TEACHING PROFESSIONAL ACCOUNTABILITY IN NURSING: A
PHENOMENOLOGICAL INVESTIGATION OF FACULTY EXPERIENCES

by
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Abstract

Professional nursing organizations and nursing education credentialing agencies describe accountability as an essential attribute underpinning professional practice. Although accountability is foundational to nursing practice, little is known about how nurse educators teach accountability. The purpose of this qualitative research was to understand and describe socially constructed meanings nurse educators attribute to the phenomenon of teaching accountability. This study brought out of concealment the real-world teaching experiences of nurse educators. Participants \((n=6)\) were nurse educators who taught accountability in baccalaureate academic classrooms. Data collection occurred via face-to-face semi-structured interviews. An interpretive phenomenological design was utilized throughout data collection and analysis, resulting in the emergence of eight central themes. Study findings revealed a web of meanings attributed to teaching accountability. Participants described divergent viewpoints about accountability; i.e., accountability is core and inherent while simultaneously being both vague and intangible. Participants described four main types of unaccountable student behaviors and predicted connections between student unaccountability and future nursing practice unaccountability. Simultaneously, participants reported uncertainty about when accountability was taught. These conflicting meanings influenced the experiences of both explicit and hidden accountability education within baccalaureate nursing curricula. Study findings revealed four primary challenges associated with teaching accountability, revealing the real-world experiences that perpetuate hidden accountability education. A dominant finding was the lack of explicit accountability education and the lack of intentional integration of learning theories within the legitimate curriculum. Hidden
accountability education contributed to stressors and disequilibrium within the students’ normal lines of defense. This disequilibrium, evidenced by unaccountable student behaviors, resulted in the need for time-consuming and frustrating tertiary prevention re-educative interventions (tertiary teaching strategies). This study resulted in theory-guided implications for nursing education practice. Three substantiated learning theories in combination with nursing theory guides nurse educators to create and implement both primary and secondary teaching strategies to promote student learning and attainment of professional nursing accountability. Recommendations for nursing research include replicating the study with nurse educators who teach in clinical practice settings, associate degree programs, and diploma degree programs. Nursing education research is also recommended to empirically test the study’s finding that student nurse accountability predicts future nursing practice accountability.
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CHAPTER 1. INTRODUCTION

Introduction to the Problem

Nurse educators have a responsibility to foster students’ learning of professional accountability, and yet little is known about how nursing faculty teach professional accountability in undergraduate programs. Despite curricular standards requiring accountability to be taught in undergraduate nursing programs (American Association of Colleges of Nursing [AACN], 2008; Commission on Collegiate Nursing Education [CCNE], 2009; National Council of State Boards of Nursing [NCSBN], 2009a; National League for Nursing [NLN], 2008), nursing education experts report accountability is challenging to teach and part of the hidden curriculum (Crigger & Godfrey, 2011; Jacono & Jacono, 1995; Mueller & Billings, 2009; Shultz, 2009; Wilson, 1995). The absence or implicit teaching of professional accountability behaviors could result in less than optimal patient care; therefore, investigating the experience of teaching accountability is necessary for understanding real-world processes that influence how accountability is taught in undergraduate nursing programs.

Professional accountability in nursing is challenging to define. Definitions in the literature include variations such as professional accountability to ethical accountability and accountability as virtue (Bovens, 1998; Caulfield, 2005). For this study, professional nursing accountability is defined as taking responsibility for one’s judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one’s professional practice. This operational
definition was derived from a full analysis and synthesis of the literature (ANA, 2010; Bovens, 1998; Butts, 2002; Caulfield, 2005; Crigger & Godfrey, 2011; Dohmann, 2009; Glover, 1999; International Council of Nurses, 2000; Lewis & Batey, 1982; Milton, 2008; Rhodes, 1983; Snowdon & Rajacich, 1993). The literature review section provides an accounting for the development of the professional nursing accountability definition guiding this study.

Professional nursing accountability underpins safe nursing practice (Shultz, 2009) and is an essential behavior supporting congruence between nursing actions and the standards that are associated with quality and safety in patient care. Nurse educators should not assume nursing students inherently possess behaviors consistent with professional accountability; at the same time, the lack of such professional accountability could result in less than optimal patient care. Nursing curricula should explicitly incorporate within the legitimate curriculum theory-guided teaching strategies and learning activities that address the knowledge, skills, and attitudes associated with professional accountability (AACN, 2008; Baxter & Boblin, 2007; Crigger & Godfrey, 2011).

Accountability is an entry-level competency expected of new graduates; however, according to Dyess and Sherman (2009), many new nurse graduates lack the ability to demonstrate accountability. Two descriptive studies that evaluated deficiencies in new graduate nurse competencies cited a lack of accountability, in addition to a lack of other professional behaviors (Berkow, Virkstis, Stewart, & Conway, 2009; Dohmann, 2009). Among a list of 36 new-graduate nurse competencies, Berkow et al. (2009) reported 35%
of nurse leaders were satisfied with new graduate nurses’ ability to be accountable for their actions. In comparison, they reported new graduate nurses ranked highest in their use of information technologies (53% of nurse leaders were satisfied) and lowest in delegation of tasks (10% of nurse leaders were satisfied). The researchers noted “more must be done to prepare students for practice in complex care environments” (p. 17). Understanding the nursing faculty experiences that influence how professional accountability is taught will provide evidence to guide curricular changes, faculty development, and recommendations for teaching strategies with the goal of preparing students for entry into practice.

**Background and Theoretical Framework of the Study**

Historical influences stifled professional accountability in nursing. For example, strong medical models and task-oriented nursing curricula that were prevalent prior to the 1970s prompted nurses to follow orders, thus encouraging rule-based nursing actions and obedience to authority, and limiting nurses’ accountability for their own actions (Andrist, Nicholas, & Wolf, 2006; Butts, 2002; Freeman, 2008; Glover, 1999; Snowdon & Rajacich, 1993; Shultz, 2009). Nurses who were educated and began their careers under the obedience-to-authority paradigm may be challenged with teaching, exhibiting, and role-modeling professional accountability. The lived experiences of nursing faculty need to be explored to gain insight into historical influences and how these may impact the current experience of teaching professional accountability.

Subsequent to the 1970s, practicing nurses were charged with changing the focus of their accountability from obeying the authority of physicians and clinical agencies to
accepting and enacting personal, professional accountability (Butts, 2002; Godfrey, 1999). In the early 1970s, professional nursing organizations such as the American Nurses Association (ANA) and the International Council of Nurses (ICN) updated their respective code of ethics language to reflect a shift away from accountability to physicians and toward professional accountability for one’s actions (Butts, 2002; Lewis & Batey, 1982; Shultz, 2009). Both the ANA and ICN Code of Ethics prompted the inclusion of professional behavior education within nursing curriculum and textbooks (Rhodes, 1983). Today, professional accountability is explicitly listed by both professional nursing organizations and nursing education credentialing agencies as an essential area in nursing curricula (AACN, 2008; National Council of State Boards of Nursing (NCSBN), 2009a). Yet while the literature documents the shift toward professional accountability and explicit mandates for teaching this professional nursing behavior, the literature is silent about the experiences of nursing faculty and the process of teaching that accountability.

Apprenticeship nursing education models that were prevalent prior to the 1970s used behavioral learning theory as the primary means of educating nurses. Nurse training programs created a nursing workforce culture that was “docile, loyal, dedicated, and submissive” (Andrist et al., 2006, p. 9) as students were expected to do as they were told and to model faculty behaviors. Currently, nursing faculty often continue to teach as they were taught (Glauser-Patton, 2010; Iwasiw, Goldenberg, & Andrusyszyn, 2009; NLN, 2008; Robinson, 2009; Schaefer & Zygmont, 2003); therefore, faculty who were educated prior to or during the 1970s may struggle with integrating contemporary and
diverse learning theories into teaching practices. Teaching from one theoretical perspective, such as behavioralism, limits the potential to address the complexities associated with learning accountability.

Evidence suggests professional accountability is taught in contemporary nursing curricula; however, the education is reported as either hidden or weakly taught. Crigger and Godfrey (2011), Shultz (2009), and Wilson (1995) each reported that virtues and professional behaviors are elusive, difficult to teach, and hidden or not attended to in nursing education. Teaching professional behaviors, including accountability, is complex because of a “perceived lack of program standards consistent with professional standards and limited skills articulating professional deficits” (Killam, Montgomery, Luhanga, Adamic, & Carter, 2010, p. 11). These reported challenges may cause faculty to place more emphasis on cognitive and psychomotor content that could be perceived as easier to teach. Additionally, faculty may perceive that the National Council Licensure Examination (NCLEX) (NCSBN, 2010) places more emphasis on nursing knowledge and skills and less emphasis on professional behaviors. Faculty perceptions of NCLEX test questions and test categories could influence the experience of teaching accountability.

Accountability is a value-laden concept; thus, it is closely associated with the affective domain and transformational learning. According to Shultz (2009), “nursing education is not targeting the affective domain, which could facilitate learning and improved outcomes” (p. 245). Neumann and Forsyth (2008) expanded on this idea, reporting that the affective domain is viewed as soft and subjective in comparison with cognitive and psychomotor domain learning. Therefore, faculty who have difficulty
teaching affective domain content may omit this from the curriculum, causing professional accountability to be randomly caught rather than explicitly taught. These identified gaps in curriculum and teaching practice support the need to study the phenomena related to the experience of teaching accountability in undergraduate nursing curricula.

Learning theories, such as constructivism, behavioralism and transformational, offer guidance for the development of research questions as well as interpretation of research findings. These three theories will be blended into a theoretical framework, offering an eclectic approach for understanding how accountability is taught in baccalaureate nursing program. In addition to learning theories, Betty Neuman’s healthcare systems model will be utilized to both interpret findings and to make recommendations for theory-guided education practices in nursing.

Nursing education credentialing agencies, professional nursing organizations, and the literature have all affirmed that professional behaviors strongly influence nursing practice and patient care outcomes (Kohn, Corrigan, & Donaldson, 2000; NLN, 2008; Nursing Executive Center, 2008; Oregon State Board of Nursing (OSBN), 2010). Within the past decade, healthcare regulatory agencies and nursing advisory groups have reported significant problems with healthcare delivery systems and healthcare worker behaviors, asserting these problems undermine healthcare cultures of quality and safety (Institute of Medicine, 1999; Nursing Executive Center, 2008; The Joint Commission, 2008). Issues in quality patient care, historical influences on professional accountability, challenges associated with imparting professional accountability, and personal teaching
experiences suggest professional nursing accountability is difficult to teach. This background gives voice to perceived issues and challenges that may contribute to hidden or absent professional accountability education.

**Statement of the Problem**

A gap exists in the research literature regarding the experience of teaching accountability in undergraduate nursing education programs. Nursing education credentialing agencies and professional nursing organizations both define professional accountability and describe what should be taught (AACN, 2008; ANA, 2010; CCNE, 2009; ICN, 2000; NCSBN, 2009a; NLN, 2008). The literature also provides suggestions for how nursing faculty could teach accountability (AACN, 2009; American Board of Internal Medicine (ABIM), 2001; Baxter & Boblin, 2007; Crigger & Godfrey, 2011; Dohman, 2009; Hayward & Blackmer, 2010; Jacono & Jacono, 1995; Kohlberg, 1975; Lynch, 1983; Mueller & Billings, 2009; NCSBN, 2009a; Quinn, 1990; Shultz, 2009; Vezeau, 2006; Wilson, 1995). However, non-explicit professional accountability education is described in the literature as a potential cause of “compromised professional accountability” (Killam et al., 2010, p. 8) contributing to deficiencies in patient care. Understanding the experiences of nursing faculty and the meanings attributed to the experience of teaching will address these identified gaps in knowledge.

Standards that require accountability education and recommendations for how to teach accountability have been available to nursing faculty since the late 1970s. Yet, despite two decades of literature describing what to teach as well as recommendations for how to teach, accountability education remains largely hidden in nursing curriculum
(Crigger & Godfrey, 2011; Wilson, 1995). Investigating the phenomenon of teaching accountability through the real-world experiences of nursing faculty should provide meaning into the processes and experiences that perpetuate the gap between what should be taught, what is taught, and the learning theories that support effective professional accountability education.

**Purpose of the Study**

This research examined how baccalaureate nursing faculty experience teaching accountability in academic classroom settings. Specifically, the research focused on gaining deep, rich insights into the meanings attributed to the phenomenon of teaching professional nursing accountability. This study was conducted to advance the body of knowledge, providing evidence for nursing faculty who teach undergraduate nursing students. This study has built upon existing theories, provided new knowledge, and added value to nursing education practice.

**Rationale, Relevance, and Significance of the Study**

Nurse educators are responsible for protecting the health of society by graduating safe practitioners. Achieving this goal requires an in-depth understanding of the experience of teaching accountability with the aim of developing “rich, detailed, insightful descriptions of the way [nursing faculty] react to the experiences in their [teaching practice]” (Houser, 2008, p. 492). This study explored the phenomenon of teaching accountability as experienced by undergraduate faculty who live the process in baccalaureate nursing programs.
Historical influences on professional accountability, current issues with quality and safety in patient care, challenges associated with teaching professional accountability, and personal teaching experiences suggest professional nursing accountability is difficult to teach and is hidden in undergraduate nursing education. These issues in nursing education need to be explored to provide faculty with evidence upon which they may structure curricula that optimally prepare the future nursing workforce.

While the literature documents the shift toward professional accountability, explicit mandates for teaching accountability, and anecdotal suggestions about teaching challenges, it is silent about the experiences of undergraduate nursing faculty and the meanings they attribute to the process of teaching professional accountability. Studying the experiences of nursing faculty who teach professional accountability will provide insight into the realities of the phenomenon, offering evidence-based, theory-guided recommendations for nurse educators.

**Research Questions**

The research questions were as follows: “What are the experiences of nursing faculty who teach professional accountability in academic classroom settings within baccalaureate nursing programs?” and “What meanings do nursing faculty attribute to the phenomenon of teaching accountability in academic classrooms within baccalaureate nursing programs?” Qualitative research studies do not test a hypothesis; instead the focus is on understanding the lived human experience (Cresswell, 2008; Patton, 2002).
Nature of the Study

An interpretive phenomenological method was used in this study. A qualitative method was needed for this study for three reasons: 1) not enough was known about the phenomenon to develop a standardized instrument to study the research questions, 2) the research questions sought to understand the human experience, and 3) the research inquired about meanings people make of their experiences and how these meanings contribute to their worldview (Patton, 2002). Interpretive phenomenological methods specifically answered the research questions by gaining insights into the experiences and real-life meanings attributed to teaching professional nursing accountability.

Definition of Terms

The following terms were defined for the purpose of the study.

*Academic Classroom.* Academic classroom represents didactic lecture-based classes (face to face or online) versus learning in the clinical environment.

*Baccalaureate of Science in Nursing.* Baccalaureate of Science in Nursing (BSN) is an undergraduate nursing degree, approximately four years in length. This program prepares nursing students for the National Council Licensure Examination (NCLEX) and entry into professional nursing practice.


*Hidden Curriculum.* Hidden curriculum consists of implicit expectations and unconscious professional socialization processes that occur during non-formal faculty-student interactions (Dillard & Siktberg, 2009; Iwasiw et al., 2009; Keating, 2006).
**Legitimate Curriculum.** Legitimate curriculum consists of explicit, sanctioned, and intentionally taught knowledge, skills, and attitudes occurring as part of the formal curriculum (Dillard & Siktberg, 2009; Iwasiw et al., 2009).

**National Council Licensure Exam for Registered Nurses.** National Council Licensure Exam for Registered Nurses (NCLEX-RN) is the licensure exam taken by graduates of accredited nursing programs (diploma, associate, baccalaureate).

**Primary Teaching.** Primary teaching is defined as teaching and learning processes that are implemented to explicitly strengthen the students’ knowledge, skills, and attitudes while reducing the possibility that students will encounter a stressor.

**Professional Nursing Accountability.** Professional nursing accountability is defined as taking responsibility for one’s nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and the standards of the profession while being answerable to those who are influenced by one’s nursing practice (ANA, 2010; Butts, 2002; Crigger & Godfrey, 2011; Dohmann, 2009; Glover, 1999; ICN, 2000; Lewis & Batey, 1982; Milton, 2008; Rhodes, 1983; Snowdon & Rajacich, 1993).

**Professional Nurse.** Professional nurse is the description afforded to a person who has successfully completed the requirements of an accredited nursing education program (diploma, associate, baccalaureate), has obtained licensure as a registered nurse, and upholds the standards of nursing practice as outlined by professional nursing agencies and the State Board of Nursing (OSBN, 2010).
Secondary Teaching. Secondary teaching is defined as those teaching strategies employed for early case finding or detection of learning issues with prompt faculty feedback to strengthen student learning.

Tertiary Teaching. Tertiary teaching is defined as those teaching strategies used when system disequilibrium is experienced, such as when student learning is not consistent with intended learning outcomes. Tertiary teaching requires redirection, reeducation, and resolution of the learning deficit. Tertiary teaching occurs “as needed,” placing it in the hidden curriculum.

Web of Meaning. Web of meaning refers to the simultaneous connections between themes, connecting multiple viewpoints that contribute to understanding the whole of the phenomenon (LaFont, 2005; Patton, 2002; Polit & Beck, 2004).

Assumptions, Limitations, and Delimitations

Assumptions of the study were as follows:

1. Sampling strategies would result in interviewing participants that had knowledge of the central questions and experience with teaching professional accountability.

2. An adequate sample of participants would be obtained to produce dependable findings.

3. Participants would respond truthfully to research questions.

4. The researcher would take measures to limit reflexivity and remain true to the text.

Limitations of the study were as follows:

1. The participants in this study were limited to nursing faculty who teach professional accountability in baccalaureate academic classroom settings. Findings may not resonate with nursing faculty in diploma programs, associate degree programs, or faculty who teach in clinical learning environments.
2. Findings were interpreted within the context of the researcher’s worldview. The researcher took measures to overcome reflexivity, which are discussed in-depth in the methodology section.

A delimitation of the study related to the population is the exclusion of diploma and associate degree nursing faculty. This population is excluded from the study because nursing education credentialing agencies, such as the American Association of College of Nursing (AACN, 2008), specifically require baccalaureate programs to include curricular content on professional accountability development. Because the AACN curricular requirements apply to baccalaureate programs, the researcher is more likely to find participants who have experienced teaching and evaluating professional accountability among this population. While this study will focus on faculty who teach in baccalaureate programs, the findings are universally applicable for nursing faculty who prepare student for professional practice.

**Organization of the Remainder of the Study**

The remainder of the dissertation begins with a review of the literature that synthesizes both empirical studies and theoretical viewpoints surrounding accountability in nursing, learning theories, and nursing theories that support explicit accountability education. The literature review is divided into three main areas. First, the literature review describes learning theories and one nursing theory, highlighting the application of these theories with teaching accountability within nursing curriculum. Next, an analysis and synthesis of the literature is provided to aid in the development of an operational definition of professional nursing accountability. Finally, a review of research literature describing the current state of knowledge about accountability education in both the
legitimate and the hidden nursing curriculum is provided. This final section of the literature review also focuses on historical and current influences on professional nursing accountability.

Chapter 3 describes the research methodology and design of the study. Interpretive phenomenology is described and justification is provided. Sample selection, data collection, and data analysis procedures are identified and rationale for their use is provided. Chapter 4 describes the research findings. Themes that emerged from the study are presented in response to the research questions. Paradigm cases that best exemplify the theme are reported verbatim, allowing the data to describe life events as they were reported by the study participants. Chapter 5 provides the interpretation of the study results. New knowledge that emerged from the study is presented. In addition, the findings are discussed within the context of both the empirical and theoretical literature. Finally, limitations of the study, recommendations for nursing education practice, recommendations for nursing research, and the conclusion of the study are provided.
CHAPTER 2. LITERATURE REVIEW

Introduction to the Literature Review

A review of the literature was conducted to determine what is currently known about the research topic, to seek gaps in knowledge, to describe learning theories related to the study, and to justify the need for further study. A systematic review of the literature was conducted via the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, ProQuest, and Google Scholar databases. Key terms used in the literature review included the following: accountability, student, nurse, education, professional behaviors, professional socialization, professional development, disposition, unsafe behavior, transformational learning theory, behavioral learning theory, construvist learnin theory, and Betty Neuman's healthcare systems model.

These key terms resulted in 653 results from peer-reviewed journal articles in the medical and allied health literature between 1990 and 2011. Dissertation and master’s theses databases were also searched, resulting in locating one dissertation that explored student nurse experiences of professional socialization (Wilson, 1995) and a second dissertation that studied factors influencing the development of moral agency among nurses (Godfrey, 1999). The literature review also resulted in locating 26 expository articles, seven books, and six research articles. The research articles represent a mix of both descriptive quantitative and qualitative studies that focused on identifying and describing unprofessional behaviors of concern among nursing students and staff nurses. One quantitative research article was located from the Journal of Physical Therapy Education (Hayward & Blackmer, 2010) that studied how physical therapy faculty teach
professional behaviors, inclusive of accountability. No research was located that explored the experiences of nursing faculty, how they teach accountability, professional behaviors, or professional socialization, and the meanings they attribute to those experiences.

Bibliographies of seminal sources were reviewed in a search for additional sources that could contribute to a well-rounded review. The literature was considered complete when redundancy in findings was achieved.

**Theoretical Framework and Literature Review**

A theoretical framework is necessary for providing structure and guidance to a study. “When study findings are soundly based on an appropriate framework, the use, application, and future directions of a body of research become clear” (Houser, 2008, p. 165). An eclectic theoretical perspective is often recommended to add breadth and depth for developing interview questions, implementing inductive analysis of anticipated qualitative findings, articulating findings, and providing implications for both practice and future research (Kleiman, 2004; Polit & Beck, 2004). Theories provide researchers with a structure upon which they may weave study findings together in a manner that is meaningful and orderly (Polit & Beck, 2004). Linking study findings with accepted theories builds upon and extends knowledge, making new knowledge accessible and useful for both future practice and future research.

The theoretical framework in this study addressed the purpose of the study by explicitly guiding the research and serving as a foundation for interpreting and explaining nursing faculty’s real-world, everyday teaching experiences as they showed themselves in the data (Boedeker, 2005). In addition, the meaning of the phenomena within the
context of the participant’s world, nursing theory, and within the context of adult learning theories was studied and is explained.

This interpretive phenomenological study was guided by a framework (Figure 1) developed by the researcher that blends concepts of three accepted adult learning theories: transformational, behavioral, and constructivist. Each of the theories offers diverse and yet complimentary viewpoints to holistically explore and interpret the experiences and socially constructed meanings associated with teaching accountability within undergraduate nursing programs.

![Figure 1. Nurse educator conceptual framework](image)

The conceptual framework was developed by blending concepts of each of the aforementioned theories, offering an eclectic approach for creating qualitative interview
questions and the interview guide. The blending of theories also provides a framework for understanding the socially constructed experiences of nursing faculty who teach professional accountability; i.e., each theory offers a different conceptual viewpoint on professional behavior education and thereby contributed to the inductive analysis and interpretation of the qualitative findings. The researcher also remained open to emerging themes that arose from the study and incorporated additional theories as needed to understand and explain the phenomenon.

Transformational learning theory (Cranton, 2000; Merriam, Caffarella, & Baumgartner, 2007; Mezirow, 2000) provides optimal guidance for examining experiences associated with critical reflection on values, for promoting fair-minded thinking, and for enhancing intellectual abilities through challenging “habits of mind” (Merriam et al., 2007, p. 132). Constructivism takes a different and yet complementary approach toward interpreting experiences; that is it focuses on cognitive development through connecting mental models and prior experiences with active and collaborative learning strategies (Bain, 2004; Hunter, 2008; Merriam et al., 2007; Schunk, 2004; Vandevreer, 2009). Behavioralism guides the identification and interpretation of teaching strategies that use repetition, stimulation and response, feedback, and the law of readiness (Schunk, 2004; Skinner, 1974; Thorndike, 1912; Vandevreer, 2009). Drawing upon and using a variety of learning theories are necessary to understand the complexities, challenges, and meanings associated with teaching professional accountability. An in-depth description of the concepts of each learning theory is provided later within the literature review.
**Conceptual Framework Development Critique**

Recommendations for the systematic development of a conceptual framework are provided in the literature. Specifically, the framework should accurately reflect and communicate beliefs about the practice of nursing education and be visually organized to easily communicate ideas (Boland, 2009; McEwen & Brown, 2002). These specific recommendations are the most frequently discussed in the literature and were explicitly used in developing the framework for this study.

The framework in Figure 1 was purposefully structured to communicate beliefs and a personal philosophy about nursing education. Nursing education encompasses a broad range of cognitive, psychomotor, and affective learning needs, all of which mutually contribute to the whole of learning. Therefore, an eclectic framework incorporating theories that emphasize each of the domains of learning is congruent with the diverse nature of nursing education (McEwen & Brown, 2002). The student is at the center of the framework where a convergence of transformational, behavioral, and constructivist teaching strategies and learning activities occur. Each of the theories is surrounded by a broken line, representing the fluidity that is necessary to adapt and meet the needs of individual learners, curriculum, and professional standards.

