

‘From the Highest of Highs to Lowest of Lows’ Learning the Nursing Profession in a Concept-
based Curriculum: A Hermeneutic Phenomenology Study

by

Josie D. Bolianatz

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College of Nursing
Rady Faculty of Health Science
University of Manitoba
Winnipeg

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Abstract

Concept-based curricula continue to gain traction in higher-education and nursing as professional content and knowledge broadens in its scope and demand. To facilitate students' experience as they form into professionals, nurse educators at a large research-intensive Canadian university have implemented a student-centered concept-based curriculum (CBC). The aim of this hermeneutic-phenomenology study, informed by Wenger's Social Theory of Learning (1998), was to understand the learners' formative process as they experienced learning the nursing profession within this context. Eight undergraduate nursing students, who were in the first term of their fourth-or final year of the program, were purposefully recruited to participate in two in-depth conversational interviews. Phenomenological reflective analysis (van Manen, 2014) guided the writing process and was used to make interpretive sense of the data. The findings show the research phenomenon, learning the nursing profession (in a CBC), is a process of persevering through and navigating forward from 'the highest of highs to lowest of lows' as the learner encounters *being evaluated*, *'the-cohort-thing'*, *educational choice*, *the presentation of nursing*, and *experience of nursing*. Three lenses are introduced that could be used to analyze the phenomenon and the impact it is having on the nurse learner. This thesis focuses on the first lens, *How to Live as a Student Nurse*, where the environment and participants' reactions and responses are explored. The major finding was seeing the impact that pedagogical care can have on the nurse learner's experience as they progress forward. Participants described pedagogical care as the facilitator being personable, approachable, and oriented towards the learner. This study emphasizes the need to value communities of care within research-intensive higher-education institutions to support the formation of Registered Nurses.

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Lastly, thank you to the participants of this study for letting me see inside of yourselves as you experienced becoming capable, competent, and caring professionals; within our community you are inspiring, and I know that becoming and being a Registered Nurse is not easy, but together we continue to thrive.

Dedication

I dedicate this thesis to Shaun.
Thank you for listening to every iteration of this work;
for your conversation and inspiration.
I love you for always being by my side
from the highest of highs, to lowest of lows.
You keep me grounded, supported, and cared for.
I love you.

Table of Contents

Abstract	ii
Acknowledgments	iii
Dedication	iv
List of Tables	xi
List of Figures	xi
CHAPTER ONE: INTRODUCTION	1
Background	1
Concept-based curriculum	3
Purpose of the Research	5
Research Question	6
Significance of the Study	6
Theoretical Framework	8
Theory Description	8
Purpose	8
Assumptions	9
Conceptual framework	10
Concept and relationships	11
<i>Learning as doing</i>	11
<i>Learning as experience</i>	12
<i>Learning as belonging</i>	13

<i>Learning as becoming.</i>	14
Integrative Summary.	17
Theory Analysis	18
Application.	20
Chapter Summary.	22
CHAPTER TWO: LITERATURE REVIEW.	23
Learning in Professional Practice Programs	25
Teaching-learning Relationship.	26
Socialization	29
Learning together.	31
Learning from.	32
Learning with.	33
Professional Identity Development	34
Professional image.	35
Transition in learning	37
<i>Learning as a student.</i>	37
<i>Learning as a professional.</i>	39
Student aims.	40
Professional identity: empirical referents.	43
Personal Influences on Learning	44

Stress and coping.	45
Motivation to learn.	46
<i>Choice to enter nursing.</i>	48
Personal development.	50
Historical Context: From Teacher-centered to Student-centered Education	52
Constructivist Learning Theory.	54
Student-centered education.	56
<i>Conceptual teaching and learning.</i>	58
Sociopolitical Context: Neoliberalism and Globalization.	60
Neoliberalism	61
Globalization.	63
Chapter Summary	64
CHAPTER THREE: METHODOLOGY	66
Qualitative Paradigm	66
Max van Manen: Hermeneutic Phenomenological Methodology	67
Philosophical Perspective	68
Husserl: epistemological phenomenology.	69
Heidegger: ontological phenomenology.	71
Researching Lived Experiences: research activities.	73
Turning to the nature of lived experience	73

Investigating the experience as we live it.	74
Reflecting on essential themes.	75
The art of writing and rewriting.	75
Maintaining a strong and oriented relation.	76
Balancing the research context by considering parts and whole.	77
Methods	77
Participants	77
Sample size.	78
Recruitment process.	78
Data Collection and Sources.	80
Approach to interviews.	80
Fieldnotes.	82
Reflexivity and positionality.	82
Data Analysis.	84
Rigour and Trustworthiness.	87
Ethical Considerations.	88
Power imbalances.	89
<i>Researcher and participant.</i>	<i>89</i>
<i>Educator and student.</i>	<i>89</i>
Informed consent.	90
Anonymity and confidentiality.	91

Risks and benefits.	92
Chapter Summary.	93
CHAPTER FOUR: PHENOMENOLOGICAL HERMENEUTIC INTERPRETATION.	94
Part One: Phenomenological Description.	95
A Lowest of Low: failing a skills course.	97
A Highest of High: a ‘five out of five’ clinical mount.	101
Phenomenological Framework: learning the nursing profession in a CBC.	104
Part Two: Hermeneutic Interpretation	107
Past: the learner who comes into (nursing) education.	110
Drawing my attention.	110
Being enough.	112
Learning the Nursing Profession in a CBC.	115
Lens One: how to live as a student nurse.	115
<i>Learning the nursing profession experienced as demanding.</i>	115
<i>Learning the nursing profession experienced as hectic</i>	118
<i>The learner’s response to the environment.</i>	121
<i>Grades/Feedback.</i>	121
<i>Balance.</i>	125
Analysis summary.	128
Lens Two: evolution of a student nurse.	128
Lens Three: community.	130

Summary of the Findings.	130
Chapter Conclusion.	131
CHAPTER FIVE: DISCUSSION AND CONCLUSION.	133
Part One: Facilitator’s Trajectory	134
Part Two: Influence of a Concept-based Curriculum.	141
Part Three: Reflection on Neoliberalism and Learning.	146
Research Summary	148
Limitations.	149
Conclusion.	150
References.	152
<i>Appendix A: Overview of Undergraduate Nursing Program</i>	168
<i>Appendix B: In-class Recruitment Presentation</i>	169
<i>Appendix C: Letter of Invitation</i>	170
<i>Appendix D: Recruitment Email.</i>	171
<i>Appendix E: Conversational Interview Prompts</i>	172
<i>Appendix F: Demographic Profile.</i>	174
<i>Appendix G: Fieldnote Guide</i>	175
<i>Appendix H: Informed Consent</i>	177
<i>Appendix I: Participant Tracking Document.</i>	183
<i>Appendix J: Oath of Confidentiality.</i>	184
<i>Appendix K: Ethics Certificate.</i>	185

List of Tables

<i>Table 1.</i> Literature Review: Headings and Subheading	25
<i>Table 2.</i> Existentials	73
<i>Table 3.</i> Data Analysis Approach.	85
<i>Table 4.</i> Van Manen's Evaluative Criteria.	88
<i>Table 5.</i> The Structures of the Phenomenon.	106
<i>Table 6.</i> A Hermeneutic Interpretation of Learning the Nursing Profession in a CBC.	109
<i>Table 7.</i> Trajectories Towards the Learner's Community of Practice.	136
<i>Table A1.</i> Undergraduate Nursing Courses.	168

List of Figures

<i>Figure 1.</i> Components of a social theory of learning (Wenger, 1998)	10
<i>Figure 2.</i> Learning the nursing profession in a concept-based curriculum.	105

CHAPTER ONE: INTRODUCTION

Chapter one provides an overview of the study first by describing the background and stating the research question, significance, and method. A detailed description and analysis of a theoretical framework outlines assumptions, defines key concepts, identifies the researcher's position concerning the phenomenon of interest, and concludes by stating how this theory will inform the research process.

Background

The current workforce is characterized as rapidly changing complex systems that require individuals to thrive in a constant state of uncertainty by utilizing critical thinking, life-long learning, and interpersonal skills (Zuscho, 2017). Along with domain-specific knowledge these three competencies are expected of graduates from higher education programs, and supporting students in acquiring them has become a significant emphasis in education research and praxis (Asikainen & Gijbels, 2017; Vermunt & Donche, 2017). Starting in the late 1970s, education researchers began to identify that students utilize different approaches to learning, classified as deep, surface, and strategic (Asikainen & Gijbels, 2017). A Deep approach to learning describes students concentrating on the meaning of experiences by identifying how they relate and apply to real life contexts, whereas surface learning focuses on memorizing information, and strategic learning represents students who adjust their learning approach based on the course expectations (Asikainen & Gijbels, 2017). As higher education programs are being held accountable to demonstrate how students are meeting outcomes and professional competencies, there is an expectation of creating curriculum and programs that support students in developing and maintaining deep approaches to learning (Zuscho, 2017).

A trend in higher education is to transition curricula from teacher-centered to student-centered pedagogy to emphasize active learning strategies to support deep learning (Ambrose & Poklop, 2015). Student-centered learning programs focus on what students need to know rather than on what educators feel they should teach, and curricula, learning objectives, and assessment strategies are aligned to support students in developing professional competencies and problem-solving skills (Candela, Dalley, & Benzel-Lindley, 2006). Active learning strategies are used to engage students in the learning process and develop their skills of being self-directed life-long learners (Candela et al., 2006). Constructivist learning theory informs student-centered pedagogy as learning is viewed as an active process where students are motivated to integrate new knowledge with their prior understanding, and teaching is focused on providing feedback to students to support self-reflection and knowledge application (Baviskar, Hartle, & Whitney, 2009). However, in a recent systematic review, Asikainen and Gijbels (2017) examined the literature on students approaches to learning (N=43) and they concluded that there is no consistent empirical evidence that deep learning develops throughout higher education. Further, in a critical analysis on higher education based on the research by Baeten et al. (2013) and Loyens et al. (2013), who studied the outcomes of student-centred learning, Zusho (2017) identifies that even with the implementation of constructivist approaches to teaching it is difficult to get students to adopt a deep approach to learning. A possible explanation for this is student's desires, perceptions, and understanding of learning may not be aligned with student-centered curricula that rely on self-directed learning (Haber-Curran & Tillapaugh, 2015; Pangam & Menezes, 2017; White et al., 2014; Zusho, 2017).

In undergraduate nursing education, there is a growing body of research examining how student-centered pedagogies can support students in becoming professional Registered Nurses

who can better meet the challenges of modern healthcare environments. Registered Nurses are required to provide holistic client-centered care that is evidence-informed, use leadership skills to communicate, work in intraprofessional teams, and provide care in both acute and community settings (Benner, Sutphen, Leonard, & Day, 2010; Entry-Level Competencies for Registered Nurses). Further, the healthcare system is becoming increasingly complex as the population ages, and there is a growing social and political expectation to provide equitable and culturally safe services that are fiscally responsible (Keogh, Fourie, Watson & Gay, 2009; Kumm & Fletcher, 2012). Preparing students to meet these challenges requires nurse educators to rethink and reform curricula to create innovative teaching and learning strategies that will prepare graduates to succeed in the evolving and complex healthcare environment (Benner et al., 2010; Giddens & Brady, 2007; Goodman & East, 2014).

Concept-based curriculum. At the University of Manitoba (UofM), the College of Nursing developed a concept-based curriculum (CBC) that integrates Canadian nursing content and a student-centered philosophy to teaching and learning. Changes in administration, the introduction of the NCLEX exam in Canada, and an opportunity to replace 25-percent of clinical hours with simulation supported the need to reform the previous nursing curriculum that had been in place for 20 years (T. Ashcroft & C. Enns, personal communication, July 28, 2017). When developing the CBC, faculty integrated Jean Giddens's work and her interpretation of conceptual teaching and learning in nursing education. Within this approach to a CBC, knowledge is organized into broad concepts and nursing theory is connected to practice using clinical exemplars across the health-illness continuum (Giddens & Brady, 2007). This curriculum responds to oversaturation of content in nursing education by selecting broad concepts such as perfusion to study in-depth, then illustrating concepts with selected exemplars

such as congestive heart failure (Giddens, 2012). Conceptual teaching focuses on linking students' past knowledge to new information to facilitate students gaining an in-depth understanding and the development of cognitive connections (Giddens, Caputi, & Rodgers, 2015). The intent of this curriculum is for students to engage in self-directed learning where they develop an understanding of the subject material and how it is relevant to practice rather than trying to memorize nursing knowledge. Nursing courses were developed integrating concept-based approaches to teaching and learning to create a student-centered Bachelor of Nursing (BN) program that emphasizes what students need to know to meet the entry-level nursing competencies.

The UofM nursing curriculum is delivered over three-years as part of a four-year BN program where students complete 30-credit hours of pre-health science electives in their first year. The nursing courses are organized around themes which are used to group concepts. The theory courses of the curriculum are divided into three themes: client and context, health and illness, and professional foundations. Students take clinical and skills courses throughout the program, and the curriculum is designed to give students the opportunity to apply the knowledge they are learning in theoretical courses to simulated and real nursing experiences (see *Appendix A* for an overview of the program). Built into this curriculum is a student-centered philosophy that assumes individuals take responsibility for their learning as they bring different levels of knowledge into the program which influences their development of new skills, attitudes, and knowledge as they acquire the entry-level nursing competencies (University of Manitoba Rady Faculty of Health Science, College of Nursing, 2016). Students are expected to prepare for class in advance as nursing faculty use class time to facilitate students learning by supporting them through learning activities designed to contextually apply knowledge to nursing practice. The

intent of integrating a student-centered philosophy with a CBC is to support students in developing the cognitive skills needed to respond to novel situations, and for them to become life-long learners capable of reflecting on new experiences to enhance their knowledge.

Purpose of the Research

The purpose of this thesis study was to explore nursing students lived experiences within a student-centered CBC to elucidate what it means to learn the nursing profession within this unique context. Using a qualitative hermeneutic phenomenology method, the meaning of learning was explored from studying students' lived experiences. Through this research perspective this study gained a deeper understanding of an everyday human phenomena and the fundamental structures that implicitly exist and constitute peoples actions (van Manen, 1997). The emphasis was not on uncovering how students learn but creating a phenomenological description that articulates an interpretation of the meaning structures or essential nature of the phenomenon. By uncovering the meaning structures of learning within this context this research illustrate the nature and significance of this experience and allows educators themselves to become more experienced as they gain an understanding of the students' lifeworld (van Manen, 1997). A deeper understanding of students' learning within a CBC will enhance educators ability to act more thoughtfully and tactfully as they engage in pedagogical relations. Max van Manen's (1997) approach and interpretation of hermeneutic phenomenology guided the methods of this study (see Chapter Three), and I adopted his use of language when using the terms "phenomenology" and "hermeneutics":

... [I] will use the term "description" to include both the interpretive (hermeneutic) as well as the descriptive (phenomenological) element. ...the term "phenomenology" is

used when the descriptive function is emphasised, “hermeneutics” when the emphasis is on interpretation (p. 26).

Research Question

The overarching research question was: What does it mean to learn the nursing profession from the perspective of nursing students in a CBC? This question was approached by discovering nursing students’ lived experiences of learning within this unique context.

