Nursing Students Perceptions of their Role in the Learning Process

by

Tracy Linn Booth

A Dissertation Submitted to the

College of Education in Partial Fulfillment of the Requirements

for the Degree of Doctor of Education

University of Mary Hardin-Baylor

2016

APPROVAL PAGE

This dissertation was submitted by Tracy Booth under the direction of the persons listed below. It was submitted to the College of Education and the Dean of the Graduate School and approved in partial fulfillment of the requirements for the degree of Doctor of Education at the University of Mary Hardin-Baylor.

_____   _____
Robert Rose, Ed.D.   Date
Committee Chair

_____   _____
Christie Bledsoe, Ed.D.   Date
Committee Member

_____   _____
Margaret Prydun, Ph.D.   Date
Committee Member

_____   _____
Marlene Zipperlen, Ed.D.   Date
Director of Graduate Studies, College of Education
Dean of the College of Education

_____   _____
Colin Wilborn, Ph.D.   Date
Dean of the Graduate School

ABSTRACT

Nursing Students Perceptions of their Role in the Learning Process. Booth, T. L. 2016:
Dissertation, University of Mary Hardin-Baylor, College of Education. Keywords:
Nursing, Education, Students, Perceptions, Learning, Qualitative, Phenomenological.

Nurse educators have identified oversaturated curriculum as a factor influencing adequate
preparation of nursing students for beginning practice. The dynamic nature of healthcare
contributed to content laden curriculum. As advances in knowledge, science, and
technology emerged, nurse educators' added content to nursing education curriculum in
an effort to prepare students sufficiently with the knowledge and skills needed as a new
nurse. To address the issue of content saturation, the current trend in nursing education is
to move from a traditional curriculum to a concept-based curriculum. The concept-based
curriculum approach emphasizes student centered learning; student centered learning
employs teaching strategies that rely on students taking an active role in their learning.
The problem is student centered teaching strategies require students to recognize and
adapt to their role in the learning process.

The purpose of this qualitative, phenomenological design study was to explore
Bachelor of Science in Nursing (BSN) student perceptions of their role (their lived
experiences) in the learning process. Awareness of student perceptions of their role and
the faculty role in learning will inform nursing education practice. For this study, the
researcher interviewed 18 students enrolled in a BSN program at a small, private, faith-
based university in Texas. Interview questions asked by the researcher elicited student
perceptions of their role and of the faculty role in the learning process. Data analysis
revealed two primary themes and one secondary theme related to the student role and

three primary themes related to the faculty role. Primary themes emerging related to student perceptions of their role in the learning process were preparedness and engagement; the secondary theme was attitudes. Primary themes emerging related to student perceptions of the faculty role were relational, invested, and teaching. Awareness and understanding of student perceptions assist faculty to better facilitate student learning and achieve the desired outcome of well-prepared new nurses.

ACKNOWLEDGEMENTS

What a journey! It is surreal to me that I have come to the point of completing a dissertation and have arrived at the juncture of reflecting on the journey to get here. I would like to begin by thanking the UMHB Ed.D. faculty; I have enjoyed working with all of you. You are all amazing educators and role models. I greatly appreciate your support throughout this process.

I want to give special thanks to my dissertation committee, Robert Rose (committee chair), Christie Bledsoe, and Margaret Prydun. Dr. Rose, I am grateful for your invaluable guidance in conducting qualitative research. Dr. Bledsoe, thank you for your support and encouragement. I think you believed in me more than I believed in myself. Dr. Prydun, thank you for your support and your assistance in bridging nursing with the education perspective.

To my Cohort 7 friends, I am very grateful to have had this experience with each of you. It has been a blessing to get to know all of you and to have completed this journey with you. A special thank you to my nursing colleagues, Michele Hackney and Christi Emerson; I cannot thank you enough for your support and encouragement. Pursuing an Ed.D. with such great people and colleagues has been a gift. I am proud to call you my colleagues and friends.

To my family, words are not sufficient to express my thanks. To my husband, Bill, thank you for statistics tutoring and endless hours of proofreading. Thank you for your faith in me, your patience, support, and encouragement. To my daughter, Katie, thank you for your support and scheduling wedding planning activities around class weekends, school work, and dissertation completion. To my daughter, Rachel, thank you

for your support, and your patience for forgotten details of conversations. Thank you also for understanding missed parent's weekends, sorority mother-daughter brunch, and other activities. I love you all very much!

My sincere and heartfelt appreciation goes to all!

I give you thanks, O Lord, with my whole heart. ~ Psalm 138:1

The Lord will fulfill his purpose in me. ~ Psalm 138:8

TABLE OF CONTENTS

Page

LIST OF FIGURES

LIST OF TABLES

xii

CHAPTER 1: INTRODUCTION

Nursing is a dynamic profession, advancing as changes in scientific knowledge, technology, the health care environment, and the complexity of patients' health issues evolve. While health care, nursing practice, and expectations of new nurses have changed over the years, curriculum and teaching strategies in nursing education have not adapted to these changes (Giddens et al., 2008; National League for Nursing [NLN], 2003). The traditional structure of nursing education has been similar to a medical model with a focus on disease process. However, this traditional curriculum does not adequately prepare graduate nurses for beginning practice in today's health care system. As an additional challenge, nurse educators must respond to a change in the population of students. Students enrolled in nursing education programs are diverse; they may be traditional students (those students entering college after high school graduation), students seeking a second degree, or students who chose to work or have families prior to entering college (Earle & Myrick, 2009). Changes in technology, society, and a generationally diverse student population contribute to the challenges of reforming nursing education.

Through this qualitative, phenomenological study, the researcher sought to gain insight into student perceptions of their role in the learning process. This chapter includes the nature of the problem, the background of the problem, the research question, an overview of the theoretical framework, the significance of the study, and the scope of the study. The remaining chapters include a review of the literature (Chapter 2), the method for the study (Chapter 3), the data analysis (Chapter 4), and the final chapter includes recommendations and implications of the study findings (Chapter 5).

Nature of the Problem

Nursing programs have an oversaturation of content (Giddens & Brady, 2007; Giddens et al., 2008). Giddens and Brady (2007) identified five factors contributing to content saturation in nursing curriculums. First, the information age has resulted in advances in technology and ease of access to information. Second, the focus of healthcare is shifting from illness and treatment to prevention and health. Third, the traditional approach of instruction has been teacher-centered pedagogy. Fourth, the curriculum contains repetition of content within and between courses. Fifth, the academic practice gap contributes to content saturation. Thus, nursing educators have added new content in an effort to address changes in knowledge and skills required for beginning practice nurses while continuing to teach traditional content. This focus on content rather than essential knowledge and skills has led to the oversaturation of content in nursing curriculum. The abundance of information has consequences for students and nursing programs. For students, content-laden curriculum affects student progression and outcomes on the nursing licensure exam. For nursing programs, first-attempt nursing licensure pass rates have an impact on program accreditation. In addition, many employers view preparation of new nurses for beginning practice as deficient (Giddens & Brady, 2007).

Leaders of curricular change in nursing education must overcome several barriers. Nursing faculty struggle to identify essential curriculum and modify, or omit, other content (Giddens & Brady, 2007). Faculty must teach a diverse student population. Additionally, faculty may be resistant to change, if National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates are at an acceptable level.

Student related barriers include preferences for traditional teaching and evaluation methods.

Statement of Problem

Health care is a dynamic field that must adapt to evolving scientific knowledge, technological developments, and societal influences on health. Keeping pace with the fluid professional practice of nursing is a challenge for nursing educators. Despite the changes in current nursing practice, nursing program curriculum and teaching strategies reflect traditional methods that may no longer adequately prepare students for beginning practice (NLN, 2003). The general problem in nursing education is traditional curriculum lacks a focus on essential concepts. To address this issue, several authors have indicated the need for curricular change in nursing education, and nursing educators are moving toward implementing a concept-based curriculum (CBC) (Benner, Sutphen, Leonard, & Day, 2010; NLN, 2003, 2005).

The current trend in nursing education programs is to restructure traditional curriculum using a concept-based curriculum approach. The concept-based curriculum approach includes an emphasis on student centered learning. Student centered learning employs teaching strategies that rely on students taking an active role in their learning. The problem is student centered teaching strategies require students to recognize and adapt to their role in the learning process. Exploring nursing student views of their perceived roles in the learning process will be informative to nursing education faculty. Awareness and understanding of student perspectives on roles and responsibilities in the learning process will assist faculty in determining best practices and provide faculty with insight for interacting with students. A qualitative, phenomenological study is an

3

appropriate approach to explore nursing student perceptions of their role in the learning process (Benner, 1994; Creswell, 2013).

Purpose of the Study

The purpose of this qualitative, phenomenological design study was to explore Bachelor of Science in Nursing (BSN) student perceptions of their role (their lived experiences) in the learning process. Awareness and understanding of student perceptions of teaching methods associated with concept-based curriculum will assist in determining if this curricular approach meets student needs and will provide insight about the associated teaching methods. In addition, awareness of student perceptions of their role and the faculty role in learning will inform nursing education practice.

Research Method and Design

The use of a qualitative, phenomenological design is appropriate to explore student perceptions of their role in the learning process. Nursing is both an art and a science. A phenomenological approach to research, which strives to capture the lived experiences, views, and perceptions of participants, addresses the art of nursing through seeking diverse views and perceptions in order to advance the science of nursing practice (De Chesnay, 2015). The Hermeneutic or interpretive phenomenological approach seeks to find meaning in the lived experiences and gain understanding of a phenomenon (Benner, 1994; De Chesnay, 2015).

Data collection occurred through individual interviews of junior and senior level nursing students enrolled in a BSN program. Data collection included demographic information.

4

Background of the Problem

The 21st century has brought about significant changes in health care and nursing practice. As a result, expectations of new nurses have evolved. The challenge for nurse educators is to respond to these changes with the aim of adequately preparing graduates for beginning practice. Factors contributing to this challenge are content saturation, a diverse student population, and minimal literature indicating best practices for nursing curriculum. The current trend is to reform traditional educational methodologies to a concept-based approach.

Evidence of the Problem

The traditional nursing education model, similar to the medical model, no longer adequately prepares graduates for beginning practice. Advances in technology and a rapidly changing health care environment have contributed to nursing curriculum overburdened with content (Giddens & Brady, 2007; NLN, 2003). In addition, the nursing student population is changing; students represent diverse generations. The diversity of the student population necessitates varied teaching strategies to meet the needs of students (Earle & Myrick, 2009). These factors contribute to the need for nursing curriculum revision.

Authors of two landmark publications, *Educating Nurses: A Call for Radical Transformation* (Benner et al., 2010) and *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine [IOM], 2011), examined current challenges in nursing education and nursing practice and advocated for nursing curriculum revision. Recommendations included shifting away from the traditional, disease oriented approach to a broader conceptual approach to address the issue of content saturation. A concept-

5

based curriculum approach fulfills this recommendation. The concept-based curriculum approach requires students to be active learners. Currently minimal literature exists to support outcomes of a concept-based approach in nursing education or student views on active learning teaching strategies. In addition, there is minimal evidence in the literature regarding student perceptions of their roles in the learning process.

Setting/Organizational Profile

The study setting was a small, private, faith-based university in Texas. The population of the study included students enrolled in the Bachelor of Science in Nursing (BSN) program. Participants were junior and senior level nursing students. All students enrolled in the BSN program had met the minimum entrance requirements of 3.0 GPA and 43 hours of pre-requisite courses. BSN program leaders recently revised the curriculum and implemented a concept-based approach.

<div align="center">

Research Questions

</div>

Despite changes in current nursing practice, nursing program curriculum and teaching strategies continue to reflect traditional methods that may no longer adequately prepare students for beginning practice (NLN, 2003). To address this issue, some nursing educators have begun to implement alternative approaches. One approach is the concept-based curriculum. As a relatively new approach to nursing education, minimal literature exists to support the outcomes of concept-based curriculum in nursing education. Exploring student perspectives may assist faculty in determining best practice and will give insight for interacting with students. To explore student perceptions of their role in the learning process, using open-ended questions will elicit responses that reflect the participant's perspective (Creswell, 2012). The research question, termed the central

question in qualitative research, is a broad, open-ended question that reflects the purpose of the study. In addition to the central question, the researcher may have sub-questions, which are more specific (Creswell, 2013). The two central research questions and the sub-questions for this study were:

R1: What are student's perceptions of their role in the learning process?

R2: What are student's perceptions of the faculty role in the learning process?

Theoretical Framework

The theoretical framework provides context and structure supporting the focus of the research. Three learning theories serve as the framework for this study: constructivist, social learning, and situated learning theories. Chapter 2 contains an elaboration on each theory and its application to the research.

The constructivist perspective on learning applies to the recommendation of a concept-based curriculum for nursing education. Components of the constructivist view include the concept of lifelong learning, learning is contextual, and new knowledge building on previous knowledge. These components are applicable to the constructs of a concept-based curriculum (Brandon & All, 2010; Driscoll, 2000). In addition, constructivist-learning theory emphasizes the student as an active participant in their learning. This emphasis aligns with the philosophy of concept-based curriculum where students take responsibility for their learning and the faculty facilitate student learning (Brandon & All, 2010).

Social learning theory is also relevant to nursing education. Social learning theory reflects the interrelationship of cognition, behavior, socio-cultural factors, and the environment on learning. The self-efficacy component of social learning theory is

particularly salient to nursing education. Self-efficacy is one's perception of his or her ability to achieve a desire outcome (Bandura, 1977, 1997; Driscoll, 2000; Zimmerman & Schunk, 2003). The profession of nursing requires the translation of knowledge to practice; this necessitates an integration of knowledge and skills. The ability to integrate knowledge and skills into safe practice involves students exhibiting positive self-efficacy.

Situated learning theory is the final theory forming the framework for this study. Situated learning theory focuses on the context of learning and the learning activities within that context. In addition, as with social learning theory, situated learning theory emphasizes the translation of knowledge to practice (Driscoll, 2000; Lave & Wenger, 1991). According to situated learning theorists, learning occurs through a collaborative process and the opportunity for application of knowledge to practice in a realistic setting (Lave & Wenger, 1991). Nursing practice requires the ability to use knowledge learned and the ability to perform skills safely. Nursing education lays the foundation for developing required knowledge and skills for beginning practice.

Significance of the Study

This qualitative, phenomenological study to explore the perceptions of nursing students and their role in the learning process will contribute to developing evidence-based teaching practice for nursing education. Understanding student perspectives of roles in the learning process will provide insight for nursing faculty when developing curriculum, determining teaching strategies, and interacting with students. In addition, determining whether the concept-based curriculum approach to nursing education appeals to students and assists with preparing new graduates for beginning practice will fill a gap in the literature.

Definition of Terms

Definitions of select terms provide clarity of meaning relative to the topic of study. Listed are definitions of terms specific to the profession of nursing and terms related to educational practices.

Board of Nursing (BON) is the state governmental agency responsible for the regulation of nursing practice. BON's are responsible for licensing, nursing education program approval, and enforcement of the Nursing Practice Act (Texas Board of Nursing, 2013; National Council State Boards of Nursing [NCSBN], 2011)

Concept-based curriculum is "a curriculum that is designed by organizing content around key concepts" (Giddens, Caputi, & Rodgers, 2015, p. 4).

NCLEX-RN® is National Council Licensure Examination for Registered Nurses. State Boards of Nursing use this exam to award licensure to practice nursing. The exam ensures competence of safe and effective practice for an entry-level registered nurse (NCSBN, 2011).

Student centered learning shifts the focus from the teacher to student. In student centered learning, the student takes responsibility for his or her learning and are actively engaged in the learning process. The term is used interchangeably with learner-centered teaching (Berrett, 2014; Candela, Dalley, & Benzel-Lindley, 2006; Horsfall, Cleary, & Hunt, 2012).

Scope of the Study

The scope of a study addresses the parameters. Elements within the study scope are limitation, delimitations, and assumptions (Simon & Goes, 2015). Limitations and delimitations address issues outside of the researcher's control and those within the

researcher's control. Assumptions are those aspects of the study the researcher believes to be true.

Limitations

Limitations are potential weaknesses or aspects of the study outside of the researcher's control that may have a negative impact on the study (Creswell, 2012; Gay & Airasian, 1992). The limitations of this study include small sample size and researcher bias. In addition, potential limitations include that an individual faculty members approach to teaching may influence student responses, the participants are in a program that is in the beginning stages of implementing a concept-based curriculum, and a student's experiences in courses outside of the nursing curriculum could influence their perspectives and responses.

Delimitations

Delimitations are those factors the researcher chooses to include or exclude from the study (Simon & Goes, 2015). A delimitation of this study is the sample was limited to the nursing student population at one university. An additional delimitation is the researcher developed the survey instrument. A final delimitation is the methodology chosen; phenomenological design will aid in gaining understanding of student perspectives in this specific population, but results will not be generalizable to other student populations (Benner, 1994).

Assumptions

Gay and Airasian (1992) defined *assumption* as "any important fact presumed to be true but not actually verified" (p. 91). Assumptions of this study include students will be genuine in their responses, participant responses are representative of the nursing

10

student population, and nursing education will continue as the foundation for nursing practice.