The second critique regarding development focuses on the organization of the framework and how that organization makes it easy to communicate ideas. Sawatzky, Enns, Ashcroft, Davis, and Harder (2009) recommended conceptual frameworks be structured to communicate what a teacher does, be easy to understand without expending
a great amount of energy, and visually explain the linkages between concepts. The framework visually communicates what the teacher does; i.e., within the learning environment, the teacher integrates transformational, behavioral, and constructivist learning theories using an approach that places the student at the center of learning. The framework is simplistic, making it easy to read and grasp its meaning without expending undue amounts of energy. Finally, the framework visually explains the links between concepts.

**Conceptual Framework Relevance Critique**

The personal nurse educator conceptual framework in Figure 1 is relevant for both current and future nursing education. According to McEwen and Brown (2002), a relevant conceptual framework should guide teaching goals, strategies, and evaluation of teaching effectiveness. The conceptual framework proposed here was critiqued against these criteria.

Conceptual frameworks should guide and advance teaching strategies and faculty goals. Teaching strategies and learning activities should flow from the framework and be realized in practice (McEwen & Brown, 2002), assisting learners to achieve desired curricular outcomes. The eclectic nature of this framework provides faculty with theoretical flexibility that is necessary to address the unique nature of nursing education. Multiple learning theories embedded in the framework guide faculty to consider best educational approaches for the level of the learner (student-centered) within the curriculum. For example, faculty who will be teaching first-semester nursing students could use the framework to guide development of educational activities that reflect each
theory, rather than placing more emphasis on one theory over another. A one-theory approach to teaching does not honor the diverse learning needs reflected by student nurses or the nursing curriculum (Hawk & Shah, 2007).

In addition to guiding teaching strategies and faculty goals, the conceptual framework should also guide evaluation of teaching practices. Nurse educators should engage in continual critical reflection about the effectiveness of teaching practices (Brookfield, 1995). The conceptual framework presented in Figure 1 provides a mechanism for faculty to reflect on how they teach, seeking congruence between personal philosophies, teaching practices, professional goals, and student learning. Faculty could use the conceptual framework in combination with peer and student evaluations, seeking evidence about teaching effectiveness.

The conceptual model demonstrates relevance beyond the environment of nursing education and raises implications for nursing research. For example, in this study, the conceptual framework was used to guide research, analyze data, and report findings within the framework of existing learning theories.

A noticeable limitation of the conceptual framework is the lack of explicit visuals regarding how the student contributes to the learning environment. The visual appearance of the framework suggests that nursing faculty control what is happening in the educational environment; i.e., faculty integrate learning theories in the environment to promote student learning. While the student is in the middle, demonstrating educational success through the metaphor of diploma and graduation cap, there is no explicit mention of how the student contributes to learning through self-direction, mutuality, and internal
motivation. Attempts to depict adult-learner contributions to the learning environment resulted in a displeasing and distracting framework. Therefore, the author deferred to the understanding that an adult learner’s prior experience, level of motivation, and self-directedness are primarily incorporated through learning activities that arise from the blend of learning theories.

**Learning Theory Literature Review**

Transformational, constructivism, and behavioral learning theories collectively provide theoretical foundations to guide teaching practices, address diverse needs of adult learners, and promote professional nursing accountability education. Faculty should draw upon multiple learning theories to guide a broad range of teaching strategies and learning activities while also addressing the diversity of nursing curriculum and learning styles. This section of the literature review will summarize three learning theories that are appropriate for adult learners in nursing programs.

**Transformational learning.** The core of transformational learning theory focuses on teaching adults to critically reflect on their habits of mind, making these habits conscious and explicit, and using this self-knowledge to transform how a student interprets future experiences. Mezirow (2000) is credited with the initiation of transformational learning theory. He theorized that prior life experiences influence how students interpret and make sense of learning situations. Additionally, he suggested transformational learning is deeper than gaining cognitive and psychomotor knowledge. Instead, transformational learning strategies are aimed at changing points of view, perspectives, and affective domain values and beliefs (Merriam et al., 2007).
Transformational learning is particularly relevant in the education of adult nursing students. For example, nurse educators use transformational learning strategies to guide critical reflection about spirituality and how spirituality influences health. Students who are not critically aware of their own spiritual values might impose their beliefs on the patient, limiting the ability to provide altruistic patient care. Transformational learning activities help students to be consciously aware of hidden assumptions and beliefs that could influence knowledge acquisition, interpretation of cues in the environment, and ultimately, patient care decisions.

According to Merriam et al. (2007), adult learning involves drawing upon prior information, interpreting that information within the context of the situation, and making reasoned decisions to guide actions. From a transformational theory viewpoint, Mezirow (2000) suggested that most experiences are interpreted through a set of assumptions and broad generalizations that have developed over time. These assumptions and generalizations are called a “habit of mind” (Merriam et al., 2007, p. 132); they include subconscious and minimally obvious assumptions, moral, ethical, and philosophical predispositions. Because a habit of mind is not tangible, a student’s habit of mind could potentially hinder learning if it was not critically assessed. A student’s habit of mind serves as a filter for how he or she interprets new knowledge and experiences (Shultz, 2009) while also guiding how he or she values the new knowledge. If the new knowledge or learning experience significantly challenges or does not comfortably fit with the habit of mind, the student may reject the information. Therefore, faculty who espouse
transformational learning theory integrate teaching strategies and learning activities that promote critical reflection of thinking and an adaptation in the habit of mind.

Cranton (2000) suggested that critical reflection is essential for transformational learning. “Adults are reluctant to change their values, opinions, and behaviors” (p. 28). This reluctance can prevent students from integrating essential knowledge, skills, and attitudes consistent with the nursing profession. Transformational learning theory encourages faculty to teach students how to critically reflect on how they view themselves and their relationship with the world. Critical reflection is central to transformational learning and adult education (Mezirow, 2000; Vandeveer, 2009). Through critical reflection, students can make their habit of mind evident, enabling both student and faculty to have open and candid conversations about how to transform taken-for-granted viewpoints into justifiable evidence-based patterns of thinking.

In addition to critical reflection about habits of mind, transformational learning also suggests motivating forces that promote learning, including internal disharmony, cognitive disequilibrium, or a “disorienting dilemma” (Vandeveer, 2009, p. 197). A disorienting dilemma raises to consciousness the need of something to change or something to be learned. The discomfort associated with not knowing how to resolve a problem or how to answer a question can provide the motivation that challenges a habit of mind, encouraging students to be receptive to learning (Cranton, 2000; Vandeveer, 2009). A disorienting dilemma can be both mentally and physically challenging because the human body continually seeks to achieve equilibrium, naturally resisting forces that cause stress. However, the nature of professional nursing relies on the ability of nurses to
question assumptions, investigate potential and actual health issues, and seek the best possible individualized solution for the patient.

Mezirow (2000) offered four main steps to guide transformative learning. While his presentation of the steps appears linear, a realistic viewpoint is that students will navigate back and forth between steps or they may function simultaneously within steps. In the first step, students are exposed to a new topic and their thinking is challenged. In the second step, students engage in critical self-examination, reflecting upon and challenging assumptions about the topic. In the third step, faculty, students, and peers engage in reflective discourse, seeking opinions and challenging the status quo (Merriam et al., 2007; Mezirow, 2000). The fourth step suggested by Mezirow is action. In that step, students become aware of the need to change and they commit to lifelong learning, critical reflection, and fair-minded thinking (Paul & Elder, 2005). The desired learning outcomes emanating from the stages include building new understandings, new patterns of thinking, and new habits of mind. Students learn how to think about and think through their personal perspectives so as to enlighten themselves and achieve a reasoned and fair-minded response to situations.

**Constructivism.** Constructivism derives from cognitive learning philosophies. Vygotsky and Piaget, human development theorists, have been cited as significant contributors to constructivism (Hunter, 2008; Merriam et al., 2007; Schunk, 2004). Although these theorists differ in their emphasis as to how learning occurs, they share central concepts regarding how knowledge is constructed. Specifically, the central tenants of constructivism include actively engaging the student in learning, attending to the
influence of mental models on learning, and recognizing student learning is enhanced through interactions with the environment (Schunk, 2004; Simpson, 2002). These constructivist perspectives provide a strong fit with adult education in nursing. Specifically, faculty should purposefully create teaching strategies and learning activities that help students connect prior mental models with new experiences through active, rather than passive, learning activities.

Bain (2004) noted that when students encounter a new experience, they interpret that experience within the context of something they already know. Schunk (2004) reported people interpret information through a filter of personal beliefs and experiences. At the core of constructivism is understanding that students use existing schemata to interpret and make sense of situations, environments, and learning experiences. “Knowledge, then, is subjective and personal and a product of our cognition” (Schunk, 2004, p. 287). In some situations, newly constructed knowledge will be congruent with the intended learning outcomes. The potential exists, however, for newly constructed subjective knowledge to be inconsistent with intended learning outcomes. A constructivist approach that facilitates congruence between student knowledge, and both curricular and professional nursing goals, is to actively engage the learner.

Active learning is a primary assumption of constructivist theory (Jackson, 1996; Modritscher, 2006; Vandeveer, 2009). Teaching adults is a process of negotiation, “involving the construction and exchange of personally relevant and viable meanings” (Merriam et al. 2007, p. 293). Students construct personal knowledge through dialogue, collaborative learning, and cooperative learning more than they do by listening and
taking notes (Cranton, 2000; Modritscher, 2006). Group work, discourse with others, and the exchange of ideas and experiences is in alignment with active learning and constructivist teaching strategies.

In contrast, passive learning activities, such as listening to straight lecture or watching videos, do not provide a best fit with constructivist theory. Straight lecture reflects knowledge the teacher has constructed and is verbalizing to the students. Students do not “just absorb knowledge” (Bain, 2004, p. 27); for example, mental models do not magically travel from the teacher into the learner.

Vandeveer (2009) observed that faculty who espouse the constructivist theory realize that construction of new knowledge is influenced by previous and current knowledge. A constructivist approach to teaching includes cognitively challenging the learner, linking prior experiences and schemata with cognitive concepts, and helping the student construct links between prior experiences and the current situation. A constructivist teacher would help the student create knowledge and learn how to learn rather than try to make a weekly lecture-based mind deposit and hope the knowledge takes hold and grows.

With specific attention to nursing education, constructivism helps to develop dialectical and critical thinking. Schunk (2004) reported that constructivists view knowledge as a work in progress. Faculty who espouse a constructivist viewpoint would purposefully create learning experiences to place the learner in conflict with his or her own thinking. For example, constructivist learning activities challenge students to see that there is not one right way to optimally manage pain. Instead, students learn that pain
management is individualized and requires the construction of multiple truths with a focus on client-centered care.

Interactions between the learner and the environment are emphasized in constructivism. When students actively connect within the environment, they construct new mental models, incorporate perspectives gleaned from the environment, and reconstruct knowledge (Hunter, 2008). Reconstructed mental models are then employed in the future, assisting the individual to adapt and make educated decisions in diverse and unpredictable environments (Merriam et al., 2007; Schunk, 2004). Constructivists promote active learning strategies that immerse the learner in the environment. Suggested activities include manipulation of materials, the encouragement of candid dialogue, exposure to multiple perspectives, and discourse that results in fully informed knowledge production (Hunter, 2008; Schunk, 2004). In addition, faculty should draw upon students’ prior experiences to help create practical meaning for future application of knowledge in nurse practice settings.

Behavioralism. Behavioralism grew out of the discipline of psychology. The development of behavioral learning theory is credited to several theorists including Watson, Skinner, and Thorndike (Merriam et al., 2007; Schunk, 2004; Vandeveer, 2009). While each theorist developed specific language and concepts of behavioral learning, the consistent theme is that learning arises as the result of events in the environment (Schunk, 2004). Behavioral approaches to education are most appropriate when students are required to demonstrate proficiency on structured performance indicators and teacher-formulated outcomes (Schunk, 2004). Nurse educators draw upon behavioral learning
theory to guide highly structured psychomotor activities that must be learned at a high level of proficiency and accuracy prior to implementing those skills on human beings. Additionally, behavioral learning theory is used in nursing education to guide direct observation and evaluation of student performance in clinical practice.

Vandeveer (2009) acknowledged that behavioral learning strategies are most appropriate in highly structured, skill-based learning environments. For example, nurse educators must ensure that students have the requisite knowledge and skills to safely administer oral, injectable, and intravenous medications. Teaching safe medication administration requires attention to rule-based sequences and steps that not only promote consistently safe patient care but also prevent healthcare worker injuries and address regulatory agency standards (Harkreader, Hogan, & Thobaben, 2007; OSBN, 2010).

According to Jackson (1996) and Schunk (2004), behavioralists espouse the idea that the environment shapes student behavior. What a student learns is determined by the elements in the environment. For example, the teacher is an environmental element. Within the behavioral learning framework, faculty dominate, providing instructions like a “prescription for what is to be learned” (Vandeveer, 2009, p. 195). What is taught and how the learning is facilitated influences how student behavior will be shaped. Other environmental elements, such as equipment, are central to learning correct and safe behaviors. In nursing, behavioralism guides nursing faculty to develop academic lab learning environments that mirror the realistic clinical setting (Durham & Alden, 2007). Performance assessments in the academic lab should also replicate reality so that faculty
may determine if student behaviors are consistent with the real-life demands inherent in fast-paced and technology-rich workplaces.

Feedback and reinforcement are important aspects of behavioral learning theory. Skinner (1974) and Thorndike (1912) each addressed how reinforcement leads to a change in student behavior. Both theorists stated that positive reinforcement for appropriate behavior will stimulate learning of the behavior. Where these theorists differed is in their approaches for dealing with inappropriate behavior or behavior that teachers do not want the student to repeat.

According to Skinner (1974), *operant conditioning* is a strategy that faculty may employ to reinforce appropriate behaviors so that the student will repeat them. Skinner recommended ignoring inappropriate behaviors, noting that eventually the learner will stop performing those behaviors because they are not rewarded or recognized. Thorndike’s (1912) *stimulation and response* approach to promoting learned behaviors is slightly different. Like Skinner, Thorndike (1912) suggested that when students receive a satisfactory stimulation (reward) for an action, they are more likely to remember and repeat the action. Unlike Skinner who recommended ignoring poor action, Thorndike suggests providing an unsatisfactory response. Students who receive an unsatisfactory response following an action are less likely to repeat that action.

Repetition also plays a role in behavioral learning theory. Repetition with meaningful connections in the environment results in substantial learning (Merriam et al., 2007). Schunk (2004) theorized that repetition may also be viewed from the perspective of two laws: the *law of use* and the *law of disuse*. For example, a nursing student may
demonstrate competency in medication administration during a performance assessment in the academic lab. Consequently, if the student does not reinforce the behavior through practice in the clinical setting, the behavior may drift into the realm of incompetence. The laws of use and disuse as described by Schunk indicate the usefulness, necessity, and application of behavioral learning theory for continuing education in nursing, specifically for low-event, high-risk scenarios such as resuscitation efforts.

Another construct of behavioral learning theory is the law of readiness. Merriam et al. (2007) stated that if a student is ready for a connection with elements in the environment, then learning is enhanced; conversely, if a student is not ready for a connection, then learning is repressed. Schunk (2004) added that when students are ready to learn, behaviors that foster this learning feel rewarding to them; when they are not ready to learn, such as when they are not in the right state of mind or they do not have prerequisite knowledge, then the learning attempt is viewed as a waste of time. Multiple adult learning theories suggest that people are ready and motivated to learn when they perceive that the information will have direct meaning for a goal they want to achieve (Merriam et al., 2007). Therefore, if the learner perceives that the information being presented does not directly relate to his or her goal, he or she will not be in a state of readiness to learn and might perceive the education as a waste of time. The law of readiness, then, guides faculty to skillfully select essential learning content, assess student readiness to learn, and evaluate if teaching strategies and learning activities resulted in desired student behavior.
A final important aspect of behavioral learning theory is that learning can be directly observed and measured (Jackson, 1996). Merriam et al. (2007) reported both formative and summative feedback on performance helps guide the student toward appropriate behaviors. Faculty should provide students with grading rubrics, demonstrations, opportunities for repetitive practice, and explicit reinforcement before students are evaluated on the behavior (Cranton, 2000; Modritscher, 2006; Vandeveer, 2009). Direct observation of skill-based competencies is necessary in nursing education. A beginning level of safety must be insured before students may enter the clinical setting to practice nursing actions on humans. Behavioral learning theory provides the foundation for the development and implementation of student learning activities and performance assessment rubrics.

**Neuman’s Healthcare Systems Model and Nursing Education**

Emerging themes within the data required the inclusion of another theory to help explore, interpret, and explain study findings. Betty Neuman’s healthcare systems model “provides a unifying focus for approaching a wide range of nursing concerns” (Masters, 2012, p. 150) and it provides theory upon which to interpret and explain teaching methods. According to Neuman’s theory, nursing seeks to reduce client stressors and promote health through the use of primary, secondary, or tertiary prevention methods. With regard to this research study, nursing is represented by nursing faculty, the client is represented by nursing students, the environment encompasses the educational setting, and health is reflected through student attainment of intended learning outcomes and successful progression within the curriculum.
Neuman’s theory may be used to develop and improve teaching practices when incorporated with adult learning theories that enhance the holistic, primary prevention emphasis of the model. Neuman’s model gives prevention high importance in retaining system stability. Faculty who espouse Neuman’s primary prevention concept will proactively structure learning activities to “reduce [the] possibility of encounters with stressors and strengthen [the] flexible line of defense” (Fitzpatrick & Whall, 2005, p. 206). In nursing education, Neuman’s primary prevention strategies would be employed when nursing faculty explicitly teach accountability with the goal of holistically engaging the learner in embodied learning experiences that involve the cognitive, psychomotor, and affective domains of learning. In addition, students and faculty would set collaborative educational goals and evaluate outcomes based on both consistencies as well as variances between the perceptions of faculty and student. Consistent, collaborative evaluation provides the opportunity for faculty and students to identify if the environment and primary prevention strategies have resulted in retaining educational stability. If a variance was discovered, then the faculty and student would employ secondary prevention strategies to attain stability.

Secondary prevention strategies, according to Neuman, would involve “early case finding and treatment of symptoms” (Fitzpatrick & Whall, 2005, p. 206). For example, nurse educators would be implementing secondary teaching strategies when they grade student assignments and provide written or verbal feedback on areas needing improvement. Students who receive and respond to the feedback, demonstrating ownership of actions as evidenced by subsequent improvement, are demonstrating
accountability. Students who do not respond to the feedback and persist with behaviors such as excuse making, placing blame externally, and untimely performance would then require education at the tertiary level of prevention.

Neuman’s tertiary mode of prevention involves “reeducation to prevent future occurrences and maintenance of stability” (Fitzpatrick & Whall, 2005, p. 206). The tertiary level of prevention, based on Neuman’s theory, addresses the specific needs of the client who is experiencing disequilibrium. With regard to teaching accountability, the tertiary level of teaching would involve meeting with the student one on one to identify the learning needs, reflect on behaviors that are not congruent with professional nursing, reeducate the student, and develop a plan of action for strengthening or resolving the behavior. Ultimately, the goal of tertiary prevention is to achieve and sustain stability.

The preceding provides a few basic examples of how Neuman’s healthcare systems model may be utilized to promote congruence between what is taught (holistic, prevention-oriented nursing care) and how these concepts are taught (holistic, prevention-oriented nursing education). Applying concepts of Neuman’s systems model both in the classroom and through informal, day-to-day interactions with students strengthens the use of theory in nursing practice and nursing education.

**Professional Nursing Accountability Defined**

A review of the medical and allied health literature resulted in a wide range of definitions of accountability. No consistent language for accountability in nursing was located. In fact, several authors reported that disagreements exist as to how best to define professional behaviors (Caulfield, 2005; Dohmann, 2009; Milton, 2008; Shultz, 2009;
Snowdon & Rajacich, 1993), making defining professional nursing accountability challenging. This inconsistency in defining accountability may translate into the experience of teaching accountability; that is, if the language within and external to the profession is ambiguous, then nursing faculty may experience dissonance when attempting to teach accountability.

Within the literature, accountability was embedded, described, and identified with the following terms: professional socialization, professional values, virtue ethics, professional identify, professional behaviors, ethical behaviors, Code of Ethics, moral agency, ethical decision making, professional development, and character development (AACN, 2008; ABIM, 2001; ANA, 2010; Butts, 2002; Caulfield, 2005; Crigger & Godfrey, 2011; Dohmann, 2009; Glover, 1999; Hayward & Blackmer, 2010; ICN, 2000; Lewis & Batey, 1982; Milton, 2008; NCSBN, 2009a; NLN, 2008; OSBN, 2010; Rhodes, 1983; Shultz, 2009; Snowdon & Rajacich, 1993; Wilson, 1995). A systematic review of the definitions offered by each of these authors and agencies resulted in the identification of common language that consistently appeared within the literature. The language in the literature is discussed and synthesized here, culminating in a definition of professional nursing accountability that guided this study.

The most prevalent language found in the literature, appearing 11 times within 19 references, ties accountability with responsibility for nursing actions. For example, according to the American Association of Colleges of Nursing (2008), accountability means taking “responsibility for individual actions and behaviors” (p. 26). Similarly, for Glover (1999), “each nurse is… responsible for the outcome of his or her professional
actions” (p. 2). Dohmann (2009) challenged this language, however, reporting that *responsibility* is distinctly different from *accountability*.

According to Dohmann (2009), *responsibility* equates to having the authority to accomplish an activity while *accountability* arises out of one’s free choice and strong personal commitment to ensuring that a result is achieved. From a pragmatic viewpoint, Dohmann’s distinction between responsibility and accountability would suggest nurses are responsible for ensuring nursing actions are carried out and accountable for the results of their actions. This splitting of responsibility and accountability attempts to clarify and distinguish accountability as a separate professional behavior with the goal of helping to identify, label, and therefore educate nurses on expectations associated with accountability.

In contrast to Dohmann (2009), Bovens (1998) defined responsibility as a dimension of accountability. Supporting the claim that responsibility and accountability are connected, Bovens pointed to the origin of the word *responsibility*. Responsibility derives from the German word *respondere*, which means “giving an answer…in the sense of giving account, justifying oneself” (Bovens, 1998, p. 23). Supporting Bovens’ suggestion that responsibility and accountability are connected concepts, the Merriam-Webster dictionary defines *responsibility* as “the quality or state of being responsible: moral, legal or mental accountability” (2011). Additionally, Merriam-Webster defines *accountability* as “the quality or state of being accountable: an obligation or willingness to accept responsibility or to account for one's actions.” The literature frequently relates accountability with responsibility. A definition of professional nursing accountability to
guide teaching practices should therefore include language associated with the aspects of responsibility for nursing actions.

The second-most prevalent language found in the literature, appearing eight times within 19 references, associates accountability with being answerable to self and those who are influenced by one’s actions. Snowdon and Rajacich (1993) stated that accountability is connected with “being answerable for one’s actions” (p. 5), further explaining “full accountability can only be held by the professional nurse who is comprehensively educated for the role” (p. 10). Rhodes (1983) and Caulfield (2005) offered similar definitions of accountability, reporting nurses are professional agents who have an obligation to be answerable for their actions regardless of the advice or directions given by other professionals. Finally, Bovens (1998) stated, “It suggests that someone takes his tasks and duties seriously, acts only after due deliberation, and considers himself answerable to others for the consequences of his actions” (p. 26). The language of being answerable for one’s professional nursing actions is connected with accountability and should be incorporated into a professional accountability definition that will help guide teaching practices.

Four additional areas that were used to define professional accountability were equally noticed in the literature, each appearing four times within the 19 cited references. These areas were described by the following language: nurses are accountable for their omissions, life-long learning, quality patient care, and for upholding standards of the profession. The literature reported that nurses are not only accountable for what they do, but also for their omissions, or what they fail to do. For example, “accountability means
being prepared to explain and justify one’s...actions and omissions to those involved or
influenced by one’s actions” (Milton, 2008, p. 301). Dohmann (2009) further reported
that nurses demonstrate a lack of accountability when they omit or fail to make a choice
or fully commit to being accountable. According to Dohmann, when a nurse states, “I’ll
try to do better” or “I don’t know why this situation is happening” (p. 19), he or she is
relegating practice to random chance and committing an act of omission toward taking
accountability for evidence-based practice. The language of _omission_ within the
definition of accountability should be made explicit.

_Life-long learning, quality patient care, and upholding professional standards_
were equally described in relationship to accountability within the literature. Each of
these terms was primarily cited as an aspect of professional nursing accountability by
nursing organizations and education credentialing agencies (ANA, 2010; ICN, 2000;
OSBN, 2010; NLN, 2008). For example, the ICN Code of Ethics for Nurses states that
accountability in nursing calls for nurses to maintain competence for continual learning,
to promote safe and quality care, and to set standards for nursing practice. The Code of
Ethics provided by both the ICN and ANA “serve as a mandate for accountability”
(Butts, 2002, p. 88). In addition to language provided by professional nursing
organizations, expert opinion articles also articulate the relationship between accountable
behaviors and professional outcomes. For example, Lewis and Batey (1982) noted that
quality patient care and upholding standards defined by societal and organizational
frameworks are outcomes of accountability. According to Caulfield (2005),
“accountability serves the purpose of describing performance, improving quality patient
care, and upholding standards of nursing” (p. 18). Analysis of the literature suggests that a lack of accountability could result in poor nursing practice. In contrast, it is anticipated that nurses who espouse professional accountability engage in lifelong learning to maintain and enhance competence, promote quality patient care, and uphold the standards of the nursing profession. Including this language in the definition of professional accountability would provide guidance to nurse educators about what to teach related to accountability.

