using a methodology such as this, sought to add to the debate on this usage, or at the least provoke more debate, thinking and questioning. Much further investigation needs to be carried out in nursing research abut this methodology and what it may usefully achieve and what may not legitimately be done.

Furthermore the basic philosophical premises need to be applied also to the research experience. By this I mean, the situatedness, historicality, and temporality, that are fundamental in interpreting the data, need also to be considered in relation to the use of the methodology. What is the influence of the New Zealand context, in using this methodology? And, how may it influence the development of the philosophy and methodology? In the same vein, how is nursing generally, and in New Zealand in particular, contributing to shaping this way of researching? There are also questions relating to how the philosophy and methodology may impact upon and shape the development of nursing practice, nursing education, and nursing research in New Zealand.

SUMMARY

Interpretive phenomenology has provided a means of beginning to examine the common experiences and understandings RN students have about the meaning of teaching and learning in the baccalaureate nursing programmes in New Zealand. The contexts of nursing practice and education have changed over this time and continue to change. It is important that teachers and learners both continue to question nursing education to ensure that the needs of the nurses in the world of clinical practice are met. This thesis represents an attempt at understanding RN baccalaureate education, but many more

questions remain that are worthy of investigation. It also represents an attempt at using this particular methodology in nursing education research. There is much work yet to be done in taking this philosophical understanding and using it as a methodology. It is hoped that this study may add to what is known about the methodology for nursing.

Two central themes have emerged in this research: Experiencing Thinking and Experiencing Community. Inextricably linked together, these themes have been presented separately to try and explore the possible meanings within each, in depth. The most potent understanding that leads to the possibility of transformative education that these themes have drawn out of the RN experience may be summed up by saying, when the path to learning was most meaningful, the RN students did not only think about new things in the degree programmes they attended, they learned a new way of thinking, and they reached this, not alone, but by being in a community of learners, where learning was a shared practice. In this way the RN students have described, how teaching and learning are practices that belong together, and may best be understood in their belonging together, not by separating them. Heidegger makes clear this belonging when he shows how teaching is letting learn.

> ...genuine learning is therefore an extremely peculiar taking, a taking where he [sic] who takes only takes what he actually already has. Teaching corresponds to *this* learning. Teaching is a giving, an offering; but what is offered in teaching is not the learnable, for the student is merely instructed to take for himself what he already has. If the student only takes over something which is offered he does not learn. He comes to learning only when he experiences what he takes as something he himself already has. True learning only occurs where the taking of what one already has is a self-giving and is experienced as such. Teaching, therefore, does not mean anything else that to let the others learn, i.e., to bring one another to learning. Learning is more difficult than teaching; for only he who can truly learn – and only as long as he can do it – can truly teach. The genuine teacher differs from the pupil only in that he can learn better and that he more genuinely wants to learn. In all teaching, the teacher learns the most.

> The most difficult learning is to come to know all the way what we already know. Such learning, with which we are here solely concerned, demands sticking rather closely to what appears to be the nearest at hand; for instance to the question of what a thing is. We steadfastly ask, considering its usefulness, *the same* obviously useless question of what a

thing is, what tools are, what man is, what a work of art is, what the state and what the world are (Heidegger, 1967, p.73).

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APPENDICES

APPENDIX ONE

Date

Name
Position
Department
Polytechnic
Address

Dear

My name is Philippa Seaton. I am a student in the Masters programme of the Massey University Nursing and Midwifery Department. I work as a lecturer for Otago Polytechnic's Nursing and Midwifery programme in Timaru.

I am seeking voluntary participation in a study of the experiences of registered nurses who have undertaken a first degree in nursing in New Zealand. I hope the information gained from this study may help reveal possibilities for innovations by nurse educators in planning, and delivering degree level programmes for Registered Nurses.

This research study has the approval of the Massey University Human Ethics committee. The project will be carried out under the supervision of Professor Julie Boddy of Massey University, and Professor Nancy Diekelmann of the University of Wisconsin-Madison, USA.