Summary

Preparing nurses for nursing practice in the current healthcare environment creates a challenge for nurse educators. Nursing practice must adapt with changes in scientific knowledge, technology, and the complexity of patients' health status. Although health care, nursing practice, and expectations of new nurses have changed significantly over the years, nursing curriculum and teaching strategies have not kept pace with the evolving demands of nursing practice (Giddens et al., 2008; IOM, 2011; NLN, 2003). In response to evolving practice, nurse educators have added content to courses. This approach has led to content saturation and no longer meets the needs of new nurses for beginning practice. To address the issue of content-saturated curriculum and lack of preparedness for beginning practice, researchers presented recommendations for a shift to a concept-based curriculum (Benner et al., 2010; IOM, 2011; NLN, 2003, 2005). However, minimal literature exists to support the outcomes of concept-based curriculum in nursing education. Exploring student perceptions of learning in a concept-based curriculum will assist in establishing best practices for nursing education.

Chapter 1 was an introduction to the study. The subsequent chapters contain more detail about the topics and methodology. Chapter 2 includes a review of the literature relevant to nursing education. The literature review contains a historical overview, an elaboration of the theoretical framework, and current findings. The historical overview is a review of nursing education, nursing regulation and licensure, nursing program approval, and accreditation. The theoretical framework contains an

11

elaboration on the three theories providing the framework for this study. The current

findings include a review of nursing education, student learning, and academic

performance.

CHAPTER 2: REVIEW OF LITERATURE

Although nursing practice has a different focus than medical practice, nursing education has traditionally used a format similar to a medical model. Advances in science and technology have brought about significant changes in health care. Nursing practice must adapt to these changes, and nurse educators must continuously update educational approaches. In current models of nursing education, nursing educators address the need for additional knowledge and skills required by adding content to the curriculum. This approach has led to content saturation. A curriculum inundated with content results in superficial coverage of many topics (Giddens & Brady, 2007). Consequently, new graduate nurses have difficulty demonstrating beginning level competence for practice. Additionally, the diverse nursing student population represents many generations from the Baby Boomer generation, to Generation X to today's Millennials. Attempting to meet the learning needs of a diverse population also contributes to the challenges facing nursing education. All of these factors have led to the call for reform in nursing education.

The general problem in nursing education is, in traditional curriculums there is a lack of focus on essential concepts. To address the challenges of nursing education and in an effort to close the education-practice gap, the current trend in nursing education programs is to restructure nursing curriculum to a concept-based approach. The purpose of this qualitative, phenomenological design study was to explore Bachelor of Science in Nursing (BSN) student perceptions of their role (their lived experiences) in the learning process. Awareness and understanding of student perceptions of learning and teaching

13

methods in a concept-based nursing curriculum will assist nursing faculty in determining the effectiveness of this approach in meeting the needs of today's graduate nurses.

Documentation

Professional journals, books, relevant reports on nursing education, and websites related to professional nursing comprised the review of literature. The review contains 99 references; 56 articles, 25 books, 2 reports, 1 dissertation, and 7 websites. Three of the websites were the sources for multiple documents. Sixty-eight of the references are from current literature (2008-2015); the oldest references are from 1923 and 1948. The oldest references and several references greater than five years old were relevant to the historical overview.

Historical Overview

The profession of nursing and the role of nursing education are dynamic. A review of historical perspectives of the profession of nursing and of nursing education provide context for the current state of professional practice and educational preparation. The history of the nursing profession, the evolution of nursing education, nursing licensure, nursing program approval, and nursing program accreditation all contribute to understanding the field of nursing education.

Nursing Education

Nursing is a complex profession with several levels of licensing and entry to practice. Nurses may enter the registered nurse (RN) profession at the diploma level, associate's degree level (ADN, RN), or the baccalaureate degree level, (BSN, RN). Nursing students graduating with a diploma, an associate's degree, or a baccalaureate degree take the same licensing exam for registered nurses. This diversity in educational

14

preparation for registered nurses (RN) has been an issue of debate within the profession for many years (Donley & Flaherty, 2002; Jacobs, DiMattio, Bishop, & Fields, 1998; Matthias, 2010). Currently in Texas, there is one diploma program, 67 associate degree (ADN) programs, and 44 baccalaureate (BSN) degree programs (Texas Board of Nursing, 2014). According to the National League for Nursing (2013) Annual Survey of Schools of Nursing, Fall 2012, there are 59 diploma programs, 1084 ADN programs, and 696 BSN programs in the United States.

Nursing education formally began in the 1800s. The first education programs for nurses began as training programs and were associated with hospitals. During this time, the training consisted primarily of 24 to 30 hours per week in the hospital working with physicians in caring for patients. The focus of these early programs was the care of patients and ensuring an adequate supply of nurses in the hospital setting. Upon completion of these hospital training programs, students received a diploma (Donley & Flaherty, 2002). The focus of the diploma programs was on practical training and technical skills. The first school of nursing was Bellvue Training School for Nurses, a diploma program, which opened in 1873 (Donley & Flaherty, 2002; Griffin & Griffin, 1969; Matthias, 2010). The first nursing education program to be associated with a university was the School of Nursing at the University of Minnesota, established in 1909 (Griffin & Griffin, 1969; Jacobs et al., 1998).

Florence Nightingale, one of the nursing profession's early leaders, recognized the need for formal education for nurses. The Nightingale Model formed the basis for nursing education in the United States. The Nightingale model consisted of three premises: nursing education should take place at an institution focused on education, the

administration of nursing education should be independent of the associated hospital, and the director of the nursing school should be a nurse (Goldmark, 1923; Griffin & Griffin, 1969). The Nightingale model of nursing education laid the foundation for differentiating nursing practice for the professional nurse. The intention of early education and training programs were to differentiate the roles and functions of nurses' based on education, experience, and demonstrated competence (Jacobs et al., 1998; Matthias, 2010). However, in practice, historically and today, hospitals base hiring of nurses on licensure alone, rather than educational preparation (Jacobs et al., 1998; Matthias, 2010).

Since the early 1900s, professional organizations and commissioned reports recommended differentiated practice and minimum education requirements for entry-level nursing practice (Donley & Flaherty, 2002; Griffin &Griffin, 1969; Jacobs et al., 1998; Matthias, 2010). The landmark reports regarding nursing education include: *Nursing and Nursing Education in the United States* (the Goldmark report) in 1923; *Nursing Schools Today and Tomorrow* (Committee on the Grading of Nursing Schools) in 1934; The National League for Nursing, *A Curriculum Guide For Schools of Nursing* in 1937; *Nursing for the Future* (the Brown Report) in 1948; *The Education for Nursing Technicians*, a dissertation by Mildred Montag in 1951; and the American Nurses Association Committee on Nursing Education in 1965 (Donley & Flaherty, 2002; Griffin & Griffin, 1969; Jacobs et al., 1998; Matthias, 2010).

The landmark report, *Nursing and Nursing Education in the United States* (1923) commissioned by the Rockefeller Foundation, is referred to as the Goldmark Report. Goldmark (1923) recognized the shortcomings of apprentice style training for nurses and

the lack of standardization of training programs. Two key recommendations from this report were to move nursing education to institutions which are focused on education, moving away from a solely apprentice style education, and second was to establish minimum standards of education for nursing education programs. The author recommended nursing education evolve as medical education and law education had progressed. The recommendation was nursing education be comprised of two years of liberal education, sciences, and basic nursing, followed by two years of intensive hospital training, and a final year of specialty training. Upon completion of the program, students would receive a diploma in nursing as well as a bachelor degree in nursing or science (Goldmark, 1923).

Nursing Schools Today and Tomorrow is the final report from the Committee on the Grading of Nursing Schools, published in 1934. The Committee on the Grading of Nursing Schools had three key purposes. The first was the grading of nursing schools; the impetus was a similar study completed for medical schools. Second was to study the work of nurses. The third task was to define the duties within the scope of nursing. The Committee was comprised of representatives of the National League for Nursing Education, the American Nurses Association, the National Organization for Public Health Nursing, along with representatives from the American Medical Association, the American Hospital Association, the public, and educators. A result of this study was a foundation was laid for the future accreditation of nursing schools, some of the inferior schools of nursing were closed, and a structure was established for the organization of nursing schools. Among the recommendations for nursing schools was courses should be

17

at the college level and there should be standardization of nursing courses (Griffin &
Griffin, 1969).

The initial curriculum report by the National League for Nursing (NLN) was *A
Standard Curriculum for Schools of Nursing* in 1917. In 1927, the NLN revised the
report to *A Curriculum for Schools of Nursing*. The final revision, *A Curriculum Guide
for Schools of Nursing,* occurred in 1937. The curriculum guide outlined courses,
subjects, and classwork for nursing education. The emphasis at this time was on practical
experience as the primary teaching strategy (Griffin & Griffin, 1969).

Nursing for the Future, also referred to as the Brown Report, was a
comprehensive study of nursing education completed in 1948. The Carnegie Foundation
supported the study. The focus of the study was to investigate issues in current nursing
education and to determine requirements for nursing in order to meet the health care
needs of society. Brown (1948) concluded the current system of nursing education was
inadequate to meet the societal health care needs and made recommendations to improve
nursing education. The key recommendations were first, nursing education should be at
the collegiate level; only those nurses who graduated from a university would be
considered a professional and licensed as a registered nurse. A second recommendation
was students completing an associate degree program be licensed as a practical nurse.
The third key recommendation related to the institutions and faculty providing nursing
education. Brown recommended schools of nursing have a national accreditation process
and have faculty standards for all nursing programs (Allen, Koos, Bradley, & Wolf,
1948; Donley & Flaherty, 2002; Griffin & Griffin, 1969; Jacobs et al., 1998; Matthias,
2010).

18

Montag (1951) proposed a two-year program at the community college level resulting in the associate's degree in nursing. The intention was the associate's degree nurse would serve in a technical nursing role, replacing the educational preparation for vocational nurses, and the baccalaureate degree nurse would be responsible for patient care and overseeing the work of the technical nurses. This description is consistent with the recommended differentiated practice of other nursing organizations and leaders. The perspective was the educational preparation would determine the role of the nurse rather than the licensure. However, the associate's degree became another route to taking the registered nurse licensing exam and the differentiated roles of nurses became blurred. Despite the many reports and professional organizations recommending the baccalaureate degree as the minimum standard of educational preparation, this unintentional role of the associate's degree has continued (Gallagher & Sullivan, n.d.; Griffin & Griffin, 1969; Jacobs et al., 1998; Matthias, 2010).

In 1965, members of the American Nurses Association Committee on Nursing Education published a position statement regarding standards for nursing education. The committee recognized when compared to other health care professionals, nurses were undereducated and a more educated workforce was needed to meet the current practice needs. With this issue identified, the committee recommended state nursing associations establish the BSN as the minimal educational requirement for RN licensure; the requirement for the technical nurse should be the associate degree. This recommendation indicated education for the professional nurse should be at the collegiate level. Due to extensive resistance, the state nursing associations were unable to implement the

19

recommendations (Donley & Flaherty, 2002; Gallagher & Sullivan, n.d.; Griffin &

Griffin, 1969; Jacobs et al., 1998).

Nursing education requirements for entry-level practice and the RN license has

been an ongoing controversy in nursing. Since the early 1900s, leaders in nursing

education and professional nursing organizations have recognized the need for

differentiated levels of practice and the minimum requirement for nursing education be at

the collegiate level. Although few diploma programs remain, associate degree programs

remain prevalent. This divide among the nursing profession continues to be an issue for

nursing education and the profession of nursing (Donley & Flaherty, 2002; Jacobs et al.,

1998; Matthias, 2010; Nelson, 2002; Smith, 2010).

Nursing Regulation and Licensure

Each state has a Board of Nursing (BON). The BONs, established more than 100

years ago, act to protect the public's health, provide oversight for nursing practice, and

assure the safety of nursing practice. The roles and functions of the state BONs are

evaluating licensure applications, issuing licenses, renewing licenses, disciplinary action,

and providing advisement for determining the scope of nursing practice. Individual state

officials determine whether the BON reports to the governor or the governor and a

designated state agency. Serving on the BON is an appointed position. Members of the

BON typically include registered nurses, licensed vocational nurses, advanced practice

nurses, and consumers. The National Council of State Boards of Nursing, established in

1978 as a united entity for the regulation of nursing practice, stemmed from the

recognition that the regulation of nursing practice should be separate from the

20

professional organization for nursing (National Council of State Boards of Nursing [NCSBN], 2014a).

Each state has a Nurse Practice Act (NPA). One role of the state BON is to enforce the regulations set forth by the state NPA. The NPA serves to regulate nursing practice, define the scope of practice, indicate requirements for licensure, define titles used by licensed nurses, and describe disciplinary action for failure to comply with nursing regulations (NCSBN, 2011).

Licensure is required for nursing practice in the United States. The purposes of nursing licensure are to ensure a minimum level of competency and to ensure public safety. In 1944, the NLN developed a licensing exam, the State Board Test Pool, for use in all states; prior to 1944, each state developed its own licensing exam. The NLN State Board Test Pool provided a standardized licensure exam. The Council of State Boards, a part of the American Nurses Association, controlled the State Board Test Pool (Griffin & Griffin, 1969; NCSBN, 2011). The BON determines eligibility for the licensure exam. Eligibility requirements include validated successful completion of an approved nursing program, a completed application to the BON, and a background check. Upon successful completion of the National Council Licensure Exam for Registered Nurses (NCLEX-RN®), the credential R.N. may be used (NCSBN, 2013).

Nursing Program Approval and Accreditation

A primary role of the state BON is to ensure the safety and well-being of the public through the approval of nursing education programs. The Texas BON (2013) Position Statement 15.16 provides guidelines for the development and approval of nursing education programs. The position statement indicates the minimum standards

21

required for nursing education programs. The minimum standards include "adequate human, fiscal, and physical resources, including qualified nursing faculty and clinical learning facilities, to initiate and sustain a program that prepares graduates to practice competently and safety as nurses" (Texas Board of Nursing, 2013, p. 32). According to the NCSBN (2014b), approval of nursing education programs is the "official recognition of nursing education programs which meet standards of approval established by boards of nursing" (para 1).

The importance of accreditation of nursing education programs dates back to 1925 with the establishment of the Committee on the Grading of Nursing Schools. Although the scope of the committee extended beyond evaluating the quality of nursing education, the work of this committee laid the foundation for accreditation of nursing education programs. The NLN reported the first list of accredited schools in 1941 (Griffin & Griffin, 1969). The original purpose of the accreditation process, to ensure standards for quality education and qualifications for faculty teaching in the educational programs, continues today (Griffin & Griffin, 1969; Nahm, 1971).

Currently, the primary accreditation organizations for nursing education are the National League for Nursing Accreditation Commission (NLNAC), Accreditation Commission for Education in Nursing (ACEN), and the American Association of Colleges of Nursing (AACN) Commission on Collegiate Nursing Education (CCNE). Accreditation is a voluntary process by non-governmental entities with the purpose of evaluating minimum standards of educational programs. The accreditation process supports self-assessment and continuous improvement of nursing education programs

(American Association of Colleges of Nursing [AACN], 2014; National League for Nursing Accreditation Commission [NLNAC], 2013).

Theoretical Framework

Three theories provided the foundation for this study, constructivism, social learning, and situated learning. Constructivist learning theory encompasses concepts of active learning, readiness to learn, and the structure of learning (Bruner, 1977; Driscoll, 2000). Social learning theory considers the influence of personal and environmental factors on learning. Self-efficacy, a component of social learning theory, describes an individual's belief regarding his or her ability to achieve a desired skill or outcome (Bandura, 1977; Zimmerman & Schunk, 2003). The concept of self-efficacy is relevant to student perceptions of learning. Finally, situated learning theory entails premises of the influence of social interactions on learning and the context of learning (Lave & Wenger, 1991; Driscoll, 2000).

Constructivist Theory

Cognitive learning theory takes a constructivist perspective for learning. This theoretical framework is particularly well suited for explaining the concept-based curriculum approach to nursing education. The constructivist view is learning is a lifelong process, learning is contextual, and new knowledge builds on previous knowledge (Brandon & All, 2010; Bruner, 1977; Driscoll, 2000). According to Driscoll (2000), constructivism contains four basic premises. First, constructivism assumes knowledge is constructed. Second, constructivism has five learning goals: reasoning, critical thinking, understanding of knowledge and use of knowledge, self-regulation, and mindful reflection. The third premise addresses the conditions of instruction. The

23

constructivist establishes a learning environment that is complex and relevant to the learner, and provides multiple perspectives and methods of learning. In addition, the constructivist encourages student ownership of learning and student self-awareness of knowledge construction. Finally, the constructivist approach uses collaborative learning, scenarios, and problem based learning approaches to instruction.

The concept-based curriculum method to nursing education is not just a way to approach content, but also requires a shift in teaching strategies. Concept-based teaching strategies emphasize active learning, students taking responsibility for their learning, and the faculty role as one of facilitator of learning. Constructivism provides the theoretical foundation for the concept-based approach to nursing education (Brandon & All, 2010).

Social Learning Theory

Social learning theory is the inter-relationship between cognitive factors, behavior, socio-cultural influences, and the environment on learning (Bandura, 1977; Zimmerman & Schunk, 2003). The social learning perspective describes learning as not only the acquisition of knowledge but also the ability to translate knowledge into performance. Observation and modeling are ways to develop skills in using knowledge (Bandura, 1977).

Self-efficacy is one's belief that they have the knowledge and skills required to achieve a desired outcome and contributes to knowledge acquisition (Bandura, 1977, 1997; Driscoll, 2000; Zimmerman & Schunk, 2003). Four factors influence self-efficacy. The first factor is performance accomplishments or the individual's relevant personal experiences. The second factor is vicarious experiences, those behaviors observed or modeled for the student. The third factor is verbal persuasion; verbal persuasion includes

24

feedback and support provided to the student. The fourth factor is emotional arousal; emotional arousal includes one's perceived strengths and weakness related to achieving the behavior (Bandura, 1977; Driscoll, 2000; Zimmerman & Schunk, 2003).