A synthesis of commonly occurring language and related concepts regarding what accountability is resulted in the formation of an operational definition to guide this study. For this study, professional nursing accountability is defined as taking responsibility for one’s nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one’s nursing practice. This approach to defining accountability offers a wide view of accountability that is inclusive of the purpose and the process of accountability. This definition provides nurse educators with language from the literature upon which to develop teaching strategies and learning activities. Finally, this definition also provides terminology to guide the exploration and understanding of the experience of teaching accountability.

**Historical and Contemporary Influences on Accountability**

Autonomy is a prerequisite for accountability (Lewis & Batey, 1982). Before the 1970s, nursing autonomy was formally diminished in physician-driven healthcare systems where nurses were expected to follow the physician’s orders and an emphasis
was placed on technical and task-oriented components of nursing (Butts, 2002; Fjelland & Gjengedal, 1994; Godfrey, 1999; Snowdon & Rajacich, 1993). An excerpt from a nursing textbook titled *Nursing: Its Principles and Practice* by Isabel Hampton Robb (1908) provides insight into the lack of autonomy within nursing in the early 1900s: “If the condition of the patient at any time shows a marked change for the worse, the nurse should at once notify the physician, and without instructions from him she should never willingly assume the responsibility of being alone with a dying patient” (p. 135).

Rhodes (1983) reported that prior to the 1970s, nursing textbooks did not mention concepts associated with autonomy. Currently, nurses are expected to demonstrate high levels of autonomy. Today’s nurse professionals are accountable not only for notifying physicians of marked changes in the patient’s condition but also for initiating life-saving treatments to sustain circulation and breathing prior to physician notification. “No more can nursing accept language such as ‘I’m only obeying orders’ or ‘I’m only doing as I was told’” (Glover, 1999, p. 66). Instead, nurses today are increasingly held accountable for their actions and omissions.

The shift from diminished autonomy toward high levels of autonomy in nursing practice helps to explain the shift toward higher levels of accountability and the inclusion of the concept of accountability in nursing curricula (Lewis & Batey, 1982; Quinn, 1990). The potential exists that nurses who were educated and started practicing prior to the 1970s may struggle with accountability in their current nursing practice. These same nurses may function today as both didactic and clinical educators, potentially creating
barriers for teaching professional accountability as defined in the literature and as expected in accordance with contemporary professional standards.

In addition to the historical influences of a changing profession, changes in societal values and expectations also present barriers that influence development of professional accountability. Zubieni (1997) observed that individual accountability has been watered down in contemporary American society, a society which seeks reasons to place blame externally. American society enables the thinking that errors are generally “well beyond the individual’s control” (Zubieni, 1997, para 6.) and seeks to identify systems or process issues upon which to place blame. Godfrey (1999) expanded on this issue, reporting contemporary American society promotes an individualist approach rather than encouraging a commitment to be accountable for how one’s actions influence others; e.g., individuals, families, communities, and organizations. This thinking is further supported by Sullivan (2005) who noted that “professionals have abandoned the public; they have become self-protective and aloof” (p. 2). Collectively, this literature suggests contemporary society reflects characteristics of the Millennial generation (Monaco & Martin, 2007) and nurtures individualism, resulting in behaviors that diminish motivation for being responsible and answerable to those influenced by one’s actions. The literature also informs nurse educators that it should not be assumed that the current generation of nursing students inherently possess behaviors consistent with professional nursing accountability. In fact, the literature suggests societal and generational changes increase the necessity for explicitly including accountability education in nursing curricula.
The experience of teaching accountability is influenced by learner characteristics. The Millennial generation comprises the majority of traditional nursing students currently in undergraduate baccalaureate programs. Millennial characteristics that are viewed as supporting accountability include team-oriented approaches to the workplace, team-oriented problem-solving, involvement in civic services, and acceptance of diversity within society (DeBard, 2004, Howe & Strauss, 2000; Monaco & Martin, 2007). For example, Wellman (2009) reported Millennial learners have learned how to work with others to ensure team goals are met. These positive characteristics support the development of being answerable to others for one’s actions.

Millennial characteristics that are interpreted as conflicting with accountability include the need for a trophy or positive praise to reinforce appropriate actions, rule-following behaviors, a tendency to acquiesce to authority figures, and a tendency to place blame for group failure on the collective group (DeBard, 2004; Howe & Strauss, 2000; Wellman, 2009). These negative characteristics present as barriers for taking individual responsibility for one’s judgments, actions, and omissions. For example, Millennial students are less inclined to seek out learning experiences; instead they wait for faculty to tell them the rules about how and what to do. While these characteristics are generalizations about a group of people and not meant to be definitive for each individual, they do provide insights into the need to explicitly teach accountability. The education goals would focus on ensuring that students’ mental models of accountability and attitudes are in alignment with the expectations of the profession.
Review of Research Literature and Methodological Literature

Accountability should and can be taught within undergraduate nursing programs. The literature began discussing this topic and making recommendations as early as the late 1970s. More recent literature, however, reports that teaching professional accountability remains challenging for nurse educators (Crigger & Godfrey, 2011; Jacono & Jacono, 1995; Shultz, 2009; Wilson, 1995). The literature is clear that nurse educators struggle with how to teach professional accountability. Missing in the literature is evidence explaining the experience, i.e., how nursing faculty teach accountability, experiences associated with the process of teaching accountability, and the meanings nursing faculty attribute to teaching accountability. Studying the real-world experiences of nursing faculty will provide a deeper description of the meanings and experiences associated with the phenomena.

First, it must be made clear that limited literature was found that explicitly discussed how to teach accountability. Accountability was subsumed within the general terminology of teaching professional values, professional behaviors, professional socialization, and character development. Only through a thorough analysis of the literature was it possible to select and decipher when recommendations were being made that specifically addressed teaching accountability.

The literature does report that professional accountability content is challenging to teach and is hidden in the curriculum rather than explicitly taught and evaluated (AACN 2009; Baxter & Boblin, 2007; Crigger & Godfrey, 2011; Duckett & Ryden, 2009; Killam et al., 2010). The literature informs nurse educators about what should be taught and
highlights challenges encountered by faculty. Anecdotal recommendations for how to teach professional accountability within the legitimate curriculum were found within the literature.

**Legitimate Curriculum Accountability Education**

Both seminal and contemporary literature sources make recommendations for an explicit legitimate curricular approach to teaching professional behaviors, professional values, and character development. Initial recommendations focus on an intentional introduction of terminology and definitions associated with professional behaviors (ABIM, 2001; Baxter & Boblin, 2007; Hayward & Blackmer, 2010; Kohlberg, 1975; NCSBN, 2009a; Quinn, 1990; Vezeau, 2006; Wilson, 1995). In addition to formal lectures and readings, multiple sources reported that a consistent and congruent language would aid in teaching professional behaviors and that this language should be evident in institutional documents, e.g., mission statements, program outcomes, course outcomes, and evaluation tools (ABIM, 2001; Baxter & Boblin, 2007; Crigger & Godfrey, 2011; Wilson, 1995). Exposing students to the language of accountability, its definition, and expected learning outcomes sets the stage for expectations and provides a framework for feedback on the development of accountability behaviors. A consistent definition for accountability within institutional documents also provides faculty with explicit guidance, limiting the confusion and challenges associated with inconsistent language.

Following an introduction to accountability terminology, the literature recommends engaging students in discussions with peers, facilitated by knowledgeable faculty. According to study results reported by Hayward and Blackmer (2010), students
exhibited increased awareness of accountability as demonstrated by an increase in the mean accountability score (based on self-report) from 3.89 to 4.21 ($p < 0.001$) following an intentional professional values education course. The course provided to the students in that study introduced language associated with professional values, incorporated case studies to apply concepts, engaged students in discussions with peers and faculty, required students to participate in self-reflection on values, and ensured formative faculty feedback. While the results from Hayward and Blackmer’s study are encouraging, they represent findings from a physical therapy doctoral program. These students are post-baccalaureate and are not representative of undergraduate nursing students.

Educational methods that incorporate multiple teaching strategies and learning activities as described by Hayward and Blackmer (2010) are consistent with those described elsewhere in the literature. For example, Godfrey (1999) noted that internalization of professional values requires more than knowledge construction alone. And, according to a qualitative study conducted by Wilson (1995), students who learned professional behaviors primarily through traditional lecture, assigned readings, class discussion, and tests did not connect with the content in a manner that resulted in learning. Participants in Wilson’s study revealed they could recall one of the seven professional values taught in class and the results revealed that the process of teaching, as experienced by the students, resulted in little association with desired learning outcomes. In contrast with Hayward and Blackmer’s study (2010), the teaching process in Wilson’s study did not incorporate small group discussions, critical reflection on learning, and formative faculty feedback.
Discussion, critical self-reflection, and feedback from a knowledgeable other are essential for challenging egocentric thinking, clarifying values, and developing behaviors that are consistent with professional practice. The literature encourages nursing faculty to promote values clarification exercises, incorporate Socratic questioning in their teaching, expose students to value-laden experiences (simulated and real), provide and ensure ongoing and repetitive reflection, and create dissonance and disequilibrium (AACN, 2009; Crigger & Godfrey, 2011; Kohlberg, 1975; Quinn, 1990; Vezeau, 2006). According to Baxter and Boblin (2007), students need to encounter disequilibrium to challenge their thinking and to develop behaviors consistent with those required of professional nurses. When students encounter disequilibrium, it is essential that their thinking be facilitated by a knowledgeable professional who can provide formative feedback.

Wilson’s (1995) study reported that student perceptions of learning did not match faculty perceptions of what was taught. One recommendation discussed in Wilson’s study was the need for active involvement of faculty in small group discussions and repetitive faculty feedback on student learning. This recommendation is supported by other sources in the literature (AACN, 2009; ABIM, 2001; Crigger & Godfrey, 2011; Hayward & Blackmer, 2010; Vezeau, 2006). Throughout the learning process, “access to support by faculty members should be assured for students learning new behaviors” (Vezeau, 2006, p. 6). Ongoing and repetitive feedback is an effective teaching strategy to help students make connections between what they believe, what they value, and how their beliefs and values influence how they act (Quinn, 1990). The challenges with providing consistent,
quality feedback are noted in the literature. Most notable is the abundance of literature that describes teaching professional behaviors as complicated and challenging, in addition to reports that faculty lack sufficient knowledge for guiding discussions, facilitating critical reflection, and providing feedback (Crigger & Godfrey, 2011; Jacano & Jacano, 1995; Quinn, 1989; Vezeau, 2006; Wilson, 1985). Missing from the literature are rich narratives exploring the meaning of these challenges and how they contribute to the experience of teaching accountability.

Critical reflection is frequently cited in the literature as a method to aid students in their professional development. “Effective reflection fosters moral development and enhances decision making” (Mueller & Billings, 2009, p. 175). Journaling, reflection papers, and group dialogue that supports reflection in action are each described as learning activities to promote professional behavior development (ABIM, 2001; Baxter & Boblin, 2007; Crigger & Godfrey, 2011; Hayward & Blackmer, 2010; Quinn, 1990). These activities are consistent with transformational and affective learning that challenges the status quo, invigorates disequilibrium, and creates space for both personal and professional development.

Teaching students how to critically self-reflect and challenge assumptions, and providing feedback on professional behaviors may be challenging because these topics are associated with transformational learning and the affective domain. Nursing faculty struggle with knowing how to teach affective domain content and how to integrate transformational learning activities within the curriculum (Brien, Legault, & Tremblay, 2008; Hentz, 2005; Kubsch, Hansen, & Huysen-Eatwell, 2008; Neumann & Forsyth,
Because of these challenges, faculty may place more emphasis on teaching content that is tangible, such as knowledge and skills. Real and perceived challenges associated with teaching affective domain content could result in curricular emphasis on cognitive and psychomotor domain learning while ignoring the affective.

Timing and repetition of professional behavior education within the legitimate curriculum is a final theme reviewed in the literature. Quinn (1990) suggested clinical case studies are not effective for beginning nursing students who lack clinical experiences and mental models upon which to understand the information. While not explicitly stated in Wilson’s (1995) research, comparisons can be made. For example, students in Wilson’s study were in their sophomore year of the nursing program, had not yet had a clinical experience, and reported struggles with practical application of professional behavior content that they were learning in the classroom. Teaching accountability at a place in the curriculum where students lack enough experience to connect the content with meaningful schemata could be ineffectual (Martin, 1999; Vezeau, 2006). Educational exposure should take place at appropriate places in the curriculum where students can compare and contrast content with existing mental models and construct new models that are consistent with professional nursing behaviors. Baxter and Boblin (2007) recommended accountability education should extend throughout the legitimate curriculum in both classroom and clinical learning environments. In addition to teaching accountability throughout the legitimate curriculum, faculty must also be aware of the ways they teach accountability through role-modeling and the hidden curriculum.
Hidden Curriculum Accountability Education

Keating (2006) described the hidden curriculum as the “planned or unplanned influences on student learning” (p. 151). Faculty role-modeling, extra-curricular activities, faculty out-of-classroom behaviors, and instructional methods each represent components of the hidden curriculum.

According to Wilson (1995), students reported that they learned more about professional values by observing faculty behaviors than they did from the legitimate curriculum. Specifically, students in Wilson’s study reported learning about honesty, advocacy, limiting bias, and accountability by watching how the faculty behaved and responded to students. Wilson also reported that “the instructor was not aware of the variety of covert messages the students perceived” (p. 82). Wilson concluded that faculty are covertly transmitting professional norms and recommended faculty develop a heightened sense of awareness regarding the messages they are sending via role-modeling.

In support of Wilson’s (1995) findings, both the ABIM (2001) and Dohmann (2009) posited that faculty behaviors are widely acknowledged as having an influence on professional attitudes. The ABIM noted that faculty behaviors such as arrogance, abuse of power, and chaotic teaching methods are noted as barriers that thwart intended professional behavior development. Like medical students, nursing students learn the norms of professional behavior based on both academic and clinical faculty role-models “who themselves are often at varying levels of moral development” (Baxter & Boblin, 2007, p. 24). This literature supports the need for faculty to be consciously aware of their
behaviors and understand how their day-to-day interactions with students can either reinforce appropriate professional behaviors or create a dichotomy between what is taught and what is practiced.

Instructional methods are also discussed within the literature as a part of the hidden curriculum that either promotes or hinders student development of professional accountability. For example, faculty may unknowingly limit the ability to learn accountability when students are allowed to rewrite assignments that received a failing grade or when faculty provide in-depth details about an upcoming examination (Jacono & Jacono, 1995). An interpretation of this example is that students are not being held accountable for the result and instead, they learn that when they fail, they will be given an opportunity to try again. While opportunities to try again are acceptable in some situations, there are multiple situations in nursing requiring correct judgment and actions, with the highest amount of vigilance, the first time. If a nurse does not know what is being asked or required in a situation, then the best course of action is to seek clarification. The OSBN Standards and Scope of Practice (2010) supports this thinking: “[The nurse] accepts only nursing assignments for which one is educationally prepared and has the current knowledge, skills and ability to safely perform” (p. 3). Faculty should carefully consider their actions and the potential meanings that students could assign to those actions.

Kohlberg (1975) described how faculty impose upon students their “unreflective valuing” (p. 673), which is transmitted through covert and hidden means. “Faculty must be ever mindful that students learn from faculty members’ out-of-classroom and non-
verbal behavior what those individuals value and believe about nursing” (Quinn, 1990, p. 728). For example, faculty who demonstrate a trend of arriving late and unprepared for class should expect students to learn that timeliness and being prepared are not valuable professional traits in nursing. Faculty could then anticipate these behaviors to transfer into and become pervasive within clinical practice settings.

The hidden curriculum can be helpful and, if used to its fullest potential, it can strengthen professional accountability education. Every interaction with a student is an opportunity for teaching and learning. Wilson (1995) recommended that educators need to “foster a sense of belonging to the profession” (p. 119) through the use of inclusive language that helps the students see themselves as emerging nurse professionals. Developing a sense of belonging should be explicit and intentional, rather than covert. Wilson’s research indicated that when students are left on their own to create schemata, they may develop understandings inconsistent with intended learning goals. In summary, faculty must be made consciously aware of the meanings attributed to their behaviors both in and outside of the classroom.

To date, the literature review reveals gaps in knowledge regarding the experience of teaching professional accountability in undergraduate nursing programs. The literature provides a definition of professional nursing accountability, describes historical and contemporary influences on professional nursing accountability, describes what should be taught, and highlights challenges encountered by faculty. Missing from the literature is an in-depth exploration and insightful narrative of the experience of teaching accountability that could provide a rich and detailed description of the phenomena.
Review of Methodological Issues

Two research articles that relate to the questions posed in this research study were located within the literature. Wilson (1995) utilized interpretive phenomenology to study baccalaureate nursing students and their experiences associated with professional behavior education. Hayward and Blackmer (2010) utilized a quasi-experimental pre-test post-test quantitative design to evaluate graduate student attainment of professional values. No other research studies related to the topic of understanding the meanings and experiences of teaching accountability in nursing curricula were located within the literature.

Wilson’s (1995) study best supported the research design for this study. Interpretive phenomenology provides a best fit with this research study because the goal is to understand the real-world experience of teaching professional accountability. Specifically, the study aims to understand critical truths (Polit & Beck, 2004) about the realities of the phenomenon and to report the findings that are rooted in nursing faculty experiences as they react to the experience in their teaching practice. Conversely, neither ethnography nor grounded theory qualitative designs would appropriately answer the research question posed in this proposal. An ethnographic design would focus on the culture of nurse educators and how the culture explains and influences what, how, and to what extent accountability is taught. A grounded theory design would seek to develop theories about teaching and learning professional accountability. Given these comparisons of research designs, interpretive phenomenology was chosen as the most appropriate design to answer the question.
Synthesis of Research Findings

A synthesis of both expert opinion and empirical research literature reveals inconsistencies between curricular requirements to teach professional accountability and the implementation of these suggestions within the legitimate curriculum. Prominent themes within the literature include the challenges associated with teaching accountability and the perpetuation of hidden accountability education. For approximately two decades, the literature has been describing what should be included in nursing curriculum as well as providing suggestions for how to teach. The majority of this literature is based on expert opinion, learning theory approaches, and anecdotal reports. Not only is professional accountability education hidden with nursing curriculum, it is also hidden within the nursing literature. Only two sources of empirical evidence associated with teaching and learning accountability were located within the literature.

Despite the scarcity of empirical research, the literature, while anecdotal, does provide information upon which to understand accountability education challenges. Foremost in the literature is the cacophony of definitions associated with professional nursing accountability. The inconsistent language contributes to challenges associated with teaching and evaluating professional accountability. Other significant accountability education challenges described within the literature include societal shifts toward individualism, historical aspects of nursing that limited accountability, and a lack of faculty knowledge and expertise associated with teaching affective and transformational concepts.
Critique of Previous Research

Two empirical research studies were located within the literature that relate to this study. Wilson’s (1995) interpretive phenomenological study received Institutional Review Board (IRB) approval, incorporated an appropriate sample size, described data collection, reduction, and construction strategies, reported findings in the narrative format, and thoroughly described limitations, implications and recommendations. No aspects of Wilson’s study raised questions or concerns. Wilson’s study was useful for informing this research study because the research participants were baccalaureate nursing students. Although the participants for this dissertation were nurse educators who teach in baccalaureate academic classrooms, the curricular standards and educational environments between Wilson’s study and this study were similar.

The second empirical research study that informed this dissertation was the study conducted by Hayward and Blackmer (2010). This research study was also credible. Quantitative research conventions were followed, IRB approval obtained, instruments for data collection had been previously validated, data collection and data analysis procedures were thoroughly described, numerical data was reported with corresponding values of statistical significance, and limitations, implications and recommendations were thoroughly discussed. Unlike Wilson’s (1995) research which studied BSN students, Hayward and Blackmer’s research participants were graduate level physical therapy students. Therefore, Hayward and Blackmer’s findings have limited applicability for informing BSN education.
Chapter 2 Summary

Nursing education credentialing agencies, professional nursing organizations, and the literature affirm that professional nursing accountability strongly influences nursing practice and patient care outcomes (Crigger & Godfrey, 2011; NLN, 2008; Nursing Executive Center, 2008; OSBN, 2009). For example, the literature reported significant problems with health care delivery systems and health care worker behaviors, asserting that these problems undermine health care cultures of quality and safety (American Board of Internal Medicine, 2001; Crigger, 2005; Institute of Medicine, 1999; Martin, 1999; Nurse Executive Center, 2008; The Joint Commission, 2008). The literature suggested that teaching strategies and evaluation methods in nursing curricula may not result in meaningful learning that translates into professional accountability behaviors.

Despite nearly two decades of literature that described curricular standards (AACN, 1986; AACN, 2008; NLN, 2008), recommendations for how to teach professional behaviors, professional values, and accountability (ABIM, 2001; Baxter & Boblin, 2007; Crigger & Godfrey, 2011; Dohmann, 2009; Jacano & Jacano, 1995; Kohlberg, 1975; Shultz, 2009), and NCLEX-RN test criteria (NCSBN, 2010), professional accountability education remains hidden in nursing curricula. The literature suggested multiple challenges contributing to hidden accountability education. Expert opinion literature states nursing faculty continue to lack sufficient knowledge necessary to effectively teach professional behaviors, values, and accountability (Crigger & Godfrey, 2011; Jacano & Jacano, 1995; Quinn, 1989; Vezeau, 2006; Wilson, 1985). According to Shultz, “there are research gaps about professional values and students
educational exposure” (2009, p. 229) to professional values development. Missing from the literature were rich narratives that explored the experiences of teaching accountability and the meanings attributed to the process of teaching accountability.

Further research is needed to understand the phenomenon of teaching accountability and to gain insights into the realities of accountability education in nursing curricula. For example, what are the meanings attributed to accountability education and how do these meanings influence teaching experiences? What are the faculty experiences that contribute to the legitimate or hidden accountability education in nursing curricula? Exploring questions such as these provided rich narratives to describe faculty experiences, rooted in real-world teaching practices, regarding the meanings associated with teaching accountability.

Seminal learning theories used to inform this study included transformational (Cranton, 2000; Merriam, Caffarella, & Baumgartner, 2007; Mezirow, 2000), constructivist (Schunk, 2004; Merriam et al., 2007; Hunter, 2008; Vandeveer, 2009), and behavioral learning theory (Skinner, 1974; Thorndike, 1912; Vandeveer, 2009). In addition to learning theories, Betty Neuman’s healthcare systems model was utilized to explore and understand teaching strategies that were implemented to promote accountability and prevent stressors that resulted in professional disequilibrium.

The nurse educator conceptual framework upon which this study is based was derived by blending concepts of each of the aforementioned learning theories, offering an eclectic approach for developing qualitative interview questions and the interview guide. The blending of theories also provided a framework for understanding the socially
constructed experiences of nursing faculty who teach professional accountability; i.e., each theory offered a different conceptual viewpoint on professional behavior education and contributed to the inductive analysis and interpretation of qualitative findings.
CHAPTER 3. METHODOLOGY

This study explored the experiences of undergraduate nursing faculty who teach accountability in the academic classroom, and it examined the process of teaching accountability and the meanings attributed to the process. Findings from the study were interpreted using the nurse educator conceptual framework (Figure 1), which incorporates three accepted learning theories. Betty Neuman’s healthcare systems model and levels of primary, secondary, and tertiary prevention were also used to interpret and understand the experiences of teaching accountability.

Interpretive Phenomenological Design

Interpretive phenomenology seeks to understand commonalities of “being” by providing a rich and in-depth understanding of participants’ lived experiences and seeks to describe life events as they occur, not as they are perceived to occur (Benner, 1994; Cerbone, 2006; Creswell, 2008; Houser, 2008; Polit & Beck, 2004). Interpretive phenomenology, as described by Heidegger (1962), Patton (2002), and LaFont (2005), seeks to understand how beings understand themselves and how they experience the world, and to understand the web of meanings that they attribute to everyday practical knowledge and events. Specific methods that were used to collect and analyze data included purposive and snowball sampling techniques, in-depth one-on-one semi-structured conversational interviews, and inductive interpretive analysis of data.

Interpretive phenomenology constructs new understandings of human meanings attributed to experiences. “Phenomenologic reduction brings being out of concealment” (Boedeker, 2005, p. 161). Often, the human experience is hidden or obscure because the
human action is so “pervasive and taken for granted that it goes unnoticed” (Leonard, 1994, p. 58). This study contributes to the body of nursing education knowledge by filling a gap in knowledge, i.e., those experiences and meanings associated with being a nurse educator who teaches professional accountability in academic classroom settings.

Interpretive phenomenology, following the Heideggerian hermeneutic tradition (Benner, 1994; Boedeker, 2005; LaFont, 2005; Polit & Beck, 2004), is a circular method that reduces data into manageable segments so as to see parts of the whole while simultaneously confirming and differentiating parts of the data, and ultimately constructing themes based on shared practices and meanings that allow the phenomenon to show itself (Boedeker, 2005; Creswell, 2008; Patton, 2002; Polit & Beck, 2004). Study findings uncovered critical truths about the experience through iterative data collection, data analysis, interpretation, and in-depth descriptions of the meaning of the experience. Study findings “linguistically articulate” (LaFont, 2005, p. 273) the experience, providing language that is currently not available to help with understanding the phenomenon. Study findings provide nurse educators with evidence upon which to build teaching strategies and learning activities focused on intentionally teaching professional accountability.