Significance of the Study

The significance of this study centers on the depth of understanding that was created by uncovering the meaning of learning to be a Registered Nurse in the context of an increasingly popular pedagogical approach, namely CBC. Within both higher education and nursing research, a large body of knowledge exists that describes how students’ approaches to learning impacts their knowledge and skills (Ambrose et al., 2010; Asikainen & Gijbels, 2017; Spiers et al., 2014), what students find beneficial to their learning (Nielsen, 2016; Todres et al., 2012., Williams et al., 2012), and that the teaching-learning environment has some form of impact on students (Nobel et al., 2014; Spiers et al., 2014; Liljedahl, Boman, Fält, & Bolander Laksov, 2015). What is not clear are the processes nursing students go through as they are leaning (Sandvik, Eriksson, & Hilli, 2014), and how student-centered constructivist pedagogy influences students learning behavior (Asikainen & Gijbels, 2017; Vermunt & Donche, 2017; Zuscho, 2017). By taking a broad approach to studying learning to be a nurse in a CBC as it is lived in the everyday, I was able to see what is significant to nursing students. Adding to the significance of this study was the exploration of students’ experiences across the curriculum in both theoretical and clinical courses. This decision was based on the understanding that both of these program components contribute to students learning and the formation of a professional identity (Noble,

Coombes, Shaw, Nissen, & Clavarion, 2014a;), and that the CBC was intentionally designed to minimize the divide that has traditionally existed between theory and practice courses (Giddens et al., 2015).

With a hermeneutic phenomenological method this study led to an understanding of students' lifeworlds that lends itself to action sensitive knowledge that can be used to inform pedagogy. Van Manen (1997) relates hermeneutic phenomenology to pedagogical competence by describing pedagogy as requiring both a phenomenological and hermeneutic perspective. When educators are sensitive to lived experiences and can make interpretive sense of phenomena, they engage in a thoughtfulness that aligns with the mindfulness and actions of pedagogy itself. Conversations surrounding curricula focus on selecting, planning, and organizing learning experiences (van Manen, 1997); for example, with CBC in nursing education there is literature describing the selection of concepts (Giddens, Wrights, & Gray, 2012), aligning curricula to expand concepts throughout a program (Patterson et al., 2016), and organizing learning experience to have theoretical knowledge coincide with applied nursing practice courses (Murray, Laurent, & Gontarz, 2015). What needs to be included in these conversations is the understanding of students experience of learning as this knowledge can support educators in aligning the intentions of curricula with students perceptions and behaviors (Asikainen & Gijbels, 2017; van Manen, 1997). Further, with phenomenological reflective analysis, the particular lived experiences of UofM nursing students were explored to gain a deeper understanding of learning as a human phenomenon, and the interpretive insights from this study may be insightful to educators from different programs (van Manen, 1997).

Theoretical Framework

A theoretical framework was used in this study to support an in-depth exploration of students' learning experiences. *Communities of Practice: A social theory of learning* (STL) by Etienne Wenger (1998) was selected as this theory provides a broad conceptual framework that was used as a point of departure to study students experiences of learning. While CBC and student-centered learning are grounded in constructivist philosophy, it was decided not to use a specific constructivist learning theory as this could pre-determine the meaning of learning based on the pedagogical intents of the curriculum. Wenger's aim with STL is to offer the perspective that learning is a social phenomenon and to articulate a set of general principles that can be used to understand learning.

Theory Description

This section will provide an overview of STL, describing the theory's purpose, assumptions, conceptual framework, key concepts and their relationships, and an integrative summary.

Purpose. Etienne Wenger (1998) created STL to situate learning as a social phenomenon that reflects our fundamental human nature and our abilities to know and to understand. This perspective diverges from the traditional philosophies which assume learning relates to the acquisition of information and skills, is an individual process that has a beginning and an end, and is the result of teaching (Wenger, 1998). The purpose of STL is to offer the perspective that learning is the result of social participation as people negotiate meaning as they create a shared practice and that engagement in these practices effects identity formation. A central tenet, which is captured with the construct of *Community(s) of Practice* (CoP), is that learning is situated in lived experiences as people pursue joint enterprises or collective action. CoP are social

configurations that form when shared practices are negotiated and developed, creating unique ways of understanding and forms of competence. This theory was created with the intent of understanding learning as a human phenomenon and is relevant to not only formal education contexts, but also in any circumstances where individuals engage in a shared practice, such as places of employment, committees, or other informal or formal groups.

Embedded in the theory's purpose and relevance is Wenger's perspective of social practice and how learning is situated in this context. He summarizes prior social learning theories as emphasizing relations where teaching practices rely on imitation and modeling, and the primary source of learning is through observation (Wenger, 1998, p. 280). He differentiates his perspective with the assumption that humans are social beings and views learning as social participation. Participation is defined as both individuals actively engaging together but more significantly as people "...being active participants in the practices of social communities and constructing identities in relation to these communities. ...Such participation shapes not only what we do, but also who we are and how we interpret what we do" (Wenger, 1998, p.4). This perspective of participation allows for the flexibility of viewing both social interactions and independent activity, such as students doing homework, as social learning as these actions are connected to a socially constructed identity.

Assumptions. To situate STL in a context where learning is viewed as social participation, Wenger (1998) identifies four primary assumptions:

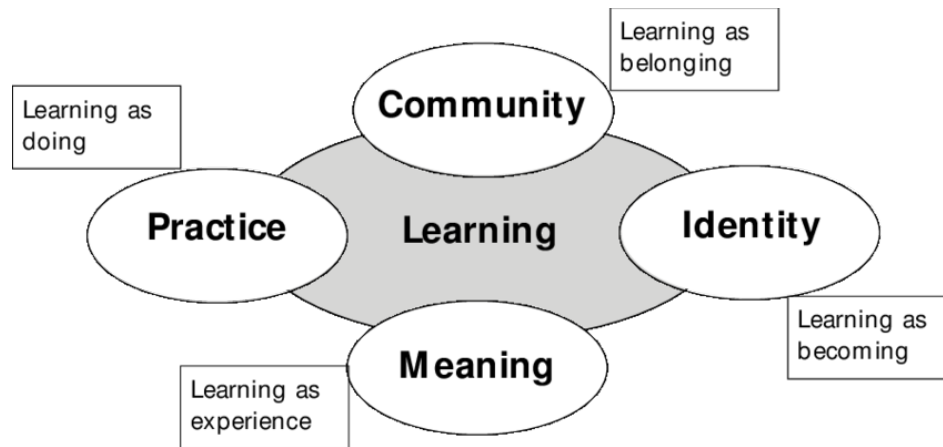
1. A central consideration of learning is that people are social beings
2. Knowledge relates to the competence of a valued activity or enterprise
3. Knowing is being actively engaged in the world or participating in these activities

4. Learning leads to meaning which is the “...ability to experience the world and our engagement with it as meaningful”(Wenger, 1998, p.4).

The significance of these assumptions is that they identify learning and knowing as a process of social participation, and this premise serves as the foundation for the overarching structure and concepts within STL.

Conceptual framework. Within STL, CoP is a summative construct as it integrates learning processes that occur when people are engaged in a familiar experience. These processes are (1) *practice*, or learning as doing; (2) *meaning*, or learning as experience; (3) *community*, or learning as belonging; and (4) *identity*, or learning as becoming.

Figure 1. Components of a social theory of learning (Wenger, 1998)



Wenger relates STL to traditional social theory and uses this perspective to identify the key conceptual relationships within the theory's structure. The concepts of STL are described and defined as they relate to the horizontal axis (see Figure 1) which represents a duality between theories of practice and theories of identity. This duality serves as the foreground of STL and balances the perspective of social influences and resources with those of social formation as they

relate to learning. The vertical axis (see Figure 1) sets the backdrop of this duality by considering both agency (meaning) and structure (community) and how they influence and relate to practice and identity.

Concept and relationships. The four learning processes within the conceptual framework will provide structure to understand and define the theory's central concepts, their relationships, and to identify minor concepts that add depth and are useful for exploring students experiences of learning. The construct of CoP will be further explored as it relates to the learning processes.

Learning as doing. Learning as a process of doing situates learning as human experiences that involve both physical and mental actions which are embedded in historical and social contexts (Wenger, 1998). Integrating the assumption that people are social beings, when individuals share experiences with others they collectively engage in actions which Wenger refers to as *joint enterprises*. As people pursue joint enterprises, such as students learning to become nurses, they create their own ways of interacting and form CoP. Practices are negotiated by community members in relation to one another and the surrounding context and have both explicit and tacit dimensions, respectively referring to what is said and represented and unsaid and assumed. Negotiating practices in relation to the surrounding contexts provides structure and meaning to lived experiences and characterize that learning as a process of doing requires both acting and knowing. In a phenomenological study that used STL as a sensitizing framework to understand international Ph.D. students' experiences of becoming scholars, Palmer (2016) describes how research participants negotiated their practices and formed relationships as they adjusted to campus life. This study supports Wenger's claim that practices are intentional and

that through analyzing behavior researchers can identify the reasons practices are occurring in a specific way.

Learning as experience. In Wenger's description of STL (1998), he centers his discussion on the assumption that learning leads to meaning and states that the meaning of lived experiences is located in a process of negotiation. He introduces the concept of *negotiation of meaning* as part of lived experiences to identify that people, or members, of CoP decide through negotiation what their joint enterprises are and the practices needed to pursue them. Living meaningfully is viewed as awareness and thoughtfulness of actions, and where social patterns of behavior are subjected to new situations, impressions, or experiences. Related to this concept, is how Wenger characterizes lived experiences as a duality between *participation* and *reification* where duality is defined as "...a single conceptual unit that is formed by two inseparable and mutually constitutive elements whose inherent tension and complementarity give the concept richness and dynamism" (Wenger, 1998, p. 66). The first element, participation, refers to the social process of taking part with others and personal experience. In CoP, it is through participation that practices are built and defined, and where identities are created and socially constituted. The second element of lived experiences is reification which refers to the projection of experiences into objects and captures both the process, such as creating or interpreting, and the product, such as curriculum, or assignments. Within CoP, when reified objects are appropriated into the processes and practices of members they become points of focus to support the coordination of actions. The key tenet is meaningful engagement in the world which occurs in CoP through experiences as members negotiate their joint enterprises and appropriate the reified objects needed to define and participate in their practices.

With the concept negotiation of meaning, Wenger (1998) proposes that when a group of people share a practice various perspectives are going to exist and that members need power and influence to exert their interpretations, understandings, or opinions within a community. Further, CoP as a collective need the power to create their joint enterprises within the surrounding context. He discusses this in relation to the working experiences of claims processors, which he observed when creating STL, and how influential individuals within the CoP were able to have more control over the practices and the internal expectations of other members. For example, senior staff explaining to new employees how the daily working practices differ from what is taught in orientation. Wenger also recognizes that CoP and member relationships are not necessarily positive and that conflict occurs when people have diverging opinions on the common practices. Thus learning as a process of experience occurs as individuals learn how to engage and exert power within a CoP to support the ongoing development of the joint enterprise.

Learning as belonging. The implication of belonging as a learning process is that it creates the condition to understand learning as a social phenomenon. Wenger (1998) uses the concept *community* to clearly identify that a practice is formed within a social context rather than in isolation. To distinguish learning from other forms of engagement, Wenger establishes that within a community there are three dimensions of practice that have to be affected in order for significant learning to occur. The first dimension, *mutual engagement*, refers to members of a CoP actively being involved together as they create and sustain their shared practice. A defining attribute of CoP is that it is situated in a broader social and historical context causing it to be in a constant state of change. Learning then occurs as members continue to evolve to maintain relationships in a changing CoP. The second dimension is a *joint enterprise*, which Wenger defends is not externally imposed on a CoP, but that members negotiate an enterprise in response

to situations which produces their day to day reality within an existing context. By members negotiating their joint enterprise they gain an understanding of why they engage in their practice, and they choose what aspects of the surrounding situations they feel concerned about. The last dimension is a *shared repertoire* which refers to the reificative and participative resources that a CoP obtains over time and can include notions such as styles of discourse, forms of membership, and identities of members. The shared repertoire becomes a set of resources that a CoP can use to engage with one another and as tools to understand their joint enterprise. Through the integration of these three dimensions, members of a community create both ways of participating in a practice and the practice itself. Learning as a process of belonging leads to the acquisition of memories, habits, and skills, and also to the formation of an identity.

Learning as becoming. The relationship between practice and identity as a duality is significant as through engagement in a shared practice individuals negotiate an identity which indicates that learning involves personal change through the process of becoming. Wenger (1998) depicts *identity* as an active, emergent process where individuals engage as members of a CoP and identify who they are through negotiating the meaning of lived experiences. Identity is situated within an individual's experience and role within the CoP, as well as where the CoP is positioned within the broader social context. As a member of a CoP, individuals create their own unique place and a form of competence that compliments others as they collectively pursue their joint enterprise. This role, or partiality of competence, contributes to identity formation as individuals determine what they find important or significant within a CoP. The concept of identity also introduces the idea of multi-membership, where people are a part of various CoP, each of which contributes to an individual's identity. Part of learning as a process of becoming is

for individuals to engage in the construction of a single identity by integrating the diverse forms of participation, competence, and experience from different CoP.

Wenger (1998) identifies that an individual's identity is constructed through three modes of belonging of *engagement*, *imagination*, and *alignment*. Engagement in practice represents the shared reality of a community and is a mode of belonging that is limited to time and space as it involves the active participation of individuals or groups. An individual's identity forms through participating in CoP as they invest themselves in both the actions of the community and in creating relationships with other members. Within a CoP, there are different forms of engagement an individual can experience that can impact their identity. Wenger classifies forms of engagement as trajectories, for example, peripheral trajectories which never lead to full membership, inbound trajectories with the aim of becoming a full member, or outbound trajectories which lead to an individual leaving a community. Further, for learning and identity formation to occur, individuals need to be exposed to actual practice, and the concept of *legitimate peripheral participation* is used to describe the process of newcomers becoming involved in an existing CoP. As newcomers enter a community they should be treated as potential members with enough legitimacy to gain an understanding of all the dimensions of practice (mutual engagement, joint enterprise, shared repertoire) while at the same time existing members should recognize that when newcomers demonstrate a lack of competence this is an opportunity for learning rather than for exclusion. For example, legitimate peripheral participation could describe nursing students experiences when they enter clinical units and are learning the practices and culture within a unique setting. Constructing an identity through engagement in various CoP often occurs implicitly without this being an individual's focus of attention.

Imagination is the second mode of belonging which refers to an individual creating or imagining an image of the world by extrapolating their experiences to a broader context that moves beyond space and time (Wenger, 1998). This process provides an individual with a personal perspective of understanding as they engage in communities and requires reflecting on practices to explore how they could be related to broader experiences. It is through imagination that two individuals who are participating in the same activity can have different experiences and learn different things. For example, two nursing students are in clinical practice and one is imagining themselves pass the course, whereas the second student imagines themselves as a Registered Nurse. While both students are engaged in the collective, social experience of being in clinical practice, their perspectives are different, and therefore their learning will be different. Imagination allows an individual to move beyond experiences and construct an identity that includes other meanings, possibilities, or perspectives. However, Wenger cautions that imagination can also lead to a disconnect between someone's identity and their lived experiences if images are based on stereotypes or assumptions, or if they are not situated in their reality as a member of a CoP.