In addition to student self-efficacy, teacher self-efficacy may influence student learning and student self-efficacy; teachers with high self-efficacy result in students with high self-efficacy. "Teachers who believe strongly in their ability to promote learning create mastery experiences for their students . . ." (Bandura, 1997 as cited in Zimmerman & Schunk, 2003, p. 447). Teachers with high self-efficacy enhance student learning through providing experiences that result in students becoming lifelong learners (Zimmerman & Schunk, 2003).

Social learning theory, particularly the component of self-efficacy, is relevant to nursing education and student perceptions of their role in the learning process. Nursing students must be able to translate knowledge into practice and due to the dynamic nature of healthcare must be lifelong learners. In addition, it is essential that nursing students believe they are able to master the knowledge and skills required to complete a nursing education program successfully and to be prepared for beginning a professional nursing practice.

Situated Learning

Situated learning, also termed situated cognition, builds upon the theoretical framework of Vygotsky's sociocultural theory (Driscoll, 2000). According to Lave and Wenger (1991), "learning is an integral part of generative social practice in the lived-in world" (p. 35). The foundational perspective of situated learning is the influence of the sociocultural setting and the activities within that setting on learning and translating

knowledge into practice. Four components comprise situated learning; the components include person, activity, knowing, and the social world. The person is the individual and his or her personal growth, development, and learning. Activity refers to the context of the learning and the individual's participation in the learning activities. Knowing entails the knowledge, skills, and attitudes needed to become a full practitioner in the desired area. Finally, the social world is the community of practice. Two core concepts of situated learning are legitimate peripheral participation and apprenticeship (Lave & Wenger, 1991).

The concept of legitimate peripheral participation is learning is not separate from its social context; learning is a way of belonging to a community of practice (Driscoll, 2000; Lave & Wenger, 1991). Related to legitimate peripheral participation is the concept of the learning trajectory in which the stage of the learner's activity is described. The first stage of the learning trajectory is peripheral; at the peripheral stage, the learner is not engaged in full participation. The second stage is inbound; in this stage, the learner is a newcomer to the community of practice. The third stage, insider, describes the continued development of the learner within the community of practice. The fourth stage, boundary, is the stage of sustained membership and practice. Finally, the fifth stage, outbound, describes the point in which the learner leaves the community and progresses to finding a different position (Driscoll, 2000).

Apprenticeship is the second core concept of situated learning, or situated cognition. The concept of apprenticeship supports the perspective that learning involves social participation; learning requires individuals to practice activities within the context

26

of the culture and the practice community in which they desire to become an active member (Driscoll, 2000; Lave & Wenger, 1991).

Lave and Wenger's (1991) situated learning constructs is best achieved through context and culture, knowledge and skills are developed through practice activities in an authentic setting (context), and learning is accomplished through collaboration and social interaction; all are salient constructs for nursing education. Learning to become a professional nurse requires development of knowledge and skills, the ability to apply knowledge and skills to practice, and socialization in the community of professional nursing practice. The learning trajectory is applicable to nursing students as they progress from student to professional nurse. As nursing students progress along the trajectory, faculty members provide opportunities to develop knowledge and skills in the classroom setting and in clinical settings. The classroom and clinical settings provide context for the community of nursing practice.

Current Findings

Various factors influence student learning. These factors are the curriculum, teaching strategies, individual learning styles, developmental stage of the learner, generational differences, and student perceptions of the learning process. Nursing education requires expertise in clinical practice as well as pedagogical practices. Pedagogical practices applicable to nursing education include curriculum development, teaching strategies, and evaluation of nursing knowledge and skills. Academic performance considers admission and progression criteria and the use of standardized testing. The profession of nursing requires licensure and program accreditation.

27

Licensure is obtained through the NCLEX-RN[®] and NCLEX-RN[®] pass rates affect accreditation and program approval.

Nursing Education

  Curriculum. A curriculum provides the organizational structure for student achievement of a particular set of knowledge, skills, and attitudes relevant to a particular area of study. Curriculums must also be flexible to respond to current trends and practices (Giddens, 2010). The overall goal of nursing education programs is to prepare nurses for safe and effective entry-level professional practice (Candela et al., 2006). Several areas require consideration when developing a nursing education curriculum. The State Board of Nursing (BON) and the accrediting agency set parameters and standards for nursing education programs. In addition to accreditation and BON guidelines, individual nursing programs align their curriculum with the university's mission and philosophy, the mission and philosophy of the nursing program, and the desired student learning outcomes (knowledge, skills, and attitudes) for the program (Caputi, 2010a). Recently, due to the complex and dynamic health care environment, concerns regarding content saturation, and the academic-practice gap, there has been a call to revise curricular approaches to nursing education (Candela et al., 2006; Forbes & Hickey, 2009; Giddens, 2010; Stanley & Dougherty, 2010; Tanner, 2010). The recommended revision is to transition to a learner-centered approach, such as a concept-based curriculum (CBC). In a learner-centered curriculum, the focus shifts from the traditional teacher-centered approach to a focus on student engagement and consideration of the influence of individual life experiences on learning. In the learner-centered

curriculum, the teacher's role is that of a facilitator of learning (Stanley & Dougherty, 2010).

In a concept-based curriculum, the organizing frameworks are the selected concepts for the nursing education program. Concepts are "key ideas that are used to organize knowledge, facts, skills, and competencies across multiple situations and contexts. Concepts function as hubs for transferrable knowledge" (Giddens et al., 2015, pp. 4-5). With a CBC approach, students gain a deep understanding of concepts, are able to link concepts, and are able to demonstrate critical thinking through application of knowledge to various situations and scenarios (Candela et al., 2006; Giddens, 2010; Giddens et al., 2015; Lasater & Nielsen, 2009). The concept-based curriculum approach includes teaching strategies that engage students and require students to be active participants in their learning (Giddens, 2010; Tanner, 2010). Concept-based curriculum design and active learning strategies provide students opportunities to integrate previous knowledge with new knowledge and develop critical thinking skills (Lasater & Nielsen, 2009).

Teaching strategies. A conceptual approach to curriculum requires teaching strategies that are learner-centered, facilitate transfer of knowledge to practice, and assist students to develop as lifelong learners (Giddens et al., 2015; Hardin & Richardson, 2012; Horsfall, Cleary, & Hunt, 2012). Teaching strategies for conceptual learning must assist students to develop metacognition skills: the ability to identify patterns, link knowledge to the identified patterns, and employ critical clinical reasoning (Giddens et al., 2015; Hardin & Richardson, 2012). One of the desired outcomes in nursing education is students learn to think like a nurse (clinical judgment and reasoning);

29

cultivating metacognition skills assists students to develop a deep understanding of concepts and clinical reasoning (Caputi, 2010b; Giddens et al., 2015; Hardin & Richardson, 2012). Faculty should select teaching strategies that assist students in linking knowledge to practice and providing opportunities for students to apply knowledge and skills in realistic environments (Giddens et al., 2015; Hardin & Richardson, 2012). In using strategies that engage students and create meaningful and practical learning experiences, the faculty role becomes one of a facilitator of learning and requires the student to be an active participant in his or her learning (Cannon & Boswell, 2015; Caputi, 2010b; Crookes, Crookes, & Walsh, 2013; Horsfall et al., 2012).

Effective learner-centered teaching strategies are purposeful, relevant to the learners, and require integration of knowledge to practice (Cannon & Boswell, 2015; Crookes et al., 2013; Giddens et al., 2015; Horsfall et al., 2012). Learner-centered teaching requires students to be active participants in his or her learning, and students to do and to think (Caputi, 2010b). Students may resist and have difficulty adjusting to teaching strategies that require them to have an active role in their learning (Horsfall et al., 2012; Talbert, 2015). Evidence in the literature supports improved learning with learner-centered, active learning strategies (Caputi, 2010b; Gidden et al., 2015; Hickman & Wocial, 2013),

Evidence-based teaching practice (EBTP). Evidence supports seven principles of best practices in education. The principles include engaging students through faculty-student contact, collaborative learning, active learning, prompt feedback, time on task/time management skills, setting high expectations for achievement, and respecting student diversity (Cannon & Boswell, 2015). In nursing education, evidence-based

30

teaching practice encompasses both pedagogical evidenced-based practice as well as clinical evidence-based practice. Nursing faculty must be well versed in pedagogical practice and the clinical practice area in which they teach. In clinical nursing practice, the use of evidence-based practice (EBP) is an established standard for the profession of nursing. However, in nursing education, applying evidence-based practice to teaching has only recently begun to receive attention. A factor in the slow development of evidence-based teaching practice (EBTP) is a lack of a clear, universally accepted definition of EBTP (Cannon & Boswell, 2015; Patterson & Klein, 2012). The lack of a clear definition of EBTP relates to the variance in what faculty perceive to be evidence of best practices. Faculty may consider personal teaching experience, student evaluations, or professional literature as sources of EBTP (Patterson & Klein, 2012). One definition of evidence-based teaching (EBT) offered by Cannon and Boswell (2015) is "EBT is a dynamic system using educational principals validated by evidence to support, maintain, and promote a new level of knowledge for a learner in a variety of settings." (pp. 9-10). Nursing is a core component of the dynamic healthcare system; it is essential that faculty are not only aware of current EBP for clinical practice, but he or she use EBTP to prepare nurses for beginning practice (Cannon & Boswell, 2015; Patterson & Klein, 2012).

Student Learning

Learning process. Learning is a complex cognitive process (Giddens et al., 2015; Jenkins, 2010). Foundational beliefs of cognitive learning include prior knowledge and past experiences influence learning, learning is an active process, and construction of knowledge is through the mental processes. There are four primary components to cognitive learning: processing, sensory memory, short-term memory, and long-term

31

memory. The input of new stimuli into sensory memory begins the processing component. The recognition of patterns in sensory memory triggers the transfer of information to short-term memory. Once information is transferred to short-term memory, the brain continues to process the information in an effort to create meaning. Finally, the brain encodes information for storage in long-term memory based on the new information and prior knowledge (Driscoll, 2000). Learning occurs through the cyclic process of three components: sensing, integrating, and responding. Sensing is the input through visual, auditory, or tactile methods. Integrating is the sorting and processing of information; information becomes meaningful through this stage, building new knowledge upon previous knowledge. Responding is the outcome of the data integration, the implementation of the action determined from integration (Giddens et al., 2015). Relevance plays a key role in learning. Relevance contributes to student engagement, the ability to remember information, and the integration of knowledge to practice (Jenkins, 2010; Sousa, 2003).

Learning is the acquisition of new knowledge and skills and builds upon previous knowledge and experiences (Giddens et al., 2015; Sousa, 2003). Previous knowledge, beliefs, experiences, emotions, physical activity, nutrition, and sleep influence learning (Giddens et al., 2015; Medina, 2008; National Research Council, 2000). Learning complex information requires time. Previous learning, motivation, time committed to learning, acquiring deep understanding of information and metacognition influence transfer of knowledge to new situations or to practice (Jenkins, 2010; National Research Council, 2000). Metacognition includes one's awareness of his or her learning; it includes one's ability to recognize when he or she has reached understanding and when

32

further information is necessary. Effective learning occurs when learners are engaged in deliberate practice and are able to self-monitor learning experiences actively (Hardin & Richardson, 2012; National Research Council, 2000).

Acquisition of knowledge and skills develop across a continuum of novice to expert (Benner, 2001; Jenkins, 2010; National Research Council, 2000). The continuum includes novice, advanced beginner, competent, proficient, and expert. Nursing education and practice applies the continuum of novice to expert to the development of clinical knowledge and skills. At the first two levels, novice and advanced beginner, learners are focused on remembering rules and steps to follow. The novice learner has minimal knowledge, understanding, and skills; individuals at the novice level need opportunities to acquire and practice skills. Advanced beginners have some experience to draw upon and are beginning to demonstrate acceptable performance. Learners at the competent level have acquired two to three years of experience within similar situations; learners at this level may still need practice with decision-making and prioritization. Once a learner achieves the stage of proficient, the individual has acquired three to five years' experience within similar situations and has developed a better understanding of concepts and skills. Finally, at the expert stage, individuals have extensive knowledge, understanding, and have refined clinical judgment (Benner, 2001).

Learning preferences. Learning preferences, also referred to as learning styles, are the ways in which individuals most effectively perceive, process, and remember new information and skills (Cannon & Boswell, 2015; Forrest, 2010b). Learning styles are individual to each student and influence how students respond to different teaching strategies (Forrest, 2010a). Although several descriptions of learning styles exist,

33

descriptors of students as visual, auditory, or kinesthetic learners are frequently used. While individuals may learn through all styles, individual learners typically prefer one or two predominant learning styles (Cannon & Boswell, 2015; Forrest, 2010b).

According to Forrest (2010a), researchers who have investigated the relationship between age, gender, classroom environment, and learning style found no significant relationships. Students have differing opinions of what they expect of faculty and what it means to teach. Students view some teaching strategies negatively if they perceive the work to be completed is difficult or requires extensive work on their part (Kuhn & Rundle-Thiele, 2009; Weimer, 2014). Active learning strategies put the burden of the work of learning on the student, students often perceive this as teaching themselves (Weimer, 2014). Moulding (2010) explored perceptions of social work students related to teaching and learning strategies. Key findings included students preferred well-integrated course design, information presented in a way that was relevant to real life, and faculty who were enthusiastic. Awareness of student perceptions of their achievement can provide insight to faculty and may assist with determining best practices for teaching (Kuhn & Rundle-Thiele, 2009).

Adult learning. Andragogy is the art and science of teaching adults (Henschke, 2011). Characteristics describing adult learners include self-directed, problem oriented, a desire for application of knowledge to practice, and internally motivated (Henschke, 2011; Long, 2004; Merriam, 2001; Ross-Gordon, 2011). A particular challenge for adult learners is managing multiple roles. Frequently adult learners juggle roles of parent and/or employee in addition to their student role (Ross-Gordon, 2011). Adult learners have expectations for faculty to be experts in their field, to be accessible, to provide clear

objectives, and to establish clear expectations (Robert, Pomarico, & Nolan, 2011). Learning preferences for adult learners include active learning and experiential learning. Adult learners value situated learning experiences (Ross-Gordon, 2011; Merriam, 2001). Adults demonstrate lifelong learning through their desire of learning to know, learning to do, and learning to be (Henschke, 2011).

Generational factors. A multi-generational student population is a challenge for those in higher education. A range of birth year designates a generation. History, social events, and economics influence the generation's beliefs, values, and attitudes (Earle & Myrick, 2009; Gibson, 2009; Johanson, 2012). Students in nursing education classrooms represent various generations and each generation has particular characteristics and preferences for learning. Nursing educators must be prepared to address the learning needs of this diverse student population. Nursing classrooms include students from the Baby Boomer generation, defined as post World War II; Generation X, which includes individuals born from 1960-1980; and the Millennials who are those born from 1981-2002 (Gibson, 2009). Characteristics of the Baby Boomer generation include competitiveness, being driven, focused on work, challenge the status quo, and non-reliant on technology. Individuals categorized as Generation X possess characteristics such as entrepreneurism, independence, are concrete thinkers, and value a balance between work and social life. The Millennial generation strives for a balanced life, loves technology, and values collaboration (Earle & Myrick, 2009; Gibson, 2009).

Although the nursing classroom consists of a diverse generational population, the majority of current nursing students are Millennials. Students in the millennial generation prefer active learning strategies. Activities such as group work, simulation,

and the use of technology are effective strategies for this generation (Johanson, 2012; Pardue & Morgan, 2008).

Generational differences also affect student motivation. Millennials appreciate collaboration and teamwork. Incorporating teaching strategies that provide opportunity for group learning and interaction encourages students of the millennial generation to apply course content. Having a clear understanding of expectations and receiving feedback motivates Millennials (Borges, Manuel, Elam, & Jones, 2010).

Leiter, Price, and Laschinger (2010) found generational differences have implications for the nursing workforce. New graduate nurses, typically of the millennial generation, are not staying in the workforce as long as nurses who are Baby Boomers or nurses who are Generation X. Generational differences in values and perspectives on balancing work and social life factors contribute to difficulty for new nurses to develop collegial relationships. The inability to establish relationships with co-workers creates stress, results in a negative workplace environment, and contributes to staff turnover.

Academic Performance

Admission and progression criteria. The field of nursing has best practices for admission and progression criteria for nursing programs. Admission and progression standards help to determine which students are likely to be successful in nursing and who may be at risk for being unsuccessful. Pre-nursing grade point average (GPA), grades in science courses, scores on standardized admission tests, and reading comprehension are common admission criteria. Researchers have conducted studies to validate these criteria and to determine factors related to success in nursing school. A minimum GPA is typically the primary criterion considered in nursing program admission. Literature

supports the correlation between pre-nursing GPA, and nursing GPA (Newton, Smith, Moore, & Magnan, 2007; Uyehara, Magnussen, Itano, & Zhang, 2007). In addition, students who earn a grade of 'C' in science courses are more likely to earn a grade of 'C' in their nursing courses (McGann & Thompson, 2008; Wolkowitz & Kelley, 2010).

Standardized admission tests are frequently a component considered for admission to nursing programs. Evidence in the literature supports the relationship between standardized admission test scores and success in nursing programs. Sub-scores for reading are particularly indicative of success in nursing school (McGann et al., 2008; Newton et al., 2007; Uyehara et al., 2007; Wolkowitz & Kelley, 2010). The most significant predictors of success in nursing programs are pre-admission GPA, grades in science courses, and the reading subscore on standardized admission tests (Newton et al., 2007; Wolkowitz & Kelley, 2010).