Basic assumptions attributed to interpretive phenomenology include the following: 1) knowledge is socially constructed within day-to-day lived contexts; 2) human experiences are lived within a circle of understanding; i.e., “we understand and interpret something because we have a background of shared human practices” (Plager, 1994, p. 72); 3) the phenomenon can be explained through multiple viewpoints and
dialogical relationships; and 4) the researcher’s shared background practical knowledge serves as a perceptual lens for interpretation (Benner, 1994; Boedeker, 2005; Miles & Huberman, 1994; Plager, 1994).

“Language, in particular, sets up a world; it both articulates and makes things show up for us” (Leonard, 1994, p. 46). From an interpretive phenomenological viewpoint, language can help researchers understand the essence of being and experiencing within the world. World is not limited to a place where humans exist. Instead, according to Leonard (1994), world includes language, culture, and taken-for-granted practices. For this study, the world might encompass constructs such as faculty characteristics (educational background, nursing practice history, teaching experience), social contexts, professional standards, and the workplace environment.

Interpretive phenomenological research is further described as inductive, interactive, and iterative (Nieswiadomy, 2008). Phenomenological research designs are inductive because data analysis begins with concrete data such as transcribed interview notes, written field observations, or documents; then abstract explanations of common themes that emerge from the data are developed to explain the phenomenon. Phenomenological research is interactive and iterative because data collection and data analysis occur simultaneously. The researcher remains open to emerging themes and questions that may need further exploration through the recruitment of additional participants or by returning to the data to seek connections between coded categories and themes.
Heideggerian phenomenology offers a framework upon which to understand the interpretive phenomenology methodology. Heidegger proposed that in order to understand a phenomenon, one must ask what it means to be a person and explore the relationship of the person in the world. “Persons are beings for whom things have significance and this significance may change with context and can reveal a different kind of understanding” (Leonard, 1994, p. 51). The key to understanding how nursing faculty teach or do not teach professional accountability is best understood by gaining insights about the world from those who interact with the world and attribute meanings to experiences within the world.

According to Leonard (1994), “it is the body that first grasps the world and moves with intention in that meaningful world” (p. 52). “All knowledge emanates from persons who are already in the world, seeking to understand persons who are also already in the world” (Leonard, 1994, p. 55). Beings are always in the hermeneutical circle of interpretation. Researcher and research participants are viewed as sharing common practices, skills, interpretations, and everyday practical understanding by virtue of their common culture and language. Understanding human action involves an interpretation, by the researcher, of the interpretations being made by those persons being studied. This interpretive approach is called hermeneutics. “The goal of a hermeneutic, or interpretive, account is to understand everyday skills, practices, and experiences; to find commonalities in meanings, skills, practices, and embodied experiences” (Leonard, 1994, p. 56).
Hermeneutics makes assumptions that the researcher has a pre-understanding of the experience being studied. This pre-understanding requires the researcher to practice reflexivity, recognizing his or her conceptualizations of the world and to engage in a circular, interpretive process, moving back and forth between the data that are being collected, the researcher’s interpretation of the parts of the data, and the whole of the data. The researcher must stay true to the narrative text, preventing pre-understanding from unduly influencing the interpretation. Leonard (1994) described the hermeneutic process as examining and understanding the parts of the whole and then re-examining the whole in light of the parts. The interpretive process has no termination point. Hermeneutics creates new understanding of the phenomenon under study as they are revealed through the experiences and interpretation of experiences of beings as they live in the world.

Interpretive phenomenology develops a new understanding of human meanings that is attributed to experiences. As noted previously, the human experience is often hidden or obscure because the human action is so “pervasive and taken for granted that it goes unnoticed” (Leonard, 1994, p. 58). An interpretive phenomenological approach breaks down data from interviews, observations, and written samples to explain, shed light upon, and give meaning to the lived experiences of human beings.

**Target Population and Sample Selection**

Characteristics of the larger population, from which the sample was drawn, included nursing faculty who teach professional socialization, professional behaviors, or professional ethics content in baccalaureate nursing academic classroom settings.
Background demographic criteria did not serve as inclusion or exclusion criteria for the sample. Data were collected to describe participant demographics.

A sample size of six to eight participants was anticipated. The sample size remained open-ended and was not determined until theoretical saturation or redundancy of themes was achieved (Burns, 1989; Creswell, 2009; Patton, 2002; Polit & Beck, 2004). Emergent qualitative research designs have a small sample size with the aim of providing in-depth detail of the phenomenon from the viewpoint of those who experience it. According to Creswell (2008), a large sample can result in unwieldy amounts of data and superficial perspectives. Patton (2002) noted that qualitative researchers should thoroughly describe in great depth the study findings, including remaining gaps and ambiguities, rather than seeking more participants to resolve concerns.

A delimitation of the study was the exclusion of diploma and associate degree nursing faculty. This population was excluded from the study because nursing education credentialing agencies, such as the American Association of Colleges of Nursing (AACN, 2008), specifically require baccalaureate programs to include curricular content on professional behavior development. Because the AACN curricular requirements primarily apply to baccalaureate programs, the researcher is more likely to find participants who have experienced teaching accountability among this population.

A second delimitation of the study was the exclusion of clinical nursing faculty who teach in baccalaureate nursing programs. Clinical faculty were excluded from the study because clinical education is random and difficult to predict. Specifically, the
researcher may or may not find clinical faculty who have had the opportunity to provide explicit, intentional formative professional nursing accountability education.

Participants were recruited from among five baccalaureate nursing programs in the Portland, Oregon metropolitan area. Nursing faculty who teach at the researcher’s workplace (University of Portland) were not included in the study. The researcher’s co-workers assisted with field-testing the interview protocol instrument. The field-testing procedure and results are presented below. In addition, the researcher had been discussing the research topic with co-workers and these informal discussions could have influenced participant responses, inducing bias.

Purposive and snowball sampling procedures were used and were considered appropriate for the emergent and flexible design of this qualitative study (Creswell, 2008; Patton, 2002; Polit & Beck, 2004). Purposive sampling seeks to select participants who are “information rich” (Patton, 2002, p. 230) and who can best help answer the research question. Participants who fit this description are nursing faculty who teach accountability, professional ethics, professional behaviors, and professional socialization in baccalaureate nursing programs. Accountability is the focus of this research study; however, the literature confirms that no consistent language presently exists to explicitly define accountability in nursing. Instead, the terms professional ethics, professional behavior, and professional socialization are often located in the literature within the context of describing or defining accountability. Therefore, the researcher was more likely to gain an understanding of the experiences of teaching accountability by using the language found in the literature that is closely associated with accountability.
Gaining access to participants was possible through a gatekeeper (Creswell, 2008), such as the dean of baccalaureate nursing programs. Gatekeepers are individuals who have an official role at a site and can assist with identifying and connecting the researcher with participants who can provide information about the central research questions (Creswell, 2008).

Following dean or director referral, the researcher contacted nursing faculty by phone and by e-mail, inviting them to participate. Faculty who agreed to participate were scheduled for a face-to-face interview at a mutually selected site that was quiet, free from distractions, and comfortable, and that allowed for safe sharing of experiences (Patton, 2002; Plummer-D’Amato, 2008; Polit & Beck, 2004). Prior to the interview, participants were e-mailed a copy of the consent form so that they could review the form, make comments, seek clarification, or ask questions before the scheduled interview. The researcher brought a paper copy of the consent form to the interview and obtained written consent immediately prior to the interview. Consent forms were maintained in a code-protected briefcase in the researcher’s possession during transport from the interview site to the researcher’s workplace office. Consent forms were then secured in a locked cabinet in a locked office at the researcher’s workplace. Anonymity was assured through the assignment of an identifying number to each participant (Creswell, 2008).

**Data Collection Procedures**

According to Polit and Beck (2004), the goal of qualitative questioning is to give participants the opportunity and guidance to provide detailed information on the research topic. Optimal data collection was made possible via a researcher-developed interview
protocol and semi-structured face-to-face participant interviews. A description of the interview protocol, field-testing procedures, and interview process follow.

**Interview Protocol**

An interview protocol, inclusive of a broad guiding question and probing questions, was developed based on recommendations from the literature and through field testing with qualitative research experts. Patton (2002) described six main types of question categories: experience and behavior, opinion and value, feelings, knowledge, sensory data, and background demographics questions. The question categories most appropriate for this study included experience and behavior, feeling, and background demographics. Experience and behavior questions elicit responses that inform the researcher about what a person does or has done in the past (Patton, 2002). Feelings questions aim to understand the emotions of the participant and how he or she responds to experiences (Patton, 2002). Background demographics questions “are standard questions that identify characteristics of the person being interviewed” (Patton, 2002, p. 351).

In addition to selecting the type of questions to ask, “careful thought should be given to the wording of questions so they make sense to participants and reflect real-world views” (Polit & Beck, 2004, p. 346). Through thoughtful language selection and careful question writing, the researcher developed guiding interview questions that optimized the ability to obtain rich, meaningful data.
Recommendations from the both the literature and from field-testing with experts, in combination with the purpose of this study, resulted in the following interview questions:

- What is it like to teach professional accountability?
- What does it mean to you to teach professional accountability?
- How do you feel about teaching professional accountability?
- Is there anything else you would like to tell me?

**Interview Protocol Field Testing**

Interview protocol field testing was conducted by three qualitative research experts who were consulted in person. A cover letter was developed and submitted to the experts, providing them with guidance for how to provide feedback. Experts were given a paper copy of the initial interview protocol and were instructed to provide written commentary directly on the instrument. The paper copy of the initial instrument with expert comments was returned to the researcher in person.

The researcher reflected upon written comments provided by the experts, re-reviewed the literature, and made changes to the initial interview protocol where appropriate. The revised interview protocol (Appendix A) was then resubmitted to the experts for comment. The experts agreed that the revised interview protocol contained questions that were representative of the purpose of the study and content validity was achieved.

Systematic development of the interview protocol and field-testing interview questions creates the best possibility for obtaining rich participant narratives that describe
their experiences, meanings of the experience, and feelings (Creswell, 2008; Erlandson, Harris, Skipper, & Allen, 1993; Patton, 2002; Polit & Beck, 2004). According to Benner (1994), interview questions and language within the questions should promote ordinary and spontaneous conversation so that participants may provide a narrative account of the real-life experience.

Narrative accounts of actual situations give closer access to practice and practical knowledge than do questions about beliefs, ideology, theory, or generalized accounts of what people typically do in practice. Interviewers listen intently to the story without interrupting the speaker unless they can no longer follow the story. Then, probes are asked to get the speaker to fill in unclear aspects or details of the story. (Benner, 1994, p. 110)

**Interview Process**

Participant interviews were conducted one on one and followed the semi-structured interview process described in the literature (Creswell, 2008; Patton, 2002; Polit & Beck, 2004). Semi-structured interviews began with a broad, open-ended question on the research topic followed by probing questions to elucidate further depth and clarity. The semi-structured interviews were guided by the interview protocol that served as an outline for questions to be asked. This outline (Appendix A) assisted with systematic data collection, provided the researcher with guidance for follow-up questions, and provided space for the researcher to write notes during the interview (Creswell, 2008; Patton, 2002).

According to Polit and Beck (2004), the goal of qualitative questioning is to give participants the opportunity and guidance to provide detailed information on the research topic. From a phenomenological perspective, interview questions are focused on understanding how participants experience their world and the meanings that help shape
their reality (Patton, 2002). The interviews began with a broad, open-ended question followed by a few open-ended probing questions. The final question was also open-ended and offered participants a final opportunity to share information. Asking just a few questions sets the tone for the participant to provide in-depth details about his or her lived story as it is remembered through the “person’s experience and perception of the event” (Benner, 1994, p. 110).

The researcher incorporated recommendations from the literature regarding how to conduct interviews. For example, Creswell (2008) recommended that the investigator ask questions using a slower than normal conversational pattern. Speaking slower than usual will set the pace for participants, provide adequate time for sharing experiences, and make it easier to capture the conversation on audiotape. Participants were asked to share their experiences and were then allowed to do so uninterrupted (Benner, 1994; Polit & Beck, 2004) while the researcher assumed the role of active and genuine listener. Interruptions primarily occurred to seek clarification or further detail. When clarification questions were asked, the interpretive researcher followed up by paraphrasing the participant’s words. The goal was to “empower the participant to tell the story in his or her own words” (Benner, 1994, p. 112) and avoid influencing the participant’s story.

**Procedural Rigor and Data Analysis**

Procedural rigor refers to the application of accepted research methods to promote trustworthiness of data and interpretation of data (Boswell & Cannon, 2011). Rigor was ensured in this study through the use of triangulation strategies, systematic data
reduction, and methodical data reconstruction. Procedural rigor was infused throughout the research process, promoting credibility of study findings.

**Triangulation**

The concept of triangulation in qualitative analysis relates to combining multiple data analysis strategies for the purpose of strengthening credibility of findings. Polit and Beck (2004) recommended several triangulation strategies, one of which fit with this study. The triangulation strategy used for this study was member-checking. Patton (2002) recommended sharing transcripts and preliminary and/or final findings with study participants to obtain their responses. One strategy to systematically obtain responses includes e-mailing each participant a copy of his or her transcript as well as a summary of preliminary findings.

Participants were given an opportunity to review emerging study findings and to provide critical feedback. This strategy, called *member checking*, is recommended as an approach to enhance credibility of findings (Patton, 2002; Polit & Beck, 2004). The researcher e-mailed preliminary findings to participants and asked them to review and react to the “accuracy, completeness, fairness, and perceived validity of the data” (Patton, 2002, p. 560). Participants were asked to critique preliminary findings and provide critical responses to the findings; i.e., did the findings replicate their lived-experiences, could they relate to the findings, and did they have suggestions or comments about missing, confusing, or challenging findings? In keeping with the inductive and iterative nature of phenomenological research, responses from the member-checking process were carefully scrutinized against the codes, categories, and themes in the preliminary
findings. Participants who wished to comment contacted the researcher by e-mail or by phone to discuss their comments.

**Data Management: Phenomenological Reduction**

Data management refers to the initial steps that are necessary to ensure that analysis is conducted using quality data. For example, transcripts were verified and cleaned to ensure accurate recording of participant interviews (Burns, 1989; Creswell, 2008; Polit and Beck, 2004). The researcher read through transcripts while listening to the recorded audiotape. During this process, the researcher resolved typographical errors, transcription errors, and added field notes to provide a clearer, holistic picture of the context of the interview (Creswell, 2009). After the transcripts were cleaned and verified, the researcher read the transcripts for overall understanding and wrote an interpretive summary of each transcribed interview (Patton, 2002; Polit & Beck, 2004). The interpretive summary provided initial insights about emerging text segments that gave meaning to the central phenomenon. In addition to writing interpretive summaries, the systematic process of data reduction through coding was undertaken. A detailed description of phenomenological reduction is included in Chapter 4.

**Data Analysis: Phenomenological Construction**

Plager (1994) described hermeneutic data construction as a circular pattern of interpreting, writing, returning to the data, preserving the context of everyday situations, seeking confirming and disconfirming contexts, and remaining receptive to new interpretations that may be uncovered based on new understandings. Data analysis is an inductive process that involves constructing themes by comparing the data, seeking
patterns between and among the categories (Burns, 1989; Patton, 2002; Polit & Beck, 2004). Interpretive phenomenology data analysis is conducted via three interrelated processes: “thematic analysis, analysis of exemplars, and the search for paradigm cases” (Leonard, 1994, p. 59).

Thematic analysis requires the researcher to take a higher view or balcony view of the data. Instead of looking at each coded text segment or each category, the researcher weaves categories and segments together to develop a unifying perspective that describes the human experience of the phenomenon as reported in the data and interpreted by the researcher. The researcher refers back to the data to see if the themes “unify the nature of the experience into a meaningful whole” (Polit & Beck, 2004, p. 578). Going back to the original data allowed this researcher to evaluate the fit between the themes and determine how well the constructed themes reflected the original data. This final check on the data further supports credibility and promotes fittingness between findings and research use. Construction of themes is a highly abstract and interpretive process. A detailed description of data reconstruction is provided in Chapter 4.

**Audit Trail**

A final component of data analysis that promotes credibility is accurate documentation of the systematic research process. The ability of another researcher to clearly see and understand the procedures that were undertaken to arrive at the findings promotes credibility (Nieswiadomy, 2008). One method discussed by Polit and Beck (2004) to enhance credibility is the audit trail. Components of the audit trail included in this study were electronic and paper storage of data (transcripts and documents), a full
description of the process for data reduction (coding and categorization), process notes (member checking notes), the researcher’s personal notes (notes on reflexivity and investigator triangulation notes), and data reconstruction products (theme development process and final documentation of findings).

**Credibility, Dependability, and Transferability**

Credibility refers to confidence in the truth, believability, and interpretation of the data (Patton, 2002; Polit & Beck, 2004). This study incorporated two strategies to enhance credibility. First, the researcher used member-checking, as previously described. Second, the researcher intentionally sought disconfirming evidence (Patton, 2002), purposefully seeking divergent data that challenged themes.

Credibility is also developed through a description of the researcher’s experience. The researcher of this study had participated as both a primary investigator and as a co-investigator in two qualitative research studies (Krautscheid, Orton, Chorpenning, & Ryerson, 2011; O’Lynn & Krautscheid, 2011). Both studies followed a generic qualitative research design and used focus group interviews as the data collection method. While these methods are not identical to the interpretive phenomenological research methods used in this study, they provided the researcher with a basic understanding of qualitative interview strategies, questioning, and collecting interview observational notes. Data reduction and construction in both of the earlier studies did incorporate interpretation; i.e., as reported by Boedeker (2005), all human experience encounters are interpretive. The researcher then had had some experience with
conducting basic qualitative research and expanded upon these experiences in using the interpretive phenomenological methodology.

Transferability refers to the extent that findings can be extended or transferred to other groups. This researcher provided background demographics to optimally describe the sample, allowing research consumers to determine if the sample has sufficient experience and expertise about the research topic. In addition, study findings provide sufficient detail so that readers can evaluate the applicability of the findings in other settings (Polit & Beck, 2004).

Assessing dependability may occur through step-wise replication or through documentation of an audit trail (Houser, 2008; Polit & Beck, 2004). Components of the audit trail for this study include electronic and paper storage of data, a full description of the process for data reduction, process notes, researcher’s personal notes, and data reconstruction products.

Ethical Considerations

Institutional review board (IRB) approval was obtained from the researcher’s academic institution (Capella University) and from the researcher’s workplace. Participants were informed of the purpose of the study and of their rights, were assured of response anonymity, and signed the informed consent document (Creswell, 2008). Interviews were audio-recorded and transcribed verbatim. Participant names and workplace identification were not associated with the responses; instead, study participants were listed as Participant 1, Participant 2, and so forth. Electronic copies of transcribed notes have been maintained on a password-protected computer in the
researcher’s locked office. Paper copies of transcribed notes are also maintained in a locked cabinet within a locked office.

The researcher’s lived experiences have contributed to assumptions, preconceptions, and biases about the topic. For example, the researcher has struggled with teaching accountability and other professional behaviors. These lived experiences have caused the researcher to anticipate that other nursing faculty also struggle with teaching accountability. Recognizing this preconception brings to the forefront the necessity to not influence participants’ responses during the interview. Specifically, the researcher consciously avoided offering opinions, advice, or counsel to participants (Polit & Beck, 2004). In addition, during the reduction phase, the researcher consciously scanned the text for all emerging themes while avoiding placing an emphasis on searching for themes that supported anticipated projections.

Researchers should recognize and document presuppositions, anticipations, forestructures of understanding, and projections that undergird interpretation (LaFont, 2005; Plager, 1994). “Too often, social scientists enter the field with preconceptions that prevent them from allowing those studied to tell it as they see it” (Patton, 2002, p. 21). Researchers, then, should practice reflexivity, i.e., critical self-reflection on pre-understandings, preconceptions, and egocentric thinking that could bias how they collect, manage, and analyze data.

Qualitative researchers are immersed in the study as they interview, observe, read documents, and interpret data. This full immersion and interpretive nature of qualitative research raises questions about researcher bias (Burns, 1989; Houser, 2008; Polit & Beck,
Researchers’ personal mental models based on prior experiences may influence how they interpret qualitative data (Benner, 1994; Gay, Mills, & Airasian, 2006; Houser, 2008). As such, Houser reported that qualitative researchers need to acknowledge the potential for bias in qualitative studies and implement measures to reduce bias. The literature recommends several strategies to overcome researcher bias including data triangulation and member checking (Gay et al., 2006). One strategy this researcher employed to address both reflexivity and credibility was to document biases, experiences, and presuppositions in a journal. This strategy provided an opportunity for the researcher to engage in iterative reflection during data analysis by double-checking and challenging automatic thinking that might influence coding, categories, and themes. Member checking was a second strategy that was utilized to limit the potential for researcher bias.
CHAPTER 4. DATA ANALYSIS AND FINDINGS

Data analysis procedures resulted in the construction of eight central themes. Three themes specifically address the first research question: understanding the meanings attributed to teaching accountability. An additional five themes emerged that provide findings related to the second research question: understanding the experiences of nursing faculty who teach accountability in baccalaureate nursing programs. Chapter 4 presents a description of the sample, data analysis procedures, and the research findings of this study.

Description of the Sample

Purposive and snowball sampling procedures were proposed and used to recruit study participants. Gaining access to participants occurred through initial contact with the dean at five of the six baccalaureate nursing (BSN) programs in a Pacific Northwest metropolitan area. The sixth BSN program was the researcher’s workplace and was excluded from the study. The researcher sent an e-mail to each dean. The e-mail was similar to the recruitment script presented in Appendix B. The e-mail described the purpose of the study and potential study benefits and risks, and asked each dean to refer nursing faculty who matched the inclusion criteria. An immediate response was received from the dean at four of the five baccalaureate nursing programs. One nursing program did not respond.

Following dean referral, the researcher contacted potential participants by e-mail. The e-mail message contained the information in the recruitment script (Appendix B). Participants who replied to the researcher by e-mail, expressing an interest in
participating, were then contacted by phone to discuss the purpose of the study, potential benefits and potential risks and to arrange a date, time, and location for the face-to-face interview. The participants were e-mailed a copy of the consent form and were asked to review the consent form and contact the researcher with questions prior to the interview. No participants had questions regarding the consent form. No participants elected to withdraw from the study. The recruitment process continued until thematic saturation was achieved.

A sample of six to eight participants was proposed. The sample consisted of six faculty who teach in academic classrooms in BSN programs in the a Pacific Northwest metropolitan area. Four different schools of nursing were represented among the six participants. Five of the participants taught for private, faith-based institutions. One participant taught nursing at a public-owned institution. Five of the participants were female; one was male. The age range of the participants was 39 to 68 years of age. The mean age of the participants was 57 years. All six participants were Caucasian. Four of the participants’ terminal degree was a master’s in nursing, one participant had a PhD, and the sixth participant was a doctoral candidate. Participants’ number of years teaching ranged from four years to 20 years. The mean number of years teaching among the participants was 7.6 years.

**Research Design and Introduction to the Analysis**

As discussed earlier, an interpretive phenomenological research design was used in this study. The Heideggerian hermeneutic tradition (Benner, 1994; Boedeker, 2005; LaFont, 2005; Polit & Beck, 2004) guided data collection and analysis. This circular
method reduces data into manageable segments so as to see the whole of the data while simultaneously confirming and differentiating parts of the data, and ultimately constructing themes based on shared practices and meanings that allowed the phenomenon to show itself (Boedeker, 2005; Creswell, 2008, Patton, 2002; Polit & Beck, 2004). Interpretation of study findings was iterative in that it occurred simultaneously during data collection, data analysis, and interpretation; that is, data analysis was occurring as data were being collected. Therefore, the discussion of data analysis begins with describing the interview process.

On the day of the interview, the researcher met the participant in a mutually agreed-upon location that was quiet and free from distractions. Interviews were conducted one on one and followed a semi-structured process. The interview protocol (Appendix A) was used to guide and promote consistency across the interviews. The researcher provided the operational definition of professional nursing accountability. Next, the researcher opened the conversation with a broad question and allowed the participant to tell his or her story. Participants were allowed to share their lived experiences freely and without interruption. The duration of the interviews ranged from 90 to 110 minutes. During the interview, the researcher interpreted participant non-verbal cues and significant language and noted these interpretations on the interview protocol in the space provided. Interpretation occurred throughout each interview process as the researcher started to notice and connect with recurring themes as they were described by the participants.
Hermeneutics, an interpretive inquiry process, makes the assumption that the researcher has a pre-understanding of the experience being studied. Therefore, the researcher was mindful to not influence the conversation with either verbal or non-verbal communication. During the interview, additional probing questions were added, when appropriate, to clarify unclear aspects, to gather more detailed information, and to encourage further conversation. In addition, the researcher reflected on preconceptions, noted these on the interview protocol, and challenged her automatic thinking. Through this self-reflective process, the researcher made a conscious effort to remain true to the text and report the findings as they revealed themselves.