The last mode of belonging is alignment which is used to describe the coordination of both individuals and the collective energy, actions, and practices. This process is used to form broader enterprises as multiple members and CoP connect to direct their energy towards a common purpose which creates systems of styles and discourses. It is through alignment that individuals use imagination to create images that are connected to their lived reality within a CoP. Similarly, alignment refers to the process of a community creating their practices to fit within the broader social context. These three modes of belonging collectively constitute identity

formation as an ongoing process where individuals adapt in response to changing contexts, or as they leave or join CoP.

Integrative Summary. Wenger (1998) summarizes the components of STL by offering his perspective on how they are integrated to form a cohesive view that learning is a form of social participation. He first concludes that knowing can be defined only in the context of specific practices and it arises out of competence and experiences. These two factors influence one another and form a reciprocal relationship: CoP align their experiences to fit within their regimen of competence, and competence can change if it does not coincide with current practices. As experience and competence are adjusted, learning occurs both at the level of the individual and the collective. Secondly, Wenger highlights that learning occurs through transformative experiences that change an individual's ability to participate, belong, and negotiate meaning. In this sense, learning is a process of becoming that shapes individuals identity and perspectives which then creates a personal frame of reference when participating in CoP. These two tenets summarize the central relationship in STL which is the duality between practice and identity and can be applied to understand the relationship between teaching and learning.

Wenger's viewpoint on teaching and learning is that this is a relationship characterized by resources and negotiation, rather than one of cause and effect. From this perspective, learning cannot be designed but is a response to the design which is typically presented in the form of a curriculum. Further, to support learning, education designs should include experiences that provide students with the resources to explore their identity and assess who they are, who they are not, and who they could be. This approach to teaching and learning moves learning beyond

knowledge acquisition to include identity formation and the development of new ways of knowing (Wenger, 1998).

Theory Analysis

Analyzing how STL fits with both the research question and phenomenology and how it informed the research process forms the rationale as to why this theory was selected to be used as a sensitizing framework. A discussion will present three main reasons that explain the rationale for selecting STL, and then the analysis will conclude by identifying how this theory informed the research process.

The first reason STL was selected is key tenets of this theory align with a hermeneutic phenomenological way of thinking. One of these tenets is that Wenger's central aim with STL was to create a language where learning is viewed as a human experience and as a way to experience meaning (Farnsworth, Kleanthous, & Wenger-Trayner, 2016; Wenger, 1998). He offers his perspective of how one can define and examine meaning, where a meaningful way of being is located in lived experiences where people are thoughtful of their actions and can negotiate their practices within a historical and social context. This perspective mirrors Heidegger's phenomenological notion that living meaningfully involves both the individual and the situation and that these two dimensions have a reciprocal relationship as they constitute one another (Munhall, 2012). A second tenet built into STL relates to how this theory was derived from Wenger's research that studied claims processors and how they created their practices and learned through engagement, and how that, in turn, impacted their identity. This learning theory was created from lived experiences and thus does not reduce learning down to parts, such as knowledge acquisition or application, but provides a broad framework to examine learning as a whole. These two tenets fit with the phenomenological purpose of this study as my central aim

was to gain a deeper understanding of the meaning of learning from the lived experiences of nursing students.

The second main reason for selecting STL was Wenger makes a pointed effort to balance the perspectives of agency and structure and their influences on human behavior. Within the tradition of phenomenology is Heidegger's concept of *being-in-the-world* identifying that individual's lived experiences are situated in broader social, historical, and political contexts (Greatrex-White, 2008). With phenomenological research, researchers aim to uncover the meaning of human phenomenon from their research participant's lived experiences and to position their interpretations in relation to the surrounding world (van Manen, 1997). Within STL, the construct of CoP captures that both individual's intentions and societal institutions, norms, and rules influence human behavior. To acknowledge individual's intentions Wenger maintains that a community creates its own practices and ideas of competence and that through engagement in multiple CoP individuals form their identities. He also includes the concept of imagination to describe the internal process where an individual reflects on their lived experiences to create their own meaning, possibilities, or perspectives which informs their actions. The impact that societal structures have on behavior is captured by recognizing that communities create their practices in response to outside influences, and that CoP are positioned in broader social networks. Having a research perspective that balances individual and social influences on behavior was pertinent to this research as the aim was to create an understanding of what it means to learn the nursing profession within the context of a student-centered CBC.

Lastly, STL was selected as it compliments constructivist learning theory, as these two perspectives share joint tenets, however, positioning learning as a human phenomenon supported uncovering the meaning of learning from students' experiences rather than being theoretically

driven. Shared tenets between STL and constructivist learning theory are that learning occurs through experience, individuals perspectives will affect learning, and learning effects individual's identities. The intent of using a conceptual framework in this study was to provide structure while exploring the broad phenomenon of learning. The processes that are described in STL (doing, experience, belonging, and becoming) together define what learning is yet how and why learning occurs is determined by individuals and their relationships in CoP. Further, while STL aligns with student-centered learning and CBC, both of which are based on constructivist philosophy, it also fits with learning a practice-based profession. Research studies have explored how the theoretical concepts of CoP and legitimate peripheral participation can explain students experiences while learning a professional role (e.g. Morley, 2016; Warhurst, 2006; West et al., 2018). According to STL, as nursing students progress through their clinical practice courses their position in the nurses' CoP is not as full members, but as peripheral participants who are gaining an understanding of the communities practices. However, as nursing students form CoP with one another, both in clinical and university settings, they create their own practices and views of competence. The idea of multi-membership and being part of various CoP provided a framework which supported analyzing learning in nursing education across both its theoretical and practical components.

Application. Within this study, the hermeneutic phenomenological methodology informed how STL was applied and used during the research process. A theoretical position provides the researcher with a frame of reference that describes how concepts, assumptions, and beliefs of the phenomenon of interest fit together (Grant & Osanloo, 2014). In the tradition of hermeneutic phenomenology is the premise of the researcher acknowledging their theoretical positioning and using a theoretical perspective as a point of departure to expand their

understanding of the research phenomenon (Mclachlan, King, Wenger, & Dornan, 2012; van Manen, 2014). In writing the description of STL, specific components of Wenger's original work were highlighted to create a conceptual framework that aligns with this study's purpose and outlines the perspective and understanding I have regarding learning. Through examining the literature, two examples of published work helped me clarify the relationship between a theoretical and a phenomenological perspective and how they inform a research study. The first study used van Manen's (1997) phenomenological method to gain a deeper understanding of the experiences of international graduate students learning to become scholars (Palmer, 2016); and the second study used an interpretive phenomenological method to explore patients' experiences of being involved with the teaching and learning of undergraduate medical students (Mclachlan et al., 2012). The researchers from both studies used CoP as the theoretical framework to inform their insights on the phenomenon of interest by relating their results to this theoretical position. An important distinction in these research studies is that the findings were derived from the participants lived experiences and not from *a priori* theory. Considering the hermeneutic phenomenological tradition, as well as what has been done in previous research studies, STL informed the research process in the following ways:

- The description and analysis of STL outlines my position and assumptions and acted as a frame of reference as I made interpretive sense of the data
- STL provided structure to the research study by informing the literature review (see chapter two)
- This theoretical perspective, specifically CoP, supported the research discussion

Chapter Summary

In this chapter, the background of the study introduced how changing workforces are impacting the expectations of higher education, and how this has created a trend of adopting student-centered teaching and learning practices. Recent research was cited to identify that changing curricula is not consistently resulting in the intended effects, primarily that students will develop and use deep approaches to learning. The expectations of Registered Nurses were introduced and how this relates to the implementation of a student-centered CBC at the UofM. These factors led to the introduction of the research purpose, question, and significance of the study. Chapter one concluded by describing STL, how this theoretical framework aligns with both the research question and phenomenology, and how it informed the study process.

CHAPTER TWO: LITERATURE REVIEW

In phenomenological research, the purpose of the literature review is to acquire a deeper understanding of the phenomenon of interest and to support positioning this research study in the broader body of knowledge. Researchers who have used phenomenological methods have begun to identify that the purpose of the literature review within this paradigm deviates from traditional expectations and have proposed variations to align this process with the aims of interpretive research (Boell & Cecez-Kecmanovic, 2010; Boell & Cecez-Kecmanovic, 2014; Smythe & Spence, 2012). In reviewing instructional material, Boell and Cecez-Kecmanovic (2014) identified that there is a conflicting understating regarding the purpose of literature reviews and put forth a hermeneutic framework for guiding this process. With a hermeneutic approach to literature reviews, the purpose coincides with the traditional aims of building on related work and drawing conclusions based on the findings of prior research. However, rather than searching for a ‘gap’ in research, within phenomenology, literature is used to deepen the researcher’s knowledge as they engage in a dialectical relationship with articles to question and reflect on the findings and the context in which they were produced (Smythe & Spence, 2012; van Manen, 1997). Further, the literature review makes explicit the researcher’s pre-understanding of the phenomenon which they carry into the study (Boell & Cecez-Kecmanovic, 2010). Rigour in a hermeneutic literature review is not based on the design and use of a systematic search strategy, but through transparency and the logic used to purposefully select articles to enhance understanding (Boell & Cecez-Kecmanovic, 2014).

Aligning this literature review with phenomenology, I used a purposeful and iterative search strategy to explore articles that related to students experiences and their perceptions of learning in higher education. Initially, the learning processes in Social Theory of Learning (STL)

(doing, experience, belonging, and becoming) both guided my thinking as I was selecting articles and were used as an initial framework to find patterns and categorize the literature. Next, an inductive analysis of the written material was used to identify themes and through this process my understanding of the phenomenon evolved. Lastly, further articles were included that added depth or nuanced understanding to the interpretation. The literature was also sampled to create a description of the situated context which includes a historical perspective that discusses the transition of teacher-centered to student-centered education, and a sociopolitical perspective that describes two societal ideologies and their influence in higher education and healthcare. By including a historical and sociopolitical perspective in this literature review I became further aware of contextual factors that surround the research phenomenon (Kahu, 2013; Wenger, 1998; van Manen, 1997). *Table 1* provides an overview depicting the organization of the literature review.

Table 1. Literature Review: Headings and Subheading

Learning in Professional Practice Programs
Teaching-learning Relationship
Socialization
Learning together
Learning from
Learning with
Professional Identity Development
Professional image
Transition in learning
<i>Learning as a student</i>
<i>Learning as a professional</i>
Student aims
Professional identity: empirical referents.
Personal Influences on Learning
Stress and coping
Motivation to learn
<i>Choice to enter nursing</i>
Personal development
Historical Context: From Teacher-centered to Student-centered Education
Constructivist Learning Theory
Student-centered education
<i>Conceptual teaching and learning</i>
Sociopolitical Context: Neoliberalism and Globalization
Neoliberalism
Globalization

Learning in Professional Practice Programs

Within this section I articulate my pre-understanding of what it means to learn in professional practice programs from the perspective of students. In purposefully selecting articles I aimed to broaden my understanding of the research phenomenon, and therefore the included literature has an emphasis on nursing education but also consists of research from diverse professional programs including physiotherapy, medicine, pharmacy, and pre-service teachers. During this process, I was drawn towards articles where the findings and authors insights related to the meaning of learning rather than just descriptions of students experiences. Through my search strategy, I included articles that considered both the practical and theoretical components

of curricula either directly, or indirectly where the student participants or the authors discussed both education components. Other factors that were considered when selecting literature were geography, publication year, and English language. With this search strategy and sampling approach I compiled a selection of literature that spans across time and contexts to create an understanding of the phenomenon that fits with the purpose of this study.

This section of the literature review is comprised of four overarching themes that describe students experiences and perceptions of learning. Through an inductive and iterative analysis of the literature the themes I identified are: (1) teaching-learning relationship; (2) socialization; (3) professional identity development; and (4) personal influences on learning.

Teaching-learning Relationship

The teaching-learning relationship is the interactions that occur between educators and students within the surrounding context. Within higher education, programs are comprised of a complicated interplay of various factors that all impact this relationship including curricula, courses, mission and philosophy statements, internal and external expectations, and administrators. Learning how to navigate the teaching-learning relationship is central to students' experiences as they become professionals (Lee & Schallert, 2016; Liljedahl, Boman, Falt, & Bolander Laksov, 2015), and a major component of this is accepting responsibility towards learning (e.g., McLellan, et al., 2015; Spiers et al., 2014; Todres, Tsimtsiou, Sidhu, Stephenson & Jones, 2012). Consistent within this literature is that students felt responsible for their learning which was viewed as: making the best out of the situations (Liljedahl et al., 2015), being open to learning experiences and having a positive attitude (Spiers et al., 2014; Todres et al., 2012), creating personal learning goals (Liljedahl et al., 2015; Spiers et al., 2014; Todres et al., 2012), and acquiring the knowledge needed to succeed (McLellan, et al.

2015; William et al., 2012). Taking responsibility for learning was viewed as a form of competence among students which required metacognitive skills to self-evaluate behaviour (Todres et al., 2012; William et al., 2012). When comparing the experiences of high-achieving and re-sitting medical students who were repeating a course(s) Todres et al. (2012) found that both groups acknowledged they had responsibility for their learning, however, re-sitting students were less likely to reflect on their behaviour which negatively impacted the teaching-learning relationship. In hindsight, re-sitting students recognized that their attitude was not right and that their approaches to learning may be problematic.

While students took personal responsibility for their learning, this accountability is situated in formal education settings where students form expectations on programs. In studying nursing and medical students experiences of clinical learning, Liljedahl et al. (2014) found that expectations within the teaching-learning relationship differed across programs as they related to the norms, values, and practices of both the students and their professional roles. Nursing students demanded a high-quality structured education program where they could work with patients under the support of formal supervisors, and they disliked situations when they were in an observational role and not given the opportunity to practice professional competencies. Whereas medical students identified they often took an observational role when working with a supervisor as their education was not the priority. Medical students preferred unstructured clinical experiences where they could select and determine what learning opportunities would be most beneficial to attend. Liljedahl et al. (2014) concluded that these differences are related to the sociocultural perspectives of the professions and that the norms, values, and practices of nursing and medicine influenced the expectations students had on their education programs. Supporting this conclusion, Alvarez and Moya (2017) studied the student-nurse relationship and

found that nursing students expected nurses to demonstrate a genuine concern for their success by being available to them and treating them with the same professional respect nurses demonstrate while caring for patients.

Outside professional environments, students' expectations related to teaching and learning in traditional classroom settings had more commonality between programs. Students expect that their education will provide them with the opportunity to acquire the foundational knowledge that is needed to become a professional (Lindquist, Engardt, Garnham, Poland, & Richardson, 2006a; Spiers et al., 2014). Nursing students who were in a problem-based learning program (Spiers et al., 2014) and pharmacy students who were in a traditional lecture-based program (Noble et al., 2014b) were both concerned that the curriculum was missing knowledge and skills they would need to succeed. In the problem-based learning curriculum, nursing students had the perception of 'teaching themselves' which created feelings of anxiety as they were unsure if they were acquiring the knowledge needed to practice as a professional (Spiers et al., 2014). Pharmacy students in content-based lectures found the educators emphasized what information would be tested on exams rather than how students could use knowledge in practice which limited their engagement to memorizing information (Noble et al., 2014a; Noble et al., 2014b). Students expect that learning in classroom settings is contextualized where information is related to professional practice and faculty can answer questions about practical experiences and provide feedback (Lindquist, Engardt, Richardson, & Partridge, 2010; Vagan & Heggen, 2014). Further, research has found that students value the opportunity to build their knowledge by bringing what they view as relevant into focus between themselves and educators (McLellan et al., 2015). Throughout their education students require varying degrees of external validation and support which was perceived as respect between students and teachers (Lindquist et al.,

2010), having fair and consistent expectations across courses and instructors (Spiers et al., 2014), and facilitating reflection on practice by connecting students' practical experiences to classroom activities (Lindquist et al., 2006a; Noble et al., 2014a; Noble et al., 2014b).