Standardized testing. Nursing education uses standardized testing in several ways. Standardized testing is frequently used as a component of admission criteria, content (or course) specific testing, and is used for end of program or exit testing. Researchers have studied standardized testing packages to determine their impact on success on the National Licensure Examination for Registered Nurses (NCLEX-RN®). Bondmass, Moonie, and Kowalski (2008) reviewed scores on standardized entrance tests, standardized content exam scores, and NLEX-RN® success. A positive correlation exists between standardized test scores and success on the NCLEX-RN® exam. The relationship between GPA and standardized test scores is another issue. Students with a higher GPA scored higher on standardized tests (De Lima, London, & Manieri, 2011; Homard, 2013; Uyehara et al., 2007).

37

NCLEX-RN®

Performance. Student performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) has implications for nursing education. Performance on NCLEX-RN® is one of the primary indicators of readiness for beginning practice. Students must pass the exam to practice as a Registered Nurse (RN). In addition, first attempt pass rates on NCLEX-RN® are an evaluation component of nursing education programs. Nursing education programs are required to maintain a minimum percentage level of first time pass rates for accreditation. Student success on first attempt of NCLEX-RN® is a primary measure of success of nursing programs (Giddens, 2009). The importance of first attempt pass rates has prompted research to determine best practices in nursing education. Researchers have studied the relationship between student GPA, performance on standardized tests, and first attempt success on NCLEX-RN®. Factors influencing student success on NCLEX-RN® includes scores on standardize entrance tests, standardized content tests, and GPA. Students with higher scores in these areas are more likely to be successful on the NCLEX-RN® (Bondmass et al., 2008; De Lima et al., 2011; Homard, 2013; McGahee, Gamling, & Reid, 2010; Romeo, 2013). Additionally, Bondmass et al. (2008) and McGahee et al. (2010) identified grades in science courses to be an influencing factor on NCLEX-RN® success.

Student self-efficacy. Self-efficacy is a student's perceptions of his or her ability to be successful in a nursing program and as a practicing Registered Nurse (RN). Students' perceptions of self-efficacy are an influencing factor on NCLEX-RN® success. Candela and Bowles (2008) surveyed students to determine perceptions of their educational preparation for practice. The authors categorized participant responses

38

related to skills for practice, professional development, and clinical performance. Graduates reported insufficient preparation in the area of pharmacology and organizational skills, which are two key areas of competence for graduate nurses. The inclusion of questions related to these areas on the NCLEX-RN® is evidence of the importance of these two areas.

Pabst, Strom, and Reiss (2010) identified six themes related to student perceptions and NCLEX-RN® preparation: emotionalism, varied beliefs about preparation and success, planning for the possibility of failure, focus on the immediate, desire to know risk status, and perception of faculty concern. Students varied in their beliefs regarding their preparation and success on NCLEX-RN®. In addition, students had difficulty recognizing a relationship between immediate course work and the NCLEX-RN®. The authors concluded awareness of student perceptions would aid faculty in determining strategies for preparing students for the NCLEX-RN® and in developing student's confidence.

Wood, Sayler, and Cohen (2009) explored the relationship between perceptions of locus of control and academic success. A significant relationship existed between locus of control and nursing course grades, and higher levels of external locus of control had an inverse relationship to academic success. In addition, the top three factors students identified as contributors to success were study strategies, persistence, and supportive social connections. The literature supports the relationship between student self-efficacy and academic success and the relationship between academic success and NCLEX-RN® success.

Conclusion

39

Formal nursing education began in the 1800s and although educational preparation has changed from early approaches, many aspects of nursing education have not progressed sufficiently to adequately prepare new nurses adequately for current 21st century practice. Nursing is a dynamic profession, which must adapt as changes in scientific knowledge, technology, the health care environment, and the complexity of patients' health issues evolve. As advances in knowledge, science, and technology have emerged, nursing education has become overwhelmed with content. Content saturation has contributed to the academic-practice gap; traditional approaches to nursing education no longer adequately prepare a new nurse for beginning practice (Giddens & Brady, 2007; Giddens et al., 2008; NLN, 2003).

The theories of constructivism, social learning, and situated learning provided the framework for this study. Each of these theories is relevant to nursing education and to the concept-based curriculum approach to nursing education.

Nursing education is in the process of curriculum reform and establishing evidence-based teaching practices. Educational reform is in response to content saturation and the evolving knowledge and skills required for entry-level nursing practice (Benner et al., 2010; Giddens & Brady, 2007; Giddens et al., 2008; IOM, 2011). Many factors influence student learning, curriculum, teaching strategies, and individual learner characteristics. Admission-progression criteria, standardized tests, and NCLEX-RN® performance are elements related to academic success.

Literature provides evidence to support curriculum and teaching strategies for effective learning and student preferences related to various educational approaches.

40

However, there is a gap in the literature related to student perceptions of their role in the learning process versus the role of faculty in student learning.

Summary

Chapter 2 included a review of historical perspectives of nursing education, current issues in nursing education, and student factors influencing learning. In addition, discussion included theories relevant to nursing education and the concept-based curriculum approach. An identified gap in the literature is the exploration of student perceptions of their role in the learning process. Understanding student perceptions will assist in determining best practice and assist in faculty adjusting educational practices to meet student needs.

Chapter 3 includes a discussion of the setting for the study, a description of the participants, and participant selection process. Procedures for data collection and data analysis to explore student perceptions of their role in the learning process are also included in Chapter 3.

CHAPTER 3: METHOD

Health care is a dynamic field in which healthcare professionals must adapt to evolving scientific knowledge, technological developments, and societal influences on health. Keeping pace with the fluid professional practice of nursing is a challenge for nursing education programs. Despite the changes in current nursing practice, nursing program curriculum and teaching strategies reflect traditional methods that may no longer adequately prepare students for beginning practice (NLN, 2003). The general problem in nursing education is traditional curriculum lacks a focus on essential concepts. To address this issue, leaders in nursing education have indicated the need for curricular change in nursing education and nursing educators are moving toward implementing a concept-based curriculum (Benner et al., 2010; NLN, 2003, 2005).

The current trend in nursing education programs is to restructure traditional curriculum using a concept-based curriculum approach. The concept-based curriculum approach includes an emphasis on student centered learning, which employs teaching strategies that rely on students taking an active role in their learning. Individual learning styles and student views of their role in the learning process influence the student's response to student centered learning strategies. The problem is student centered teaching strategies require students to recognize and adapt to their role in the learning process. Exploring nursing student views of roles in the learning process will inform nursing education practice. Awareness and understanding of student perspectives on roles and responsibilities in the learning process will assist faculty in determining best practices and provide faculty with insight for interacting with students.

42

Through this qualitative, phenomenological design study, the researcher explored student perceptions of their role in the learning process, particularly in a concept-based nursing education curriculum. Discussion of study design, participants, data collection, and analysis is included in this chapter.

Research Method, Purpose, and Design

A qualitative approach is appropriate to explore personal views and experiences from a particular population (Creswell, 2012, 2013). Utilizing a qualitative method, phenomenological design provides insight to student perceptions of a concept-based curriculum in nursing education. To explore student perspectives, it is important to allow students the opportunity to share beliefs in their own words. Interviews, facilitated by faculty who are not currently teaching the participant students, should allow students to express their beliefs candidly.

Data collection was through interviews with junior and senior level nursing students enrolled in a BSN program. The purpose of the interview was to discover the participant's perceptions, beliefs, and lived experiences regarding the student role in the learning process. Participation was voluntary. To encourage open, honest communication, the investigator solicited volunteers from courses other than those the investigator was currently teaching. Data collection included demographic information. The researcher analyzed the interview transcripts to identify themes related to student perceptions of their role in learning and students' perceptions of the faculty role in student learning.

Tuohy, Cooney, Dowling, Murphy, and Sixmith (2013) stated, "The aim of 'interpretive phenomenology', also referred to as 'hermeneutics', is to describe,

43

understand, and interpret participants' experiences" (p. 18). Since nursing is an art and a science that considers individuals from a holistic perspective, this approach to phenomenological research aligns with the nursing profession (Lopez & Willis, 2004).

Participants

This section includes a discussion of the study setting, participant demographics, and participant selection. Also included are the demographics of the selected population as well as a description of the participant selection methods and justification for selected methods. The organizational profile includes a description of the study site and the rationale for selection of the site.

Setting or Organizational Profile

The study setting was a small, private, faith-based university in Texas. The institution, accredited by Southern Association of Colleges and Schools Commission on Colleges, offers undergraduate and graduate education. At the time of the study, enrollment at the university was approximately 3,700 students. The population of the study included students enrolled in the College of Nursing Bachelor of Science in Nursing (BSN) program. Accreditation of the College of Nursing is through the Commission on Collegiate Nursing Education (CCNE).

Population Demographics

Participants included junior and senior level nursing students enrolled in a BSN program. Historically, this program has approximately 450 students enrolled per year. The student population was 89% females, with 67% ranging in age from 21-26 years old. Sixty-seven percent of the students are Caucasian, 15% are African-American, 13% are Hispanic, and 4% are Asian.

44

All students enrolled in the BSN program had met the minimum entrance requirements of a 3.0 GPA and 43 credit hours of pre-requisite courses. The nurse educators have recently revised the BSN curriculum and implemented a concept-based approach. The participating students began the nursing program after the implementation of the new concept-based curriculum. This population provided the opportunity for purposeful, homogeneous sampling for participant selection. In addition, this population was accessible and possessed the desired common characteristic of being a nursing major in a BSN program. Researcher access to site and desired participants is a consideration when conducting qualitative research (Creswell, 2012; Gay & Airasian, 1992).

Participant Selection Method

Ethical considerations are an important aspect of any research project. Researchers must consider ethical issues prior to conducting the study and while collecting data, analyzing data, and reporting data. Ethical considerations related to participant selection include obtaining informed consent and ensuring confidentiality. Informed consent includes explaining the purpose of the study, any potential risks to the participant, and benefits of participation. Confidentiality refers to removing identifying information when reporting the data (Creswell, 2012, 2013). Due to the involvement of human subjects, approval was obtained from the Institutional Review Board (IRB) prior to conducting the study. IRB approval is in Appendix A.

Purposeful, homogeneous sampling was the method for participant selection in the current study. Participants represented one BSN program in Texas. Purposeful sampling allows the researcher to select participants that will assist in developing an understanding of nursing students as the central phenomenon. The common

45

characteristic of the nursing major indicates the use of homogeneous sampling (Creswell, 2012). Junior and senior nursing students enrolled in clinical courses received a request to participate in the study; participation was voluntary.

The invitation for participation occurred through posting an announcement requesting involvement in the study on the College of Nursing page on the university learning management system (See Appendix B). The College of Nursing page is only available to students enrolled in the nursing program. Eighteen junior and senior nursing students, with cross-sectional representation of the population, participated in the current study. The intent of qualitative research is to gain understanding of a particular issue rather than to generalize findings. Therefore, smaller sample sizes are acceptable (Creswell, 2012, 2013). Should the response be greater than needed, stratified, purposeful selection of participants help narrow the participant sample. Stratified, purposeful sampling is a method to improve the likelihood of a cross-sectional representation of the desired population (Creswell, 2012, 2013). In addition, the researcher considered the point of data saturation when determining an adequate number of participants. Data saturation describes the point at which interviews reveal no new insight to the issue being explored (Gay & Airasian, 1992).

As an incentive for participation, students were eligible to earn one hour of volunteer service. Nursing students in the program of study are required to obtain a minimum of five hour of volunteer service per semester. In appreciation of their time, students who volunteered to be interviewed were offered credit for one hour of volunteer service.

Upon reporting for the scheduled interview, the interviewer explained the process, the purpose, benefits, and risks of the study to the participant. Following the explanation of the purpose, the interviewer asked the participant to sign an informed consent form (See Appendix C for the form). Removal of identifiers maintained confidentiality when reporting the data findings and helped to protect confidentiality.

Research Instruments

A series of open-ended questions facilitated reflection on beliefs about the learning process as well as beliefs regarding the roles of students and faculty in the learning process. The purpose of phenomenological research is to gain understanding of the perspective of those experiencing the topic of study. Interviewing individuals using open-ended questions enables participants to express their views (Creswell, 2013; Flood, 2010). Demographic data collected included age, gender, ethnicity, year in nursing program, previous degrees earned, and whether participant was a first generation college student.

The instrument for data collection was a series of open-ended questions. A modified Delphi approach was used to validate the interview questions. The modified Delphi approach included a panel of experts to review the interview questions. In the first phase of the modified Delphi approach, each panel member individually reviewed the questions and made recommendations for revision. Revisions to the instrument included recommendations received from the panel. In the second phase of the modified Delphi approach, the panel reviewed the revised instrument (Fletcher & Marchildon, 2014; Hsu & Sandford, 2007; Stitt-Gohdes & Crews, 2004). A consensus of the expert

47

panel determined the final set of interview questions. Once final interview questions were determined, a pilot study was conducted to validate the instrument.

For this study, the expert panel consisted of three professionals currently employed in education. One panel member earned a Ph.D. in Education, with a focus on Higher Education and has 52 years-experience in the field of education. The second panel member earned a Ph.D. in Educational Psychology and has 30 years teaching experience. The third panel member earned a Ph.D. in Nursing, with a focus in Nursing Education. This panel member has 46 years-experience in nursing and two years-experience in nursing education.

Pilot Study

Validation of the interview instrument occurred during the pilot study. One purpose of a pilot study is to ensure interview questions are clear and understandable and that questions elicit responses related to the study purpose (Creswell, 2012). The pilot study consisted of interviews of the first two students who volunteered to participate in the study. The participants' responses during the pilot use of the instrument were used to indicate the clarity of the questions and provided cues to revisions needed.

Procedures for Data Collection

When the student arrived for the interview appointment, the participant received an explanation of the purpose of the study and was required to read and sign a letter of consent to participate. Informed consent ensures participants are aware of any potential risks or benefits to their participation in the study (Gay & Airasian, 1992). An incentive for student participation in the interview included credit for one hour of volunteer service.

48

The semi-structured interview format was comprised of demographic data and a series of open-ended questions. The investigator developed the series of open-ended interview questions. The use of an interview protocol provided consistency in the interview process. Components of the protocol are the header, the interview questions, and closing comments (see Appendix D for the components). The header contained notes regarding key study information and space to record demographic information. In the interview question section, there was a space below each question for the researcher to make notes regarding participant's responses. The closing comments section contained key points of the study process for the researcher to review with the participant at the end of the interview (Creswell, 2012).

Audiotaped interviews took place in a private, quiet area. Individual interview data compilation was through transcription of the audiotape and review of the interviewer's notes. Upon completion of the interview transcription, member checking occurred. The member check process involves the participant reviewing the transcript to verify the recorded responses reflect their perceptions and beliefs. The member check process ensures accurate recording of the views of the participants (Creswell, 2012). One way to ensure participant's privacy is by removing their name from the responses after the member check is completed. Confidentiality is an ethical responsibility of the researcher (Creswell, 2012; Gay & Airasian, 1992).

Procedures for Data Analysis

Steps in qualitative data analysis include coding data, determining general themes based on the coding, interpreting the themes, and reporting the data (Creswell, 2012, 2013). Analysis of qualitative data involves inductive evaluation. The evaluation is

49

inductive due to determining general themes through the review of detailed information from the transcribed interview (Gay & Airasian, 1992).

A key element of the interpretive, or hermeneutic, approach to phenomenological research is the awareness the researcher cannot completely remove personal experiences from the interpretation of data. It is essential the researcher recognize how his or her bias may influence interpretation of the data (Converse, 2012; Lopez & Willis, 2004; Tuohy et al., 2013). An additional key element of interpretive phenomenological research is the belief that social, cultural, and political environments influence individual experiences. The researcher must consider these contexts when interpreting data (Lopez & Willis, 2004; Tuohy et al., 2013). The use of individual interviews, transcription of the interview, analysis of data to identify themes, and interpretation of themes by the researcher fit with the interpretive phenomenological method of research (Converse, 2012).

For the current study, analysis and coding of transcribed data revealed themes regarding student perspectives of their role in the learning process. Identification of themes occurred through a review of each interview question for coding and categorization according to the identified theme. During analysis of each question, the researcher was alert to recurring themes. Through this process, identification of primary and secondary themes occurred. A co-rater validated the themes through individually reviewing of transcripts and identifying themes. Demographic data was analyzed utilizing descriptive statistics. Reporting of data includes narrative discussion and graphic representation of primary themes and secondary themes (Creswell, 2012).

50

Summary

Due to the fluid nature of the healthcare system and the role of the nurse, nursing education programs face the challenge of adequately preparing nursing students for beginning practice. One strategy to address this challenge is to reform nursing education to a concept-based curriculum. This curricular approach incorporates active learning teaching strategies (Benner et al., 2010; NLN, 2003, 2005). Individual learning styles and preferences may not be congruent with the active learning approach. A qualitative, phenomenological study exploring nursing students' perceptions of their role in the learning process will provide nursing faculty understanding and awareness of student perspectives.

Data collection through one-on-one interviews utilizing open-ended questions allowed participants to share their opinions and beliefs. Considerations of confidentiality addressed through conducting interviews in a private area and removing identifying information prior to data analysis is an ethical responsibility of the researcher. An additional ethical responsibility adhered to, is obtaining informed consent (Creswell, 2012, 2013; Gay & Airasian, 1992).

Data analysis in qualitative research is an inductive process. Details of transcribed interviews are analyzed and coded; from this detailed information, themes emerge. The report of demographic findings is via descriptive statistics (Creswell, 2012, 2013).