I wish to ask for your assistance in reaching registered nurses who have graduated from your RN baccalaureate degree course, and who may wish to participate in this study. The potential participants are required to be registered nurses who have been in practice for a number of years, and then returned to study to gain a first degree in nursing. It is also necessary for this research that these registered nurses have already graduated from the degree programme.

I would like to provide you with 'invitations to participate' in this study (see Appendix 1 in the attached proposal), and stamped envelopes, and would ask if you would be willing to forward this notice to registered nurses who have graduated from your degree programme. I am very willing to pay for any secretarial costs involved in addressing and sending these notices out to the potential participants.

I understand this action may require approval from the ethics committee and Chief Executive Officer of your Polytechnic. I have enclosed a copy of the proposal, and the letter of approval from the Massey University Human Ethics Committee and ask if you would send my request through the channels required by your institution.

I may also be placing advertisements in the journals Kai Tiaki: Nursing New Zealand, and Praxis to invite participation.

This research is a Heideggerian hermeneutical study. As such, this investigates the common experience of registered nurses who return after some years in practice to undertake a degree in nursing. This study is in no way intended to be an evaluation of any particular programme. I am approaching Nursing & Midwifery departments from polytechnics that are located across a wide geographical area of the country for help in reaching potential participants.

Following approval by your institution to circulate the information to your former registered nurse students, I would appreciate if you could indicate the potential numbers of registered nurses to whom you would send the participation invitation. I will then forward to you the required number of notices and stamped envelopes.

Should you require any further information, or wish to discuss this study with me, I may be contacted in the following ways:
Telephone collect: (03) 6849663
Fax: (03)6849662
E-mail: rpspcj@xtra.co.nz
Postal: 46 Sefton Street, Timaru 8601.
My supervisor, Dr Julie Boddy may be contacted at Massey University, Private Bag 11-222, Palmerston North; or telephone (06)350-4335.

Thank you for consideration of this request.

Yours sincerely,

Philippa Seaton, RGON, BA.

APPENDIX TWO

REGISTERED NURSES

HAVE YOU UNDERTAKEN A NURSING DEGREE?

Are you willing to share your experience of this with a registered nurse conducting a research project as part of her Masters degree in Nursing within Massey University's Nursing & Midwifery Department?

I wish to meet with registered nurses who work in clinical practice, and who returned to study to complete a bachelors degree in nursing after a number of years in clinical practice.

I would like to find out about your experience of 'doing your degree.'

For more information phone me (collect) today

Philippa Seaton

APPENDIX THREE

EXPRESSION OF INTEREST TO PARTICIPATE IN RESEARCH

IF YOU ARE INTERESTED IN BEING CONTACTED BY PHILIPPA SEATON TO TAKE PART IN THIS RESEARCH, PLEASE FILL IN THIS FORM AND RETURN IT TO PHILIPPA IN THE STAMPED ADDRESSED ENVELOPE PROVIDED.

I am interested in being part of your research into the experience of Registered Nurses who have undertaken a Bachelors degree in nursing.

Please contact me at:

Postal Address:

Town/City:

Phone number:

Name:

Signature:

APPENDIX FOUR

Dear Colleague,

Thank you for the interest you have shown in my research into the experience of registered nurses who have undertaken a bachelors degree in nursing.

Due to an overwhelming response to this study, I am unable to interview in person everyone who has expressed interest. I would however, like to offer you the opportunity for your story to be included.

If you choose to participate you may send me your story either on an audiotape or in written form. I have included an information sheet, two copies of the consent form, and a Procedure for Participation sheet with the steps to take if you wish to participate in this research. After reading the information sheet, please feel free to contact me by phoning collect (███ ██████ if you have any questions, or wish to discuss any aspect of this research before making your decision about participating in this way. My supervisor, Professor Julie Boddy, may also be contacted, if you wish, at Massey University, telephone (06) 3504335.

If you have any questions please do not hesitate to contact me.

If you choose not to take part in this research, please destroy the information sheet, consent form and letter. If I do not hear from you by October 31, 1997, I will assume you do not want to participate. I will not contact you again.