Students views on the teaching-learning relationship can be summarized as accepting responsibility for learning in environments that support the development of professional competencies. There also appears to be a reciprocal relationship between the professional environment and students behaviour, where students' views and expectations regarding the teaching-learning relationship evolve as they are exposed to the sociocultural norms of the profession.

Socialization

Over time and through their educational experiences students are socialized into the profession where they transition from being laypersons, or outsiders, to a professional who has a socially accepted and defined role (Benner et al., 2010; Noble et al., 2014a; Reutter, Field, Campbell, & Day, 1997). As education researchers aim to understand students' experiences of socialization, what is understood is that there are sociocultural influences on identity (Lee & Schallert, 2016), and students are learning to become professionals in unpredictable social environments (Alvarez & Moya, 2017; McLellan et al., 2015). McLellan et al. (2015) aimed to understand how medical students learn to prescribe medications in complex systems and from this grounded theory study, found there is an 'intricacy of interactions' as students learn this fundamental competency making it challenging to pinpoint educational strategies that would improve curricula. From this research they identified three spaces that influenced students learning: (1) the social space where experiences occurred, (2) the process space that captures what occurred, and (3) the intra-personal cognitive space that represents the learning that

transpired. This framework attempts to describe students' learning experiences as they are socialized into a professional role.

In the nursing profession, Patricia Benner has developed seminal work that aimed to capture the phenomenon of transitioning from a novice to expert practitioner and the socialization process that occurs. In her more recent work in nursing education with the Carnegie Foundation (Benner et al., 2010), she defines socialization as "...the social forces and influences on the person's formative experience" (p.86) and then argues that becoming a nurse is more accurately characterized with the concept of formation. Formation is an active process that describes a transformation of the person where they change how they act in situations which, in turn, changes how others perceive them. She concludes that formation occurs throughout a program of study, in both explicit planned learning experiences and during informal moments, and that it is impossible to predict the times students are going to recognize they are becoming professionals. To enhance professional formation in nursing education one of her recommendations was to integrate experiential learning throughout curricula where students are given the opportunity to reflect on how experiences are contributing to their professional identity.

A central theme from the research studies that were included in this literature review is that in professional education students' learning experiences center around communicating with others as they interact with educators, peers, clients, and practicing professionals (e.g., Lindquist et al., 2010; McLellan et al., 2015; Nobel et al., 2014b). Within this socialization process different learning patterns occur which I classified as learning together, learning from, and learning with.

Learning together. Students experience both formal and informal social interactions with one another and they learn together as they strive to attain the same or similar objectives. Formal interactions refer to planned learning experiences between peers, whereas informal social interactions are not intentionally designed by educators (Hommes et al., 2012). Both educators and students recognize the benefits of collaborative learning experiences as these interactions facilitate identity formation (Lindquist et al., 2006a; Spiers et al., 2014; Vagan & Heggen, 2014). Nursing students within a context/problem-based learning curriculum expressed that they felt open to learning with others and learned to accept and provide feedback to peers (Williams et al., 2012). They reflected that these learning experiences prepared them to work in interdisciplinary teams as they developed the skills of being able to deal with conflict and difficult situations. Students also identified that discussing their professional practice with peers facilitates reflection which enhances their understanding (Lindquist et al., 2006a; Vagan & Heggen, 2014). In clinical environments, educators have identified that when nursing students develop professional relationships their learning is strengthened as they can contribute to one another's knowledge (Vagan & Heggen, 2014). Also, nursing students have found it beneficial at times to have a peer, rather than an instructor, support them in completing patient care as they can think through the situation and learn together (Alvarez & Moya, 2017).

In recent years, educators have become increasingly aware of how significant students' informal social interactions are to their learning and professional development (Hommes et al., 2012). In a cross-sectional quantitative study, Hommes et al. (2012) found that social interactions where information was exchanged between peers significantly increased medical students' learning. Todres et al. (2012) also found that a difference between high-achieving and re-sitting medical students was social engagement and suggested that this indicates socializing with peers

positively contributes to academic performance. Goodolf (2018) adds to this discussion by describing informal interactions as social support networks that nursing students developed as they progress through their clinical practice. Students commented that they felt that their peers, rather than family or friends, could provide support as they were able to relate to the challenges they were experiencing (Goodolf, 2018). While these studies suggested a positive relationship between various social interactions and students' learning, Noble et al. (2014b) found that social engagement between pharmacy students could contribute to, or hamper, the development of a professional identity. From these research studies it can be concluded that social engagement among peers influences learning, however it is not clear what this means to students or the impact it is having.

Learning from. Through the socialization process students become professionals who know what it means to practice with a set of competencies that characterize their profession. Students from all contexts stressed the importance of learning from both educators and practicing professionals as this provided them with the greatest opportunity to understand and learn how to conduct oneself as a professional (e.g., Liljedahl et al., 2015; Noble et al., 2014b; Sandvik, Eriksson, & Hilli, 2014). The literature described the experience of students learning from others through both formal and informal teaching moments. During formal teaching moments, where the educator or professional is directly working with students, learning occurred through expert demonstration particularly when they explained their thinking processes (Alvarez & Moya, 2017; Lindquist et al., 2010; Liljedahl et al., 2015); through providing students with feedback and correcting their behaviour (Alvarez & Moya, 2017; Lindquist et al., 2010; Liljedahl et al., 2015); and by helping students to link theory to practice (Alvarez & Moya, 2017; Liljedahl et al., 2015; Vagan & Heggen, 2014). With professionals in practice contexts, nursing students relied on

preceptors to help them integrate their knowledge and professional values in a way that would work within the clinical environment as they needed to learn how to balance optimal patient care with reality constraints (Alvarez & Moya, 2017; Reutter et al., 1997). Informal teaching describes experiences when professionals and students are interacting but not directly focused on learning or education. This was found to occur by students reflecting on the behaviours of professionals to identify both positive and negative role models who influenced their professional image and how they saw their future selves (e.g., Alvarez & Moya, 2017; Liljedahl et al., 2015; Lindquist et al., 2010; McLellan et al., 2015). Through their experiences, students develop their professional identity as they mirror the behaviours of different role models and learn how to conduct themselves in different situations (Alvarez & Moya, 2017; Lindquist et al., 2010; McLellan et al., 2015).

Learning with. The last learning pattern captures students experiences where they are learning with others, either explicitly or implicitly, as they are engaged in practice. Physiotherapy students reflected on experiences where they were learning to teach patients where they recognized that in this context they were learning with their clients (Lindquist et al., 2010). They identified that during these experiences they were acting as a professional as they used communication techniques to engage in discussion with clients about their health goals, yet at the same time, they were learning how to educate clients about physiotherapy techniques. Pre-service teachers also expressed how, during their internship experiences, they learned from the children they were teaching (Lee & Schallert, 2016). Further, both nursing and pharmacy students recalled feeling eager to meet patients in the clinical setting to facilitate their learning as they provided care (Lechasseur, Lazure, & Guilbert, 2011; Liljedahl et al., 2015). In researching the types of knowledge nursing students used in clinical practice, Lechasseur, Lazure and

Guilbert (2011) identified that through engagement with patients students developed and used interpersonal knowledge as they sought to establish a relationship. In forming these relationships students reflected on their personal experiences to understand the patient so they could demonstrate a caring and empathetic demeanor. From across professions, students' reflections on their relationships between themselves and those they cared for demonstrates that in these situations they are learning with others.

Within complex societal systems, education researchers have been able to gain an understanding of how students are socialized into professional roles. Through this literature review learning patterns were identified that I classified as learning together, learning from, and learning with, each of which students recognized contributed to their professional formation.

Professional Identity Development

Through qualitative longitudinal studies researchers have identified that students experience transitions as they progress in their education and develop a professional identity (Lee & Schallert, 2016; Lindquist et al., 2006; Reutter et al., 1997). Reutter, Field, Campbell, and Day (1997) studied Canadian nursing students' experiences of socialization across a four-year baccalaureate nursing program and found participants focus changed overtime from learning practice ideals and developing concrete psychomotor skills to understanding the role of the nurse and overall practice. In the context of physiotherapy education in the United Kingdom and Sweden, Lindquist et al. (2006) described the phenomenon of becoming a physiotherapist where students have different focuses early in the program compared to later. This study's findings mirrors Reutters et al. in that initially students focus their learning on concrete tasks and knowledge then progress to a focus on physiotherapy as a profession and how it is situated in healthcare systems. In studying preservice elementary teachers in the United States, Lee and

Schallert (2016) found that context rather than time had the most significant impact on whether students identified as a student or teacher. Participants in this study identified that in university settings they perceived themselves as a student, whereas in elementary schools they were viewed as a teacher and felt like a professional. However, as they progressed through the program their reflections on teaching in classrooms changed from discussing concrete tasks, for example classroom management, to the role of a teacher and how they can influence children's learning. These three distinct studies all support the idea that the development of a professional identity involves students transforming (1) their professional image, (2) their approach and understanding towards learning, and (3) the aims or objectives that focus their learning. Each of these factors are discussed throughout the literature and will be explored in-depth.

Professional image. Synthesized from the literature is a description of identity development that involves students' professional image transitioning from being concrete to introspective and critical (e.g., Lee & Schallert, 2016; Lindquist et al., 2006a; McLellan et al., 2015). Students enter education programs with preconceptions about the profession which influences their development and learning experiences (Goodolf, 2018; Lee & Schallert, 2016; Lindquist et al., 2010). Initial professional images are often based on an incomplete or misguided understanding as it stems from prior experiences (Lee & Schallert, 2016) or social ideals of the profession (Goodolf, 2018; Price, 2009). In a grounded theory study that aimed to understand nursing students' experiences as they progressed through a traditional program, Goodolf (2018) found that students had to relinquish their preunderstanding to develop a professional identity. As students realize there is a disconnect between their professional expectations and the reality of learning the role they may question their career choice and if they have the ability to succeed (Goodolf, 2018; Lindquist et al., 2006a). At the start of their education, students build their

professional image by identifying *the correct way* of working by mimicking the language, attitudes, and behaviours of their instructors or practicing professionals (Lindquist et al., 2010; Lindquist et al., 2006a; Reutter et al., 1997). In this stage, students' understanding of the profession is theoretical as they are unable to describe how values are demonstrated in context (Lindquist et al., 2006a; Reutter et al., 1997).

Through their education experiences students' professional image expands as they start to critically reflect on their own and others behaviour and how this relates to the environment (e.g., Goodolf, 2018; Lindquist et al., 2006a; Noble et al., 2014b). Students' reflections illustrated that through experiential learning in practice settings, their professional image changed as their knowledge moved from being theoretical to enabling professional practice (Lee & Schallert, 2016; Lindquist et al., 2006a; Reutter et al., 1997). Qualitative research has shown that students recognize they are developing their professional identity in practice settings as they reflect on the environment and adapt their approaches and behaviours to the surrounding social contexts (Lee & Schallert, 2016; McLellan et al., 2015). In classroom settings, identity formation is brought into students' focus when they are given opportunities to reflect on their own image and identify who they aspire to be as a professional (Noble et al., 2014a). As students near the completion of their program they have images of their future careers and roles that extend beyond their direct experiences that reflect the complexities of their profession (Lindquist, Engradt, Garnham, Poland, & Richardson, 2006b; Reutter et al., 1997; Lee & Schallert, 2016). Developing a professional image supports students' learning as they can create goals and connect their experiences to their future careers rather than just approaching their education as acquiring a set of competencies (e.g., McLellan et al., 2015; Noble et al., 2014b; Todres, et al., 2012).

Transition in learning. Across professions and contexts, research has shown that there is a transition in learning where students initially focus on their role as a student and progress to focus on their role as a professional. Exemplified in the selected literature, is that the students' experiences of learning change as they transition their focus from being a student to a professional, and that this transition can be supported or inhibited by influencing factors.

Learning as a student. At the start of professional programs students' learning is centered around formal knowledge and curricula experiences (Lindquist et al., 2006a; Lindquist et al., 2010; Noble et al., 2014a). In planned and controlled learning environments, students are aiming to acquire a knowledge foundation or the theory needed to inform their practice (Liljedahl et al., 2015; Lindquist et al., 2006a; Noble 2014b). Students' engagement with learning is based on assessments such as marking criteria and exam grades which are used to self-evaluate their performance and success (McLellan et al., 2015; Noble et al., 2014b). As students start to learn about the profession in formal curricula they may find the amount of information they are required to study overwhelming and do not have a foundation to determine what to prioritize (Spiers et al., 2014; Noble et al., 2014a). In this stage, students require structure and support through dependent learning, where an expert or teacher is guiding the process, so they can attain professional knowledge that can later be used to support independent learning (Lindquist et al., 2006). Found in the literature were instances where early in education programs students were presented with decontextualized knowledge and they were unsure of how they could apply this information to a professional role they have not yet developed (Noble et al., 2014b; Vagan & Heggen, 2014). Pre-service teachers and pharmacy students identified that at the start of the program they did not see the relevance in learning theoretical concepts, and it was only later on in their education and through practice that they appreciated this knowledge

and saw how it was relevant to the profession (Noble et al., 2014b; Vagan & Heggen, 2014). Students aim to acquire the knowledge and skills they see as fundamental to the profession, and they feel a need to know they are succeeding in meeting these objectives through external validation before they can progress to focusing on their role as a professional (Lindquist et al., 2006a; Noble et al., 2014b).

In practice contexts, students rely on objectives provided to them by instructors as they aim to apply the knowledge learned in classrooms and labs to develop psychomotor competencies (Alvarez & Moya, 2017; Liljedahl et al., 2015; Lindquist et al., 2006a). Students identify that a lack of competency in 'hard skills' is a source of anxiety and they require repetitive practice to develop their confidence (Noble et al., 2014b; Lindquist et al., 2006a; Vagan & Heggen, 2014). Further, they look to others to confirm their behaviours are correct and rely on formal feedback to assess their ability as they have not developed the metacognitive skills needed to evaluate their own performance and direct their learning (Lindquist et al., 2006a; Lindquist et al., 2010; Williams et al., 2012). Learning in practical contexts is focused on concrete procedural steps and students have limited ability to connect the actions of performing skills to broader pictures such as patients' health or the role of the profession (Alvarez & Moya, 2017; Lindquist et al., 2010; McLellan et al., 2015). Both pharmacy (Noble et al. 2014b) and nursing students (Vagan & Heggen, 2014) described clinical or workplace experiences where they felt they were being treated as staff assistants and were expected to perform tasks that were not beneficial to their learning.