Chapter 3 contained the research design and method. Chapter 4, Analysis of Data, contains a description of the demographics of the population participating in the

51

study and the research questions. Results of the pilot study and the findings of this

qualitative, phenomenological study are also included.

CHAPTER 4: ANALYSIS OF DATA

The purpose of this qualitative, phenomenological design study was to explore Bachelor of Science in Nursing (BSN) student perceptions of their role (their lived experiences) in the learning process. The profession of nursing is an evolving art and science; the dynamic state of nursing challenges nurse educators to adapt to evolving practice in order to prepare students for the beginning nursing role. Advances in knowledge, science, and technology contribute to the fluidity of nursing practice and have resulted in nursing curricula saturated with content (Giddens & Brady, 2007; NLN, 2003). To respond to content saturation, nursing educators are implementing a concept-based approach to teaching students.

The student as an active learner is a core component of the concept-based approach to curriculum. Currently minimal literature exists on student views related to teaching strategies for active learning and on student perceptions of their roles in the learning process. Eighteen students enrolled in a baccalaureate nursing education program participated in interviews to answer the research questions:

R1: What are student's perceptions of their role in the learning process?

R2: What are student's perceptions of the faculty role in the learning process?

Chapter 4 contains the demographics of the study participants, results from the pilot study, and findings of the interviews. Primary and secondary themes identified from the interviews are in this chapter and the research questions are addressed.

Demographic Characteristics of Respondents

The study consisted of 18 participants. The first two participants are from the pilot study. The pilot study did not elicit any issues regarding the clarity of the interview questions. The data analysis includes responses from these two participants.

All participants were students in a small, faith-based institution in Texas, admitted to the baccalaureate-nursing program, and currently enrolled in nursing courses. Seventeen participants were female. The mean age of the participants was 23 years with a standard deviation of 5.1 and a median age of 21 years. The majority of the participants (83%) reported their ethnicity as Caucasian. Other ethnicities reported by participants include Hispanic ($n = 1$), Caucasian/Hispanic ($n = 1$), and Caucasian/African American ($n = 11$).

Five participants (28%) had earned a previous degree. Previous degrees earned by participants included a vocational nursing certificate ($n = 1$), a vocational nursing associate degree ($n = 2$), a general associate degree ($n = 1$), and a bachelor degree ($n = 1$). Five participants were first generation college students. The lowest grade point average (GPA) reported was 3.0, the highest reported was 4.0; the mean GPA was 3.62 with a standard deviation of 0.29.

The nursing program consists of five levels, indicating student progression through the curriculum. The levels are Introductory (Intro), Novice I (N1), Novice II (N2), Advanced Beginner I (AB1), and Advanced Beginner II (AB2). One participant was at the Intro level, eight participants were at the N1 level, six participants were at the N2 level, and three participants were at the AB1 level. Table 1 displays the demographic data for all participants.

54

Table 1

Demographics of Participants

Participant #	Age	Gender	Ethnicity	Nursing Program Level	Previous Degree	First Generation College Student	GPA
1	21	F	C	N2	N	Y	3.8
2	21	F	H	N2	N	Y	3.6
3	20	M	C	Intro	N	N	3.7
4	25	F	C,H	N1	Y	Y	3.5
5	20	F	C	N1	N	N	3.9
6	20	F	C	N1	N	N	3.8
7	20	F	C	N1	N	N	3
8	22	F	C	AB1	N	N	3.1
9	29	F	C	N1	Y	N	3.9
10	20	F	C	N1	N	Y	3.7
11	34	F	C,AA	AB1	Y	N	3.8
12	20	F	C	N1	N	Y	3.5
13	37	F	C	N2	Y	N	3.4
14	22	F	C	AB1	N	N	4
15	20	F	C	N1	N	N	3.8
16	21	F	C	N2	N	N	3.6
17	20	F	C	N2	N	N	3.8
18	25	F	C	N2	Y	N	3.2

Note. C = Caucasian; H = Hispanic; AA = African American.

Fourteen participants (78%) reported a combination learning style preference, and 10 of the 14 (71%) reported a preference of the combination of visual and kinesthetic.

55

Learning styles denote the way an individual best processes and remembers new information and skills (Cannon & Boswell, 2015; Forrest, 2010b). The three primary learning styles are designated as visual (learning through seeing), auditory (learning through listening or hearing), and kinesthetic (learning by doing). Table 2 displays the data for learning style preference.

Table 2

Learning Style Preferences

Participant #	Learning Style
1	Kinesthetic, Visual
2	Visual
3	Visual
4	Kinesthetic, Visual
5	Auditory
6	Auditory, Kinesthetic
7	Visual, Kinesthetic
8	Visual, Kinesthetic
9	Visual, Kinesthetic
10	Visual, Kinesthetic
11	Auditory, Visual, Kinesthetic
12	Visual
13	Auditory, Visual
14	Visual, Kinesthetic
15	Visual, Kinesthetic
16	Kinesthetic, Visual
17	Auditory, Visual
18	Visual, Kinesthetic

56

Pilot Study Findings

Prior to the study, a pilot study was done to validate the interview instrument. Preceding the pilot study, a panel of experts reviewed the interview questions developed by the researcher and made recommendations for improvement. One purpose of the pilot study was to corroborate clarity of interview questions and ensure that questions elicit responses related to the study purpose (Creswell, 2012). All panel members had doctoral degrees with experience in education. One has a Ph.D. in Education, with a focus on Higher Education and 52 years-experience in the field of education. Another has a Ph.D. in Educational Psychology and 30 years teaching experience. The last panel member has a Ph.D. in Nursing, with a focus in Nursing Education, 46 years-experience in nursing and two years-experience in nursing education.

The pilot study consisted of interviews of the first two students who volunteered to participate in the study. For the pilot study, the investigator conducted the interviews in person; the interviews were audio recorded, then transcribed. Each participant reviewed their interview transcript to ensure their responses reflected their thoughts. The researcher did not identify any issues regarding clarity of the questions and the data was included with the other participants' data for final analysis.

Upon completion of the pilot study, the researcher conducted the remaining 16 interviews. All face-to-face interviews were audio recorded, transcribed, and member checked. Following the review of transcripts by the participants, the researcher and a co-rater began the data analysis. First, the researcher and the co-rater individually reviewed and coded Interview Question 1, then discussed commonalities and identified themes. This process continued for each question. The researcher and co-rater identified

57

predominant themes after reviewing each of the interview questions and coding the responses.

Findings

To address the dynamic nature of the health care profession, nursing educators are adopting a concept-based curriculum approach. The concept-based approach encourages students to be active participants in their learning. The researcher interviewed 18 students enrolled in a baccalaureate nursing education program to discover their perceptions, beliefs, and lived experiences regarding their role in the learning process and the faculty role in the learning process.

Through reviewing participant responses to each question, the researcher identified primary and secondary themes related to the student perceptions of their role and the faculty member's role in the learning process. Primary themes achieved saturation as evidenced by recurring frequently as a response within a question and across interview questions. Secondary themes, although significant and appearing to have a clear impact on the student perceptions, did not achieve saturation at the same level as the primary themes.

Research Question 1 (R1)

What are student's perceptions of their role in the learning process?

The analysis of the interview transcripts regarding R1 resulted in identification of two primary themes and one secondary theme. Preparedness and engagement were the primary themes. In the 18 interviews, responses related to the theme of preparedness occurred 68 times, and responses related to the theme of engagement occurred 70 times. The label of the secondary theme was attitudes; responses related to the theme of

58

attitudes appeared 30 times in the 18 interviews. Figure 1 displays the primary and

secondary themes related to student perceptions of their role in the learning process.
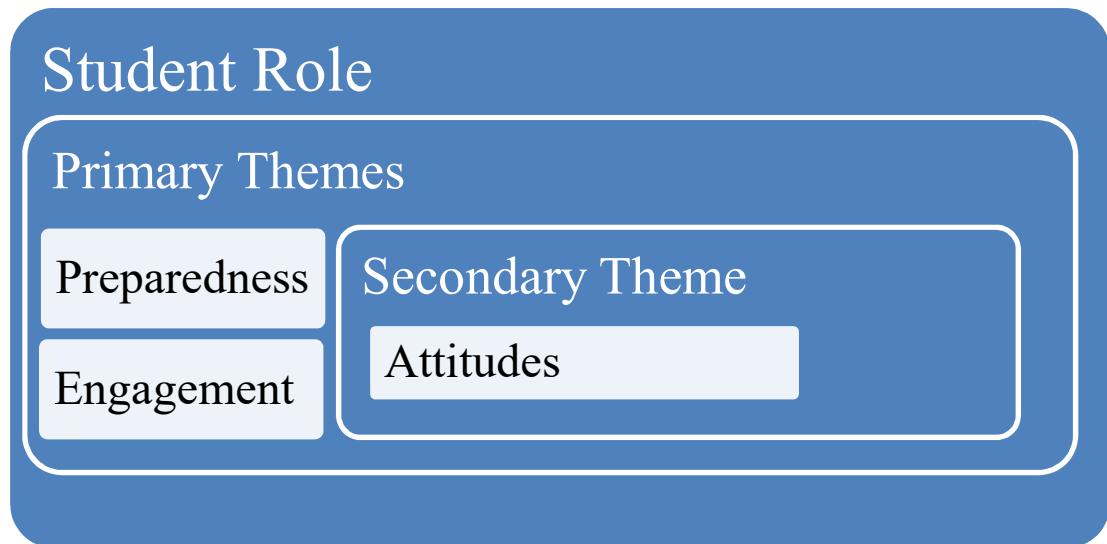
*Figure 1*. Primary and secondary themes of student roles.

Primary theme 1: Preparedness. All participants referred to aspects of being

prepared for class. The most prominent reference noted by participants (16 of 18

participants) was listening to the voiceover PowerPoint presentations (PPTs) prior to

class. Faculty post voiceover PPTs on the course learning management system, and

instruct students to listen to the PPTs prior to class. Participants preferred listening to the

posted voiceover PPTs to reading the assigned pages in the text. Comments from

participants included "we have the voiceovers, if I have time I'll read," "I have to be

prepared, listen to the voiceovers," "listen to the voiceover and skim the book," "I usually

don't read," and "if I have questions on something or if it doesn't make sense, I'll go to

the book, but voiceovers are my main area." Participant responses reflect the students'

view that preparing for class does not generally include the assigned reading; students

only read if faculty do not post a voiceover PPT.

The value placed on reading assignments differed between faculty and students. Based on the researcher's teaching experience, the value placed on reading assignments appears to differ between faculty and students. Faculty strongly encourage student to complete the reading assignments in their textbooks.

Participants identified student characteristics of organization, time management, and studying as elements of the student's role related to preparedness. Participants' responses related to organization and time management included "being organized, being prepared for class, being on time," ". . . time management, especially in nursing school," and ". . . you have to be organized if you're not organized, you're not going to get anywhere." Students referenced studying or doing homework. One participant said, "you need to be studious; I mean if you're not determined and you're not invested in it, I don't feel like you're being a student." A participant stated, "make sure you do your homework or whatever you need to get done before class so you are prepared." Another participant stated, "take all the tools that our professors give us and use them." Students believe their role is to utilize the resources faculty provide, but do not take initiative to find additional resources on their own. Figure 2 illustrates the factors related to preparedness.

The theme of preparedness reflects constructivist-learning theory. Students, who accept responsibility to be prepared, exhibit the constructivist component of building new knowledge upon previous knowledge. In addition, the student responses reflect the constructivist learning theory components of understanding and use of knowledge.
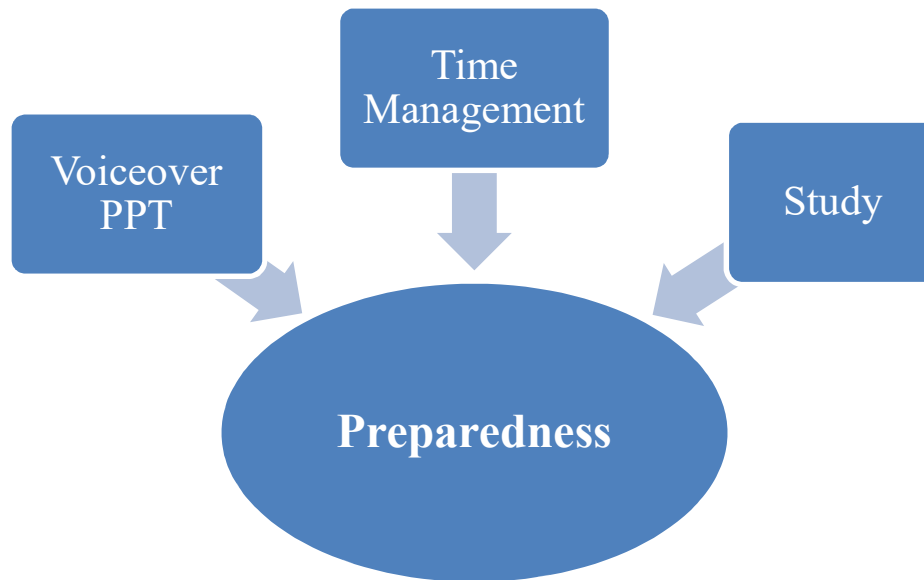
Figure 2. Student factors related to preparedness.

Primary theme 2: Engagement. Participants considered engagement as attending class, taking notes, listening, and asking questions. Seventeen of the 18 participants believed attending class was important. Participants viewed engagement as their actions while in class. One participant stated "listening, just sitting there and actively listening," another participant stated, "I just figured that I need to just sit there and listen." Participants frequently mentioned taking notes during class. Comments included "write as they talk," "usually just taking notes," and "go to class and take notes." Listening and asking questions were also frequent comments. "I try to listen as much as possible" and "being involved in discussions in the classroom, ask relevant questions." Figure 3 illustrates the factors related to engagement.

61
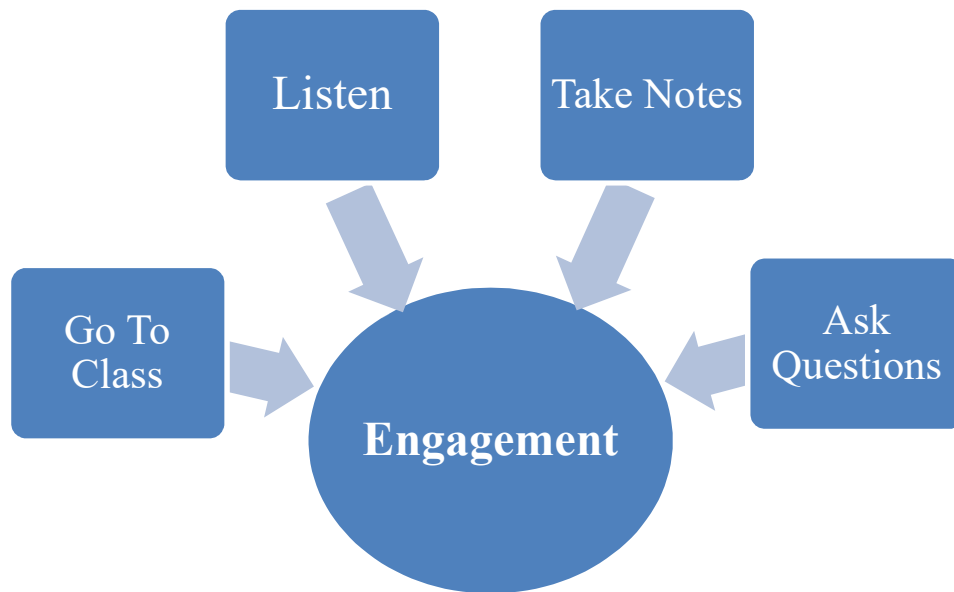
Figure 3. Student factors related to engagement.

The identified theme of engagement signifies constructivist learning theory, social learning theory, and situated learning theory. Components of constructivist learning theory that reflect engagement include self-regulation, mindful reflection, and the learning environment (Driscoll, 2000). Social learning theorists consider the relationship of the environment and behavior on learning (Bandura, 1977; Zimmerman & Schunk, 2003). Situated learning theorists consider the influence of the sociocultural environment and activities on learning and transforming knowledge into practice (Lave & Wenger, 1991). The student behaviors described by participants support the theoretical elements of constructivist, social learning, and situated learning.

Secondary theme: Attitudes. Responses related to attitudes included elements of responsibility, respect, and willingness to learn. Participants expressed expectations of respect between peers and respect between students and faculty. Comments include "give them your utmost respect," "be respectful," and "be courteous to those around you." Respect was a word frequently used by participants in their responses to questions

62

regarding roles in learning, expectations from peers, and expectations of faculty.