Immediately following each interview, the researcher reflected on both the interview and her handwritten notes. An interpretive summary was written to capture the meanings and key points that arose from the interview. The interpretive summaries were later compared with initial categories derived from the transcribed text data.

A transcriptionist was hired to transcribe the text data as they occurred on the tape, avoiding correcting the grammar and language of the participants. In addition, the transcriptionist indicated within the text when pauses, laughter, sighs, or other sounds occurred during the interview. Transcription resulted in a total of 102 pages of single-spaced typed text data with 1.5-inch margins. The margins provided notation space for the researcher.

The researcher read through the transcripts while listening to the recorded audiotapes. During this process, the researcher rectified typographical errors and transcription errors, and added field notes that provided a clearer, holistic picture of the
context of the interview (Creswell, 2009). Inserting researcher field notes deepened the richness of the transcript by providing insight into nonverbal participant behaviors. After the transcripts were cleaned and verified, the researcher read the transcripts for overall understanding and added notes to the previously written interpretive summaries. This initial process helped the researcher to identify and code recurring words, concepts, and text data.

The editing analysis style was used throughout both data reduction and data construction. Analysis began with the initial interview and continued throughout subsequent interviews. Refinement of codes and categorization of corresponding codes occurred during the process of reading through the transcripts. Hand analysis was used to break down the text into manageable pieces of data, which were then sorted, compared, contrasted, and placed into meaningful categories. Throughout the data analysis process, meaningful statements and text segments were identified, interpreted, and coded.

Key words, phrases, and text segments were underlined on the paper copy of the transcripts. Within the margins of the transcripts, the researcher handwrote notes regarding the core meaning of text segments and how these meanings connected with previously identified text segments or words. For example, while reading the transcript of the interview with Participant 1, the researcher underlined meaningful segments about what it means to teach accountability, what it feels like to teach accountability, examples that showcased teaching experiences, examples that showcased student accountability behaviors, etc. Transcribed notes and researcher comments were then compared with the
interpretive summaries to cross-check meanings and seek patterns. This process was replicated with the transcript for each participant.

Themes began to emerge while the researcher was analyzing the transcripts of the third participant. At this point, the researcher wrote general theme ideas onto index cards. Next, the researcher returned to the transcripts of Participant 1 and refined the coding process by writing the content from meaningful text segments onto note cards. Each note card contained one text segment from the transcript as well as interpretive comments made by the researcher. This process continued for each of the remaining participant transcripts. The process described here allowed the researcher to begin data reduction, breaking large amounts of data down into manageable pieces which were then placed into meaningful and related categories.

Placing meaningful text data onto note cards assisted with the process of placing, refining, and moving statements and text segments into categories. As new data emerged that did not fit within an existing category, a new category was developed or the index card was placed into a stack labeled “uncertain.” Data placed into the “uncertain” category were ultimately interpreted and categorized or rejected. The data reduction process resulted in 18 categories. At this point, the researcher created a Word document table. Preliminary category labels were placed into a column on the left side of the table and the supporting text segment data with interpretive notes was placed into a column on the right side of the table. The category table was then reviewed, sorted, reflected upon, re-reviewed, re-sorted, and organized. Throughout the sorting, interpreting, and
categorization process, the researcher remained ready to amend the coding process and
category development as needed.

Categories remained flexible throughout the sorting process, as the researcher
frequently referred to the data to clarify and deepen the understanding of inclusion and
exclusion criteria for each category. Quotes from the transcripts that represented
paradigm cases for the category were included in the categorization table to further
elucidate the meaning of the category. The researcher again returned to the transcripts, re-
reading and searching for new meanings within the text data. This process continued until
the researcher was confident that the majority of meaningful text segments, participant
statements, and associated meanings had been explicated from the data.

Data construction was then undertaken. On an 18 x 24 poster-sized paper, the
researcher created a concept map that included each of the 18 categories. On one half of
the paper, the researcher wrote the first research question: “What are the meanings
attributed to the phenomenon of teaching accountability?” Under this question, multiple
circles were drawn. Next, each circle was filled with one category label. This process was
then repeated on the other half of the poster paper for the second research question:
“What are the experiences of nursing faculty who teach professional nursing
accountability?” Placing the research questions and the associated categories on one
poster-sized paper allowed the whole of the data to be seen.

Next, the researcher systematically looked for patterns that connected categories
and defined how these connections were identified within the text data. When a category
was identified as contributing to another category, an arrow was drawn between the
categories to show how they were related. When the researcher had a question about connections between categories, she returned to the original text data to seek clarification and remain true to the text. This process continued until the researcher was confident that each connection between categories had been explored, confirmed, or disconfirmed. This process resulted in a visual web of meanings between the research questions and the categories.

Through immersion with the findings, the researcher began to notice shared meanings and relationships among the 18 categories. The concept map and web of meaning were reflected upon and interpreted by the researcher, resulting in condensing the 18 categories into eight themes that provided new understandings of the phenomenon. This data construction process resulted in condensing categories within the category table. Category labels were replaced with thematic descriptions. Each theme was defined, and both inclusion and exclusion criteria were developed. The researcher again returned to the text, seeking data that contributed to or challenged the theme definitions. Data construction and refinement were iterative and ongoing. Following theme development, the researcher returned to the data and the categorization table to seek specific examples to showcase the theme. Quotes from the data that reflected the theme were reported verbatim, honoring the real-life experiences of the participants. The product of this phenomenological construction is provided in Table 1.
### Table 1.
**Thematic Construction**

<table>
<thead>
<tr>
<th>Thematic Categories</th>
<th>Central Themes</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability is core to nursing&lt;br&gt;Faculty “live” accountability, perceiving the behavior as inherent&lt;br&gt;Perceptions of student who chose nursing</td>
<td>Core to nursing</td>
<td>Meanings attributed to teaching accountability</td>
</tr>
<tr>
<td>Vague understanding of accountability&lt;br&gt;Inconsistent teaching&lt;br&gt;Environment influences meaning</td>
<td>Core to nursing, and yet vague</td>
<td></td>
</tr>
<tr>
<td>Connecting student accountability with nursing practice</td>
<td>Student accountability predicts nursing practice accountability</td>
<td></td>
</tr>
<tr>
<td>Never enough time&lt;br&gt;Content-heavy curriculum&lt;br&gt;Affective domain is challenging&lt;br&gt;Student motivation issues</td>
<td>Accountability education challenges</td>
<td>Experiences associated with teaching</td>
</tr>
<tr>
<td>Experiences with accountable and unaccountable students&lt;br&gt;Trends and consistency</td>
<td>Examples of student accountability</td>
<td></td>
</tr>
<tr>
<td>Teaching strategies to promote learning/prevent stress&lt;br&gt;Telling or teaching&lt;br&gt;Legitimate and hidden curriculum</td>
<td>Primary teaching</td>
<td></td>
</tr>
<tr>
<td>Teaching strategies for early case finding and written feedback&lt;br&gt;Hidden curriculum</td>
<td>Secondary teaching</td>
<td></td>
</tr>
<tr>
<td>One-on-one teaching moments&lt;br&gt;Intentional accountability education and reeducation&lt;br&gt;Hidden curriculum</td>
<td>Tertiary teaching</td>
<td></td>
</tr>
</tbody>
</table>
Participants were given an opportunity to review emerging study findings and provide critical feedback. Themes derived from the data with supporting text data were e-mailed to each participant and they were asked to provide critical feedback within a two week timeframe. One participant replied to the e-mail request for feedback. The researcher then called the remaining five participants by phone and either spoke with the participant or left a voice message; this resulted in an additional three participants responding to the request for critical feedback. After a three-week waiting period, the remaining two participants had not responded. The four participants who did respond to the researcher reported agreement with the eight themes. One participant asked the researcher to consider the influence of written outcomes and course expectations, found within course syllabi, on student accountability. This participant’s request was reviewed against the text data and is discussed in Chapter 5.

**Findings: Meanings Attributed to Teaching Accountability**

Three central themes emerged from the research revealing meanings attributed to teaching accountability: *core to nursing*, *core to nursing and yet vague*, and *student accountability predicts nursing practice accountability*. Within each of these central themes, supportive data were also identified to provided depth and greater detail about the meanings attributed to the phenomenon of teaching accountability. Each of the central themes and contributing evidence are presented in the following results.
Core to Nursing

The theme, core to nursing, gives meaning to accountability as a foundational requirement of being a professional nurse. The worldview of accountability as core to nursing gives meaning to the phenomenon of teaching accountability. Inclusion criteria for this theme were text data that provided meanings such as core, fundamental, intrinsic, expected, or essential to nursing practice and nursing education. Exclusion criteria included text data that contrasted with accountability as core. For example, text data describing accountability as vague to comprehend or vague to teach were excluded from this theme.

Participants were asked to reflect upon their role as nurse educators and to describe the meanings they attributed to teaching professional nursing accountability. Word and phrase patterns common among almost all participants resulted in describing professional nursing accountability as core and fundamental to nursing practice.

According to Participant 1, “it is related to one’s inner core, they [students] are going to take this into every aspect of their life.” “Accountability is a fundamental part of what a nurse needs to be able to achieve in everyday practice” (Participant 4). The pattern of participant comments (accountability is core) was consistent. Specifically, accountability was perceived as a core behavior that influences daily nursing actions; actions influencing clients (individuals, families, communities, populations), the image of professional nursing, and the individual nurse.

Patterns emerged in the text data revealing that accountability is not only core to nursing, it is also core and inherent to individuals who chose nursing as a profession,
including nursing students. “If you take on the job of nursing and all that it means, you’ve got to live that [accountability] every day” (Participant 5). “It [accountability] can just go under the wire and become something that is assumed or relied upon as a normal behavior or expected behavior without being defined and described and reflected upon” (Participant 2). “I think you live accountability; it just oozes out of your naturally” (Participant 1), and “we [faculty] lack the self-awareness to realize that we have to help students grow that [accountability]. I think we often believe it just is who they are, sort of an intrinsic thing” (Participant 4). These participants’ comments bring hidden assumptions out of concealment. Specifically, the text data reveal participant preconceptions that people who choose nursing will innately have accountability. Participant perceptions influence how they perceive and interact within the world. Participants who unreflectively perceive accountability as core, innate, and natural unknowingly superimpose that meaning within teaching practices and faculty-student encounters. This finding, within the web of meaning, is simultaneously connected with other research findings such as accountability education challenges and tertiary teaching. An in-depth discussion of the interconnectedness of themes is provided in Chapter 5.

Participant comments further contributing to the theme core to nursing included remarks about students who are granted admission into nursing programs. For example, Participant 4 stated, “We can pick and choose just about anybody we want to come into nursing.” “You raise that level (grade point average) at admissions and so you’ve got students that are maybe better from the selection process and more apt to be successful in the nursing program” (Participant 5). Another participant provided insight into the
conjecture that cognitive intelligence is associated with the meaning of teaching accountability when she stated, “I think this person is smart intellectually. I think that they should see the big picture” (Participant 3). These comments gave voice to participants’ perceptions that cognitively smart nursing students, as evidenced by high grade point averages (GPAs), will naturally have core patterns of behavior necessary to demonstrate professional nursing accountability.

Although study participants provided consistent language about the essential and fundamental meaning of accountability as core to nursing practice, this finding was challenged by text data that provided a contrasting viewpoint. While study findings described accountability as core to nursing, study findings also revealed accountability education is vague.

**Core to Nursing and Yet Vague**

Multiple patterns emerged when participants were asked to describe what it is like to teach professional nursing accountability. Participants simultaneously reported accountability as core and yet they also described accountability as vague or elusive. The meaning of accountability as vague influences teaching experiences. Inclusion criteria for this theme were any word, phrase, or text segment that provided meaning to understand vague accountability education. Data excluded from this theme included text segments and words that give meaning to accountability as core and disconfirming data about the vague nature of accountability education. Patterns and parts in the contributing evidence were synthesized to create an understanding of how something so core to nursing can also be described as vague.
“No wonder our students don’t really understand accountability because frankly, I don’t know that we always understand it the way that we should or the way we believe we understand it. It’s very intangible” (Participant 2). This participant’s comment was reflected in each of the participant interviews. For example, Participant 1 stated teaching accountability is challenging because of “the vagueness of the term” and Participant 4 reported that accountability is an intangible term and faculty “want to dance around the term a little bit.” The finding that professional nursing accountability is a vague and intangible term creates conflict with the finding of accountability as core to nursing. The discrepancy between themes was further revealed through participant descriptions regarding the vagueness of accountability education in nursing curriculum.

Evidence of vagueness was provided when the participants reported ambiguity about professional nursing accountability education. Study participants were unsure about when, where, and to what depth students may or may not have learned accountability. One participant reported, “We just wish that somewhere, earlier, they had learned a different pattern of behaving” (Participant 2). This statement supported the meaning of accountability as core (nursing faculty wish students had learned accountability somewhere), and yet the participant was vague about where and when that learning might have occurred. Each of the study participants taught in upper-division (junior and senior level) nursing courses in baccalaureate programs. This finding brings out of concealment faculty perceptions that students have learned accountability behaviors either in pre-requisite lower division nursing courses or somewhere else through life experiences. For example, one participant stated, “As I grow my courses, I would like to build upon what
the students have had in earlier times in their curriculum…so that by the time they’re seniors, they’ve had opportunities to incorporate it all in an intentional fashion” (Participant 6). Study participants perceived that somewhere within the curriculum, students have actively engaged in explicit learning opportunities where accountability was taught, feedback was provided, and the behavior was learned.

Participants described concerns about the compartmentalization of learning within upper-division (junior-level and senior-level) nursing courses. One participant reported, “We can silo our courses so much and so how do we interweave this whole thing about personal development?” (Participant 2). Another participant stated, “We like to think of our curriculum as a threaded curriculum. The reality is that most of it is very disparate” (Participant 4). “We keep adding new adjuncts so that gets a little, well, fritzy along the edges” (Participant 5). According to these participants, uncertainty exists about what is being taught and by whom. Additionally, the repetitive introduction of new adjunct faculty creates concern about a lack of consistency within the curriculum. These comments, when woven into the whole of the data, contribute to understanding the vague nature of accountability education. The notion that somewhere, somehow within the curriculum faculty will intentionally teach this core and fundamental professional attribute was reported by four of the six participants.

Inconsistent and compartmentalized teaching was also described as occurring in lower-division (freshman-level and sophomore-level) nursing courses. Participants described situations in which faculty in prerequisite courses were uncertain about student behaviors and warned the participant about the student. For example, Participant 2
reported, “I think about it all the time as an educator, you know, seeing unacceptable behaviors that get passed along and thinking that I’ve heard educators say in conversations, ‘well, so and so [student] is going to really have a wakeup call!’ which means they are passing it onto others for them to deal with.” In addition, Participant 6 stated, “as a new faculty member, I had a situation where it was really…it just sort of fried me. I got two calls, one from chemistry and one from nutrition. They both said, ‘look out for this student, we know she cheats.’ I thought, OK, so what do you want me to do about it?”

Initially, these statements may appear as though faculty colleagues are passing the buck when students do not demonstrate accountability rather than addressing the behavior. However, within the context of the data as a whole, consideration must be given to the reported vague and intangible nature of accountability. Although accountability is core, the vagueness of the concept creates teaching challenges across the curriculum.

Further evidence about the intangible vagueness of accountability education was revealed in participant comments that described the challenges associated with getting faculty to agree upon and then uphold consistent standards. This statement was best supported by a participant who reported, “I think one of the challenges is that every professor in your department has to agree to a standard that you’re going to hold everybody to” (Participant 3). Also, according to Participant 5, “I do think we [faculty] need to be singing the same song.” Each of the preceding parts of the data (vague term, compartmentalized teaching, inconsistent standards) contributes to understanding the
whole of the data. Specifically, the preceding data parts elucidated how the meaning of accountability as vague influences teaching practices and clouds faculty thinking.

The participants themselves struggled with the meaning of accountability. The noted inconsistency between accountability as core and yet vague describes life experiences as they occur for nursing faculty. One aspect influencing this finding is that nursing practice is distinctively contextual (Scheffer & Rubenfeld, 2000). As such, the meaning of professional nursing accountability is dependent upon the worldview and socially constructed meanings of the individual faculty and the context of the situation in which accountability is being taught. For example, Participant 2 stated, “In nursing, we are taught to be accepting of all behaviors and our culture backs away from labeling behaviors. I think our culture has gotten away from that [character development] because it’s not politically correct to talk about someone’s personal characteristics or behaviors.” Text data, such as these, describe the uncertainty experienced by nursing faculty as they negotiate within changing environments; e.g., teaching environments, professional practice environments, and the American healthcare system environment.

The circle of understanding in phenomenology is influenced by environmental contexts (Plager, 1994). Participant 6 described how the current healthcare environment influences accountability. “Accountability is probably one of the core values of the profession and looking at today’s healthcare environment and the focus on quality and patient safety, if a person has trouble being accountable, then patient safety is going to be jeopardized.” Similar comments were reported by participants who discussed the importance of addressing standards raised by agencies such as the Institute of Medicine.
(IOM), Quality and Safety Education for Nurses (QSEN), and The Joint Commission (TJC). In addition, the nursing literature describes an “increasing incidence of unethical and illegal scandals in recent years and the growing erosion of the public trust in professionals” (Crigger & Godfrey, 2011, p. 3). Based on these and other environmental influences, a few participants stated they have been feeling as though it is time to refocus nursing education on necessary attitudes of the profession, including accountability.

The theme, core to nursing and yet vague, reveals participant beliefs regarding the essential nature of accountability countered against the real-world experience of inconsistent accountability education and the vagueness of the term. While participants described accountability as vague, they also provided metaphors that described connections between student accountability and anticipated future nursing practice accountability. These descriptions are presented in the next theme.

**Student Accountability Predicts Nursing Practice Accountability**

This theme gives meaning to why nursing faculty teach accountability. Findings within this theme disagreed with the findings that accountability is a vague or intangible term. Inclusion criteria for this theme were data describing participant-created metaphors about student behaviors that are predictive of future professional nursing behaviors. Data describing specific experiences with accountable and unaccountable students were excluded from this theme and are reported as a separate theme below.

Study participants described how student accountability behaviors will persist and translate into future professional nursing practice behaviors. These participant perceptions, while not empirically confirmed in nursing research literature, give meaning
to socially constructed worldviews of nursing faculty. Each participant’s lived experiences within the practice setting and within the educational environment helped him or her construct mental models and metaphorical connections between academic performance and future nursing practice performance. For example, Participant 1 stated, “What you are doing here as a student reflects the kind of nurse that you are going to be.” According to Participant 6, “if you [student] are consistently not getting a paper in on time, how can I trust you will consistently get medications out on time?” Additional metaphors included such things as excuse-making, which was associated with not taking ownership for patient care errors. Patterns of poor work quality on assignments were associated with taking short cuts that could potentially harm a client. Collectively, participant comments made visible the metaphorical connections nursing faculty made between student accountability and how that could replicate accountability in the practice setting.

Participant perceptions that student accountability predicts professional nursing accountability highlights a core meaning attributed to accountability education. Specifically, participants felt compelled to uphold professional ethical obligations that nursing has with the public and to graduate students who demonstrate professional accountability. “We [nursing faculty] have a responsibility to the public” (Participant 2). “When a senior nursing student is not demonstrating accountability, it is really troubling for me because we are going to release them to the public” (Participant 6). “I need for them [students] to leave a program truly understanding how to actively be accountable. The stakes are very, very high” (Participant 4). Speaking generally about students who
are not accountable, Participant 6 stated, “It is not ok to allow someone like that into the field.” Data within this theme revealed two essential meanings attributed to the phenomenon of teaching accountability. First, nursing faculty themselves are accountable to the public and the profession for graduating practice-ready nurses who embody requisite knowledge, skills, and attitudes associated with professional practice. Second, this theme also reveals that participants can and do give language that contributes to a tangible definition of accountability.

The participant-created metaphors generate a foundation upon which both nursing faculty and nursing students may understand and create a common language about accountability. For example, at the root of each metaphor is the understanding that accountability means taking ownership for one’s actions or non-actions. Noteworthy here is the incongruence between the finding that accountability is vague and yet, based on the metaphors provided, participants know what accountability looks like and give it language. This research finding, student accountability predicts nursing practice accountability, is intriguing and creates a platform for discussing implications for nursing education and nursing research. These are discussed in greater detail in Chapter 5.

**Findings: The Experience of Teaching Accountability**

Five central themes emerged from the data giving voice to the experience of teaching accountability in academic classrooms in baccalaureate nursing programs: accountability education challenges, examples of student accountability, primary teaching, secondary teaching, and tertiary teaching. Each of these themes will be described with supporting narrative text data.
Accountability Education Challenges

Accountability education challenges describe experiences faculty encountered when teaching accountability. Excluded from this theme were text data describing specific experiences with student accountability and specific primary, secondary, and tertiary teaching experiences. This theme includes text data to explain barriers preventing intentional integration of accountability education within the legitimate curriculum. Findings contributing to this theme include student motivational issues, affective domain teaching challenges, content-heavy curriculum, and challenges associated with time constraints.

Participants reported there just is not enough time to intentionally incorporate professional nursing accountability concepts within courses. According to Participant 1, “I don’t have enough time with my students. It is something that we’ve left out because we’ve got so much to give them and so little time.” “It’s hard, I think, because you have limited time in the classroom. You’ve got large groups. Many times people aren’t willing to share their personal views or talk about characteristics” (Participant 2). Large classroom sizes do present teaching challenges, particularly because diversity in learning needs expands as class enrollment grows. Participant 4 described the combined effect that time and class size have on the teaching experience. “How do I explore this with each student? How do I prepare a lesson for all of them? I have to say, I think it [accountability education] is very much still a hidden part of our curriculum” (Participant 4). Participant descriptions of time constraints were further elucidated upon deeper analysis of the text data. The experience of time pressures was not an isolated occurrence;
rather it co-existed and was associated with challenges such as student motivation issues, affective domain teaching issues, and a cognitive-based, content-heavy curriculum that prioritizes knowledge and skills over attitudes.

Participants simultaneously reported challenges associated with both a content-heavy curriculum and affective domain teaching issues. According to Participant 2, “if they [students] are contaminating a catheter, that’s more clear-cut. It’s energy draining to have to deal with the affective rather than the knowledge.” “There’s so much content in the world and nursing knowledge and content is very – forgive me – sexy. In our courses, we get to the more cognitive pieces, but we don’t always think about the affective pieces as much” (Participant 4). Another participant stated, “Teaching accountability is very much affective domain content. I think faculty struggle with this anyway” (Participant 6). These findings reveal faculty felt more confident when teaching cognitive or psychomotor domain concepts. Conversely, affective domain concepts were more challenging to teach. Learning how to teach affective domain concepts, creating affective domain learning outcomes, and implementing affective domain teaching strategies and learning activities is time-consuming for those who lack confidence and experience in this area. A convergence of study findings revealed being pressured for time and experiencing ambivalence about how to teach affective domain concepts contributes to the experience of accountability education challenges.

In addition to time constraints and teaching challenges, participants also reported motivation issues among nursing students. “It is very difficult to make them feel that they have a part in this” (Participant 1). “For one thing, they don’t feel that it’s important
because they want to learn how to do the skills” (Participant 2). As a student, “you don’t feel yet like you’re invested in the patient’s care; you’re just a student” (Participant 4). These statements reflect faculty perceptions about what student nurses are thinking or feeling. While these perceptions have not been empirically tested or validated, they reveal socially constructed lived experiences developed within the educational environment. These experiences concurrently influence meanings attributed to the phenomenon of teaching accountability. Participants who have experienced disengaged students within the teaching-learning environment identified the disengaged behavior with a lack of motivation. For example, Participant 2 stated, “You [faculty] might know what they need to know, but if they are not willing to go there, you can teach and teach until you’re blue in the face.” This statement captures the real-world experience of attempting to teach accountability in an environment that presents multiple barriers, including a lack of student motivation.

A higher view of the emerging themes reveals and strengthens the findings that accountability education challenges are interwoven with prior themes. Specifically, these findings contributed to the meaning that accountability is core to nursing because faculty attempt to teach this core attribute despite multiple barriers. Simultaneously, accountability education challenges contribute to the meaning of vague and to the idea of compartmentalized education because the challenges present barriers to consistent and intentional accountability education. Inconsistent accountability education is further supported in the findings through participant descriptions of experiences with both accountable and unaccountable students.
Examples of Student Accountability

Participants readily described real-world experiences with both accountable and unaccountable student nurses. Inclusion criteria for this theme were text data describing authentic faculty experiences with students who did or did not exhibit accountability in academic classroom environments. Participant-created metaphors about the meaning of student accountability and participant experiences with students in clinical learning environments were excluded from this theme.

Accountable. Accountable student behaviors were described by the study participants. Prevalent descriptors of accountable student behaviors included following rules, locating and implementing policies and procedures, turning in assignments on time, demonstrating thoroughness on assignments, ensuring safety, taking ownership for actions and non-actions, and not giving excuses. Participant 3 stated that an accountable student “ensures safety no matter what setting they are in and knows that their immediate actions influence people both now and in the future.” According to Participant 5, “good nurses follow through with what they say they are going to do.” Participant 1 reported, “You need to be able to count on that person next to you. They need to be reliable.”