Integrating the expectations students have on the teaching-learning relationship supports them to transition their learning and become professionals. From Lee and Sharllert's (2016) research with pre-service teachers, they identified that students were more engaged with learning

activities when they had an awareness of how they were relevant to their future careers which motivated them to search for ways to apply knowledge. The literature has shown that programs and curricula can be purposefully designed to support students professional development. Based on the learning experiences and professional development of pharmacy students, Nobel et al. (2014a) concluded that curricula experiences, both the theoretical and practical components, should assess students' abilities as professionals rather than just as students. A curriculum that emphasizes formal learning at the start of the program creates an environment where students can build their confidence as they develop a knowledge foundation and professional skills (Lindquist et al., 2006a; Lee & Schallert, 2016; Reutter et al., 1997). With this foundational knowledge students can transition to informal learning and independence, which is supported in a scaffolded curriculum that relates knowledge to practice and provides students with the opportunity to become increasingly independent in professional contexts (Lee & Schallert, 2016; Lindquist et al., 2010; Sandvik et al., 2014).

Learning as a professional. As students' progress through their program of study, they start to identify as a professional which changes their perspectives on learning. Students identify that learning as a professional is a self-directed process that occurs through experiences and being able to apply informal knowledge to new situations (Lindquist et al., 2006b; McLellan et al., 2015). Informal knowledge, or an informal way of knowing, is the ability to gather and use information from experiences to act as a professional in that moment or context (Lindquist et al., 2006b). Learning as a professional requires students to feel like they have independence and autonomy, and the ability to create their own learning strategies as they interact in professional environments (Alvarez & Moya, 2017; Lindquist et al., 2006a; McLellan et al., 2015). As students are given opportunities to work independently they develop confidence and a personal

style as they have the knowledge needed to enact professional competencies (Alvarez & Moya, 2017; Lindquist et al., 2010). Across the various professions, students recognize that being a professional involves life-long learning that is self-motivated and requires metacognitive thinking to self-evaluate performance and identify learning needs (e.g. Spiers et al., 2014; Lindquist et al., 2006b; McLellan et al., 2015).

When students are first exposed to professional environments they often view theoretical and practical components of the curriculum as separate entities, and it is through experience that they start to integrate the two and see them as a cohesive whole. As students mature in their learning they recognize the complexities between theory and practice and how they support one another in a cyclical process (Lindquist et al., 2006b; Lindquist et al., 2010; Vagan & Heggen, 2014). Students in both nursing and physiotherapy expressed the value of having practice informed by evidence, yet recognize that there is practical knowledge and the skill of being able to apply theory in a way that is relevant and fits with the uniqueness of people or situations (Lindquist et al., 2006b; Spiers et al., 2014). In their practice, students' reflections transition from focussing on their own skills and abilities to considering the patients (Reutter et al., 1997), clients (Lindquist et al., 2006a), or children (Lee & Schallert, 2016) and what their needs are and how they can support them as a professional. With this change in perspective, students develop a broader understanding of the profession, the different roles within it, and the various forms of knowledge and theory that are required to practice (Lindquist et al., 2006b; Lechasseur et al., 2011; Reutter et al., 1997).

Student aims. With the development of a professional identity, students start to determine what they view as important to the profession and this understanding focusses their learning as they aim to acquire desired abilities. By including a diverse collection of literature

from different professional contexts in this review the desired abilities that students identified varied significantly between research studies. What was found to be consistent is that students aim to enact professional values which was achieved by developing professional competencies and knowledge. In professional practice programs broad learning aims that are consistent across contexts can be categorised as abilities that students are aiming to achieve which include (1) the ability to apply knowledge; (2) the ability to think like a professional; and (3) the ability to conduct oneself as a professional.

Early in their educational experiences, students gain the perspective that competence as a professional is demonstrated through the ability to apply knowledge and that knowing information is not sufficient (Lindquist et al., 2006A; Liljedahl et al., 2015; Noble et al., 2014b). Knowledge application is seen as both being able to perform concrete psychomotor skills as well as use knowledge to engage with others as a professional (Lindquist et al., 2010; Sandvik et al., 2014). Across research studies, students emphasized the importance of acquiring skills and being able to demonstrate this in practice (Liljedahl et al., 2015; Noble et al., 2014b; Reutter et al., 1997). Reutter et al. (1997) discussed that nursing students aim to demonstrate skills in clinical contexts as this process internalizes the knowledge they have acquired and provides meaning to information as it becomes connected to their ability to act as a professional. Further, McLellan et al. (2015) found that medical students viewed themselves as competent when they were able to apply knowledge to create their own working practices in the clinical setting. Students' reflections also show that they understand knowledge application to include acting as a professional and communication and teamwork were seen as fundamental skills across research studies (e.g., Lindquist et al., 2006a; Spiers et al., 2014; Vagan & Heggen 2014).

With the development of a professional identity, students begin to recognize what it means to think like a professional and how they can demonstrate this in their practices. Observed in the literature is that there appears to be a relationship between students' curricula experiences and how they described what it means to think like a professional. In research studies that aimed to understand how curricula experiences influenced learning (Lindquist et al., 2006a; Spiers et al., 2014; Williams et al., 2012; McLellan et al., 2015; Noble et al., 2014a; Noble et al., 2014b; Vagan & Heggen, 2014), students reflected on and captured key purposes of the curriculum as ways of thinking. For example, nurses who graduated from a problem-based learning curriculum identified they valued the importance of critical thinking in practice which a participant defined as “stretching yourself to think beyond what your own opinion is” and they accredited this perspective to their education experiences: “because ‘that is how I was brought up as a nurse’” (Williams et al., 2012, p. 419). In research studies, students also stated that thinking as a professional involved life-long learning or seeking out new knowledge (Lindquist et al., 2006b; Spiers et al., 2014; Williams et al., 2012;), building knowledge during practice (Spiers et al., 2014), being critical of their performance (Spiers et al., 2014), being able to prioritize and organize work (Lindquist et al., 2006a; Reutter et al., 1997), and to consider different options and take responsibility for decisions (Alvarez & Moya, 2017; Lee & Schallert 2016; Lindquist et al., 2010). Through their education students learn there are a variety of ways of knowing (Lechasseur et al., 2011) and they value experiences that allow them to gain the ability to think like a professional (Alvarez & Moya, 2017; McLellan et al., 2015; Reutter et al., 1997).

Students' experiences in education programs also provides them with a point of reference to know what it means to conduct oneself as a professional (Lee & Schallert, 2016; Lindquist et al., 2006b; Sandvik et al., 2014). One of the challenges that students from both pharmacy (Noble

et al., 2014b) and nursing (Reutter et al., 1997) experienced was being able to reconcile the practice ideals they learned in their education with environmental constraints. Pharmacy students described feeling confused about who they were becoming as they were unable to practice their professional values in practical contexts and therefore felt they were not being adequately prepared for the role (Noble et al., 2014b). Whereas nursing students adopted an attitude that allowed them to fit in with unit cultures yet maintained their values as a professional when interacting with patients and families (Reutter et al., 1997). Similarly, physiotherapy students noticed that in practice there was a lack of evidence for treatments or procedures and they valued integrating evidence-based practice rather than relying on habitual routines or colleagues' experiences (Lindquist et al., 2006a). As students begin to identify as novice professionals and learn to conduct themselves in their role they describe the values they see as central to their careers, for physiotherapy students this was being able to advocate for patients in multidisciplinary teams (Lindquist et al., 2006a); for nursing students it was providing holistic care that was empathetic and individualized to the client (Reutter et al., 1997; Spiers et al., 2014; Williams et al., 2012;) and for pre-service teachers it was to understand the needs of children and integrate their diverse backgrounds into their teaching approaches and plans (Lee & Schallert, 2016). Through learning to think like a professional and attain the knowledge and competencies students form a professional identity where they can enact the values they see as important to their future careers.

Professional identity: empirical referents. Professional identity is a continuous concept as it develops over time and is ongoing. Throughout their education experiences there are moments when students feel like and identify as a professional and other times when they are astutely aware they are students who are still developing. Students reflected that they identified

as a professional when supervisors or preceptors were confident in their abilities as they were able to independently perform competencies (Vagan & Heggen, 2014; Lindquist et al., 2006a; Sandvik et al., 2014). Nursing students in their final practicum stated they felt like a 'real nurse' as they were working alongside their preceptors, following their schedule, and providing patient care as part of the team (Goodolf, 2018). While nursing students in their final practicum are starting to identify as a novice professional, they also continue to cherish their final moments as a student as they felt this justified them in stating 'I don't know' and being able to seek help from preceptors or mentors (Reutter et al., 1997). McLellan et al. (2014) found medical students had a similar perception, where they felt they were acquiring competence and developing a professional identity as they aligned themselves with junior doctors, however, as a student they never truly felt responsible for the care of patients and prescribing medications.

Personal Influences on Learning

It is understood that what constitutes a person, from their past experiences to worldviews and values, effects the meaning people attribute to their life. Educators have come to understand the importance of students' individuality as this impacts not only their experiences but also how they understand them (Heggen & Terum 2013; Jordal & Heggen, 2015; Priode, 2019). In the selected research studies which aimed to illuminate students' perspectives on learning what was evident is that students recognize their personal characteristics impact their learning and professional development (e.g., McLellan et al., 2015; Noble et al., 2014b; Spiers et al., 2014). As students are learning a professional role they discussed their personal characteristics as they related to stress and coping, motivation, and personal development. To add depth to this literature review, articles that expanded on these phenomena were added to the selected literature, and will be included in the discussion below.

Stress and coping. Forming a professional identity and being socialized into a community is an active process which students identified can cause feelings of stress and anxiety (e.g., Goodolf, 2018; Nelwati, Abdullah, Chan, 2018; Priode, 2019). Among students in medical and nursing education, one of the commonly reported sources of stress is finding a balance between academic and personal commitments (Goodolf, 2018; McNally, Azzopardi, Hatcher, O'Reilly, & Keedle, 2019; Priode, 2019; Wang, Lee, & Espin, 2019). In medical education, Todres et al. (2012) found that a difference between high-achieving and re-sitting students was their ability to cope with extraneous life circumstances, where high-achieving students adjusted to accommodate stressful life events, re-sitting students were more likely to attribute their reduced academic performance to life-problems. The mindset of high-achieving students facilitated their coping as they were committed to working hard, did not dwell on problems, or viewed personal issues as separate entities that were not allowed to interfere with their academic work (Todres et al., 2012).

Research in nursing education has shown students often find starting clinical courses as one of the most stressful experiences, as explained by this second-year student: "I feel clinical was a part-time job; in addition to the full class load, not to mention we had a test every other week in Pharmacology. I clearly remember saying, 'How am I going to do this? I can't... Why am I even putting myself through this?'" (Goodolf, 2018, P. 708). Nursing students have also shared the perspective that faculty place very little value on their commitments outside of university which is a source of frustration (Goodolf, 2018). In studying how non-traditional nursing students (identified based on nine criteria that ranged from age and family status to requiring remedial classes) achieve academic success, Priode (2019) found students persevered by enhancing their personal capacity and redefining their priorities to be able to respond to

unforeseen circumstances. Finding a balance between academic and personal commitments is an iterative process and has been done by utilizing academic supports such as peer tutoring (Goodolf, 2018), finding new ways to study (Priode, 2019), using social support networks (Goodolf, 2018; Nelwati et al., 2018), by prioritizing personal health and wellness (Priode, 2019), and by believing personal sacrifices that are made during education will be worth it in the future (Goodolf, 2018; McNally et al., 2019; Priode, 2019).

Another source of anxiety for healthcare students was they internalized professional challenges and recognized stakes that are involved during their practical learning experiences (Goodolf, 2018; McLellan et al., 2015; Nevalainen, Mantyranta, Pikala, 2010; Wang et al., 2019). Both medical and nursing students spoke about their fear of making a mistake that could have serious repercussions on the individuals they are responsible to care for (Nevalainen et al., 2010; Wang et al., 2019; Williams et al., 2012). Final year nursing students who were entering their senior practicum have expressed feeling anxious about how their level of knowledge would influence their ability to think critically and feared they could miss something important or not respond appropriately as a professional (Wang et al., 2019). Similarly, medical students found learning to cope with uncertainty a major cause of mental strain as they also felt insecure in their skills and questioned their credibility when interacting with patients (Nevalainen et al., 2010). Students learn to cope with uncertainty and their fear of making a mistake by discussing this with peers and clinical mentors, and by learning to accept their professional abilities (McLellan et al., 2015; Nevalainen et al., 2010; Wang et al., 2019).

Motivation to learn. Motivation from the students' perspective was found to be a factor that guided their learning behaviour and influenced how they conducted themselves within their program. Within the selected articles, two studies contrasted the perspectives of students based

on if they liked or disliked their education program (Spiers et al., 2014), and on their academic success (Todres et al., 2010). Both articles concluded that motivation to learn was experienced differently between student groups. Nursing students who prospered in a problem-based learning program were able to self-direct their learning which the researchers related to internal motivation as these students valued learning as they aimed to find meaning within curricula material by focusing on knowledge application (Spiers et al., 2014). They described students who struggled with problem-based learning as being externally motivated as they were pragmatic in their learning approach as they focussed on trying to decipher what was required to know for exams. Tordres et al. (2012) had similar findings where high-achieving medical students were motivated to become a professional and approached learning experiences intending to connect their education to their future careers. Further, high-achieving students were able to articulate a rationale behind assessments, whereas re-sitting students saw passing exams as their primary goal. As it relates to learning behavior, internal motivation was described as students valuing learning, taking initiative, and having an active role in their education (Noble et al., 2014b; Sandvik et al., 2014; Spiers et al., 2014).

Two other articles that were included in this review provide qualitative evidence on how education content can influence the motivation students have towards learning (Heggen & Terum, 2013; Jordal & Heggen, 2015). The first article examined how coherence in education enhances students' motivation (Heggen & Terum, 2013). Coherence refers to both the logic within a program where content is related to professional practice, and coherence between the prior life experiences of students and their future career aspirations. The theoretical premise is that coherence provides meaning and meaning provides motivation for learning. This study utilized longitudinal survey data from Norwegian students in nursing, teaching, and social work,

with the researchers concluding that coherence fosters dedication to and identification with the profession. The second article by Jordal and Heggen (2015) aimed to understand how students describe the relationship between their life experiences and the content of nursing education. They found that students used their prior life experiences to create meaning in the curriculum and they were motivated to learn how their personal values can be transferred to their professional identity. For example, students identified it was important for them to show a genuine interest in others and learned from observing nurses how this was done as a professional. This research study concluded that "...students actively use their life experience to reflect on who they have been, who they are and who they want to become" (Jordal & Heggen, 2015, p. 112). Noted in this and other studies is that students decision to enter nursing is a purposeful and thoughtful action.

Choice to enter nursing. A sub-theme prevalent in the nursing literature is that the decision to enter the profession is multifaceted with various motivating factors that individuals take into consideration (e.g., McNally et al., 2019; Price, McGillis, Angus, & Peter, 2013; Yi & Keogh, 2016). Students enjoy sharing their story about why they chose to become a nurse and place value on the fact that this decision meant something to them as a person (McNally et al., 2019; Price et al., 2013). Using a narrative inquiry method, Price, and colleagues (2013) researched Canadian nursing students who were born after 1980 (millennial generation) to understand their motivation for becoming a nurse and found students viewed this decision both as a calling and as a choice. In the foreground, the motivating factor for students becoming a nurse is self-identifying they have the qualities they see as fundamental to the profession which included caring, honesty, compassion, and a desire to help others (Jordal & Heggen, 2015; McNally et al., 2019; Price et al., 2013; Schmidt, 2016). Students gain this image of nursing from

their past experiences which include having family members who are in the profession or encountering nurses as a patient or caregiver (Jordal & Heggen, 2015; McNally et al., 2019; Schmidt, 2016). Nursing was described as a profession that makes a difference in others lives which students connected to having a career that would give their life meaning (Jordal & Heggen, 2015; Price et al., 2013). While wanting to help others is often the primary reason students give for pursuing nursing, other motivating factors are also influential in this decision (Price et al., 2013). In the background the reasons for becoming a nurse include the societal understanding that nursing offers a reliable and secure career path (McNally et al., 2019; Price et al., 2013; Yi & Keogh, 2016), financial stability (Price et al., 2013; Yi & Keogh, 2016), a positive work-life balance (Price et al., 2013), and that the profession offers diversity that allows for continued growth and ability to change careers within nursing (Price et al., 2013). A unique motivating factor for non-traditional students, or students with families, was they saw attending nursing education as an opportunity to put themselves first (McNally et al., 2019). The literature showed that there were some gender differences between female and male students and the motivating factors to become a nurse.