Regarding willingness to learn, comments include "making the effort to learn . . . that

desire to learn," "willing to learn and participate in class," and "willing to learn and

willing to participate." The student perspective of participation includes answering

questions in class and contributing to group work. Figure 4 illustrates the factors related
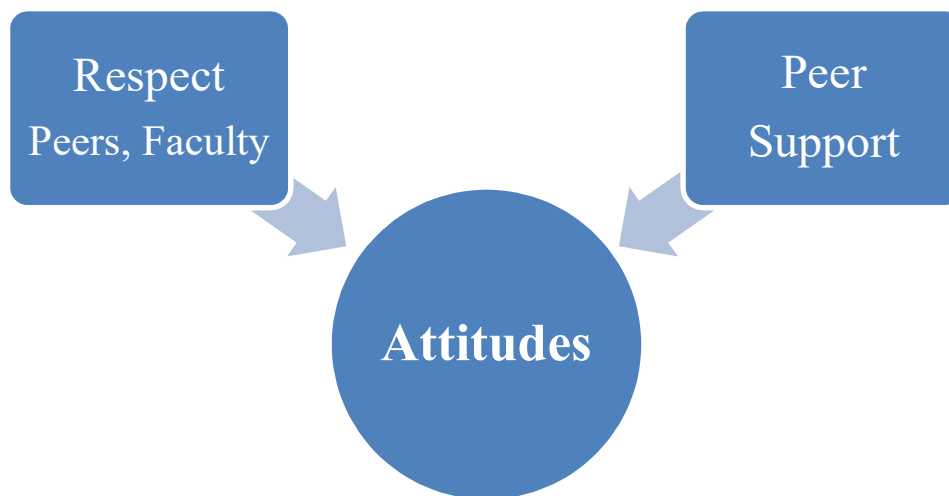
to attitudes.

*Figure 4*. Student factors related to attitudes.

The secondary theme of attitudes reveals the self-efficacy component of social

learning theory. Several factors influence self-efficacy; factors reflected in the identified

theme of attitudes include behaviors modeled for the student, and feedback and support

provided to the student. Students' perceived characteristics of willingness to learn,

respect for faculty and peers, and peer support are relevant to developing self-efficacy.

Research Question 2

What are student's perceptions of the faculty role in the learning process?

Regarding Research Question 2, student perceptions of the faculty role in the

learning process, analysis of the interview transcripts resulted in identification of three

primary themes. The primary themes were relational, invested, and teaching. In the 18

interviews, responses related to the theme of relational occurred 38 times, responses

related to the theme of invested occurred 31 times, and responses related to the theme of

teaching occurred 46 times. Figure 5 displays the primary themes related to student

perceptions of the faculty role in the learning process.
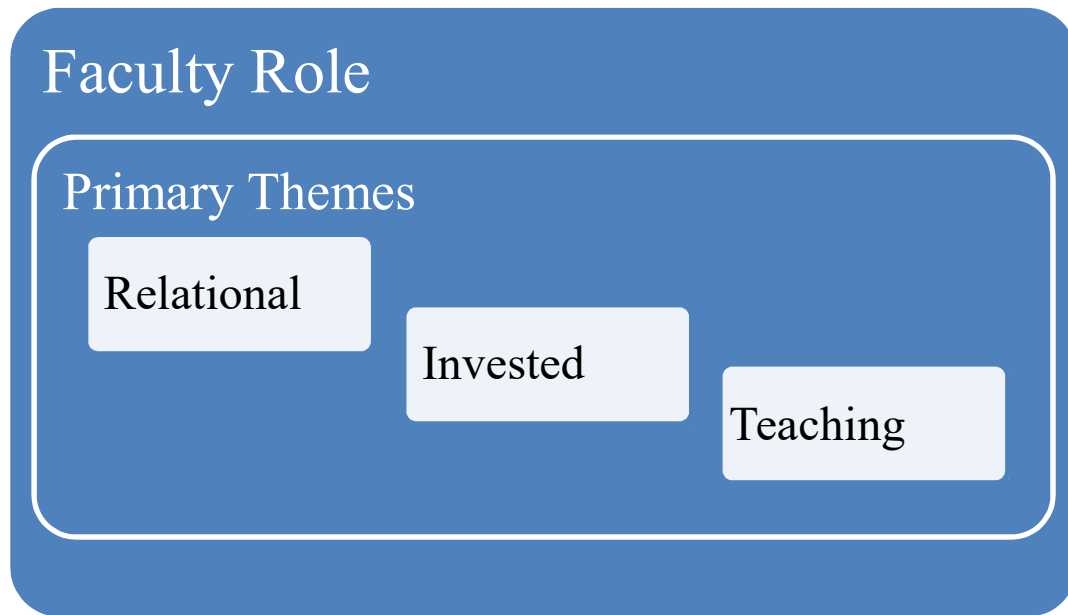
Figure 5. Student perceptions of faculty role.

Primary theme 1: Relational. A primary theme that emerged from the

participant interviews is the students' desire for faculty to be relational. Students

perceive faculty to be relational if they demonstrate behaviors such as kindness, caring,

understanding, approachable, and respectful. The following statements illustrate

students' desire for faculty to be relational. "I know that they're there for me and I can

go to them and ask them any question," ". . . know that our professors really care and

they're willing to listen," ". . . really care for their students," ". . . caring. . . the

expectation that they're there for us," and "just willing to get to know students, or help

them with their learning needs." Common descriptors related to being relational included

COURTESY OF TOWNSEND MEMORIAL LIBRARY, UNIVERSITY OF MARY HARDIN-BAYLOR

approachable, understanding, listening, and respectful. Figure 6 displays characteristics of relational faculty.
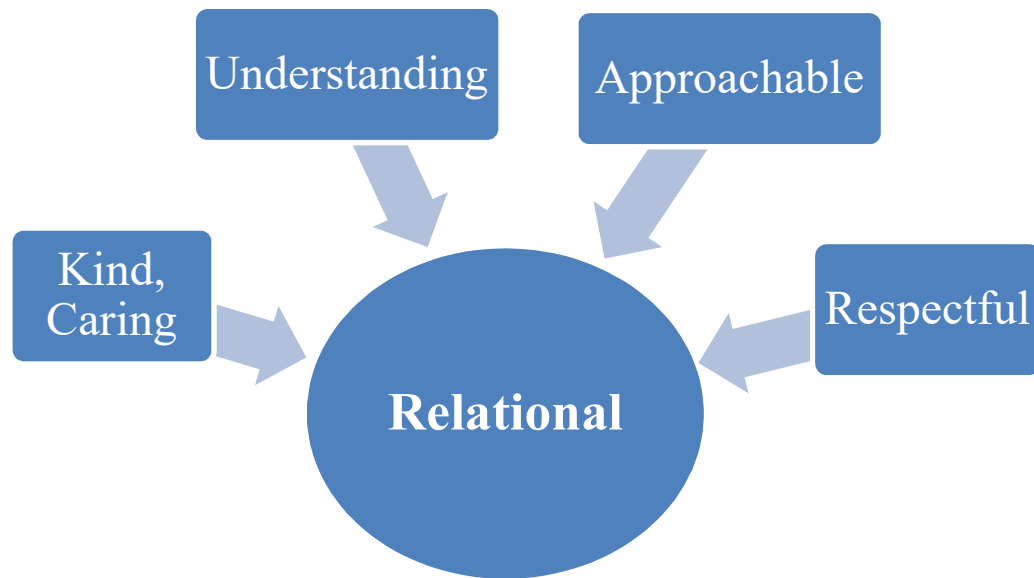

Figure 6. Characteristics of relational faculty.

The students' desire for faculty to be relational supports elements of social learning theory. Self-efficacy is one aspect of social learning theory. Interactions between faculty and students influence a student's self-efficacy. How faculty provide feedback and support to students, as well as the faculty's self-efficacy, impacts student self-efficacy (Bandura, 1977; Driscoll, 2000; Zimmerman & Schunk, 2003).

Primary theme 2: Invested. The second primary theme that emerged from the data is students would like their faculty to be invested in them and in teaching. Students perceive faculty to be invested if they demonstrate characteristics such as passion, compassion, dedication to students and to teaching, and providing encouragement to students. Students desire faculty who are attentive, willing to answer questions, respectful, and enthusiastic. Demonstration of these characteristics contributes to establishing a learning environment that appeals to the learner. Evidence of the theme of

investment is one participant's statement, ". . . know that our professors really care and they're willing to listen." Comments illustrating these preferences include ". . . have passion for what they're teaching, enthusiasm, and passion," "someone who is willing to help you grow and learn, um, encouraging;" "compassionate, being invested in the student's learning," "being passionate about what it is they are teaching," and "I like teachers to be respectful." Figure 7 displays qualities of invested faculty.
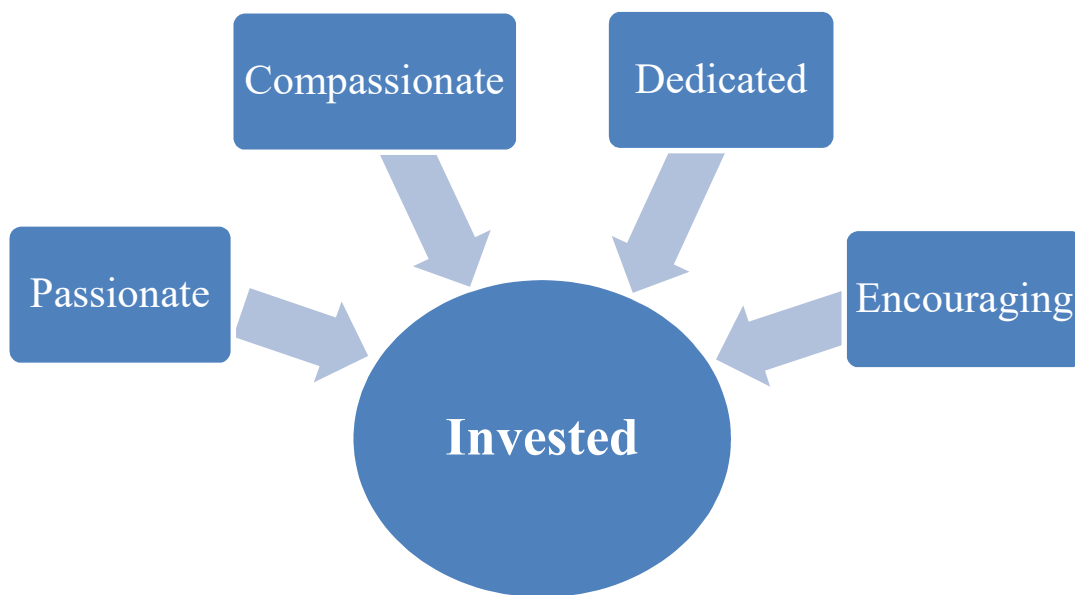
Figure 7. Qualities of invested faculty.

The learning environment established by the faculty is an aspect of demonstrating an investment in students. The learning environment is an element of constructivist learning theory. In applying constructivist learning theory, faculty establish a learning environment that is relevant to the learner and facilitates learning for multiple learning styles (Driscoll, 2000). When establishing this type of environment, faculty display their investment in student learning and success.

66

Students believe faculty demonstrate investment in students through compassion and encouragement. How faculty provides feedback and support influence students perception of faculty being invested in the student. Communication and support are aspects of developing student self-efficacy (Bandura, 1977; Driscoll, 2000; Zimmerman & Schunk, 2003).

Primary theme 3: Teaching. Characteristics related to teaching also emerged from the data. Students expect faculty to be knowledgeable, well prepared, and engaged in the teaching-learning process. Student statements or phrases related to teaching include "interactive with the students," "getting us involved in learning," "engaged with the students," "knowledgeable about what they are teaching," "very comfortable and very confident in what they are teaching," and "educated, experienced in the field." Students expect faculty to provide direction to their learning. A participant stated, "bringing focus to information that is more important, and making sure you understand." A concept-based curriculum employs a learner-centered approach to teaching, which focuses on engaging students as active learners (Giddens, 2010; Tanner, 2010). Participant statements of "I expect them to give me the information I need to know" and "I expect that they give us all the tools we need and give them to us in a reasonable amount of time for us to be able to utilize them" may reflect the adjustment for students as they become active participants in their learning. Additional terms which reflected teaching are prepared and organized. Figure 8 displays attributes of teaching.

67
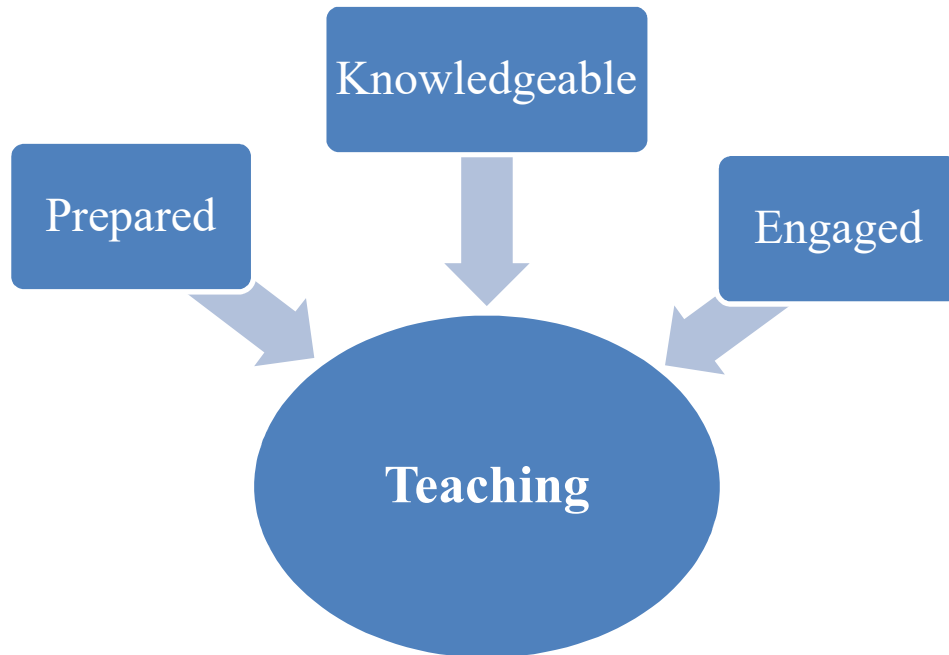
Figure 8. Attributes of teaching.

The identified theme of teaching is addressed by constructivist, social learning, and situated learning theories. The learning environment is a feature of all three learning theories. One premise of constructivist learning theory is the condition of instruction. From a constructivist perspective, the learning environment should be relevant to the learner (Driscoll, 2000). For faculty to create a relevant learning environment, they would need to demonstrate the characteristics described by the participants (knowledgeable, prepared, and engaged with the learners).

Participant responses regarding the theme of teaching illustrate the social learning theory component of self-efficacy, particularly, teacher self-efficacy. Faculty who have positive self-efficacy assist students to develop high self-efficacy (Zimmerman & Schunk, 2003). Faculty who are knowledgeable and prepared are more likely to have a high self-efficacy (Bandura, 1977; Driscoll, 2000; Zimmerman & Schunk, 2003).

68

Finally, the theme of teaching exemplifies situated learning theory. Situated learning theory supports the influence of the sociocultural environment and the activities within the environment on learning (Lave & Wenger, 1991). Faculty knowledge, preparation, and engagement create a learning environment and facilitate activities within that environment conducive to learning.

Summary

The researcher's aim in the current study was to explore BSN student perceptions of their role (their lived experiences) in the learning process. The research questions the researcher sought to gain insight on were:

R1: What are student's perceptions of their role in the learning process?

R2: What are student's perceptions of the faculty role in the learning process? Through individual interviews with 18 students enrolled in a baccalaureate nursing education program, data revealed two primary themes and one secondary theme related to student perceptions of their role in the learning process and three primary themes related to the student perceptions of the faculty role in the learning process.

The primary themes identified regarding student perceptions of their role in the learning process are preparedness and engagement. The secondary theme identified was attitudes. Participants overwhelmingly reported the importance of being prepared for class. Their view of their role in being prepared was they use the tools provided by the faculty, primarily the voiceover PPTs (reported by 16 of 18 participants). Regarding engagement, participants perceived they are engaged in learning if they go to class, listen, take notes, and ask questions. Seventeen of the 18 participants indicated going to class was important. The secondary theme, attitudes, is attributed to responses of respect

between student peers and students and faculty, peer support, and willingness to learn. Respect was a frequent response to several interview questions.
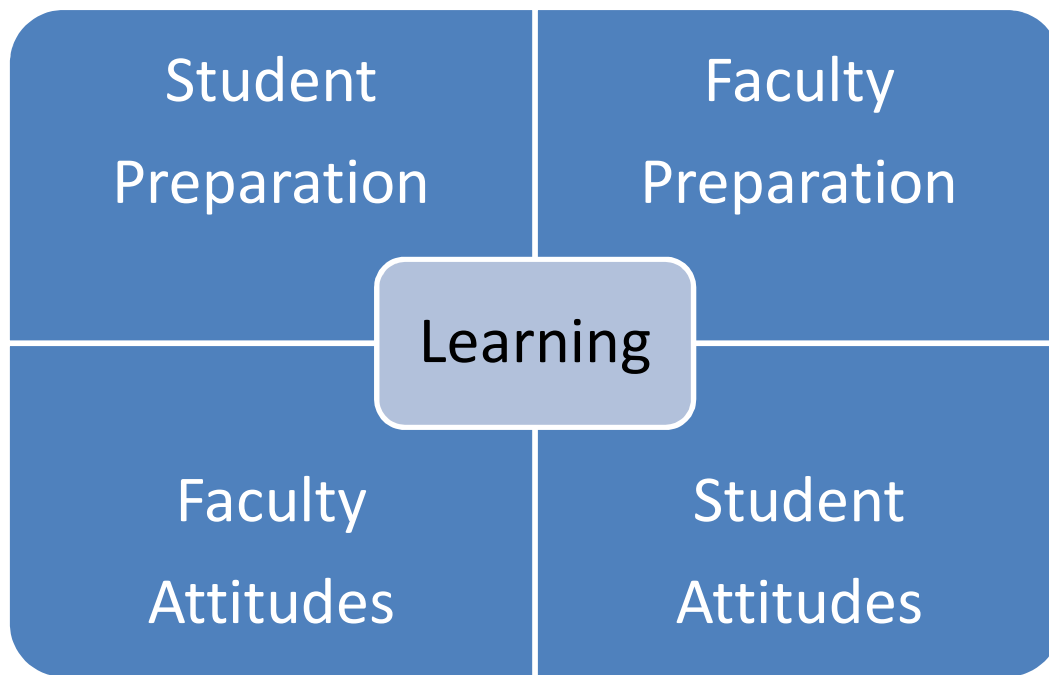
The themes identified for the student perceptions of their role in the learning process connect to the theoretical framework for the current study. The theme of preparedness corresponds to elements of constructivist learning theory. The theme of engagement reflects constructivist, social learning, and situated learning theory. The theme of attitudes aligns with social learning theory, particularly self-efficacy.