Study findings revealed nursing faculty are looking for students to be responsible for what they are supposed to do while simultaneously looking for students to be accountable for actions as well as non-actions. For example, nursing faculty expect students to turn in assignments on time while simultaneously expecting that students who turn in late assignments will take ownership for the potential consequences. These descriptions of
authentic experiences showcase the types of behaviors faculty associate with accountable versus unaccountable students.

**Unaccountable.** Within the data, participants described four main areas of unaccountable student behavior. The most prevalent experience associated with a lack of accountability was student excuse-making. “It’s the student who is always coming up with excuses for why something couldn’t or didn’t happen or why a mistake happened. Not taking ownership for one’s judgments or actions” (Participant 2). Participant 3 reported, “I couldn’t pass a student because he hadn’t completed all of the assignments. He got defensive and gave excuses.” And Participant 6 stated, “According to [student], it is always the faculty’s fault, faculty are not letting [student] be successful.” This finding makes visible the experiences of nursing faculty and their worldview of student excuses; i.e., excuse-making, from the perspective of the participants, is connected with not taking ownership of one’s actions or non-actions. A lack of personal ownership prevents the student from recognizing his or her behavior. Students who do not recognize, reflect upon, and challenge their behavior lack the ability to confront habits of mind and transform thinking and patterns of behavior (Cranton, 2000; Vandeveer, 2009). Instead, excuse-making students place blame externally, projecting the problem onto an external source such as a peer, an institution, a process, or a superior. Placing blame externally was further evidenced in this research study when students were not receptive to constructive feedback.

A second prevalent unaccountable student behavior related to experiences with students who did not take feedback well. Participant 3 shared this experience:
[Student] didn’t do well on a test…her average right now is 71%. I invited [student] to come in… to look at her tests and finally she did, but she wanted to argue with me about the questions and whether it was covered and how I teach the course. And then she said, ‘Well, am I the only one not passing?’ I said, ‘Yes.’

Another example of an experience with a student who was not receptive to feedback was provided by Participant 2:

I have a student who I just had a talk with a couple of days ago who has consistently handed in poor work, received poor grades, and the work has been missing big chunks. We had a conversation about attention to detail and what that is going to look like when you’re practicing nursing. The first reaction was, ‘Well, I would never do that [in clinical].

These examples reveal an inability of the student to appropriately receive and respond to constructive feedback. In the scenario described by Participant 3, the student placed blame on the faculty for her low test scores rather than taking ownership for the many possible reasons for her poor test performance. In the situation described by Participant 2, the student implied the assignment was not as important as clinical practice. This student referred the blame for his incomplete assignment onto an education system that requires him to turn in assignments which, according to the student, lack importance. The experiences described by both Participant 3 and Participant 2 provide paradigm cases that uncover situations where students resist feedback and place blame externally for their own unaccountable actions.

A third area of unaccountability experienced by the participants describes situations where students take shortcuts and are not thorough with assignments. “The thing I see sometimes is that they will take shortcuts” (Participant 5). “Assignments were incomplete, sloppy, and missing big chunks” (Participant 2). Participant 6 reported, “I remember two students in the senior leadership class and they…wrote the paper together.
Two seniors who had plagiarized each other” (Participant 6). These faculty experiences portray student responsibility more than accountability. Responsibility, as defined in the literature review, is the action of doing what one is supposed to do, for example, being responsible for knowing and addressing assignment requirements. In contrast, accountability as defined for this study is the action of taking ownership for the outcomes of one’s actions or non-actions. For example, Participant 6 later reported the senior students who plagiarized each other did take accountability for the outcome of their actions; i.e., they took the feedback well, recognized the error, and accepted the consequences of the actions. The finding that faculty confuse responsibility with accountability reflects the prior identified theme that accountability is core to nursing and yet vague. Further evidence of the confusion between accountability and responsibility was found when faculty described experiences with unaccountable students who did not turn in work on time.

Untimely behavior was the fourth unaccountable student behavior described by study participants. Within the context of describing unaccountable student behaviors, Participant 2 described experiences with “students who consistently turn in late work.” Participant 6 shared a similar experience. “If a student is consistently late with papers, there is a real teaching and learning opportunity. There are some consequences to the behavior.” These data reveal nursing faculty associate untimely behavior with accountability. Untimely behavior primarily reflects a lack of responsibility to do something or be somewhere when one is supposed to do the action. In contrast, a lack of accountability would be recognized when the student (or nurse) does not take ownership
for the outcomes of the untimely behavior. Within the data, participants did discuss experiences with students who were not accountable for their untimely behaviors. These experiences were previously discussed within the areas of excuse-making and not taking constructive feedback. As noted previously, the finding that nursing faculty have confusion regarding responsibility and accountability creates a simultaneous confirmation with the theme accountability is *core to nursing and yet vague*.

In addition to describing specific unaccountable student experiences, the participants also described the contextual aspects of accountability. For example, some faculty described looking for a trend in behavior as evidence of unaccountability. Participant 2 stated, “If patterns are developing, that needs to be dealt with.” In contrast with looking for trends in behavior, other faculty described experiences that were serious enough that they did not wait for a pattern to emerge. Participant 6, for example, stated, “You know them when you see them.” This participant’s statement was based on experiences with undeniable and serious unaccountability issues, such as not taking ownership for medication errors. Within the hermeneutic *web of meaning*, these participant experiences simultaneously confirm findings within the theme of accountability as core to nursing and yet vague. Specifically, accountability is core and nursing faculty can discriminate between accountable and unaccountable student behaviors. Conversely, the action of unaccountability is also situational. Faculty look for trends or consistency in behavior while, at other times, the situation is serious enough that unaccountability is immediately recognized. This finding reveals a connection between
the contextual nature of both nursing practice and nursing education; e.g., how faculty teach and respond to unaccountability depends upon the circumstances of the situation.

**Accountability Education Teaching Experiences**

Participants described a variety of teaching strategies that were implemented in the academic environment with the specific goal of teaching professional accountability. Teaching strategies and experiences were first categorized based upon the method of delivery; e.g. primary teaching (education provided to all students), secondary education (education provided to specific students), and tertiary teaching (education provided one-on-one for remediation and reeducation). Teaching strategies and experiences were then subsequently categorized based upon curricular approach; e.g. legitimate or hidden curricular approach.

**Primary teaching.** For this study, the term *primary teaching* was used to describe teaching and learning processes implemented to explicitly strengthen the students’ knowledge, skills, and attitudes while reducing the possibility of encountering a stressor. This definition is derived from Neuman’s systems theory and, more specifically, primary prevention, health-promotion strategies (Fitzpatrick & Whall, 2005; Masters, 2012). Inclusion criteria were text data describing legitimate or hidden teaching strategies and learning activities provided to the student population to promote accountability and prevent unaccountability. Exclusion criteria were text data related to teaching strategies and learning activities provided after unaccountability was noticed with the goal of re-education and remediation. Within the primary teaching process, participants described
implementing strategies in the legitimate curriculum with the intent of teaching accountability to the entire class.

**Primary teaching, legitimate curriculum.** Study findings revealed multiple teaching strategies that were intentionally implemented within classrooms with the goal of teaching professional behaviors as a whole, including accountability. Analysis of the data revealed two distinct foci of accountability education. First, participants implemented teaching strategies that taught students to be accountable students. Second, participants implemented teaching strategies aimed at teaching students to be accountable professional nurses. The participants were not consciously aware of the distinction and focus of their teaching; rather this finding emerged through data analysis.

**Teaching students to be accountable professional nurses.** Text data revealed legitimate classroom experiences associated with teaching students to be accountable professional nurses. Participants described teaching accountability within the context of hypothetical nursing practice scenarios. “I like to tell stories and use case studies. I like to help the students put the pieces together [knowledge, skills, and attitudes] in a way that they never expected” (Participant 5). Participant 4 described incorporating accountability education within hypothetical nursing practice scenarios as well. For example, while teaching students about urinary catheterization and sterile technique, “I ensure that a primary principle they have to think about is accountability. For example, who’s accountable for preventing these infections in the first place.” Finally, Participant 6 described a teaching experience that engaged students in small-group, in-class values clarification discussions where students reflected on *what if* situations, i.e., situations
where the students reviewed hypothetical nursing practice decisions and considered the consequences of their actions or non-actions.

We incorporate scenarios [and ask] what if you were in this situation. We frame that [scenario] around the questions such as what guides your practice and what if you were in this situation? We [incorporate] the Code of Ethics. We use a standardized process [of reflection]…here is the value, here is how I learned it, here is how it plays out, here is what happens if I don’t stay true to it.

Analysis of text data across participants revealed a consistent pattern of teaching experiences that incorporate hypothetical nursing practice scenarios as a strategy to engage the student in learning. Primary teaching strategies engaged students in knowledge construction through hypothetical environmental immersion. Additionally, small-group discussions provided opportunities for students to transform thinking by sharing and discussing converging viewpoints about professional behaviors, creating opportunities to challenge automatic assumptions. Application of both constructivist and transformational learning theories were noted among the legitimate primary teaching strategies described in the data. Missing from the data was evidence of opportunities for intentional repetition, repeated exposure, and faculty feedback.

Embedded within the data was evidence of inconsistent and compartmentalized primary teaching experiences. Participant 6 reported the values clarification exercise was engaging and that she could see students making connections. Ultimately, however, Participant 6 reported, “I never had the opportunity to repeat this since we moved into a revised curriculum.” Participant 4 described a similar inconsistent teaching experience. “We talk a lot about values and ethics and the ANA Code of Ethics and all of these things. They [students] engage in the material in lots of ways, so we think it is an explicit
part of the curriculum, but I disagree that we’re each intentionally growing and measuring it in a way to see progress in our students.” Participant 4, like other study participants, gave voice to the lack of continuity within the legitimate curriculum. The text data as a whole suggested that the experience of teaching accountability in the legitimate curriculum is dependent upon faculty interest, curricular agendas, and teaching assignments.

*Teaching students to be accountable students.* Interspersed within the teaching experiences was the finding that some primary teaching strategies served the purpose of teaching students to be accountable students as opposed to teaching them to be accountable professional nurses. For example, Participant 6 stated, “We talk about it in the classroom. There are lots of learning opportunities for accountability. One of them might be to get their papers in on time. If you give feedback and they don’t agree, how do they handle themselves around that?” According to Participant 5, “one of the biggest things as far as accountability is spelling out expectations and then asking the students to live up those expectations.” Participant 3 reported similar teaching experiences. “I clearly state the expectations about things like being on time and communicating beforehand. You set up the circumstances or situations and the natural consequences.” These comments were provided within the context of describing what is like to teach to accountability. A noteworthy finding here reveals how the participants blended teaching student accountability with teaching professional nursing accountability. Study findings revealed participants perceived they were teaching students how to be accountable nurses when they were actually teaching students how to be accountable students. Within the
web of meaning, this finding concurrently confirmed the prior theme that student accountability predicts nursing practice accountability. The underlying conjecture among the participants is that if a student learns how to be an accountable student, they will then translate student accountability into professional nursing accountability.

**Primary teaching, hidden curriculum.** In addition to the legitimate primary teaching processes, participants also described one hidden primary teaching strategy: role-modeling. According to Participant 1, “teaching them that [accountability] is…it’s more of a demonstration.” “I think I teach them accountability by role modeling” (Participant 3). “By simply role modeling what accountability looks like as a professional person, I feel that that is valuable in and of itself as a learning activity” (Participant 4). These participant comments reflected a faculty perception that students will learn how to be accountable professional nurses through passive observation of faculty behaviors. According to Wilson (1995), role-modeling represents an implicit, hidden teaching strategy because students are largely unaware of the random and unclear messages conveyed via role-modeling. Role-modeling could influence student learning (Keating, 2006); therefore, faculty should be consciously aware of the meanings conveyed to students through faculty behaviors.

**Secondary teaching.** According to Neuman’s systems theory, secondary prevention is focused on early case finding and treatment of symptoms to halt the progression of the issue and restore health (Fitzpatrick & Whall, 2005). The theme, secondary teaching, is defined as faculty activities aimed at early identification of student issues, timely feedback, and implementation of measures that will strengthen student
learning. Text data were included in this theme if they described legitimate or hidden student-specific teaching experiences that were aimed at early identification and feedback. Text data were excluded from this theme if they described primary or tertiary teaching experiences.

**Hidden secondary teaching.** Each of the secondary teaching experiences fit within the hidden curriculum. Secondary teaching experiences mainly described those teaching strategies that involved early identification of inadequate quality of work on assignments, faculty feedback on assignments, and a subsequent belief that students would incorporate the feedback to improve performance. For example, Participant 5 reported, “I gave them their papers and let them read my comments. I gave them resources to think about certain things.” Participant 3 described a similar experience in which written feedback was provided on assignments to encourage students to seek “further learning and to go look for more information.” Finally, Participant 1 reported, “We make them accountable for actions. They have to perform and be evaluated for their participation, papers they turn in, and interacting in forums.” The intent of the feedback, according to the participants, was to help students recognize deficiencies in their work with the goal of improving outcomes on future assignments.

The secondary teaching descriptions, while intentional behaviors on the part of the faculty, do not actively engage the student in the learning. Moreover, as described by the participants, the written feedback that is provided on assignments may be compared with “telling” the students where improvement is needed rather than teaching students how to improve. The secondary teaching activities described above are hidden within the
curriculum and primarily reflect behavioral teaching strategies in that they offer students feedback on performance. While the nursing faculty are aware of the meanings attributed to the feedback that is given, there is no evidence within the data to suggest students correctly interpreted or incorporated the faculty feedback. Further analysis of secondary teaching experiences again revealed strategies aimed at teaching students to be accountable students versus teaching students to be accountable professional nurses.

**Tertiary teaching.** The goal of tertiary prevention is re-adaptation, reeducation to prevent future occurrences, and both maintenance and stability of the system (Fitzpatrick & Whall, 2005). Tertiary teaching is recognized when faculty identify an issue and implement student-centered strategies to remediate the problem. These strategies may include reeducation, describing consequences of the behavior, and student-centered interventions that assist students to achieve system stability. Text data describing legitimate and hidden teaching experiences that were student-specific and initiated to re-educate or remediate unaccountable student behaviors were included in this theme. Exclusion criteria included text data reflecting primary and secondary teaching experiences.

**Hidden tertiary teaching.** Tertiary teaching occurs as needed during one-on-one faculty-student meetings and therefore is part of the hidden curriculum. Tertiary teaching represents the most prevalent form of accountability education described by the participants. According to Participant 4, “we [faculty] don’t address it [accountability issues] until it’s a problem.” Participant 1 also reported that “we [faculty] don’t consciously go into teaching it; instead, we help students battle the behaviors that are
counter-intuitive to accountability.” These exemplar quotes are reflective of the comments provided by each participant. The findings from this research revealed nursing faculty experiences associated with the process of teaching accountability are largely hidden and not addressed until a student exhibits a problem that is either consistent or dangerous enough to require intervention. Interestingly, tertiary teaching as the dominant form of accountability education is counterintuitive to nursing theories that support health promotion and disease prevention. Study findings revealed faculty often waited for the problem to arise or reach a “chronic” state and then experienced frustration when students did not demonstrate accountability.

Participants described one-on-one student remediation teaching experiences as “really frustrating, it doesn’t feel good” (Participant 2). Participant 4 reported, “It occurs to me that people tend to be a little uncomfortable with issues of accountability. I think nurses as a whole tend to be people who are more conflict-avoidant rather than, you know, conflict-engaging.” And finally, Participant 6 stated, “Week ago, I had a student who was not showing accountability and I lost sleep over it and spent a lot of time thinking about it.” These comments reveal emotions experienced by participants who engage in tertiary teaching moments with unaccountable students. Previously in the findings, participants gave voice to inconsistent, compartmentalized teaching and experiences with colleagues who seemed to not address unaccountable student behaviors. The experiences described here also coincide with prior text data revealing the tendency of faculty to “dance around the term a little bit” (Participant 4). Collectively, these findings connected with the meanings attributed to vague accountability education and
accountability education challenges. For example, faculty who are conflict-avoidant, pressured for time, and uncomfortable with affective-domain, emotion-evoking concepts are likely to place less emphasis on primary teaching accountability education. These findings contribute to understanding the experiences of tertiary teaching.

Regardless of the reported tendency to avoid conflict and, as stated previously, dance around the topic, participants who experienced tertiary teaching moments reported that the teaching resulted in student learning. For example, “I’ve had some serious conversations with students. They’re very responsive and kind of have a wake-up moment” (Participant 3). This participant went on to describe her experience with an unaccountable student and the events that occurred during the tertiary teaching moment. She clearly illustrated the accountability issue with the student, engaged in open dialogue about the issue, assisted the student with critical reflection on the topic, worked with the student to develop a remediation plan, set a specific evaluation date to determine if outcomes were achieved, and clearly explicated the consequences for not meeting the agreed upon goals. “Students are written up on a formal document. The student has to respond in writing what they will do to change the behavior. I had to be really bold and blunt and I did it – I told [student name] that people aren’t going to trust you, they’re not going to want to work with you” (Participant 3).

In addition to the situation described by Participant 3, other participants described the tertiary teaching moments as productive, resulting in the students developing and subsequently demonstrating accountability. “She [student] started crying. It was the first time she really realized what it meant to be a nurse in these situations” (Participant 5).
Participant 1 described a similar outcome following a one-on-one teaching session with a student to discuss his lack of accountability. “When I saw that transformation in him, I realized that I had done it” (Participant 1). As described by these participants, the tertiary teaching moments resulted in students learning how to be accountable.

Another poignant example of tertiary teaching was provided by Participant 4.

A student made a med error in clinical, rather than replying, ‘Well, here’s what you do,’ we started really talking about it. I ask them to identify what they think those feelings are telling them about themselves and the situation, so they start connecting their internal values and beliefs with the situation.

The remainder of the tertiary teaching story described by Participant 4 revealed that during the one-on-one faculty-student discussion, the student identified the specific problem; critically reflected on assumptions, feelings, and patterns of thinking contributing to the problem; developed a plan for strengthening the learning to prevent future occurrences; developed learning goals; and determined a date for reevaluation.

This description of teaching strategies and learning activities mirrors those used by Participant 3. Commonalities among tertiary teaching experiences reflected the use of multiple learning theories such as constructivist, behavioralist, and transformational theories. Blending components of multiple learning theories offers opportunities to address the knowledge, skills, and attitudes that encompass professional nursing accountability.

Looking globally at participant comments, the findings suggest that the majority of tertiary teaching occurs with senior-level nursing students. Study participants teach both junior- and senior-level courses, so the opportunity for participants to describe a junior student who does not exhibit accountability existed. Participant 4 specifically
discussed having higher expectations of seniors before “we release the students into practice.” In addition, Participant 6 stated, “For me, the toughest thing is when I see seniors doing some of this.” These participant comments suggest the experience of teaching accountability is influenced by the level of the learner. In terms of accountability, study participants expect more from senior students than they do from junior students. Prior findings in the study revealed reasons to explain why faculty would expect more from a senior student. First, participants had the perception that accountability was taught somewhere earlier or that students who chose nursing would innately have accountability. Second, because participants themselves had experienced teaching accountability in their courses, they would likely anticipate faculty peers are teaching accountability as well. Reflection on the entirety of teaching experiences described by the participants revealed that the combined effects of accountability education challenges and inconsistent primary teaching strategies contribute to faculty perceptions that senior students have learned how to be accountable when in fact, the teaching is largely hidden and weakly implemented.

**Chapter 4 Summary**

Data analysis resulted in the emergence of three central themes regarding the socially constructed meanings participants attribute to teaching accountability in academic classrooms in baccalaureate nursing programs. Accountability is an expected, intrinsic, fundamental attribute that is core to nursing. While accountability is core and essential to professional nursing practice, uncertainty about teaching processes and the lack of an intentional curricular approach reveals the meaning that accountability
education is vague. Finally, although accountability is core and yet vague, participants attach meaning to student behaviors, reporting that student accountability predicts nursing practice accountability. Each of these themes contributes to understanding the meanings attributed to teaching accountability and how these meanings influence the experience of teaching.

Phenomenological construction resulted in the development of five core themes associated with the experience of teaching accountability. Participants reported not having enough time within a content-heavy, cognitive-based curriculum to intentionally and consistently teach accountability. Additional accountability education challenges included a perceived lack of student motivation to actively engage in the topic and difficulty teaching affective-domain concepts. Despite the challenges, participants again supported the theme that accountability is core to nursing as evidenced by narrative examples of student accountability and unaccountability as well as descriptions of teaching strategies and learning activities (primary, secondary, and tertiary) that have been implemented to help students learn and demonstrate accountability. Tertiary teaching, while described as frustrating and uncomfortable, was revealed as the most prevalent strategy for assisting students to learn about and demonstrate professional nursing accountability.
CHAPTER 5. CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to understand the meanings nursing faculty attribute to teaching professional nursing accountability and to examine the experiences of faculty who teach accountability in baccalaureate nursing programs. An interpretive phenomenological research design was used. This chapter provides a summary and discussion of the research findings in relationship to three established learning theories (constructivism, behavioralism, and transformational) and Neuman’s healthcare systems model. Limitations of the study, recommendations for teaching practice, and recommendations for nursing research are presented as well.

Summary of the Findings

Study findings brought out of concealment socially constructed meanings nursing faculty attribute to teaching professional accountability. Experiences associated with the meanings of teaching accountability were also revealed. A summary of the findings as they directly relate to each research question is provided.

What Meanings do Faculty Attribute to Teaching Accountability?

Findings from this research study revealed meanings nursing faculty attribute to teaching accountability. Contradictory meanings emerged from the data. The first finding revealed the meaning of accountability as an essential and core professional attribute that should be intentionally taught. Substantiating this finding was the concurrent meaning attributed to student nurse behaviors; e.g., student nurse behaviors were described as being predictive of future professional nursing practice behaviors. The predictive meaning of student accountability and how this may translate into professional practice
supports the core nature of accountability in nursing and the need to provide explicit accountability education. Imbedded within these meanings, however, were socially constructed assumptions about the inherent nature of accountability among students who chose nursing as a profession and who were intelligent enough to be accepted into competitive nursing programs. These findings reveal a dichotomy between the meaning that accountability is essential to professional practice and should be taught and the meaning that accountability is an inherent attribute of nursing students. Specifically, while faculty perceive accountability as a core professional behavior and make metaphorical predictions between student accountability and future practice accountability, faculty simultaneously described accountability as an inherent attribute. Essentially, if accountability is core and inherent, then faculty would be less inclined to incorporate accountability education within the legitimate curriculum. These meanings contribute to and perpetuate the experience of hidden accountability education.

The second major finding is the meaning of accountability (although necessary and core) as vague, ambiguous or intangible. This finding revealed a divergence between the meanings of accountability as core to nursing and the reality that faculty are able to identify and describe accountable and unaccountable student behaviors. Further review of the data gave deeper meaning to the theme of accountability as vague. Specifically, the term vague has a stronger connection with the experience of teaching accountability within the legitimate curriculum and a weaker connection with the concept of accountability itself. These meanings simultaneously contribute to the understanding of the experiences associated with teaching accountability.
What Are the Experiences Associated With Teaching Accountability?

Findings from this study revealed real-world faculty experiences associated with teaching accountability in baccalaureate nursing programs. While examples of explicit education within legitimate curriculum primary teaching encounters were described, these teaching moments were inconsistently embedded within individual courses. Additionally, teaching examples included an equal distribution of strategies that taught students how to be accountable students as well as strategies that taught students how to be accountable professional nurses. Exemplary professional nursing accountability education primarily occurred during one-on-one tertiary teaching moments.

Teaching strategies and learning activities described in tertiary teaching moments incorporated and blended several theoretical learning approaches (constructivist, behavioral, and transformational). This eclectic theoretical approach resulted in participant reports that students learned how to be accountable. Participants reported tertiary teaching experiences were reeducative, resulted in preventing future occurrences and helped students to achieve system stability.

Each of these parts of the data contributes to understanding the whole. Specifically, accountability is core to nursing and should be taught within the legitimate curriculum to ensure students develop accountability in a manner congruent with professional practice standards. Faculty experience a variety of challenges when teaching accountability. These challenges contribute to the meaning that accountability education is vague. The challenges include recognizing and overcoming hidden assumptions about accountability education, ensuring timely integration within the legitimate curriculum and
primary teaching encounters, sharing a common meaning of professional nursing accountability, and utilizing a variety of learning theories within the teaching-learning process to promote student learning.

**Discussion of the Findings**

Meanings people attach to a phenomenon help to explain subsequent human actions. According to the classical work of Argyris and Schön (1974), the congruence between what one knows and how one acts is deeply influenced by what one values. Often, human values, beliefs, and habits of mind that influence everyday actions go unnoticed. According to Paul and Elder (2006), people are “fundamentally unaware of the role that automatic thinking is playing in our lives. We don’t notice that we are continually making assumptions, forming concepts, drawing inferences, and thinking within points of view” (p. 26). This research study made visible the socially constructed hidden meanings faculty attribute to teaching accountability and how these meanings influence the experience of such teaching in baccalaureate nursing programs.