How gender impacted an individual's decision to enter nursing was discussed in a number of articles including Price's et al. (2013) research where all participants were female, a systematic review that compiled six qualitative studies on what motivated men to choose nursing (Yi & Keogh, 2016), and a study that aimed to understand core professional values from the perspective of male nursing students (Schmidt, 2016). In contrasting these articles there are unique perspectives between genders. Price et al. found that female students did not see gender as an obstacle in career choice, nor did they see nursing as a female profession. However, the authors noted that the traditional gendered views of nursing of 'motherly' or 'caring' were

prevalent in their narratives. Whereas Schmidt (2016) noticed that male students valued caring before starting their education, however they were reluctant to use this word and instead described how they demonstrated this attribute through their actions of advocating, being honest, or genuine. Another significant difference is female students spoke about pursuing nursing as an intrinsic need, or calling (Price et al., 2013), whereas male nursing students reflected on having nursing suggested to them by family or friends as a career in which they could excel in (Schmidt, 2016). Further, in the systematic review (Yi & Keogh, 2016), it was found that there are instances of male students choosing nursing by chance or due to life circumstances, with a common experience of not being accepted into a different education program. While male and female students may have varying reasons for pursuing nursing, once in the education program research shows that there is overlap in the values they see as important to the profession even if the language used to describe them is different (Price et al., 2013; Schmidt, 2016).

Personal development. Students recognize that becoming a professional is not just about the acquisition of knowledge and skills but is a transformative experience that changes who they are as a person (e.g., Jordal & Heggen, 2015; Nelwati et al., 2018; Schmidt, 2016; Spiers et al., 2014). In professional practice programs, students appreciate that personal growth is not a passive consequence of their education experiences but actively occurs through self-reflection and the use of intrapersonal knowledge (Lechasseur et al., 2011; Lindquist et al., 2006a; Sandvik et al., 2014). Lechasseur et al. (2011) defines intrapersonal knowledge as those moments of self-awareness where students become consciously aware of their emotions, have insights related to their strengths and weaknesses, and can identify how their personal characteristics are influencing their surroundings. Nursing students reflected that through their education they learned to become self-aware which enabled them to not only develop a professional identity but

become more confident as a person (Spiers et al., 2014; Williams et al., 2012). Further, physiotherapy students discussed moments of self-awareness when they were learning to motivate patients to make positive changes in their lives which prompted them to reflect on their own personal motivation (Lindquist et al., 2006a). Research has shown that students recognize they are developing intrapersonal knowledge through curricula experiences that are designed to teach self-reflection (Spiers et al., 2014; Williams et al., 2012), through professional practice (Lindquist et al., 2006a), and by socializing with peers as this gives students the opportunity to realize how their characteristics compare to others (Nelwati et al., 2018).

Students also experience personal growth as they reconcile their values and morals with the professional ones they are learning. As education experiences become part of students' daily lives and as they are confronted with new situations, what they consider to be right and reasonable or their moral and ethical knowledge, broadens to encompass their professional identity (Lechasseur et al., 2011). In aiming to understand the meaning of professional nursing values in male students, Schmidt (2016) found that some participants recognized their personal and professional identities could not be separated as their new professional values transmitted into their everyday lives. These students talked about how they valued caring as a core nursing value which they aspired to demonstrate not only professionally but also with their friends and family. They provided examples of how they were able to care for others by integrating their own personal way of being, such as through using humor to create therapeutic relationships (Schmidt, 2016). Also found in the selected literature was international students personal growth as they adapted their customs and norms to become a professional nurse in western society (McNally et al., 2019). They reflected on how their cultural views differed and how they learned to integrate new norms into their behaviour, such as making eye contact, during their educational

experiences. These examples demonstrate the personal growth students experience as they progress through their education and develop a professional identity.

Through this literature search it became clear that across contexts there is significant overlap in students' experiences of learning and becoming a professional. This process was found to involve various learning patterns that are aimed towards both professional and personal identity development. Aligning with Wenger's (1998) STL, the experience of learning a professional role was interpreted as being highly social as the processes that were identified all involved partnerships between students and other individuals or groups. Students recognized how their personal perspectives can influence their learning and the meaning they attributed to their daily experiences. Further, research showed how contextual factors influence students' learning experiences where perceptions of the teaching-learning relationship relate to the sociocultural norms of the profession, and intentions built into curricula influence students' aims as they learn to think like and conduct oneself as a professional. Given the significant influence of both personal characteristics and contextual factors, elucidating the meaning of learning from nursing students in a CBC will contribute to a greater understanding of the phenomenon.

Historical Context: From Teacher-centered to Student-centered Education

Within higher-education there is increased attention being paid to the quality of programs and how this relates to student learning outcomes (Hubball & Gold, 2007; Zusho, 2017). There is an expectation that professional practice programs, particularly those in the healthcare field, demonstrate how students are acquiring and utilizing the skills required to succeed as newly qualified professionals (Kantar, 2014; Mills, 2016; Valiga, 2012). The need to demonstrate students' learning as it relates to their ability to meet professional competencies is the rationale to support the trend of transitioning programs from teacher-centered to student-centered curricula

(e.g., Giddens & Brady, 2007; Kantar, 2014; Kavanagh & Szweda, 2017). In implementing the CBC at the UofM, the faculty identified the need to create a student-centered nursing education program that would prepare graduates to succeed as Registered Nurses. To gain an understanding of the intentions behind a CBC, literature relating to the historical progression and integration of student-centered curricula in higher-education was sampled.

Teacher-centered education was embedded in an environment where the purpose of higher-education was for students to acquire knowledge based on the direction provided from teachers and programs (Jones & Olswang, 2017). An instructor-led education system emphasizes teaching rather than learning and is characterized by lecture-memorization pedagogy that assesses students' ability to recall information (Jones & Olswang, 2017; Valiga, 2012). The underlying assumption of teacher-centered education is that learning occurs in specified times as a response to teaching which informs the belief that educators have to provide, or teach, the knowledge they think students need to know (Valiga, 2012). In this system, students assume a passive role in their education where success is viewed as meeting the pre-defined expectations, and they aim to acquire and memorize the information presented to pass exams (Valiga, 2012). This approach to teaching and learning is seen as being problematic in professional education as it is not supporting students in becoming self-directed, life-long learners who can use critical thinking skills to problem solve and adapt to new situations (Ellis, 2016). As a response to the claim that graduates are leaving higher-education ill-prepared to enter the workforce, educators across disciplines, including nursing, identified the need to create innovative pedagogies that are evidence-informed and emphasised students' learning (e.g., Benner et al., 2010; Kantar, 2014; Schweitzer & Stephenson, 2008; Voldbjerg, Gronkjaer, Sorensen, Hall, 2016).

Literature relating to the implementation of student-centered curricula commonly identifies that changes in the workforce climate necessitate the need for changes in higher education. Authors have described the 21st-century workplace as complex systems that are in a pattern of constant change and require members of society to succeed in states of uncertainty (Kantar, 2014; McLellan et al., 2015). To meet these challenges industry leaders are expecting a workforce that is capable of innovation and problem solving which requires individuals to have life-long learning, critical thinking, and collaboration skills (Jones & Olswang, 2017). Coinciding with the workforces' external expectations, the purpose of higher-education was expanded to be viewed not only as a place for students to acquire knowledge but also as a means to foster personal growth and development (Valiga, 2012). The aim of creating programs and curricula that emphasize the development of professional competencies has resulted in the design and implementation of student-centered curricula that are grounded in constructivist learning theory (Jones & Olswang, 2017; Schweitzer & Stephenson, 2008).

Constructivist Learning Theory

Constructivist learning theory has evolved throughout the 20th century with seminal theorists offering different perspectives and assumptions about learning. Many educational psychologists have been classified as constructionists', and they each offer variations on how individuals learn through a process of constructing knowledge (Pettigrew, 2015). For example, John Dewey (1910) formulated the idea that reflection is a crucial aspect of learning and developed a theory of how individuals construct knowledge by reflecting on their practices. David Kolb (1984) emphasizes experiential learning and that for new knowledge, skills, or attitudes to be gained from experiences, learners must demonstrate reflective observation abilities in which they observe experiences from multiple perspectives. In creating a theory for

adult education, Malcome Knowles asserted self-directed learning, where students recognize their learning needs and are motivated to create learning objectives (Brandon & All, 2010). Building on the work of these and other theorists, researchers and educators have interpreted common constructivist tenets and offered how they can be applied to learning in higher education.

The purpose of constructivism is summarized as a theory of learning, rather than of curricula design or teaching, that describes how knowledge is constructed (Bachtold, 2013; Baviskar et al., 2009; Brandon & All, 2010). Through different authors interpreting the root word construct as either a noun or a verb, the learning process that captures the purpose of constructivist theory has been understood in different ways. Brandon and All (2010), provide a perspective on how constructivist theory can inform curricula in nursing education which is well referenced in the literature. They emphasize active learning, and state courses should "...contain a minimal amount of lectures" (p. 91) as "Rather than using the teacher's knowledge and textbooks for solving problems, the student invents solutions and constructs knowledge in the learning process" (p. 90). Conversely, Baviskar et al. (2009) stress the purpose of constructivism is grounded in how knowledge is defined within this paradigm as an individual's "...comprehensive 'construct' of facts, concepts, experiences, emotions, values and their relationships with each other" (p. 543). Adding to this discussion, Bachtold (2013) argues that constructivism represents a broader notion that encompasses both construct as a knowledge structure and the actions used to acquire knowledge, and identifies that there is a construction process which is "...the personal interaction with the physical environment, social interaction among students, and social interaction between students and the teacher" (p. 2493). While diverging interpretations have created space for drawing different conclusions about learning,

primarily what constitutes active learning and the environment this occurs in, these articles stress constructivism is learner orientated and that the instructor's role is to create an environment where students are motivated to learn.

There are two defining tenets of constructivism that are consistent across the literature; the first is that learning is viewed as an active process, and the second is that knowledge is related to meaning. The active process is more commonly defined as an activity of the mind, not of the body, and involves students constructing knowledge by reflecting on experiences and linking new information to prior understanding (Bachtold, 2013; Baviskar et al., 2009). This process creates the conditions for meaningful learning, where new information is constructed as it relates to prior knowledge and is understood as it relates to real life contexts (Bachtold, 2013; Baviskar et al., 2009; Schweitzer & Stephenson, 2008). The aim of learning is to facilitate change in attitudes and behaviours which requires motivation, feelings, and purpose. Learning occurs when students experience cognitive dissonance, or when their prior knowledge is insufficient or inaccurate compared to the information they are gathering from the environment (Baviskar et al., 2009). Dissonance creates motivation for learning as students aim to enhance their knowledge to align with their experiences. These tenets of constructivist learning theory form the basis of how deep learning occurs and have been applied to create student-centered education.

Student-centered education. In the literature, student-centered education is described as an evidence-based response to teacher-centered education, and a large body of knowledge has been created that has two main branches: the first is defining what characterizes this teaching and learning approach, and the second is empirically studying and theorizing its effectiveness.

Consistent in the literature is that student-centered learning is derived from constructivist theory, which has been applied to create different curricula and approaches to teaching and learning. In professional education examples of student-centered curricula include problem-based learning (Kantar, 2014), context-based learning (Williams et al., 2012), competency-based curriculum (Jones & Olswang, 2017), and CBC (Giddens & Brady, 2007). While each of these curricula have unique tenets, and emphasize various aspects of constructivism, they all focus on creating environments where students can demonstrate their learning and develop professional competencies. What is noted in the literature, is the terms student-centered and learner-centered are used interchangeably; in this study I will use the term student-centered.

Researchers have tried to provide evidence to support the hypothesis that student-centered environments improve student outcomes, and empirically identify what criteria, or aspects, are effective at enhancing learning. In nursing education, there is evidence that shows that problem-based learning has improved students' critical thinking when compared to students from traditional lecture-based courses (Kong, Qin, Zhou, Mou, & Gao, 2014). There have also been qualitative studies identifying that educators and preceptors notice that students who were exposed to conceptual teaching have enhanced knowledge application skills (Nielsen, 2016). However, other studies have found that some students disengage from active learning opportunities (White et al., 2014), and educators are recognizing that constructivist learning environments are not consistently resulting in improved student outcomes, or students using deep approaches to learning (Zuscho, 2017). Further, length of exposure to student-centered learning, the instructor's ability to facilitate active learning strategies, students' learning preferences, and the suitability of the teaching-learning method based on the subject content have all been identified as factors that impact students' learning (Baeten, Kyndt, Struyven, & Dochy, 2010;

White et al., 2014). These inconsistencies in the literature support the need to further examine learning in the context of student-centered curricula.

Conceptual teaching and learning. In the introductory chapter a broad overview of CBC was provided, here I will expand on this discussion by further examining conceptual teaching and learning. In 2007 Jean Giddens and Debra Brady released a seminal article entitled “Rescuing Nursing Education from Content Saturation: The Case for a Concept-Based Curriculum”, and since that time developing programs based on this ideology have continued to gain momentum (Giddens, 2016; Sportsman & Pleasant 2017). As highlighted in this article title, nursing education faces the problem of content saturation as professional knowledge is rapidly expanding with advances in technology and the societal expectation of evidence-based practice. To cover the broad domain of knowledge related to nursing practice, undergraduate educators relied on lecture-memorization pedagogy (Benner et al., 2010). To move the emphasis of students’ learning away from memorization towards understanding and application, a CBC was developed to create an environment where conceptual teaching can occur to facilitate conceptual learning (Giddens & Brady, 2007; Giddens et al., 2015).

Conceptual teaching requires faculty to purposefully teach concepts, where students learn definitions, defining attributes, antecedents, consequences, and empirical referents (Fletcher et al., 2019; Giddens, 2016). Aligning with constructivist learning theory students prior understanding of the concept is elicited and misconceptions are addressed (Fletcher et al., 2019; Hardin & Richardson, 2012; Mills, 2016). To emphasize understanding educators help students link concepts together by stressing conceptual relationships and connecting new information to past knowledge. Further, active learning strategies are used to engage students in meaningful learning where they have the opportunity to apply their knowledge and learn the nurses' role in

relation to the concepts (Giddens, 2016; Mills, 2016). Knowledge application is achieved with the use of exemplars where students can see how the concept manifests in clinical situations. One of the challenges for faculty in a CBC is selecting concepts and exemplars, with a tendency to crowd courses and curriculum with content which reduces both the students and teachers ability to focus on understanding and knowledge application (Sportsman & Pleasant, 2017; Giddens, 2016). To support conceptual teaching and learning, concepts, exemplars, and learning experiences have to be thoughtfully selected, logically scaffolded, and aligned so students are building on their prior knowledge and connecting ideas across education settings (Giddens & Brady, 2007).