Research Question 2, addressing student perceptions of the faculty role in the learning process, revealed three primary themes. The identified themes are relational, invested, and teaching. The identification of the relational theme was based on participants' view of kindness, caring, understanding, being approachable, and respect as desired characteristics of faculty. The theme of investment described students' desire for faculty to be passionate, compassionate, dedicated, and encouraging. Participants preferred faculty who demonstrate attentiveness, willingness to answer questions, are respectful, and are enthusiastic. The final primary theme related to the students' perceptions of the faculty role in the learning process was teaching. Discernment of the teaching theme was through participants' comments of teacher preparedness, knowledge, and engagement.

Overlapping themes between student perceptions of their role versus faculty role in the learning process included preparation and attitudes. Students view their role as being prepared for class and the faculty being knowledgeable as an aspect of faculty preparation. Regarding attitudes, students perceive they are to be respectful to peers and

70

faculty, while they desire faculty who are relational and invested in student learning. Figure 9 displays the overlapping themes between student and faculty roles.

Figure 9. Overlapping themes of student and faculty roles in the learning process.

The theoretical framework for this study is evident in the identified themes for the student perception of the faculty role in the learning process. The relational theme is congruent with social learning theory. The theme of investment aligns with constructivist learning theory and social learning theory. The final theme of the faculty role, teaching, links with each theory identified in the theoretical framework: constructivist, social learning, and situated learning.

Chapter 5 consists of a discussion of the implications of the findings and recommendations based on the findings of the current study. In addition, the researcher suggests future research related to the topic. The chapter concludes with final thoughts of the study, findings, and implications for nursing education.

CHAPTER 5: RECOMMENDATIONS AND IMPLICATIONS

Evolving scientific knowledge, advances in technology, and societal trends influence health and health care. The complexity of health and the healthcare system challenges nursing professionals to keep abreast with evidence-based practice. In addition, the complexity of health and health care pose a challenge for nurse educators to adjust curriculum to keep pace with evolving practice and adequately prepare students for beginning practice (NLN, 2003).

A current strategy in nursing education programs is to transition from traditional curriculum to a concept-based curriculum. In a concept-based curriculum, select concepts for the nursing program serve as the organizing framework for the curriculum (Giddens et al., 2015). With a concept-based curricular approach, students must take an active role in the learning process. With this qualitative, phenomenological design study, the researcher explored student perceptions of their role in the learning process and student perceptions of the faculty role in the learning process.

Summary of the Study

Student centered learning and students as active participants in their learning are fundamental to the concept-based curriculum approach. Individual learning styles and student views of their role in the learning process influence the student's response to student centered and active learning strategies. The problem is student centered teaching strategies require students to recognize and adapt to their role in the learning process. In this qualitative, phenomenological study, the researcher sought to explore the nursing student perceptions of their role and the faculty role in the learning process. Findings of

this study provide insight for nursing faculty in selecting teaching strategies and interacting with students.

Eighteen nursing students enrolled in a baccalaureate nursing education program at a small, faith-based institution in Texas were interviewed to gain insight into their perceptions of their role in the learning process and the faculty role in the learning process. Through one-on-one interviews with nursing students, the researcher sought to answer the research questions:

R1: What are student's perceptions of their role in the learning process?

R2: What are student's perceptions of the faculty role in the learning process? Interviews consisted of a series of open-ended questions related to learning, student roles and responsibilities, and faculty roles and responsibilities. During the interviews, the researcher collected demographic data of age, gender, ethnicity, level of the nursing program, previous degree earned, first generation college student, and grade point average (GPA) from each participant.

Three learning theories pertinent to nursing education and to the concept-based curriculum approach to nursing education provided the framework for this study. The learning theories providing the framework for this study were constructivist-learning theory, social learning theory, and situated learning theory. Findings of the study align with each of these learning theories.

Prior to conducting the study, a review of the literature consisted of a historical overview of nursing education, nursing regulation and licensure, and nursing education program approval and accreditation. Additionally, the review of literature included topics of nursing education, student learning, academic performance, and NCLEX-RN$^{\circledR}$.

The literature related to curriculum, teaching strategies, evidence-based teaching practice, the learning process, and learning preferences were evident in the findings. However, there is a gap in the literature regarding the themes of attitudes in the student perceptions of their role and in the relational theme of the student perceptions of the faculty role in the learning process.

Findings from the literature review related to the learning process were apparent in the student role themes of preparedness and engagement. Learning is an active process, occurring in a cyclic process, and builds upon previous knowledge (Giddens et al., 2015). In addition, relevance is essential to learning and contributes to student engagement (Jenkins, 2010; Sousa, 2003). Student responses to interview questions revealing themes of preparedness and engagement support the active process of learning and the value of relevance to learning.

The themes of engagement and of teaching are consistent with the literature on evidence-based teaching practice (EBTP). Principles of EBTP include student engagement and active learning (Cannon & Boswell, 2015). Student responses to interview questions revealing themes of engagement and teaching support students desire for their faculty to be prepared to teach and to engage with them. However, student responses also supported the challenge faculty face when using teaching strategies that require students to be active learners. According to Weimer (2014), students often perceive they are teaching themselves when faculty use teaching strategies for active learning. This perception was also consistent with student responses regarding the faculty role. Participants stated, "make sure I understand," "give me the information I

need to know," and "give us all the tools we need and give them to us in a reasonable amount of time for us to be able to utilize them."

Literature related to learning preferences links to the faculty role themes of invested and teaching. Students have various perspectives on what it means to teach, and often teaching strategies which employ active learning are not well received (Kuhn & Rundle-Thiele, 2009; Weimer, 2014). Learning preferences influence student perceptions of their role and student perceptions of the faculty role. Learning preference and EBTP overlap faculty role themes of invested and teaching.

The learning theories providing the framework for the current study support the findings. In addition, four of the six themes identified in this study further support the literature reviewed regarding the learning process, learning preferences, and EBTP. However, two themes were novel findings absent from the literature. The student role theme of attitudes and the faculty role theme of relational revealed a gap in the literature.

Recommendations

Through this study, the researcher sought to gain insight into student views regarding perception of roles in the learning process. A disconnect between students perception and faculty perception may influence learning outcomes. Understanding student views assists faculty to develop appropriate curriculum, select effective teaching strategies, and relate to student needs. The literature supports curriculum and teaching strategies for active learning. Active learning requires students to take initiative and to be engaged in the learning process. However, student perceptions of engagement and active learning may differ from faculty perceptions of engagement and active learning. Awareness of the differences in perceptions allows faculty to take action to fill that gap

so faculty and students share a common understanding of both faculty and student roles in the education process.

The findings of the current study revealed three themes related to R1, student perceptions of their role in the learning process. The themes were preparedness, engagement, and attitudes. Preparedness, from the student perspective, includes what they do prior to class. Activities related to preparedness included listening to voiceover PPT, time management, and studying. Student perspectives of engagement include going to class and their behavior while in class. Students equate engagement to listening, taking notes, and asking questions while in class. Respect and peer support reflect the theme of attitudes.

A recommendation is that faculty use awareness and understanding of student perspectives of their role in the learning process to guide decision-making regarding teaching strategies, communication, and how they interact with students. In the current study, students admitted they did not complete the reading assignment if faculty posts voiceover PPTs. With this knowledge faculty may want to adjust the reading or clearly communicate with students the importance of reading in addition to using the voiceover PPTs. Faculty can facilitate the learning process by expressing the relevance of reading in addition to the voiceover PPTs.

Often discrepancy exists between students' view of engagement versus faculty's view of engagement. This researcher found students view engagement as their behavior in the classroom and equate engagement as being an active learner. Faculty view engagement and active learning as more than student behavior in the classroom; engaged learners take an active role in their learning and are self-directed. Engaged, active, self-

directed learning is associated with metacognition. Self-directed learners are those who actively seek out additional information or resources as needed (Hardin & Richardson, 2012; National Research Council, 2000). Some students recognize the need to be self-directed; however, most of the participants in this study have not developed this level of metacognition. For this reason, a recommendation is faculty should be intentional about helping students develop abilities as self-directed, active learners.

The findings of the current study regarding student perceptions of the faculty role in the learning process, R2, revealed three themes: relational, invested, and teaching. The relational theme included attributes of kindness, caring, understanding, approachable, and respectful. Students perceive faculty as invested if they are passionate, compassionate, dedicated, and encouraging. Students view teaching qualities as faculty being prepared, faculty being knowledgeable, and faculty engaging students.

The literature supports evidence-based teaching practice. Preparation, knowledge, and engaging students are aspects supported as best practices in teaching. A recommendation is nurses practicing in the area of nursing education should have pedagogical preparation to practice in the role of nursing faculty.

A final recommendation, based on the findings of the themes relational and invested, is faculty should make an effort to establish a relationship with students. Students desire faculty who care, are approachable, encouraging, and dedicated. These characteristics and behaviors build relationships with the students. Establishing a professional faculty-student relationship that is mutually respectful may facilitate student learning.

Future Research

The purpose of this qualitative, phenomenological design study was to explore Bachelor of Science in Nursing (BSN) student perceptions of their role (their lived experiences) in the learning process. The findings of this qualitative, phenomenological study provide insight for nursing faculty within the study setting in selecting teaching strategies and interacting with students. However, as a qualitative study, the findings are not generalizable to all nursing education programs. Further research on the roles in the learning process would benefit nursing education.

Additional qualitative studies would be valuable. Replication of this study, at private and public institutions to include a more diverse student population could validate the findings of this study. An additional recommendation is to conduct a qualitative study of the faculty population. Faculty interviews or focus groups would provide insight to the student behaviors faculty observe and how faculty interpret those student behaviors. An additional study of faculty perceptions would assist in identifying differences and similarities in perceptions between faculty and students.

A quantitative study would contribute generalizable results to broadly inform nursing education practice. The interview questions from this qualitative study could serve, with revision, as the foundation for the questions of a descriptive survey. A Likert like scale would measure perceptions of roles and attitudes based on the revised questions. With a quantitative study, a larger, more diverse population could be included, as well as diverse settings.

Finally, there is a need for further research to fill the gap in the literature regarding attitudes and relational themes. Qualitative studies focused on attitudinal and

78

relational themes would provide further insight into qualities and characteristics nursing students value in their peers and in faculty. Quantitative studies conducted using a descriptive survey related to attitudes and relationships would provide generalizable findings.

Summary and Conclusions

Students perceive their role in the learning process as being prepared for class, engagement while in class, possessing attitudes of respect (student to student and student to faculty), and peer support. Components of preparedness are listening to voiceover PPT, time management, and studying. Students view engagement as related to going to class and behavior while in class. From the student perspective, student engagement entails going to class and while in class, they listen, take notes, and ask questions or answer questions posed by faculty. Finally, students view attitudes towards learning as an aspect of their role in learning. Attitudes comprise being respectful to faculty and peers, as well as being supportive of peers.

Nursing student views of the faculty role includes faculty-student relationships, faculty investment in students, and faculty teaching abilities or strategies. The students perceive faculty as being relational if they display characteristics of kindness, caring, understanding, being approachable, and respectful. Nursing students also desire faculty who demonstrate investment in the students learning. Investment in students is exhibited through passion, compassion, dedication, and providing encouragement. The final theme of student perceptions of the faculty role in the learning process is teaching. Nursing students believe teaching requires faculty who are prepared for class, faculty who are knowledgeable in their field, and faculty who are able to engage students.

79

Findings correspond to the learning theories that provided the framework for this study, constructivist-learning theory, social learning theory, and situated learning theory. In addition, the student role themes of preparedness and engagement correspond to findings in the literature review; the faculty role themes of investment and teaching also align with the literature. However, the student role theme of attitudes and the faculty role theme of relational identified a gap in the literature. This identified gap in the literature provides one avenue for further research into students' perceptions of their role versus the faculty role in the learning process.

Continued exploration of student perceptions and faculty perceptions of roles in the learning process are essential to pursue to inform nursing education practice, establish best practices, and result in optimal learning outcomes for professional nursing practice. If nursing faculty want to prepare students effectively for beginning practice, it is crucial that they are aware of and understand student views of roles in the learning process. With this knowledge, faculty are better able to facilitate student learning and achieve the desired outcome of well-prepared new nurses entering beginning practice.

REFERENCES

Allen, R. B., Koos, E. L., Bradley, F. R., & Wolf, L. K. (1948). The Brown report. *The American Journal of Nursing*, *48*(12), 736-742.

American Association of Colleges of Nursing. (2014). *CCNE accreditation*. Retrieved from http://www.aacn.nche.edu/ccne-accreditation

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: W.H. Freeman.

Benner, P. (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness.* Thousand Oaks, CA: Sage.

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice* (Commemorative ed.). Upper Saddle River, NJ: Prentice Hall.

Benner, P., Sutphen, M., Leonard, V. & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.

Berrett, D. (2014, November 13). Professors' place in the classroom is shifting to the side. *The Chronicle of Higher Education*. Retrieved from http://chronicle.com/article/Professors-Place-in-the/149975/

Bondmass, M. D., Moonie, S., & Kowalski, S. (2008). Comparing NET™ and ERI standardized exam scores between baccalaureate graduates who pass or fail the NCLEX-RN. *International Journal of Nursing Education Scholarship*, 5(1), Article 16.

Borges, N., Manuel, R., Elam, C., & Jones, B. (2010). Differences in motives between

    millennial and generation X medical students. *Medical Education*, *44*(6), 570-

    576. doi:10.1111/j.1365-2923.2010.03633.x

Brandon, A. F., & All, A. C. (2010). Constructivism theory analysis and application to

    curricula. *Nursing Education Perspectives, 31*(2), p. 89-92.

Brown, E. L. (1948). Nursing for the future: The Brown report. *American Journal of*

    Nursing, 48(12), 736-742.

Bruner, J. (1977). *The process of education: A landmark in educational theory.*

    Cambridge, MA: Harvard University Press.

Candela, L., & Bowles, C. (2008). Recent RN graduate perceptions of educational

    preparation. *Nursing Education Perspectives, 29*(5), 266-271.

Candela, L., Dalley, K., & Benzel-Lindley, J. (2006). A case for learning-centered

    curriculua. *Journal of Nursing Education, 45*(2), 59-66.

Cannon, S., & Boswell, C. (2015). *Evidence-based teaching in nursing: A foundation for*

    educators (2nd ed.). Burlington, MA: Jones & Bartlett Learning.

Caputi, L. (2010a). Curriculum design and development. In L. Caputi (Ed.), *Teaching*

    nursing, Vol. 1: The art and science (2nd ed., pp. 367-402). Glen Ellyn, IL:

    College of DuPage.

Caputi, L. (2010b). Teaching in the classroom. In L. Caputi (Ed.), *Teaching nursing, Vol.*

    1: The art and science (2nd ed., pp. 686-710). Glen Ellyn, IL: College of DuPage.

Committee on the Grading of Nursing Schools. (1934). *Nursing schools today and*

    tomorrow: The final report from the Committee on the Grading of Nursing

    Schools. New York, NY: Author.

Converse, M. (2012). Philosophy of phenomenology: How understanding aids research. *Nurse Researcher, 20*(1), 28-32.

Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative researc*h. Boston, MA: Pearson.

Creswell, J. W. (2013*). Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Crookes, K., Crookes, P., & Walsh, K. (2013). Meaningful and engaging teaching techniques for student nurses: A literature review. *Nurse Education Today, 13*(4), 239-243.

De Chesnay, M. (2015). *Nursing research using phenomenology: Qualitative designs and methods in nursing*. New York, NY: Springer.

De Lima, M., London, L. & Manieri, E. (2011). Looking at the past to change the future: A retrospective study of associate degree in nursing graduates' national council licensure examination scores. *Teaching and Learning in Nursing, 6,* 119-123.

Donley, R., & Flaherty, M.J. (2002). Revisiting the American Nurses Association's first position on education for nurses. *Online Journal of Issues in Nursing, 7*(2), 2.

Driscoll, M. P. (2000). *Psychology of learning for instruction*. Needham Heights, MA: Pearson.

Earle, V., & Myrick, F. (2009). Nursing pedagogy and the intergenerational discourse. *Journal of Nursing Education, 48*(11), 624-630.

Fletcher, A.J. & Marchildon, G.P. (2014). Using the Delphi method for qualitative, participatory action research in health leadership. *International Journal of Qualitative Methods*, *13,* 1-18.

Flood, A. (2010). Understanding phenomenology. *Nurse Researcher, 17*(2), 7-15.

Forbes, M. O., & Hickey, M. T. (2009). Curriculum reform in baccalaureate nursing

education: Review of the literature. *International Journal of Nursing Education

Scholarship, 6*(1). doi:10.2202/1548-923X.1797

Forrest, S. (2010a). Teaching styles. In L. Caputi (Ed.), *Teaching nursing, Vol. 1: The art

and science* (2nd ed., pp. 696-717). Glen Ellyn, IL: College of DuPage.