Thank you for taking the time to read this letter.

Yours sincerely,

Philippa Seaton.

Doing my degree: Registered nurses experiences of completing a first degree in nursing.

INFORMATION SHEET

My name is Philippa Seaton. I am a student in the Masters programme at the Massey University Nursing and Midwifery Department. I work as a nurse lecturer for Otago Polytechnic's Nursing and Midwifery programme in Timaru.

I am seeking voluntary participation in a study of the experiences of registered nurses undertaking a first degree in nursing in New Zealand. I hope that information gained from this study may help reveal possibilities for innovations by nurse educators in planning and delivering degree level programmes for registered nurses.

If you choose to take part in this research, your story will be analysed with those of ten registered nurses who have been interviewed in person, and any others who have volunteered to share information through a written or taped story, about what it means to them to have been a registered nurse student in a degree programme. I will ask you to send me a story, either written or taped, illustrating what it meant to you to study for your degree. At a later date I may contact you by telephone to follow up an aspect of your story.

The audiotapes will be transcribed by a typist who will sign a confidentiality agreement.

My two supervisors, Professor Julie Boddy and Professor Nancy Diekelmann will also have access to your information during their supervisory role. Both professors will know you only by your pseudonym.

Confidentiality will be maintained by ensuring that your name will not be used on any written documents; a pseudonym (false name) will be used instead. Only you and I will know your true name throughout the research and in any subsequent publications.

Tapes and transcribed stories will be held securely in a locked cabinet and destroyed after a period of six years. If you wish, a copy of your transcript and/or your tape will be returned to you.

Reading this information does not commit you in any way to the research. If you do decide to participate in this way, you also have the right to withdraw, including your data, at any time without consequence. You have also have the right to ask any questions at any time during your participation in the study.

The findings will be submitted as a thesis for my MA degree and may be used at research or education seminars, or as the basis of papers published in journals.

My supervisor, Professor Julie Boddy, can be contacted at Massey University, Private Bag 11-222, Palmerston North; or telephone ██ ███

I can be contacted at (██ ███

If you are interested in taking part in this study through a written or taped story, please refer to the attached Procedure for Participation sheet for the steps you need to take next.

If you choose not to take part in this research, please destroy the letter, information sheet, procedure for participation sheet and consent forms. If I do not hear from you by September 10th, 1997 , I will assume you do not wish to participate. I will not contact you again.

Thank you very much for your initial expression of your interest in this research, and for taking the time to read this information sheet.

Yours sincerely,

Philippa Seaton

**MASSEY
UNIVERSITY**

Private Bag 11222
Palmerston North
New Zealand
Telephone +64-6-356 9099
Facsimile +64-6-350 5668

**FACULTY OF
SOCIAL SCIENCES**

**DEPARTMENT OF
NURSING AND
MIDWIFERY**

DOING MY DEGREE: REGISTERED NURSES EXPERIENCES OF COMPLETING A FIRST DEGREE IN NURSING

CONSENT FORM

I have read the Information Sheet, and the sheet with the details of the procedure for participation. My questions have been answered to my satisfaction, and I understand I have the right to ask further questions at any time.

I understand I have the right to withdraw from the study at any time.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission.

This information will be used only for this research and publications arising from the research project.

I agree/ do not agree to the researcher contacting me by telephone to follow up an aspect of my story.

Signed...

Name...

Date...

APPENDIX SEVEN

PROCEDURE FOR PARTICIPATION

IF YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH:

You may send me your story either on an audiotape, or in written form.

If you would like to tape a story for me, please phone me collect on (███ ████ and I will supply a tape for you to record on to.

Please sign and return one of the consent forms to me with the tape or written story, and keep the other one for yourself.
Please send to: Philippa Seaton

███ ███
███ ██

Whether you are writing or recording your experience as a registered nurse in a degree programme I would like you to:

PLEASE TELL ME A STORY, THAT REALLY STANDS OUT FOR YOU, ABOUT WHAT IT WAS LIKE TO BE A REGISTERED NURSE STUDENT IN A NURSING DEGREE PROGRAMME.