**Core to Nursing**

A primary meaning made visible in this study is that faculty perceive accountability as a core, innate, and natural human behavior essential for professional nursing practice. The core nature of accountability is echoed in the ANA and ICN Code of Ethics for nursing (ANA, 2010; ICN, 2000) and is described by Shultz (2009) as a dominant professional value. Interpretation of this study’s findings revealed that each of the study participants had constructed mental models of professional practice behaviors that were congruent with professional standards. Through immersion in nursing practice
environments, accountability has become internalized within the being and worldview of nursing faculty; accountability, for nursing faculty, is innate. Because accountability is core (core to the profession and core within faculty being), faculty perceive student nurses should innately have and demonstrate accountability.

This study revealed nursing faculty perceptions that students have constructed accountability schemata consistent with faculty mental models and professional nursing practice expectations. Data analysis uncovered the hidden faculty assumptions that students who choose to become nurses and who are intelligent enough to be admitted to competitive nursing programs should inherently have this essential, core attribute. These meanings, revealed from the worldview of the participants, provided insight into habits of mind that influence the experience of teaching accountability. Missing from this meaning is mindful understanding, on the part of the faculty, that students have not yet been immersed in the nursing practice environment to an extent that mirrors the lived experiences of faculty. While accountability is core to nursing and nursing faculty, it is not yet core to the student. Like the faculty, students need environmental immersion, life experiences, and feedback on performance to construct professional nursing accountability schemata.

Interpretation of this theme in connection with the whole of the findings indicates that faculty value the importance of teaching accountability. Participants reported implementing primary teaching strategies aimed at intentionally teaching accountability despite challenges such as feeling pressured to find time to teach accountability in a content-heavy, cognitive-focused curriculum. This finding is echoed in the literature by
Dillard and Siktberg (2009), who warned against content-heavy curricula and encouraged nursing faculty to “include development of collegiality and integrity among students” (p. 75). While participants in this study gave voice to the need to incorporate accountability education within the legitimate curriculum, they also gave meaning to the barriers that prevent explicit accountability education.

**Core to Nursing and Yet Vague**

A dominant finding in this study contributing to the meaning of teaching accountability is the reported vague and intangible nature of the concept of accountability as well as how accountability is taught within the nursing curriculum. The literature confirms that professional accountability is challenging to define (Caulfield, 2005; Dohmann, 2009; Milton, 2008; Shultz, 2009; Snowdon & Rajacich, 1993). As noted above, the researcher was unable to locate a consistent language or working definition for accountability. As a result of the inconsistencies within the literature, the researcher synthesized and developed a working definition of professional nursing accountability for this study.

Despite reports that accountability is a vague term, each participant was able to describe and give language to both accountable and unaccountable student behaviors. The noted inconsistency between describing accountability as a vague and intangible concept while also readily describing student accountability behaviors creates conflict within the findings. This conflict was later partially resolved when participants described an inconsistent curriculum, compartmentalized education, and accountability education challenges. Interpretation of the whole of the data is that professional nursing
accountability itself is not vague in comparison with the vagueness of the real-world process of teaching accountability in academic classroom environments.

Participants reported that accountability education is vague, inconsistent, and compartmentalized and faculty teach in silos across the curriculum. “The inadequacy of the traditional undergraduate curriculum model which is … discipline specific” (Lindeman, 2000, p. 11) is an issue that needs to be addressed. Findings from this study make visible real-world educational issues associated with compartmentalized education and teaching in silos across both lower-division and upper-division courses. The effect of compartmentalized education was most evident in participant stories about senior nursing students who demonstrated unaccountable behaviors and the resulting tertiary teaching that was necessary to ensure senior students learn accountability before they enter into professional nursing practice. In addition, the findings revealed inconsistent faculty standards across the curriculum. For example, participants reported that faculty in pre-requisite courses did not address unaccountable student behaviors and, instead, passed the student along to the next faculty member with a warning. These findings substantiated the interpretation that accountability education is vague and faculty across the curriculum demonstrate inconsistent standards for addressing unaccountability. This study revealed that an inconsistent educational approach results in some students demonstrating accountability while others do not. The students who do not demonstrate accountability reveal a gap within the curriculum that needs to be addressed in order to prevent unaccountability and optimally prepare students nurses for professional practice.
The intangible and vague meaning of accountability education is also closely associated with the aforementioned hidden faculty assumption that nursing students inherently have this professional nursing attribute or they have learned it somewhere else. “As teachers, we are usually experienced subject experts and may not pinpoint the prerequisite learning or be aware of all the components of the performance that have become second nature to us” (Cranton, 2000, p. 80). Faculty who have internalized accountability may not be aware of the need to sequence learning experiences in the legitimate curriculum. An inconsistent and compartmentalized approach to teaching limits the possibility that students will learn and construct knowledge, develop skills, and transform attitudes so that they are congruent with professional nursing accountability. A convergence of themes associated with the meaning of teaching accountability reveals that the core nature of accountability creates the perception that students should innately have this attribute contributing to hidden, inconsistent, and vague education across nursing curricula.

This study revealed nursing faculty have constructed mental models of professional nursing accountability as evidenced by their ability to know accountability when they see it. Participants readily provided examples of accountable and unaccountable student behaviors. In addition, faculty gave meaning to student behaviors that predict future nursing practice behaviors. Ultimately, the meaning of the vagueness of accountability has less to do with how faculty understand accountability and more to do with not knowing how accountability is taught in baccalaureate nursing education.
This interpretation of the data is evidenced by participant comments that report ambiguity about when, where, and to what extent accountability is taught.

**Student Accountability Predicts Nursing Practice Accountability**

Study participants have developed mental models of professional nursing accountability allowing them to make metaphorical connections between student behaviors and how those behaviors predict future nursing practice behaviors. No prior studies were located in the nursing literature to confirm or disconfirm the perception that student accountability predicts future nursing practice accountability. A study conducted by Hart and Rotem (1995) did recommend research on this topic; however, no such nursing research could be located. A study by Papadakis, Hodgson, Teherani, and Kohatsu (2004) reported that medical students who demonstrated unprofessional behavior in school were twice as likely to be disciplined for unprofessional practice behaviors by state medical boards when compared with medical students who did not demonstrate unprofessional behavior in school. The research by Papadakis et al., suggests that nursing faculty perceptions and metaphorical predictions between student behaviors and future practice behaviors, as revealed in this study, may have some credence.

While nursing faculty make metaphorical connections, there is no evidence that students make similar connections or predictions about their behaviors. Each study participant provided metaphors that connected student behaviors with potential nursing practice behaviors. No participant questioned if there was a difference between student accountability and professional nursing accountability. Interpretation of the study findings was that participants not only make assumptions about the innate nature of accountability.
within nursing students, but they also make assumptions that student accountability predicts professional nursing accountability.

Faculty predictions about student accountability and how this will translate into nursing practice accountability reflects the meaning that accountability is a core professional attribute. This study revealed that although accountability is at times both intangible and vague, it is also concurrently core enough that faculty can identify and describe both accountable and unaccountable student behaviors. These socially constructed meanings, derived from immersion in the world of nursing and the world of nursing education, contribute to the experiences associated with teaching accountability.

**Teaching Accountability is Challenging**

Participants in this study revealed four primary challenges associated with the experiences of teaching professional nursing accountability in baccalaureate academic classroom settings. Study findings revealed that time constraints, content-heavy and cognitive-focused curriculum, affective-domain teaching issues, and a lack of student motivation to engage in the learning equally contribute to accountability education challenges. Each of these parts contributes to understanding the barriers associated with accountability teaching experiences.

Time constraint issues are tightly interwoven with the experiences of a content-heavy curriculum that places an emphasis on cognitive- and psychomotor-domain learning. Participants discussed needing to ensure that they teach essential concepts so that students are prepared to achieve program and course outcomes. Research data validated that nursing faculty struggle with a content-heavy curriculum and that they feel
pressed to ensure that students have the knowledge and skills that they need to successfully progress within the curriculum. In addition, faculty perceptions of test questions and categories for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) could influence the experience of teaching accountability. According to the NCSBN (2009b), the NCLEX-RN may create barriers that stifle innovative educational approaches because nursing programs use NCLEX-RN testing outcomes as a method to measure the strength and success of the program’s curriculum. While not specifically discussed by the study participants, the interpretation could be made that time constraints and feeling pressured to teach cognitive and psychomotor content is associated with a curricular design that places an emphasis on NCLEX-RN pass rates. Such a curricular focus would cause faculty to place less emphasis on affective-domain content, such as accountability.

Strongly connected with time constraints and a curriculum that places an emphasis on knowledge and skills are the challenges associated with student motivation. This study exposed faculty perceptions that nursing students exhibit more motivation to learn cognitive and psychomotor nursing knowledge and skills and less motivation to learn affective domain concepts, such as accountability. According to adult learning theory, “people become ready to learn something when they experience a need to learn it in order to cope more effectively with real-life tasks or problems” (Cranton, 2000, p. 12). Faculty who attempt to teach affective-domain content, such as accountability, and notice that students are disengaged might naturally focus on teaching concepts that are
perceived as interesting and engaging for the students. Typically, this means focusing on knowledge and skills while ignoring soft and subjective affective-domain concepts.

When viewed within the context of each of the teaching challenges described in the study, affective domain teaching challenges contribute to time constraints. Faculty who are less adept at teaching within the affective domain may struggle. The possibility exists that faculty may relegate accountability education to the hidden curriculum because the affective component is viewed as time-consuming, challenging, and uncomfortable. According to Paul and Elder (2006), human nature seeks the path of least resistance; egocentric thinking “fights. It flees. It denies. It represses. It rationalizes. It distorts. It negates. It scapegoats. And it does all of this in the blink of eye with no conscious awareness of its deceptive tricks” (p. 431). Neumann and Forsyth (2008) also addressed the viewpoint that nursing faculty are less skilled at teaching affective-domain content than they are at teaching cognitive and psychomotor content. Affective domain teaching:

…relies on instructor creativity to stimulate those elements [attitudes, beliefs, values, feelings, and emotion] because teaching learners in the affective domain is more complex than teaching in the cognitive or psychomotor domains. Altering feelings and values in a brief class requires higher-level teaching strategies from the instructor. (Neumann & Forsyth, 2008, p. 248)

Affective-domain teaching is closely associated with transformational learning theory. To restate what was discussed in the literature review, transformational theory guides faculty to incorporate learning activities that strive to challenge and develop affective-domain values, beliefs, and perspectives (Merriam et al., 2007). Critical reflection on thinking, challenging automatic assumptions, exposing viewpoints so as to engage in critical
dialogue, and participating in emotionally engaging disorienting dilemmas are described as teaching strategies that reflect perspectives of transformational learning theory (Cranton, 2000; Mezirow, 2000; Vandeveer, 2009) as well as the affective-domain taxonomy (Krathwohl, 1994; Neumann & Forsyth, 2008; Shultz, 2009) Each of the aforementioned transformational learning theory teaching strategies and activities requires that nursing faculty carve out time for students to engage in critical reflection and discourse. As noted previously, however, study participants stated that there is not enough time to thoughtfully include accountability education in a content-heavy curriculum. Interpretation of study findings suggests that when faculty have to make a choice about what to teach within the curriculum, challenging and vague affective-domain content is given less emphasis. The finding that the experience of teaching accountability is challenging supports the meaning of the finding that accountability education in nursing curricula is vague.

Examples of Student Accountability

Interpretation of the data within this theme found that participants had had enough experiences with both accountable and unaccountable students that they had constructed mental models of the behavior. For example, participants described authentic experiences with unaccountable students and discussed specific behaviors, such as excuse-making and untimely behavior, as connected with unaccountability. Study findings simultaneously revealed evidence of students who demonstrated patterns of unaccountable behaviors. These findings contribute to a deeper understanding about the experiences of teaching accountability. Within the web of meaning, connections can be
made between accountability education challenges, inconsistent primary and secondary teaching strategies, experiences with unaccountable students, and tertiary teaching experiences.

**Primary, Secondary, and Tertiary Teaching Experiences**

Interpretation of study findings associated with teaching experiences revealed that nursing faculty *perceived* they were teaching students to be accountable nurses when they were actually teaching students to be accountable students. Within the web of meaning, this finding concurrently confirms the prior theme that student accountability predicts nursing practice accountability. The underlying conjecture among the participants is that if a student learns how to be an accountable student, he or she will then translate that student accountability into professional nursing accountability. Some of the primary teaching and secondary teaching strategies served the purpose of developing accountable students rather than intentionally teaching students to be accountable professional nurses. For example, when faculty told students to be on time, to communicate early about concerns or issues, to improve their writing, and to follow the grading rubric, they were teaching the students to be accountable students. Interpretation of the whole of the findings, however, revealed that because faculty make metaphorical connections between student behaviors and how these will predict future nursing practice behaviors, the finding that faculty *think* they are teaching professional nursing accountability when they are *actually* teaching students to be accountable students is real. There is no evidence to suggest that students make the same metaphorical connections that faculty hope the students are making.
Study findings did reveal teaching strategies and learning activities that were intentionally designed to teach students how to be accountable nurses. These experiences were reflected in both the primary and the tertiary teaching experiences. Primary teaching strategies included in-class exposure to hypothetical nursing scenarios, in-class group discussions, online forum discussions, and telling students about both the ANA and ICN Code of Ethics. The concern about utilizing hypothetical nursing scenarios is that they are from the lived experiences of the faculty and may not connect with the lived experiences of students. Some students have not yet been immersed in the nursing practice environment, so they have not developed equivalent pictures of patient care that the faculty have. As reported by Wilson (1995), students who “lack experience and have little knowledge about nursing” (p. 92) may not authentically connect with the hypothetical situation. Therefore, nursing students will give hypothetical responses to hypothetical situations rather than constructing authentic mental models that are congruent with professional nursing standards.

In contrast with primary teaching encounters, the tertiary teaching experiences were student-centered, incorporated multiple learning theories, engaged the students in critical self-reflection, and resulted in student learning. Interpretation of the whole of the data revealed that the tertiary teaching moments were effective. This interpretation was supported by participant reports that tertiary teaching strategies resulted in transforming student behaviors and ultimately resulted in the student passing the course and progressing within the curriculum.
Reflecting on the theme *core to nursing and yet vague*, a connection was noted between faculty perceptions about the meaning of accountability (accountability is core and yet vague) and faculty teaching experiences. Specifically, while some legitimate teaching strategies were described, they primarily focused on knowledge construction. Knowledge construction is more concrete, such as reading and discussing the ANA Code of Ethics. What remains vague are the soft and affective pieces of learning, such as transformational learning approaches, that develop habits of mind and values necessary to apply core nursing attributes, including accountability. An in-depth discussion of the findings in relationship to learning theories and nursing theory is provided next.

**Relationship Between the Findings and Theory**

Three learning theories (constructivism, behavioralism, and transformational) and one nursing theory (Neuman’s healthcare systems model) were used for this study. The learning theories were integrated within a conceptual framework with the goal of providing an eclectic theoretical approach to address the complex nature of accountability education. Neuman’s systems theory was added to the study during the analysis phase to help explore and understand the emerging findings associated with student accountability as well as findings associated with teaching experiences. Both the conceptual framework and Neuman’s systems model are discussed next within the context of the research findings.

**Learning Theory Conceptual Framework**

Evidence of the integration of constructivist, behavioralist, and transformational learning theories was noticed within the teaching strategies described by study
participants. Tertiary teaching experiences, as described by the participants, provided the highest degree of intentional integration of all three learning theories. Findings of this study supported the flexible theoretical approach depicted within the conceptual framework and they support recommendations for nursing education. The integration of multiple learning theories within the educational environment resulted in students achieving the intended educational outcomes.

**Constructivist learning theory.** During the tertiary teaching moments, constructivism was most apparent when faculty explicitly helped the students to identify accountability and create a vivid, holistic mental model of accountability. In addition to defining accountability, faculty actively assisted students to explicitly make metaphorical connections between the students’ behavior and how that behavior might make itself known in the clinical practice setting. Through these one-on-one teaching moments, faculty collaborated with the students to help them develop schemata congruent with professional nursing accountability. According to Schunk (2004) and Simpson (2002), core components of constructivism include actively engaging students within real-world environments, assisting students to create mental models congruent with intended learning outcomes and placing the learner in conflict with their own thinking. Tertiary teaching experiences of the participants demonstrated each of these foundational components of constructivism.

Constructivism was also apparent in the primary teaching experiences. The nursing faculty in this study developed and incorporated hypothetical nursing practice scenarios as a teaching strategy to hypothetically immerse students within the nursing
practice environment. Learning activities actively engaged students in values clarification exercises, in-class group discussions, and online group forums. These learning activities sought to assist students to develop mental models that would then be utilized in future anticipated nursing practice scenarios. In comparison with tertiary teaching experiences, the primary teaching strategies incorporated actively engaging students in knowledge construction and environmental immersion (Merriam et al., 2007). Missing from the primary teaching experiences described by the participants was the explicit and intentional facilitation of placing students in conflict with prior thinking and helping students to make congruent connections between mental models of student accountability and nursing practice accountability.

These primary teaching experiences did not make visible to the student the hidden metaphorical connections faculty make between student behavior and predicted nursing practice behavior. In addition, primary teaching experiences described in this study did not create enough real-world conflict that would force students to negotiate between previously constructed knowledge and to develop new meanings. The potential that students will hold onto prior mental models or construct schemata incongruent with intended learning outcomes is a tangible possibility. Evidence that incongruent knowledge construction does occur is supported in this study by faculty experiences with unaccountable students.

**Transformational learning theory.** Self-knowledge gained through critical reflection is a core component of transformational learning theory. Critical reflection on prior life experiences and challenging long-held *habits of mind* create the potential for
students to understand their thinking and the deeply rooted values and beliefs that influence both thinking and action (Cranton, 2000; Mezirow, 2000; Shultz, 2009). A final crucial component of transformational learning theory is the “disorienting dilemma” (Vandeveer, 2009, p. 197); i.e., a situation that evokes disequilibrium and motivates the student to engage in learning. These fundamental components of transformational learning theory were best exemplified in tertiary teaching experiences related by the participants.

During these tertiary teaching moments, participants employed multiple strategies to transform student learning. Transformational learning was most apparent during candid faculty-facilitated discussions that challenged current patterns of behavior and explored converging values. Through open discourse, students were guided to critically reflect on their unaccountability, to make visible the taken-for-granted habits of mind influencing action, to face the consequences of their actions or non-actions, and to predict how their unaccountability would make itself known within the varied contexts of nursing practice.

Transformational learning theory, although inadequately implemented, was also apparent in primary teaching experiences. According to Mezirow (2000), transformational learning incorporates four main steps or areas of learning. First, students are introduced to a topic and they are challenged to think about the topic within the context of their experiences. Second, students engage in critical self-examination about the topic. Third, persons within the learning environment (faculty, students, peers) engage in seeking opinions and challenging egocentric thinking. Finally, students become
aware of the dialectical nature of the topic, gaining an awareness of the need to change their thinking and develop lifelong habits of critical reflection. Tertiary teaching experiences incorporated all four areas of transformational learning whereas primary teaching experiences incorporated two or three of the four areas.

Primary teaching experiences introduced students to the topic of professional accountability and provided hypothetical experiences. Through either in-class group discussions or online group student forums, students were instructed to dialogue with peers and faculty about the hypothetical nursing practice scenarios. One participant described a primary teaching strategy that involved critical reflection with the goal of understanding and clarifying one’s values. As a whole, however, primary teaching experiences lacked exposure to a personally experienced disorienting dilemma, deep critical reflection, and self-enlightenment about the need to change patterns of thinking.

Behavioral learning theory. Components of behavioral learning theory were noted in the primary, secondary, and tertiary teaching experiences. For example, environmental elements (faculty, instructional materials, peers) and feedback on performance were apparent in all three levels of teaching. As with constructivism and transformational learning theories, the tertiary teaching experiences exemplified the greatest amount of intentional integration of behavioral learning theory teaching strategies.

Feedback on performance is a key aspect of behavioral learning theory. Participants described providing feedback to students in both primary and secondary teaching encounters. This feedback, however, was unidirectional (faculty to student) and
did not actively engage students in discourse about accountability. In addition, the feedback primarily served the purpose of telling students how to strengthen the quality of their work on written assignments.

None of the participants in this study described providing *positive* feedback to students during primary or secondary teaching experiences as a strategy to reinforce accountable behaviors. Conversely, each participant described providing *positive* feedback to students who ultimately demonstrated accountability following tertiary teaching encounters. Positive feedback, according to Skinner (1974), is necessary to reinforce appropriate behaviors so students will be encouraged and motivated to repeat the behavior. In addition to providing positive feedback, behavioral learning theory also posits that repetition with subsequent feedback is necessary to integrate appropriate behaviors within one’s being.

Feedback itself is not enough to promote student learning of accountable behaviors. Opportunities to rehearse, implement, and receive additional feedback on behavior are necessary to sustain and extend learning beyond the classroom. Both the primary and secondary teaching experiences described by participants in this study lacked evidence of repetition as well as formative faculty feedback on performance improvement. For example, when describing secondary teaching experiences, faculty reported providing written feedback on assignments, giving students points for consideration, and encouraging students to meet with faculty if they had questions. None of the participants described setting a date for intentional re-evaluation to determine if the feedback was reviewed, reflected upon, or internalized in a manner that would result in
improved learning outcomes. In contrast, the tertiary teaching experiences created opportunities for repeat performance and required faculty feedback at a specified date.

The *law of readiness* (Merriam et al., 2007), another core component of behavioral learning theory, was primarily implemented during tertiary teaching moments. According to the *law of readiness*, students will actively engage in learning if they perceive that the educational experience will have a direct influence on what they need to know to achieve their learning goals. Missing from the primary and secondary teaching experiences is a purposeful and meaningful attention to create readiness to learn. For example, in the primary teaching encounters, faculty provided students with hypothetical nursing practice scenarios. These scenarios may not hold meaning for students who lack pre-requisite nursing practice experiences upon which they could meaningfully connect with the hypothetical scenarios. The potential exists that nursing students will go through the motions of creating hypothetical responses to the faculty-created scenarios rather than actively engaging in critical reflection.

Study findings did provide evidence that students were not in a state of readiness to learn. For example, participants described socially constructed perceptions about students who exhibited a lack of motivation to learn about accountability. In addition, despite primary and secondary teaching strategies, study findings revealed faculty descriptions of unaccountable students. Both of these study findings revealed that some students were not in a state of readiness to learn, resulting in passive learning and unaccountable student behaviors.
**Conceptual model relevance.** The most effective accountability education experiences were reported within the tertiary teaching experiences. Stories about tertiary teaching moments demonstrated the integration of multiple learning theories to assist the student with learning how to be accountable. In addition, the tertiary teaching moments created opportunities for faculty to make visible the metaphorical connections between student behavior and predicted professional nursing practice behavior. This study reveals the importance of using a flexible theoretical approach to meet the diverse needs of learners through purposeful development and implementation of educational strategies that promote student learning across multiple dimensions; i.e., knowledge, skills, and attitudes.

**Neuman’s Healthcare Systems Model**

The findings of this study support the utility of Neuman’s systems model in nursing education. Specifically, this study extends Neuman’s model into the nursing education environment, providing nursing faculty with evidence upon which to strengthen student learning (lines of defense) and prevent unaccountability (system disequilibrium) through primary, secondary, and tertiary teaching strategies. Study findings revealed that while primary teaching is occurring, the education is compartmentalized within individual courses and lacks integration of multiple learning theories. As a result of ineffectual primary teaching strategies, both faculty and students experience system stressors as evidenced by reports of frustrating tertiary teaching experiences and unaccountable student behaviors.
**Nursing theory relevance.** This study supports Neuman’s theory, revealing how the client system reacts to stress within the educational environment. For example, penetration of students’ normal line of defense is evidenced when students are confronted with new and unfamiliar professional nursing accountability requirements. In the absence of consistent and effective primary teaching strategies, students’ flexible line of defense will also experience disequilibrium. Destabilization of the client system would result in the emergence of unaccountable behaviors, e.g., late assignments, excuse-making, and placing blame externally. In the absence of early detection and treatment, both the normal and the flexible lines of defense experience energy depletion and collapse (Walker, 2005). The breakdown of system defenses was evidenced in this study by participant reports of students who either demonstrated patterns of unaccountable behavior or a one-time sentinel unaccountability event. Recognition of system disequilibrium among students provides the impetus for nursing faculty to determine the appropriate level of intervention to help the client system retain, achieve, or reclaim stability.

Study findings encourage nursing faculty to integrate established nursing theories, such as Neuman’s healthcare systems model, within teaching practices. Neuman’s systems model encourages an emphasis on the development and implementation of primary teaching strategies and learning activities. An emphasis on primary teaching strategies offers a theory-guided approach to strengthen the lines of defense, promote system stability, and prevent unaccountability.
Relationship Between the Findings and the Literature Reviewed

The literature review revealed that professional nursing accountability is challenging to define. As such, the researcher synthesized the language within 19 resources, seeking commonalities as well as disconfirming language, to arrive at a working definition of professional nursing accountability for this study. Findings from this study confirmed nursing faculty experienced similar challenges with defining accountability. For example, the literature reported disagreement about how best to define accountability (Caulfield, 2005; Dohmann, 2009; Milton, 2008; Shultz, 2009; Snowdon & Rajacich, 1993), and the participants in this study reported that accountability is vague, intangible and hard to pin down. In addition, the participants also blended responsibility with accountability, confirming what was found in the literature. Both the literature and the participants in this study reflect a common understanding that accountability can be challenging to define.