With the integration of a CBC faculty are evaluating this change and initially what was primarily being reported in the literature was the impact this curriculum was having on NCLEX pass rates (Duncan & Schulz, 2015; Lewis, 2014). Recently, nursing scholars have been paying increased attention to how conceptual teaching influences students learning (Fletcher et al., 2019; Getha-Eby, Beery, O'Brien & Xu, 2015; Mills, 2016). Getha-Eby et al. (2015) used a two-group pre-test post-test study design to examine the cognitive effects of a CBC and hypothesized that students exposed to conceptual teaching would have increased higher-order thinking scores compared to students in a traditional lecture-based course. The findings showed no significant difference between groups ($p = 0.76$), with initial higher-order thinking abilities being the biggest predictive factor on post-test scores. They concluded that the length of exposure to conceptual teaching may influence students higher-order thinking skills and further research is needed.

Adding to this body of knowledge, Mills (2016) and Fletcher et al. (2019) synthesized both research and theoretical articles to create concept analyses of conceptual understanding and

conceptual learning, respectively. Both articles recognize that conceptual learning is a process that involves mentally organizing information to create connections between concepts and to transfer knowledge to different contexts (Fletcher et al., 2019; Mills 2016). Further, both analyses found that metacognitive skills are used in conceptual learning as individuals recognize how they are organizing knowledge and identifying personal relevance. Mills (2016) defines conceptual learning as a process that leads to conceptual understanding, whereas Fletcher et al. (2019) integrates these concepts and views them as an ongoing and integrated process. Fletcher et al. defines conceptual learning as: “a process in which learners organize concept-relevant knowledge, skills, and attitudes to form logical cognitive connections resulting in assimilations, storage, retrieval, and transfer of concepts to applicable situations, familiar, and unfamiliar” (p. 9). Both articles conclude further research is needed to explore students’ experiences of learning and if they are pursuing conceptual understanding within concept-based curricula.

Sociopolitical Context: Neoliberalism and Globalization

Nursing is situated in a national and global context that has influenced the historical progression, current landscape, and future direction of the profession. In a comparative critical reflection, scholars from Canada, Brazil, and China aimed to illuminate how societal forces have shaped the way nursing education is conceptualized within each of these unique geographical locations (Vila, Zhuang, Tan, & Thorne, 2018). Across these three countries, historically the direction of nursing education was determined externally by individuals who had medical (physicians) or political power as they would identify the role of nurses within healthcare systems. As these countries aimed to improve the health of their citizens and access to healthcare services the role of the nurse and their education standards continued to progress. Within the current landscape, nurses are using their position as recognized professionals to influence, rather

than just respond to, the healthcare environment (Vila et al., 2018). In Canada, nurse educators now aim to teach students that nurses are in the position to create change at the system level as the collective profession works towards creating equitable, culturally safe, and accessible healthcare services. This change in perspective and the development of an internal political voice means that there is now a dual relationship between nursing and the sociopolitical context where the profession is influenced by as well as influences macro-level systems (Breada, 2009; Vila et al., 2018).

The final section of this literature review will introduce trends related to the sociopolitical context that surrounds the research phenomenon. This discussion is organized around two macro-level societal ideologies of *neoliberalism* and *globalization* which have both been connected to healthcare and higher education.

Neoliberalism

Derived from economic science neoliberalism is an ideology that refers to a societal and political system that values free market economies and the individual pursuit of entrepreneurial gains (Breada, 2009; Danvers, 2019). Neoliberalism has come to extend beyond the realms of economics and has been integrated throughout social systems, policies, and norms which influences individuals identity formation (Breada, 2009; Danvers, 2019; Kahu, 2013). With this business-focused climate extending into the Canadian healthcare sector, healthcare systems are being reformed with the aim of reducing costs and downsizing (French & Emed, 2009). In this system, regulated nurses makeup 48% of healthcare professionals (Regulated Nurses, 2017), and have increasingly reported their workload is beyond their capacity which reduces the quality of care they can provide to patients (French & Emed, 2009). Further, healthcare professionals experience the business aspects of services impeding their daily routines as they aim to provide

care in systems that are concerned less about patient health and more about finances (DeNicola, 2016; French & Emed, 2009). Within this healthcare system there is also the effort to transition the focus from disease prevention to health promotion, and while some might see this ambition as a long-term cost-cutting strategy (French & Emed, 2009), others see it as an opportunity to integrate holistic health care policies and values into professional practice (DeNicola, 2016).

Closely linked with the healthcare system, scholars have also theorized how higher education systems are influenced by neoliberalism. In a consumerist market, students are viewed as customers who can purchase degrees (DeNicola, 2016). This societal dynamic between students and institutions has switched the focus of higher-education away from the pursuit of knowledge as an intrinsic value towards developing a set of competencies to enable career preparation (DeNicola, 2016). A free-market economy has also been linked to the perspective that a performance-based culture that values assessment and rank exists within higher education which influences the daily actions of students (Danvers, 2019; DeNicola, 2016). For example, Danvers (2019) used a critical perspective to understand how students' critical thinking is formed within institutions that are governed by neoliberal and consumerist ideologies. With a qualitative research design, Danvers studied higher education students who were from both applied and theoretical social science programs and found that their dominant discourse and understanding of critical thinking reflected neoliberal ideologies. Students primarily saw critical thinking as an expected skill to be mastered to meet assignment expectations. Similarly, students described critical reflection as engaging in self-surveillance to foster self-improvement aimed towards developing career-required abilities. Danvers concluded that the sociopolitical context in which critical thinking is learned influences students understanding and application of this concept.

Globalization

Globalization is an ideology that recognizes there are increased connections between and among the countries of the world (Breda, 2009). In Canada, scholars have identified that globalization has created healthcare environments where there is an increased ability to connect and collaborate at the international level and there is enhanced access to health information and research. However, they also associate globalization and international neoliberalism to diminishing the societal value of publicly-funded and accessible healthcare with provincial governments focussing on controlling and managing finances. French and Emed (2009) theorize that the future of nursing in Canada will continue to become more politically active as nurses aim to create system level changes throughout society including at the international level. DeNicola (2016) also notes that professions have become globalized, where there is a culturally diverse student population within programs, but also that professionals are developing international standards and students themselves are preparing for practice that is transnational. In nursing education a clear example of this was replacing the Canadian Registered Nurse Exam with the international NCLEX exam that was initially developed in the United States.

From the selected literature both neoliberalism and globalization were two ideologies that have been applied to make connections between the Canadian sociopolitical context and higher-education and healthcare. There are various additional factors that could have been included in this discussion, for example the Truth and Reconciliation Act and the national call to action to integrate Aboriginal ways of knowing into both healthcare services and professional education; or, the entry level-competencies and the NCLEX exam that together govern the content that is included in undergraduate nursing programs. However, comprehensively addressing the sociopolitical factors that influence nursing and nursing education extends beyond the scope of

this literature review. What was seen as significant was gaining an understanding of the relationship between the sociopolitical context and healthcare, higher education, and students' learning. By focusing the discussion on neoliberalism and globalization I provided examples that illustrates this relationship.

Chapter Summary

The aim of this review was to use a purposeful approach to select literature that would enhance my understanding and facilitate thinking about the phenomenon to be investigated. This process involved an inductive analysis of the included material to create themes that articulate my pre-understanding of the phenomenon. Learning in professional practice programs was described as involving multiple processes where contextual and personal factors were found to significantly influence students' experiences.

I also used literature to become more familiar with the surrounding context. The literature on constructivist learning in higher-education is inconclusive on how this environment influences students learning. Further, the understanding of how CBC and conceptual teaching impact students learning is largely theoretical, and studying students' experiences and the meaning of learning within this context will add to the body of knowledge.

Lastly, I pursued understanding the sociopolitical context that surrounds both healthcare and higher education. Within this selected literature was a description of nursing history and how it has progressed within evolving political, cultural, and social environments. What became significant through this process was understanding the relationship between the sociopolitical context and nursing, nursing education, and students' learning. To illustrate this relationship neoliberalism and globalization were highlighted. Today, nursing is a politically active

profession where there is a collective understanding that societal ideologies both influence and are influenced by the actions and voices of nurses.

CHAPTER THREE: METHODOLOGY

Chapter three begins with a brief description of the qualitative paradigm describing the ontological and epistemological assumptions which inform this study. Next, I outline van Manen's aims within his hermeneutic phenomenological methodology, *Researching Lived Experiences* (1997). These aims lead to a brief discussion on the philosophy of phenomenology, which is the mode of thinking that guided the research process. Following this is an overview of van Manen's six research activities which provided a methodological framework for connecting philosophy to research methods and techniques. Lastly, I outline the methods of this study.

Qualitative Paradigm

This study aimed to arrive at a deeper understanding of what it is like to learn the nursing profession within the unique context of a CBC. The ontological and epistemological perspectives within this aim are grounded in the qualitative paradigm. Researchers who are guided by this worldview acknowledge that there are multiple realities, and meaning exist within lived experiences which are situated in the surrounding context (Munhall, 2012). Further, it is assumed that the situated context has some form of influence on both human behavior and the subjective understanding of the individual's perceptions and beliefs. Qualitative perspectives recognize there is a unity of body and mind which form an irreducible whole that is entwined with others and the environment (Munhall, 2012). Knowledge gained from qualitative research is a deeper, holistic interpretive understanding rather than an objective truth (Munhall, 2012; van Manen 1997). Within the qualitative paradigm, knowledge is created in an intersubjective space as the researcher's subjectivity interacts with the participants to generate understanding of human phenomena (Munhall, 2012). It is through an exploration of the individual's experiences and the situated context that knowledge and understanding are created (Munhall, 2012; van Manen,

1997). Within this paradigm, is the research tradition of hermeneutic phenomenology which applies a philosophical way of thinking to interpret and understand every day human phenomena and what it is like for individuals to experience them.

Max van Manen: Hermeneutic Phenomenological Methodology

In Max van Manen's earlier work, *Researching Lived Experiences* (1997), he aimed to create a hermeneutic phenomenological approach to research that would extend phenomenology as a philosophy of being to a philosophy of professional practice (Munhall, 2012). In this text, he uses his experience as an educator to illustrate how phenomenological thinking is a form of pedagogical competence as it can inform educators' way of being. In van Manen's later work, *Phenomenology of Practice* (2014), he builds on his earlier work by further integrating a philosophical attitude, or mode of thinking, into the practice of phenomenology: "...a phenomenology of practice aims to open up the possibilities for creating formative relations between being and acting, between who we are and how we act, between thoughtfulness and tact" (van Manen, 2014, p. 69-70). Van Manen's central aim of connecting phenomenology to professional practice aligns with the intentions of this study where students' experiences, behaviours, and perceptions were collected and analyzed to enhance my own, and potentially others, pedagogical competence as nurse educators.

Phenomenology is an elusive term to define as it represents a way of generating knowledge, an attitude, and a complicated philosophy. As a basic definition, phenomenology is the study of what appears in human consciousness or phenomena (van Manen, 1997). As a mode of inquiry, phenomenology requires researchers to adopt a reflective attitude to uncover the meaning of phenomena that is implicitly located in lived experiences (van Manen, 1997; van Manen, 2014). From a philosophical perspective, phenomenology aims to reconnect with

experiences as they are lived, rather than how they are theorized or conceptualized (van Manen, 2014). Further, embedded in phenomenology is the assumption that human beings are best understood from the reality of their lifeworld (van Manen, 1997). Van Manen does not offer a synthesized definition of *hermeneutic phenomenology*, but rather, provides characteristics to describe these terms as they relate to the phenomenology of practice. For the purpose of this study, I understood hermeneutic phenomenology as: a mode of inquiry that requires a reflective attitude, which is grounded in philosophical thinking, to describe and interpret others' experiences as they are lived, or prereflectively, with the aim of illuminating meaning or arriving at a deeper understanding of what a phenomenon is and what it is like to experience it.

In *Researching Lived Experiences* van Manen outlines six research activities to support researchers in applying philosophical thinking to research methods (1997). I used these six activities as a methodological framework. However, both van Manen (1997; 2014) and Munhall (2012) stress the need for researchers to gain an understanding of phenomenology philosophy to acquire a phenomenological way of thinking. Prior to outlining van Manen's six activities, I will articulate a philosophical perspective or attitude I gained by studying phenomenology philosophy. My understanding of phenomenology has primarily been derived from secondary sources whose authors have interpreted the philosophical texts of seminal scholars.

Philosophical Perspective

In creating *Researching Lived Experience*, Max van Manen did not reference or draw specific global attention to a single phenomenology philosopher (1997). Phenomenology is a moving philosophy that is continuously reimagined and adapted, with seminal authors creating foundational texts that have informed the thinking of second-generation phenomenologists who continue to build on and deviated from these original thoughts (Kerry & Armour, 2000; van

Manen, 2014). To develop a philosophical perspective, I have focused on the work of Husserl's Epistemological Phenomenology, and Heidegger's Ontological Phenomenology.

Husserl: epistemological phenomenology. Edmund Husserl is positioned as the founder of phenomenology whose seminal work continues to influence both philosophers and researchers (Kerry & Armour, 2000; van Manen, 2014). His phenomenology aimed to objectively describe and determine the essence of everyday phenomena through analyzing how they subjectively appeared in lifeworld's or lived experiences of individuals (Kerry & Armour, 2000; van Manen, 2014). Today, its more widely accepted that any description of phenomena is going to be subjective, but the intent of describing the essence of what a phenomenon is remains with researchers who practice Husserlian phenomenology (van Manen, 2014). To pursue this aim, Husserl introduces a mode of thinking that centers on the mental action of bracketing, or the individual suspending their prior understanding, to discover how phenomenon appear in consciousness. From a research perspective, bracketing is the mental action of deliberately holding at bay any preconceived notions the researcher may have of the phenomenon (Kerry & Armour, 2000; van Manen, 2014). The purpose of bracketing is to allow the researcher to open their way of thinking to see beyond what is self-evident, to see how phenomena are seen, as they are presented to conscious awareness, and experienced (van Manen, 2014). To illustrate, I (the researcher) studied nursing students' experiences to understand what it *is* to learn within a unique context. This intent required me to deliberately hold at bay my prior understanding and assumptions of what learning to be a Registered Nurse is, and by gaining access to student's lifeworld, re-discover what it is to learn the nursing profession as it is lived in the everyday.

Discovering the essence of the phenomenon, as it appears in consciousness, is achieved through the process of phenomenological reduction, which requires an analysis of how the

phenomena were experienced (Kerry & Armour, 2000; van Manen, 2014). This process identifies a key phenomenological assumption that what a phenomenon is, or means, is constructed by individuals through their lived experiences (Crotty, 1998; Kerry & Armour, 2000). This assumption holds two important concepts that are central to Husserl's phenomenology, constructionism and intentionality. Constructionism (in this context) is a philosophical perspective where meaning is constructed by individuals as they interact in the surrounding world, and assumes, without human interaction and interpretation, the world would not have meaning (Crotty, 1998). Embedded in this perspective, is the basic yet central notion that human beings are aware of, or conscious towards, something, or human beings are thoughtful, capable of thinking, and recognize they are situated in a surrounding context (Crotty, 1998). To make sense of the surrounding context, individuals direct their consciousness towards, or are aware of, objects. This implicit mental action that guides human behaviour is what Husserl called intentionality or the direction of consciousness (Crotty, 1998; Kerry & Armour, 2000; Moules, 2002).