Your story may be about any aspect/s of your experience in the degree programme that you choose. When telling your story, please include as much detail as possible. After you have told your story, please tell me why this story is important to you.

If you agree, I may recontact you to clarify information after I have read your story, if that is necessary.

Thank you for sharing your story.

Philippa Seaton.

MASSEY
UNIVERSITY

Doing my Degree: The experience of being a registered nurse completing a first degree in nursing.

INFORMATION SHEET

My name is Philippa Seaton. I am a student in the Masters program at the Massey University Nursing and Midwifery Department. I work as a nurse lecturer for Otago Polytechnic's Nursing and Midwifery program in Timaru.

I am seeking voluntary participation in a study of the experiences of registered nurses undertaking a first degree in nursing in New Zealand. I hope that information gained from this study may help reveal possibilities for innovations by nurse educators in planning and delivering degree level programs for Registered Nurses.

If you choose to take part in this research, you will be one of up to ten registered nurses sharing information about what it means to them to have been a registered nurse student in a degree programme. I would meet with you, at a time and place that is convenient to you. Up to one and a half hours of your time will be needed to listen to, and record, on tape recorder, your story illustrating what it meant to you to study for your degree. At a later date I may contact you by telephone to follow up an aspect of your interview.

The audiotapes will be transcribed by a typist who will sign a confidentiality agreement.

My two supervisors, Professor Julie Boddy and Professor Nancy Diekelmann will also have access to your information during their supervisory role. Both professors will know you only by your pseudonym.

Confidentiality will be maintained by ensuring that your name will not be used on any written documents; a pseudonym (false name) will be used instead. Only you and I will know your true name throughout the research and in any subsequent publications.

Tapes and transcribed interview scripts will be held securely in a locked cabinet and destroyed after a period of six years. If you wish, a copy of your transcript and/or your tape will be returned to you.

Reading this information sheet does not commit you in any way to the research. If you do decide to participate, you also have the right to withdraw including your data, at any time without consequence.

You have the right to refuse to answer any particular questions and to request that the tape be turned off in the interview. You also have the right to ask any questions at any time during your participation in the study.

The findings of the study will be submitted as a thesis for my MA degree and may be used at research or education seminars, or as the basis of papers published in journals.

Thank you for taking the time to read this information sheet.

My supervisor, Professor Julie Boddy can be contacted at Massey University, Private Bag 11-222, Palmerston North; or telephone ███ ███████.

I can be contacted at ███ ████████

If you are interested in taking part in this study, please fill in the attached expression of interest form and return it in the stamped envelope provided. Once I have received your form I will contact you to answer any questions you may have and arrange a time for an interview.

Yours sincerely

Philippa Seaton

APPENDIX NINE

DOING MY DEGREE: REGISTERED NURSES EXPERIENCES OF COMPLETING A FIRST DEGREE IN NURSING

CONFIDENTIALITY AGREEMENT

I _____ of _____

have agreed to transcribe *ad verbatim* Philippa Seaton's research data from the audiotapes into a written form. I agree to maintain complete confidentiality in regard to anything I may hear or read in connection with this research.

All tapes, computer discs, and paper copy of this information will be kept in a secure place while I have it for the purposes of transcription. All the aforementioned material will be returned to Philippa Seaton on completion of each transcription and any information on the computer hard drive will be erased.

I understand this agreement is binding both now and in the future.

Signed_____ (Typist)

Signed_____ (Researcher)

Date_____

APPENDIX TEN

MASSEY UNIVERSITY

Private Bag 11222
Palmerston North
New Zealand
Telephone +64-6-356 9099
Facsimile +64-6-350 5668

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

DOING MY DEGREE: REGISTERED NURSES EXPERIENCES OF COMPLETING A FIRST DEGREE IN NURSING

CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I have the right to ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer particular questions.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission.

This information will be used only for this research and publications arising from the research project.

I agree/do not agree to the interview being audiotaped.

I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.

Signed...

Name..

Date...