Study participants confirmed that accountability, in today’s society, has been diluted (Zubieni, 1997). For example, the trend toward individualism within contemporary society and the con-concurrent behavior of placing blame externally onto processes, systems, or other individuals was evident in the participants’ experiences with unaccountable students. As included above, Participant 2 reported today’s society backs away from calling people out on personal behaviors. In addition, participant experiences with unaccountable students revealed evidence of excuse-making behaviors and placing blame externally. Together, these findings confirm what was discussed in the literature.
related to the societal trend toward individualism and the lack of ownership for personal
actions.

The literature review informs nursing faculty that the current generation of
nursing students (Millennial learners) who grew up in the current individualist society
have a tendency to place blame for failure externally (DeBard, 2004; Howe & Strauss,
2000; Wellman, 2009). This characteristic of Millennial learners creates an increased risk
for students to not take ownership for individual actions. As noted in the literature
review, nursing faculty should not assume the current generation of nursing students
inherently possesses behaviors consistent with professional nursing accountability. This
study, however, revealed nursing faculty do make assumptions about accountability being
innate and natural to nursing students. Both the literature and this study support the
importance of challenging the assumption that accountability is an inherent attribute In
addition, both the literature and this study support the need to intentionally integrate
accountability education within the legitimate curriculum.

Study findings confirmed what was found in the literature regarding teaching
practices explicitly focused on professional nursing accountability education. For
example, teaching strategies within the literature subsumed accountability education
within the scope of teaching professional behaviors as a whole. Participants in this study
taught accountability in a similar manner; e.g., accountability was addressed while
teaching students professional ethics and professional standards as highlighted by the
ANA and ICN Code of Ethics.
Primary teaching strategies in this study were also consistent with teaching strategies described in the literature. For example, Hayward and Blackmer (2010) focused on introducing terminology, engaging students in discussion via the use of hypothetical scenarios, and asking students to engage in self-reflection on values. Nursing faculty who participated in this study described implementing similar teaching strategies. In contrast with Hayward and Blackmer’s study, nursing faculty did not provide repetitive, individual formative feedback during the primary teaching encounters. Noteworthy here is the understanding that each faculty in Hayward and Blakmer’s study was responsible for providing feedback to 11 students. The faculty-to-student ratio in many academic nursing courses is much higher than one faculty to 11 students, limiting the potential for academic nursing faculty to provide personalized, repetitive formative feedback. Formative feedback on learning is an essential behavioral learning strategy providing both faculty and students with personalized opportunities to meaningfully engage in discussion about the development of accountability. However, class sizes and time limitations present significant challenges for including the level of formative feedback necessary to replicate Hayward and Blackmer’s educational approach.

Wilson’s (1995) qualitative research study reported nursing students did not retain accountability education information when the teaching strategies primarily focused on knowledge construction. For example, lecture, assigned reading, class discussions about case studies, and multiple-choice test questions did not result in retention of desired learning outcomes beyond the classroom. This study supports Wilson’s findings. Specifically, the primary teaching strategies described in this study were similar to those
described by Wilson. These primary teaching strategies did not result in long-term knowledge retention. While this statement is not true for all students, the study findings revealed that enough students required one-on-one tertiary teaching to suggest the ineffectiveness of primary teaching strategies.

In addition to helping students construct knowledge, the literature recommended integrating behavioral and transformational learning theory within teaching strategies and learning activities. Such activities would include engaging students in critical reflection, providing formative faculty feedback, ensuring opportunities for repetition, challenging egocentric thinking, and creating experiences where students encounter dissonance. Each of these behavioral and transformational learning experiences were best exemplified within the tertiary teaching encounters described in this study. As noted previously, participants in this study revealed that the tertiary teaching moments generally resulted in students achieving the desired learning outcomes. Findings from this study support the integration of behavioral and transformational learning activities, as described in the literature, as strategies to promote accountability education and prevent the need for tertiary teaching encounters.

The literature provided suggestions about accountability education challenges. The findings from this study resonate with some of the described challenges. For example, teaching affective-domain concepts and time constraints were discussed in the literature review and confirmed in this study. Study findings revealed nursing faculty struggle with teaching affective-domain content. Learning how to be an accountable, professional nurse does involve construction of the concept and development of “ethical
standards, social roles and responsibilities of the profession” (Tanner, 2007, p. 532). Affective-domain teaching strategies and learning activities are needed to help students transform and develop values and beliefs that are congruent with ethical professional standards.

The literature also suggested accountability education may be challenging to teach because students lack enough nursing experience upon which to understand the hypothetical nursing practice scenarios utilized for in-class discussions (Martin, 1999; Quinn, 1990). This evidence from the literature regarding the ineffectiveness of hypothetical scenarios for in-class discussion was not described by the study participants. Instead, the participants reported using hypothetical scenarios as a strategy to actively engage students in learning about professional nursing accountability. The reported experiences with unaccountable students and the resulting need for tertiary teaching support the evidence from the literature and discount the use of hypothetical nursing practice scenarios as a strategy to promote student learning associated accountability.

Data from this study revealed faculty-created metaphors between student accountability and how that might translate into future nursing practice accountability. A subsequent review of the literature did not reveal evidence to support or refute the faculty-developed metaphors. Nor did the literature provide evidence regarding the meanings faculty attribute to these metaphors. Wilson (1995) did recommend that nursing faculty need to inculcate within the students a sense of belonging to the profession so students may see themselves as emerging professionals. This study provides a new context to Wilson’s recommendation. Specifically, while nursing faculty know what
professional accountability entails and have constructed mental models congruent with professional standards, these mental models have not been explicitly revealed to the students. Study findings support Wilson’s recommendation that nursing faculty should explicitly assist students to develop schemata consistent with the hidden faculty-created metaphors.

Study findings revealed that nursing faculty unknowingly incorporated accountability teaching strategies and learning activities that simultaneously served two educational purposes. Some teaching strategies were aimed at teaching students to be accountable students while other teaching strategies were focused on teaching students to be accountable professional nurses. Study participants described both of these educational activities within the context of teaching students to be accountable professional nurses. Embedded across both areas of teaching is the meaning that student accountability predicts nursing practice accountability. The literature review provided in Chapter 2 focused on understanding how nursing faculty teach students to be accountable professional nurses and did not review the state of knowledge regarding how faculty teach students to be accountable students. This emerging finding required the researcher to return to the literature to determine what is currently known about teaching students to be accountable students.

A review of electronic databases resulted in locating one peer-reviewed journal article that specifically addressed teaching accountability to college-level students (Yazedjian & Kolkhorst, 2007). No articles were located that provided evidence regarding how nursing faculty teach nursing students how to be accountable students.
The scarcity of research literature providing evidence about how to teach accountability mirrors the limited research providing evidence about how to teach professional nursing behaviors. In the absence of primary research that provides evidence regarding how to teach students accountability, a review of educational literature was undertaken. Literature describing how to proactively encourage appropriate student behaviors was located and used to inform the discussion about how to teach accountability.

Whitney (2009) and Cranton (2000) described the necessity of writing course outcomes that reflect the goals of the academic institution, the program, and the course. Course outcomes should clarify expectations regarding both student responsibilities (what must be done and when), faculty expectations, and the consequences of students’ actions (accountability) Appropriately written objectives provide students with a global picture of what needs to be done to promote success in the course as well as actions that will be taken if expectations are not met. Participants in this study did report writing course expectations and consequences for not meeting expectations in the course syllabus. In addition, participants stated that they verbally told students what the expectations were as well as potential consequences for not meeting expectations. Study findings, then, support the inclusion of accountability outcomes within course objectives and course syllabi as a strategy to promote accountable student behavior.

Although written outcomes and expectations are provided in course syllabi, this passive transmittal of information is not enough for students to understand the requirements or standards of accountability. According to Bain (2004), students may not interpret what they are being told in a manner that is congruent with what faculty wish to
convey. Instead, a student’s prior educational experiences influence how he or she interprets instructions from current faculty. For example, a student who was not held accountable for late assignments in prior courses overlays this personally constructed schemata onto the current educational situation. Telling students what is expected is not teaching. Teaching requires immersing the student in the concept, constructing mental models consistent with the expected learning, evaluating learning, challenging habits of mind, critical questioning, and providing feedback to reinforce congruent construction of anticipated knowledge, skills, and attitudes.

Rather than telling students about course expectations, Whitney (2009) recommended exploring with the students how certain behaviors can positively or negative impact both the individual and the classroom environment. “Incorporation of active learning in the classroom creates a more equitable power dynamic whereby the student becomes more likely to take responsibility in the learning environment” (Yazedjian & Kolkhorst, 2007, p. 165). For example, during the first day of class (primary teaching), faculty could actively engage students in developing a “code of conduct” for the classroom. This strategy proactively invites students to participate in developing standards of accountability for themselves and the classroom environment. None of the participants in this research study described implementing a class-developed “code of conduct” or engaging the students in dialogue about what it means to be an accountable student. Study findings, in relationship with the literature, provide a deeper understanding of teaching strategies that either promote or hinder a student’s ability to learn and demonstrate accountability. For example, telling students what is expected
passively engages the student and may not result in the intended learning outcome whereas actively engaging the student in the co-construction of knowledge promotes learning.

**Limitations**

Limitations of the study were taken into account during the interpretation of the data as the limitations influence credibility and transferability of the findings. Throughout data collection and analysis, the researcher purposefully challenged preconceptions and sought disconfirming evidence. A reflective journal was utilized to assist with challenging automatic thinking and critically challenging assumptions that might influence findings. Study participants were provided with the preliminary themes and supporting data and asked to provide critical feedback. While each of these measures was intentionally implemented throughout data collection and data analysis, the nature of data reduction and data construction in interpretive phenomenology requires human interpretation. Therefore, while a rigorous scientific approach was followed, the study findings may not resonate with all nursing faculty who teach in baccalaureate nursing programs because all human encounters are both contextual and interpretive.

Each of the study participants taught in academic classrooms in baccalaureate nursing programs. Curricular differences exist between BSN programs and other pre-licensure nursing programs. Therefore, a limitation of the findings is that they may not resonate with nursing faculty who teach in associate degree (ADN) or diploma nursing programs.
Another limitation of the study is associated with the terminal degree and education level of the participants. The literature reports that while nursing faculty have advanced degrees and possess expertise in their specific discipline, faculty may lack formal preparation in learning theory, teaching methods, and student-centered learning activities (Glauser-Patton, 2010; Iwasiw et al., 2009; Robinson, 2009; Sunal et al., 2001). Four of the six nursing faculty who participated in this study were master’s-prepared. One participant was currently enrolled in a PhD program and one participant was PhD-prepared. The educational experience of the participants is consistent with national trends among nurse educators. According to Routson (2011), less than 5% of the nurses in the United States have doctoral degrees. The potential exists that study participants lacked formal preparation in learning theories and, specifically, in transformational and affective-domain teaching strategies and learning activities. The potential that participants lacked formal educational theory background could have influenced findings regarding accountability education challenges. Study findings might have revealed different results if the sample had primarily contained nursing faculty with doctoral degrees in education.

Two participants reported that teaching accountability is challenging because no clear guidelines exist for how to evaluate accountability. These participants reported using an understanding by design (UbD) approach to education. The UbD perspective starts with the end goal or big picture outcomes in mind (McTighe & Wiggins, 2005). Faculty who use the UbD perspective begin educational endeavors by first describing the educational outcomes that will be measured to determine if learning occurred. Evaluation
outcomes are developed and then faculty design teaching strategies and learning activities that will assist the learner in achieving the educational outcomes. This study did not attempt to understand the meanings of evaluating student accountability or the experiences associated with evaluating accountability. As such, study findings may have limited utility for those faculty who utilize the UbD perspective.

A final limitation of the study is that the findings reflect meanings and experiences of nursing faculty who teach in academic classrooms. Faculty who teach nursing in clinical practice environments were excluded from the study. The potential exists that socially constructed meanings and experiences described in this study will not resonate with clinical faculty.

**Implication of the Findings for Practice**

Findings from this research study generate implications for nursing education practice. Study findings revealed accountability education is experienced as compartmentalized and vague in all four of the nursing programs represented in this study. The principal suggestion is to begin with an assessment of the current curriculum including lower-division (freshman and sophomore) and upper-division (junior and senior) courses. Findings from this study revealed faculty are vague about the concept of accountability in addition to not knowing who is teaching accountability and when that education occurs. A formal assessment of the curriculum requires collaboration and discourse about accountability education among nursing and non-nursing faculty. The goal of the assessment would be to ascertain current understandings of accountability and to determine baseline strengths and limitations of the curriculum. The assessment would
inform future actions such as creating a shared meaning and definition of professional nursing accountability, curricular planning, and subsequent implementation of theory-guided, evidence-based educational practices that addressed the identified needs.

Findings from this study suggest that nurse educators should collaborate with faculty (non-nursing as well as nursing faculty) across the curriculum to gain deeper perspectives on accountability, to provide accountability education, to ensure opportunities for repetition, and to promote consistent formative faculty feedback. Collaboration with faculty across disciplines would result in achieving multiple educational goals. First, faculty would engage in discourse about the meanings and contextual nature of professional nursing accountability and the influence of this core attribute on individuals, communities, and the profession. Second, collaboration with faculty across the curriculum would reveal where gaps exist and create opportunities to design and then track accountability education that is leveled for the learner. Mapping out accountability education across the curriculum would strengthen the educational approach and reduce inconsistencies associated with compartmentalized education. Finally, discussion and collaboration would promote a consistent understanding of accountability, reducing ambiguity and promoting the ability of faculty to provide positive feedback on accountable behaviors as well as to uphold consistent consequences for unaccountable student behaviors.

A recommended approach to strengthening accountability education early within baccalaureate education is for nursing faculty to meet with faculty who teach lower-division (freshman or sophomore) ethics courses. Nursing faculty, working in
collaboration with ethics professors, could invigorate active student engagement through the development of authentic assignments that replicate anticipated professional nursing accountability. This primary teaching approach would incorporate behavioral, constructivist, and transformational learning theories with the goal of optimally preparing students for upper-division (junior and senior) courses.

In addition to collaborating with lower-division faculty in non-nursing disciplines, this study also supports the recommendation that nursing faculty coordinate accountability education within upper-division nursing courses. Study findings revealed when nursing faculty teaching assignments change or when adjunct faculty are hired, accountability education is either not repeated within the course or it is taught with less vigor. Collaboration among upper-division nursing faculty in pre-requisite, concurrent, and future nursing courses offers the opportunity to intentionally integrate accountability education in a manner that promotes congruence between faculty expectations, enhances opportunities for repetition with feedback, and promotes student learning. In addition to promoting a legitimate curricular approach to accountability education, bi-products of collaboration include faculty development, creating a consistent language surrounding accountability, and sharing knowledge of learning theories and teaching experiences.

Subsequent to curricular assessment and developing an intentional legitimate curricular approach for accountability education, the next recommendation is to place a stronger emphasis on primary teaching strategies. Primary teaching strategies should incorporate constructivist, transformational, and behavioral learning theory teaching strategies and learning activities. The goal of primary teaching strategies would be to
optimally prepare the student, support system equilibrium, and prevent stressors that result in system disequilibrium.

Primary teaching strategies must be explicit and authentic, and should mirror nursing practice expectations. Faculty should not assume students inherently have professional nursing accountability. Instead, nursing faculty should teach accountability with the same rigor and attention that is given to similar concepts that are core to nursing. For example, faculty would not assume students inherently know how to conduct a cardiac or peripheral vascular assessment. Instead, assessment concepts and skills are taught at the appropriate level within the curriculum, opportunities for repetition with formative feedback are built into the learning process, and finally students are evaluated on their knowledge and skills across the curriculum. A similar approach is recommended for teaching students the requisite knowledge, skills, and attitudes that are necessary to be professional accountable nurses.

Another recommendation for nursing education is to replace the faculty-developed hypothetical nursing practice scenarios utilized for in-class discussions with student-developed scenarios derived from real-world experiences. According to Wilson (1995), nursing students reported that they had difficulty relating to in-class hypothetical scenario-based discussions because the students have not lived the hypothetical scenario and, therefore, did not connect with or “understand what was being talked about” (p. 92). A combination of evidence from Wilson’s study, evidence from this study, and recommendations from learning theories contributes to the recommendation that students would be actively engaged in the learning if they were asked to understand accountability
based upon their own nursing practice scenario derived from real-world experiences. Although a student may not have nursing practice experience that would showcase professional accountability, students do have healthcare experiences (either personal or observed) that they could draw upon that would make the learning activity both personal and meaningful. This recommended teaching strategy is in alignment with constructivism as students would reflect upon existing experience-based mental models, collaborate with faculty and peers to understand the experience, and construct congruent mental models through facilitated faculty discussions. Behavioral learning theory and the *law of readiness* is intentionally integrated when faculty ask students to draw upon their own experiences and connect those experiences with behaviors that are needed for professional practice.

Another recommendation for nursing education is for faculty to make explicit the automatic metaphorical connections that they make between student accountability and how that behavior predicts future nursing practice accountability. Study findings revealed that although faculty made metaphorical connections, faculty did not share these metaphors with students until the tertiary teaching encounters. From a behavioral learning viewpoint, faculty could create a readiness to learn accountability within the primary teaching encounters by engaging students in discussions that explore the metaphorical connections between student behaviors and predicted nursing practice behaviors. These discussions would permit students to collaborate with faculty in the construction of congruent mental models that address the core nature of accountability.
Participants reported accountability as core, pervasive, fundamental, and essential within everyday nursing practice. Building on this meaning, an implication for nursing education practice is to incorporate the core nature of accountability within every faculty-student encounter. For example, while teaching documentation concepts, nursing faculty might internally picture accountability and how it would be revealed in relationship with documentation. Knowing that accountability is core, faculty should then make their internal pictures and internal dialogue explicit. The recommendation is to capitalize on the learning moment, connect accountability within the context of meaningful nursing practice situations, and take a moment to bring accountability out of concealment.

**Recommendations for Further Research**

Findings from this study raised questions for future nursing education research. For example, participants reported not knowing how to objectively evaluate accountability. A concurrently reported challenge was not knowing how to develop affective-domain learning outcomes that would create a foundation upon which to evaluate accountability. One recommendation for future research is to study how nursing faculty evaluate professional nursing accountability within pre-licensure nursing programs. A second and connected research question would include understanding faculty experiences associated with developing affective-domain learning outcomes that are specifically designed to evaluate accountability.

This study revealed meanings that nursing faculty attribute to the phenomenon of teaching accountability in baccalaureate nursing programs. Nursing faculty who teach in diploma or associate degree programs were not included in the study. According to the
National Council of State Boards of Nursing (NCSBN, 2012), 67% of the nursing graduates who took the NCLEX-RN examination in 2011 were associate degree or diploma degree nursing graduates. Little is known about the accountability education experience among 67% of the graduating nursing students entering the workforce in 2011. A recommendation for nursing education research is to repeat this study with nursing faculty who teach accountability in academic courses in associate degree and diploma degree programs.

Data from this study revealed the following theme: student accountability predicts future nursing practice accountability. A thorough review of the nursing literature found no empirical evidence to support this theme. A recommendation for nursing research is to study whether a relationship exists between student accountability behaviors and professional nursing accountability behaviors. For example, do behaviors in the academic setting translate into similar behaviors in the clinical practice setting?

Study findings revealed nursing faculty perceived students were demonstrating accountability when they followed rules and implemented policies and procedures. None of the participants described accountable behaviors such as questioning unsafe practices or clarifying unclear or outdated instructions. These study findings suggest teaching strategies could be counter-productive in terms of teaching professional accountability. A recommendation for further study is to investigate student nurse experiences associated with questioning faculty in the academic environment.

A final recommendation for future nursing education research relates to clinical education. This study focused on understanding how professional nursing accountability
is taught in academic classrooms. According to the literature review conducted for this study, accountability requires that the individual be answerable for his or her actions as well as his or her non-actions (AACN, 2008; Dohmann, 2009; Glover, 1999; Snowdon & Rajacich, 1993). Clinical faculty are in a position to extend and facilitate academic classroom education into practice or action. Little is known about how professional accountability is taught in the clinical education environment. Therefore, future research should focus on understanding the socially constructed meanings and experiences of clinical faculty and their role in teaching accountability.

**Conclusion**

This study used interpretive phenomenology to understand the meanings baccalaureate nursing faculty attribute to the phenomenon of teaching professional nursing accountability. Study findings provided new knowledge about accountability education. Specifically, nursing faculty perceived accountability as a core and fundamental aspect of professional nursing practice while simultaneously revealing ambiguity and doubt about how best to teach and evaluate accountability within undergraduate curriculum. These research findings, derived from socially constructed meanings embedded in the lived experiences of nursing faculty, encourage faculty to engage in critical reflection on teaching practices. This study provided evidence by which nursing faculty may understand and challenge implicit assumptions that perpetuate the experience of challenging and hidden accountability education.

This study also provided new evidence about the experience of teaching accountability in baccalaureate academic classrooms Study findings supported what was
described in the literature regarding hidden accountability education, affective-domain teaching challenges, and content-heavy cognitive-based nursing curricula. Additionally, findings from this study helped minimize gaps in the literature by contributing new knowledge about education challenges that previously had not been empirically identified. Foremost, this study revealed faculty perceive they are teaching students how to be accountable nurses when they are actually teaching students how to be accountable students. This research substantiated the vague nature of accountability education and subsequently provided nursing faculty with evidence with which to evaluate and improve teaching practices.

Study findings also corroborated existing learning theories and nursing theory. Specifically, Neuman’s healthcare systems model was used to interpret and generate new knowledge associated with primary, secondary, and tertiary teaching encounters. Neuman’s model, in partnership with study findings, further supports primary teaching strategies as a best-practice approach to promote student success and prevent unaccountable behaviors that cause disequilibrium and result in system stressors.

The use of multiple existing learning theories (behavioral, constructivist, and transformational) was also substantiated as a best-practice approach for teaching accountability. Study findings supported the researcher-developed nursing education conceptual model as well as learning theories described within the literature. Evidence of high-level theoretical application occurred during the tertiary teaching moments. This study added to the body of knowledge by providing real-world examples of theory-
guided best-teaching practices that resulted in students achieving the intended learning outcomes.

Teaching nursing students how to become professional accountable nurses is a complex and challenging endeavor. Prior to this study, little was known about the meanings attributed to teaching accountability and the experiences associated with accountability education. This study brings out of concealment both meanings and experiences associated with accountability education in baccalaureate programs. Knowledge generated from this research provides key insights to invigorate academic discourse, optimize informed curricular planning, and encourage decision-making that promotes theory-guided, evidence-based accountability education.
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**APPENDIX A. INTERVIEW PROTOCOL**

Teaching Professional Accountability in Nursing: A Phenomenological Investigation of Faculty Experiences

Date:

Participant ID #:_____ Age:____ Gender: ____ Race: _____ Yrs. Teaching: ____

Terminal degree: _____ Public/Private SON: ____________

☐ Tape identification completed
☐ Transcribed text compared with audio-tape ______
☐ Interpretive summary of interview completed ______

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<th>Questions</th>
<th>Field notes/observations:</th>
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<td><strong>Broad opening question:</strong>[ Operational definition: professional nursing accountability means taking responsibility for one’s judgments, actions, and omissions as they relate to life-long learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one’s professional practice. Reflect on this definition and your teaching practices. Tell me what is it like to teach professional accountability? ]**</td>
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<td><strong>Probing questions (as needed)</strong></td>
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<td>What does it mean to you to teach professional accountability? For example, why do you teach professional accountability?</td>
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<td>How do you feel about teaching professional accountability?</td>
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<td><strong>Closing question:</strong></td>
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<td>Is there anything else you would like to tell me?</td>
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APPENDIX B. RECRUITMENT SCRIPT

Teaching Professional Accountability in Nursing: A Phenomenological Investigation of Faculty Experiences

RECRUITMENT SCRIPT (verbal, in person, phone, or email)

Dear (insert name of potential study participant):

My name is (researcher name), a doctoral student in the School of Education, Nursing specialization at Capella University. I received your contact information from (dean of their program or peer nurse educator). I would like to invite you to participate in my research study which aims to understand how baccalaureate nursing faculty teach professional nursing accountability. Your participation is voluntary and is not a requirement of the dean. You may participate if you are didactic faculty and teach professional nursing accountability, nursing ethics, professionalism, or professional behaviors in baccalaureate courses. Please do not participate if you are clinical faculty and teach nursing in clinical practice settings.

As a participant, you will be asked to meet with me at a mutually agreed upon location and participate in an interview. The interview will last approximately 90 to 120 minutes and you will talk about your experiences regarding how you teach professional nursing accountability. The interview will be tape recorded and the recording will be transcribed. Confidentiality will be protected.

Your participation in this study will benefit both you and the nursing profession; i.e. study findings will build upon the body of nursing knowledge about how to teach professional accountability and the meanings faculty attribute to this teaching endeavor. There are no anticipated risks associated with your participation in this study. The dean of your nursing program will not be notified if you chose to participate or not participate in this study. You will receive a $10.00 gift card to a local bookstore for participating in the interview. The agreed upon interview location will be quiet, free from distractions, and promote privacy.

This study has been approved by the Capella Research Integrity Office (RIO). Capella RIO may be contacted at 1-888-227-3552, extension 4716. Do you have any questions now? If you have questions, please contact (researcher name) at (researcher phone number and email).