Forrest, S. (2010b). Learning styles. In L. Caputi (Ed.), *Teaching nursing, Vol. 1: The art

and science* (2nd ed., pp. 718-739). Glen Ellyn, IL: College of DuPage.

Gallagher R. M., & Sullivan, K. (n.d.). *Compendium of ANA education: Positions,

position statements, and documents*. Retrieved from

http://nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-

Agenda-Reports/NursingEducation/NursingEducationCompendium.pdf

Gay, L.R., & Airasian, P. (1992). *Educational research: Competencies for analysis and

applications* (7th ed.). Upper Saddle River, NJ: Pearson.

Gibson, S. (2009). Enhancing intergenerational communication in the classroom:

Recommendations for successful teacher-student relationships. *Nursing

Education Perspectives*, *30*(1), 37-39.

Giddens, J. F. (2009). Changing paradigms and challenging assumptions: Redefining

quality and NCLEX-RN pass rates. *Journal of Nursing Education*, *48*(3), 123-

124.

Giddens, J. F. (2010). The concept-based curriculum for nursing education. In L. Caputi

(Ed.), *Teaching nursing, Vol. 1: The art and science* (2nd ed., pp. 441-458). Glen

Ellyn, IL: College of DuPage.

Giddens, J. F., & Brady, D. P. (2007). Rescuing nursing education from content

    saturation: The case for a concept-based curriculum. *Journal of Nursing*

    Education, 46(4), 65-69.

Giddens, J. F., Brady, D., Brown, P., Wright, M., Smith, D., & Harris, J. (2008). A new

    curriculum for a new era of nursing education. *Nursing Education Perspectives,*

    29(4), 200-204.

Giddens, J. F., Caputi, L., & Rodgers, B. (2015). *Mastering concept-based teaching: A*

    guide for nurse educators. St. Louis, MO: Elsevier Mosby.

Goldmark, J. (1923). *Nursing and nursing education in the United States*. New York,

    NY: MacMillian Company. Retrieved from

    https://archive.org/details/nursingnursinged00comm

Griffin, G. J., & Griffin, J. K. (1969). *Jensen's history and trends of professional nursing*

    (6th ed.). St. Louis, MO: Mosby.

Hardin, P. K., & Richardson, S. J. (2012). Teaching the concept curricula: Theory and

    method. *Journal of Nursing Education, 51*(3), 155-159. doi:10.3928/01484834-

    20120127-01

Henschke, J. A. (2011). Considerations regarding the future of andragogy. *Adult*

    Learning, 22(1), 34-37.

Hickman, S. E., & Wocial, L.D. (2013). Team-based learning and ethics education in

    nursing. *Journal of Nursing Education, 52*(12), 696-700.

Homard, C. M. (2013). Impact of a standardized test package on exit examination scores

    and NCLEX-RN outcomes. *Journal of Nursing Education*, 52(3), 175-178.

Horsfall, J., Cleary, M., & Hunt, G. (2012). Developing a pedagogy for nursing teaching-learning. *Nurse Education Today, 32*(8), 930-933.

Hsu, C. & Sandford, B. A. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research & Evaluation, 12*(10), 1-8.

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academy of Sciences.

Jacobs, L.A., DiMattio, M.K., Bishop, T.L., & Fields, S. (1998). The baccalaureate degree in nursing as an entry-level requirement for professional nursing practice. *Journal of Professional Nursing, 14*(4), 225-233.

Jenkins, P. C. (2010). Exploring the learning process. *Teaching and Learning in Nursing, 5(*4), 157-159.

Johanson, L. (2012). Teaching the millennial generation considerations for nurse educators. *Nurse Educator*, *37*(4), 173-176. doi:10.1097/NNE.0b013e31825a875a

Kuhn, K., & Rundle-Thiele, S. (2009). Curriculum alignment: Exploring student perception of learning achievement measures. *International Journal of Teaching and Learning in Higher Education, 21*(3), 351-361.

Lasater, K., & Nielsen, A. (2009). The influence of concept-based learning activities on students' clinical judgment development. *Journal of Nursing Education, 48*(8), 441-446.

Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge, UK: Cambridge University Press.

Leiter, M. P., Price, S. L., & Laschinger H. K. (2010). Generational differences in

distress, attitudes, and incivility among nurses. *Journal of Nursing Management*,

18, 970-980.

Long, H. B. (2004). Understanding adult learners. In M. W. Galbraith (Ed), *Adult

learning methods: A guide for effective instruction* (3rd ed., pp. 23-37). Malabar,

FL: Krieger Publishing Company.

Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology:

Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5),

726-735.

Matthias, A. D. (2010). The intersection of the history of associate degree nursing and

"BSN in 10": Three visible paths. *Teaching and Learning in Nursing, 5,* 39-43.

McGahee, T. W., Gamling, L., & Reid, T. F. (2010). NCLEX-RN® success: Are there

predictors. *Southern Online Journal of Nursing Research, 10*(4), 208-221.

McGann, E., & Thompson, J. M. (2008). Factors related to academic success in at-risk

senior nursing students. *International Journal of Nursing Scholarship*, 5(1),

Article 19.

Medina, J. (2008). *Brain rules: 12 principles for surviving and thriving at work, home,

and school.* Seattle, WA: Pear Press.

Merriam, S. B. (Ed.). (2001). *A new update on adult learning theory*. San Francisco, CA:

Jossey-Bass.

Montag, M. (1951). *The education of nursing technicians*. New York, NY: G. P. Putnam

& Sons.

Moulding, N. T. (2010). Intelligent design: Student perceptions of teaching and learning in large social work classes. *Higher Education Research & Development, 29*(2), 151-165.

Nahm, H. (1971). Accreditation of nursing programs. *The American Journal of Nursing, 71*(4), 764-768.

National Council State Boards of Nursing. (2011). *What you need to know about nursing licensure and boards of nursing.* Retrieved from https://www.ncsbn.org/Nursing_Licensure.pdf

National Council State Boards of Nursing. (2014a). *About NCSBN.* Retrieved from https://www.ncsbn.org/181.htm

National Council State Boards of Nursing. (2014b). *Nursing regulation in the U.S.* Retrieved from https://www.ncsbn.org/357.htm

National League for Nursing Accreditation Commission. (2013). *Accreditation commission for education in nursing.* Retrieved from http://acenursing.org/mission-purpose-goals/

National League for Nursing. (2003). *Innovation in nursing education: A call to reform*. (Position Statement). Retrieved from http://www.nln.org/aboutnln/PositionSTatements/innovation082203.pdf

National League for Nursing. (2005). *Transforming nursing education* (Position Statement). Retrieved from http://www.nln.org/aboutnln/PositionSTatements/transforming052005.pdf

National League for Nursing. (2013). *Number of basic RN programs, total and by*

    program type: 2003 to 2012. Annual survey of schools of nursing, Fall 2012. *NLN*

    DataView^{TM}. Retrieved from

    http://www.nln.org/researchgrants/slides/pdf/AS1112_F01.pdf

National League of Nursing Education. (1937). *A curriculum guide for schools of*

    nursing. Washington, DC: Author.

National Research Council. (2000). *How people learn: Brain, mind, experience, and*

    school. Washington, DC: National Academy Press.

Nelson, M. (2002). Education for professional nursing practice: Looking backward into

    the future. *Online Journal of Issues in Nursing, 7*(2), 4.

Newton, S.E., Smith, L.H., Moore, G., & Magnan, M. (2007). Predicting early academic

    achievement in a baccalaureate nursing program. *Journal of Professional*

    Nursing, 23(3), 144-149.

Pabst, M. K., Strom, J., & Reiss, P. J. (2010). Use of focus groups to elicit student

    perception of NCLEX-RN preparation. *Journal of Nursing Education, 49*(9), 534-

    537.

Pardue, K., & Morgan, P. (2008). Millennials considered: A new generation, new

    approaches, and implications for nursing education. *Nursing Education*

    Perspectives, *29*(2), 74-79.

Patterson, B. J., & Klein, J. M. (2012). Evidence for teaching: What are faculty using?

    Nursing Education Perspectives, *33*(4), 240-245.

Robert, T. E., Pomarico, C. A., & Nolan, M. (2011). Assessing faculty integration of

adult learning needs in second-degree nursing education. *Nursing Education*

*Perspectives, 32(*1), 14-17. doi:10.5480/1536-5026-32.1.14

Romeo, E. M. (2013). The predictive ability of critical thinking, nursing GPA, and SAT

scores on first-time NCLEX-RN performance. *Nursing Education Perspectives,*

34(4), 248-253.

Ross-Gordon, J. M. (2011). Research on adult learners: Supporting the needs of a student

population that is no longer nontraditional. *Peer Review, 13*(1). Retrieved from

http://www.aacu.org/publications-research/periodicals/research-adult-learners-

supporting-needs-student-population-no

Simon, M. K., & Goes, J. (2015). *Assumptions, limitations, delimitations, and scope of a*

study. Retrieved from http://www.dissertationrecipes.com/2015/08/

Smith, T. (2010). A policy perspective on the entry into practice issue. *Online Journal of*

Issues in Nursing, 15(1). doi:10.3912/OJIN.Vol15No01PPT01

Sousa, D. A. (2003). *The leadership brain: How to lead today's schools more effectively.*

Thousand Oaks, CA: Corwin Press, Inc.

Stanley, M. C., & Dougherty, J. P. (2010). A paradigm shift in nursing education: A new

model. *Nursing Education Perspectives, 31*(6), 378-380.

Stitt-Gohdes, W. L. & Crews, T. B. (2004). The Delphi technique: A research strategy for

career and technical education. *Journal of Career and Technical Education,*

20(2), 55-66.

Talbert R. (2015, Mar 2). Three critical conversations started and sustained by flipped

   learning. Retrieved from http://www.facultyfocus.com/articles/effective-teaching-

   strategies/three-critical-conversations-started-sustained-flipped-learning/

Tanner, C. A. (2010). Transforming prelicensure nursing education: Preparing the new

   nurse to meet emerging health care needs. *Nursing Education Perspectives, 31*(8),

   347-353.

Texas Board of Nursing. (2013). *Board position statements*. Retrieved from

   http://www.bon.texas.gov/practice/pdfs/position.pdf

Texas Board of Nursing. (2014). *Texas approved professional nursing education

   programs.* Retrieved from

   http://www.bon.texas.gov/nursingeducation/edudocs/rnschools.pdf

Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixmith, J. (2013). An overview of

   interpretive phenomenology as a research methodology. *Nurse Researcher, 20*(6),

   17-20.

Uyehara, J. Magnussen, L., Itano, J., & Zhang, S. (2007). Facilitating program and

   NCLEX-RN success in a generic BSN program. *Nursing Forum, 42*(1), 31-38.

Weimer, M. (2014, September). "She didn't teach. We had to learn it ourselves" [Web

   blog post]. Retrieved from http://www.facultyfocus.com/articles/teaching-

   professor-blog/didnt-teach-learn/

Wolkowitz, A. A., & Kelley, J.A. (2010). Academic predictors of success in a nursing

   program. *Journal of Nursing Education, 49*(9), 498-503.

Wood, A. M., Saylor, C., & Cohen, J. (2009). Locus of control and academic success among ethnically diverse baccalaureate nursing students. *Nursing Education Perspectives, 30*(5), 290-294.

Zimmerman, B. J., & Schunk, D. H. (2003). Albert Bandura: The scholar and his contributions to educational psychology. In D. H. Schunk & B. J. Zimmerman (Eds.), *Educational psychology: A century of contributions* (pp. 431-457). Mahwah, NJ: Erlbum.

APPENDICES

APPENDIX A

IRB Approval

UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFE-TIME

April 9, 2015

Tracey Booth

███████████

UMHB 8017
Belton, TX 76513

Dear Tracey:

Your study titled *"Nursing Students Perceptions of their Role in the Learning Process"* submitted to the University of Mary Hardin-Baylor's Institutional Review Board committee has been reviewed. The committee has approved the study to take place on the UMHB campus, and this letter serves as the official notice for you to start your study.

As you start your study, please keep in mind that any change in your study could potentially alter your IRB approval status, so any changes need to be sent to me as the study progresses. When the study (i.e., data collection and analysis) is finished, you need to notify myself so we can update the status of the study in our records.

If you have any further questions, please contact me via email (███████████) or by phone at 2███████.

Respectfully,

Lem Taylor, PhD
Associate Professor
Chair, Institutional Review Board

95

APPENDIX B

Invitation to Participate

Announcement Requesting Study Participants

Volunteer Opportunity – Participant in Dissertation Study

Study Title: Nursing Students Perceptions of their Role in the Learning Process

Volunteers are needed to participate in a research study about nursing students' perceptions of their role in the learning process. This study is a part of a dissertation for a Doctorate of Education (Ed.D.).

Junior and senior level nursing students are invited to participate in a one-on-one interview. The interview will include questions about what you do to prepare for class, your study habits, and your expectations of nursing faculty. Demographic information will also be collected. The interview will take 45-60 minutes. Participants may receive one hour of volunteer service in appreciation of their time.

Approximately 15-20 students are expected to be needed for this study.

For more information contact:
Tracy Booth
█████████████

APPENDIX C

Informed Consent Form

Informed Consent

Study Title: Nursing Students Perceptions of their Role in the Learning Process

Introduction: I am a graduate student at the University of Mary Hardin-Baylor (UMHB), in the Doctor of Education (EdD) program, conducting a research study as part of the dissertation process.

You are being asked to participate in a research study about nursing students' perceptions of their role in the learning process. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: The purpose of this study is to explore nursing students' perceptions of their role in the learning process. Students enrolled in junior or senior level nursing courses will be interviewed to explore nursing student views of their role in the learning process. You must be 18 years of age or older to take place in this study. Your participation in this study will assist the researcher in creating awareness and understanding of student perspectives regarding roles and responsibilities in the learning process. The researcher anticipates needing approximately 12-15 participants for this study.

What you will be asked to do: If you agree to participate in this study, you will complete a one-on-one interview with the researcher. The interview will include questions about what you do to prepare for class, study habits, and your expectations of nursing faculty. In addition, demographic information will be collected. The interview will take place in a private area and will take about 45 - 60 minutes to complete. The interview will be audio recorded and then transcribed by the researcher. You will have an opportunity to meet with the researcher to review the interview transcript and will be able to clarify or elaborate on any of your responses, if you so choose. Once you have verified the transcript of the interview, the audiotape will be destroyed.

Risks and benefits: If you decide to participate in this study, there is a minimal risk to you of loss of confidentiality. Steps taken to ensure confidentiality include removing identifying information once you have reviewed the interview transcript. There are no direct benefits to you if you choose to participate in this study. Through this study, the researcher hopes to identify to best practices for teaching and learning and to gain insight to interacting with students.

Compensation: There is no monetary compensation for participating in this study. In appreciation for your time, you may receive one hour of volunteer service credit towards the College of Nursing service hour requirement.

Confidentiality. The information collected is for research purposes only. The data will be kept confidential. Research records will be kept in a locked file; only the researcher will have access to the data. Any identifying information will be removed from the

transcripts once verified by you. Reporting of the data will not include any information that will make it possible to identify you.

Participation is voluntary: Taking part in this study is voluntary. You may decline participation, refuse to answer any questions, or end the interview at any time without any consequence to you. If you decide not to participate or to skip some of the questions, it will not affect your current or future relationship with UMHB. If you decide to participate, you are free to withdraw at any time.

If you have questions: If you have further questions, you may contact Tracy Booth at

██
██
██████████████████████████████████

Statement of Consent: I verify that I am at least 18 years old. I have read and understand the information provided to me. I have had all of my questions answered to my satisfaction. I consent to participate in this research study.

_____   _____

Signature   Date

_____

Printed Name

The researcher will keep this consent form for at least three years beyond the end of the study.

_____   _____

Researcher's Signature   Date

Tracy Booth, EdD Candidate, MS.Ed., BSN, RN

APPENDIX D

Interview Instrument

Interview Instrument

You may decline to answer any question.

<u>Demographic Data</u>:

Age: _____

Gender: ___ Male ____ Female

Ethnicity: (Circle one) Caucasian, African-American, Hispanic, Asian, Other

Year in Nursing Program: ____ Junior, 1st semester, 2nd semester (Circle one)

_____ Senior, 1st semester, 2nd semester (Circle one)

Have you earned a previous degree? ____ Yes (indicate degree) _____

____ No

Are you a first generation college student? ____ Yes ____ No

What is your current GPA? ____3.5+ ____ 3.49-3.0 ____ 2.99-2.49 ____ $\leq$2.48

<u>Questions regarding student views on their learning</u>.

1. Describe how you prepare/study for class.
   a. Prompts, if needed
      i. Approximately how many hours per week do you spend preparing for class/studying?
      ii. How do you study? (location, time of day, individual or groups, amount of time)
2. What do you think your role is in learning?
3. There are three primary learning styles, visual (learn through seeing), auditory (learn through listening), and kinesthetic (learn from doing). Can you describe which type of learner you think you are?

4. What do you do during class to be engaged?

    a. Prompt, if needed

        i. Where do you sit, do you take notes, how do you take notes?

5. What qualities do you think make a good teacher/faculty?

6. What qualities do you think make a good student?

7. How do you think you learn best?

    a. Prompt, if needed

        i. What type of teaching strategies work well for you/do you like best?

8. Do you think attending class is essential to your learning? Why?

9. What are your expectations of faculty?

10. What are your expectations of your peers in class?

11. Describe an experience where you think you learned the most.

    a. Prompts, if needed
        i. What would you describe as a "great class"?
        ii. How did you help to make the class a great experience?
        iii. What did the faculty do to make it a great class?