The analysis of lived experiences requires an analysis of individual's intentionality, or how experiences were constructed, and through this process the researcher arrives at what the phenomena is as it appeared in consciousness (Crotty, 1998; Kerry & Armour, 2000). Questions that concern Husserlian phenomenologist are: what does the mind consider? What perceptions are there? What way do the perceptions appear? What objects is the mind directed towards? (Lavery, 2003). An important distinction within Husserl's phenomenology is that he recognizes human beings are in the world, yet maintains a more dualistic perspective where they are considered separate entities, capable of being bracketed apart (Kerry & Armour, 2000; Moules, 2002; van Manen, 2014).

Heidegger: ontological phenomenology. Martin Heidegger, a student of Husserl, questioned some of the basic assumptions of Husserl's phenomenology, most significantly the dualistic perspective between human beings and the surrounding world, and the belief that one can bracket a preunderstanding (Kerry & Armour, 2000; Lavety, 2003). Heidegger offers the perspective that human beings are in a reciprocal relationship with the surrounding world, where they both constitute and are constituted by one another (Lavety, 2003; van Manen, 2014). From this perspective, the emphasis of phenomenology adapts to focus on the becoming of a person and the conditions in which understanding takes place (Lavety, 2003; Moules, 2002; van Manen, 2014). This moves the aim of inquiry from an epistemological to ontological focus (van Manen, 2014). Aligning with Husserl's phenomenology, Heidegger's aim is to reconnect with the primordial understanding and rediscover the world, to interpret, or make explicit, the fundamental modes of experience.

There are two related concepts that Heidegger's phenomenology is oriented towards, Dasein and being-in-the-world. Heidegger coined the term Dasein to capture the idea that human beings have a conscious awareness of being-in-the-world, and this awareness is an interpretation that is grounded in a historicity of understanding (Moules, 2002). Deviating from Husserl's concept of intentionality, historicity of understanding acknowledges that human beings are situated in a cultural context which creates a pre-understanding (Moules, 2002). Pre-understanding refers to the languages and practices that organize a culture which creates the capacity for human beings to interpret the world (Moules, 2002; Todres & Wheeler, 2001). From this philosophical perspective what is relevant is recognizing that pre-understanding, a common background (cultural norms and assumptions), and an individual's personal history situates the individual in and of this world as they interpret and make sense of their lifeworld, or lived

experiences (Todres & Wheeler, 2001; van Manen, 2014). From a Heideggerian perspective, any understanding or description of an experience or phenomenon is facilitated through a historicity of understanding and thus is always an interpretation (Lavery, 2003; Moules, 2002; Todres & Wheeler, 2001). The central Heideggerian questions are: how does Dasein make sense of the surrounding world? And, what does it mean to be in the world? (Horrigan-Kelly, Millar & Dowling, 2014).

While a full analysis of Dasein and its relation to phenomenology research is beyond the scope of this project, a brief introduction of the modes of being is relevant to van Manen's phenomenological methodology. In his seminal work, *Being and Time*, Heidegger identified that within human experience there are ontological structures, or existential modes of being, that characterize being-in-the-world (Horrigan-Kelly et al., 2014). It is through these modes of being that phenomena are presented to the consciousness of individuals. These modes of being have been represented in different ways, van Manen expresses them as lived space, lived things, lived body, lived time, and lived self-other (1997; 2014). Together, these existentials form a fundamental thematic structure that captures the essential nature of lived experiences. Table 2 illustrates the five existentials.

Table 2. Existentials

Existentials	Fundamental thematic structures of being-in-the-world as they are subjectively experienced
Lived Space (Spatiality)	Is the world or landscape where human beings are located and the feelings, perceptions, and experiences of this space. Lived space is where Dasein directs her concerns and where entities (things someone understands) are located.
Lived Things (Materiality)	Is the objects, both physical (e.g. a laptop) and experiential (e.g. curriculum), of this world and how they are experienced.
Lived Body (Corporeality)	Is the acknowledgement of the human body. When individuals meet one another, their bodies reveal as well as conceal something about themselves: bodies have both deliberate and unconscious physical responses to environments and stimuli.
Lived Time (Temporality)	Is both the subjective feeling or perception of time, and human beings temporal way of being-in-the-world. An individual's past brought them to the current situation, that they enact on based on future possibilities.
Lived Self-other (Relationality)	Is the acknowledgment that humans are social beings who share interpersonal space with others. Dasein is shaped with others through shared characteristics, beliefs, norms, and values. Dasein has an inauthentic self, where they conform to societal norms and values, and an authentic-self or self-understanding. Both the inauthentic and authentic-self exist as part of being-in-the-world.

(Horrigan-Kelly et al., 2014; van Manen, 2014; van Manen, 1997)

Researching Lived Experiences: research activities

Van Manen appreciates, along with other scholars (Kerry & Armour, 2000; Munhall, 2012), that the nature of phenomenological inquiry does not lend itself to strict methods and procedures (1997; 2014). Thus in *Researching Lived Experiences*, van Manen offers practical approaches that can be adopted into a hermeneutic phenomenological study which he organizes into six research activities (1997). Each of these research activities are outlined in the discussion below.

Turning to the nature of lived experience. Within this first activity, van Manen is drawing attention to the importance of keeping the phenomenological research aim in mind throughout the process (1997). Van Manen recognizes both Heidegger's position of being-in-the-

world and pre-understanding as well as he offers his interpretation on Husserl's notion of bracketing. Van Manen maintains that researchers need to make explicit and come to terms with their preunderstanding, beliefs, biases, and assumptions in order to hold them deliberately at bay. He offers the perspective that bracketing can be viewed as the researcher opening themselves to the experiences as they are lived rather than theorized (van Manen, 2014). Van Manen views bracketing as adopting an attitude where there is the desire to rediscover the phenomenon as it gives itself and shows itself (van Manen, 2014). This attitude is sustained by wonder, attentiveness, and a desire for meaning. Within this understanding, the researcher can explore experiences as they are lived from a prereflective perspective.

Investigating the experience as we live it. Van Manen offers his interpretation of the prereflective mode of being and how meaning can be found within lived experiences (1997). He specifies that the non-thematic world, as it appears in consciousness, is given hermeneutic significance as individuals reflect on experiences and give memory to them through the use of language. Integrating Husserl's thinking, van Manen describes the aims of phenomenology as elucidating the essence of experiences by gaining access to individual's lifeworlds. He defines essences as linguistic constructions that describe the structure of the lived experience that illuminate its nature and significance. Van Manen explains that a phenomenological interpretation balances the universal with the particular where the description is at once describing the individual's experience yet can also be related to what the experience is. This research activity requires researchers to 'borrow' experiences from others to discover the nature of the phenomenon, and through interpretation transcend the individual stories to arrive at the meaning of phenomena within specific contexts. This activity focused my study to uncovering the meaning of learning the nursing profession within a CBC.

Reflecting on essential themes. To illuminate the essence of phenomena, van Manen describes the use of a phenomenological attitude, and how through reflective thinking researchers can uncover themes (1997; 2014). He describes a thematic analysis as a process that involves a back and forth play with the texts as researchers move from parts to a whole while reflecting on what is being said. Together, the essential themes that are found within the texts describe what a phenomenon is, and without which it would be something different (van Manen, 1997). The five existentials can support the reflective attitude and the questioning of the text as they offer a philosophical perspective that researchers can remain mindful of as they proceed through the data analysis process (van Manen, 1997). Van Manen specifies that a phenomenological description is always one of many interpretations that could have been created, and researchers have to show the logic or interpretive sense they used to elucidate meaning (1997; 2014).

The art of writing and rewriting. In his methodology, van Manen draws attention to the philosophical function or understanding of language (1997; 2014). Language gives human beings the ability to reflect, converse, and interpret while at the same time language is an abstraction of the experience itself (van Manen, 1997). It is through language that researchers can create a phenomenological description that brings the ineffable meaning of experiences into focus (van Manen, 1997; van Manen, 2014). In hermeneutic phenomenology, researchers enter a hermeneutic circle with participants, where together they are interpreting experiences and using language to describe lifeworlds (van Manen, 1997). The participant, who has experience with the phenomenon of interest, describes their lived through memories. This description is their interpretation and abstraction of what occurred. The researcher then reflects on this interpretation to find understanding and meaning. Integrating Heidegger's perspective, both the researcher and

the participant bring a historicity of understanding into this hermeneutic circle that influences what is spoken and how it is understood. In this circle, the researcher stays open to the participants' experiences and grounded to the text, rather than to their prior understanding, as they make interpretive sense of the phenomenon and how it is experienced (van Manen, 1997).

In this research activity, van Manen stresses the importance of writing throughout the research process (1997; 2014). Through writing, researchers find words to describe and create phenomenological descriptions that explicitly draw the reader's attention towards meaning that was previously implicit, or ineffable. "To write is to measure the depth of things, as well as to come to a sense of one's own depth" (van Manen, 1997, p. 127). Van Manen recommends prolonged engagement with data so researchers can explore the language of texts and bring their understanding into writing.

Maintaining a strong and oriented relation. Through this research activity, van Manen steers phenomenological writing from reflective understanding to being oriented towards professional practice and having a practical importance (1997). Van Manen reiterates that the purpose of his phenomenology is to generate knowledge that informs professionals and their ways of being. To have a practical significance, he states that phenomenological texts need to be oriented, strong, rich, and deep. An orientated text references the researcher's connection to professional practice where they are aware of how a phenomenological inquiry is related to the activities of professionals. Whereas a strong text implies that the researcher uses their orientation to create a description that moves beyond what is self-evident to reach a greater depth of interpretive understanding. "...we should use our orientation as a resource for producing pedagogic understandings, interpretations, and formations and strengthen this resource in the very practice of this research or theorizing" (van Manen, 1997, p. 151-152). The last two criteria,

rich and deep, refer to how texts should illustrate how, through exploring lifeworlds, there came to be a greater understanding of the phenomenon itself.

Balancing the research context by considering parts and whole. The title of this last activity, balancing the research context by considering parts and whole, relates to how van Manen approaches data analysis (1997). In this section of *Researching Lived Experiences*, he also offers more specific details on creating proposals for hermeneutic phenomenological studies which I have integrated into the methods I used in this study.

Methods

Van Manen asserts that within hermeneutic phenomenology the methods of a study should be approached contextually where the selection of techniques and procedures is influenced by the phenomenon of interest, study aims, and context (1997). This section outlines the methods that were used for participant recruitment, data collection, and data analysis. I also describe how I approached the rigour and trustworthiness of the study findings and ethical considerations. As a broad overview, I recruited eight fourth-year nursing students enrolled in a CBC baccalaureate nursing program to participate in two individual conversational interviews where I asked them about their learning experiences.

Participants

In phenomenological research, purposive sampling techniques are used to recruit individuals who have experience with the phenomenon of interest (van Manen, 1997; Vandermause & Fleming, 2011). Therefore, I recruited students from the UofM who were in the first term of the fourth-, or last year, of the Undergraduate Nursing Program. In determining which student population to recruit from I focused on the phenomenon of interest, of understanding the meaning of learning, rather than practicing, the nursing profession in a CBC.

As highlighted in the literature review, research shows that as students near the completion of their professional programs they transition their focus from learning a professional role to practicing as a professional. Based on this understanding, by recruiting students at the start of their last year, prior to their clinical consolidation experience (senior practicum), I learned about the phenomenon from participants who had both past and current lived experiences of it.

Sample size. In determining an appropriate sample size, van Manen offers the perspective of how many examples of the phenomenon as lived are required to gain interpretive meaning (1997). He cautions that large sample sizes can create overwhelming amounts of data which can inhibit the interpretive process that occurs with in-depth analysis. Also, the aim of phenomenology is not to generalize findings to a large population, but to gain a further understanding that invites thinking to enhance or facilitate professional competence (van Manen, 1997; van Manen, 2014). As the study's aim was to acquire a deeper understanding of the phenomenon a smaller sample size that will facilitate both in-depth data collection and analysis was appropriate. Initially I identified I would recruit six to eight participants as including a range within the sample size allows for flexibility to determine the appropriate amount of data as the study progresses (van Manen, 1997). Eight nursing students were recruited to participate in this study, where each participant completed two in-depth interviews. I selected eight participants as through the recruitment process I had 13 students express interest in participating in this study. Eight participants or 16 interviews facilitated an analysis where the focus was on rich experiential descriptions and contrasting participants' narratives to uncover the variability of the phenomenon.

Recruitment process. Following ethics approval and gaining access to the study population through the Manitoba Centre for Nursing and Health Research (MCNHR), all

students who are in the first term of the fourth-year were informed of the study in January of 2020. Per the College of Nursing policy, researchers who are recruiting students to participate in research studies have to request and obtain access which involved completing an online form: https://umnursing.ca1.qualtrics.com/jfe/form/SV_869YL8hJhwfD5b. I communicated with fourth-year instructors to request a brief period of class time (5-10 minutes) where I presented my study to the nursing students and distributed a letter of invitation (see *Appendix B* for presentation outline and *Appendix C* for letter of invitation). Also, to ensure all students received the information, I asked the MCNHR to distribute an email (see *Appendix D*) to the study population. Students who were interested in learning more about the study or participating contacted me via email. Together, each participant and I selected a date and time that was mutually agreeable to meet in a private location where the interviews occurred. Once students expressed interest in participating in this study, to prepare for the interview, I prompted students to reflect on their learning experiences. Van Manen notes asking participants ahead of time to reflect on the phenomenon of interest can help facilitate dialogue during the interview process (1997).

Nine individuals responded to the initial in class presentation and email expressing interest in this study. Seven of these students became research participants. Following the first interview with participant three, within an hour four additional students emailed me expressing interest in the study. One of these individuals indicated they were a mature student, a demographic that was unique from participants thus far, and therefore I asked them to be the eighth, and final, participant of the study.

Data Collection and Sources

Data collection in hermeneutic phenomenology is aimed towards understanding the participants' experiences and perceptions rather than confirming or detailing what objectively occurred (Munhall, 2012; van Manen, 1997). Data sources included the transcripts and audio-recordings from individual conversational interviews, field notes, and a reflective journal. Data collection began in January and concluded in April of 2020.

Approach to interviews. Aligning with the purpose of hermeneutic phenomenology, I asked participants to share their experiences during conversational style interviews. Van Manen identifies two central purposes of conversational interviews, the first is to gather and explore narrative detail of the phenomenon, and the second is to reflect with participants on the meaning of their experiences (1997). To create conversational dialogue, van Manen suggests researchers stay orientated towards the research question while allowing the participant freedom to explore their lived experiences. Van Manen cautions against using busy interview schedules as this can contribute to surface 'chatter' rather than achieving the aim of uncovering what the experience was like for the participant (1997). To learn about participants' experiences, I conducted two conversational interviews with each participant that lasted from 47 to 106 minutes (*see Appendix E* for interview guides). Each interview was transcribed verbatim by a professional transcriptionist who was asked to de-identify the transcripts, removing any names or identifying material such as specific courses or clinical agencies. The first interview with each participant occurred in person on the UofM campuses in a private classroom that was not in the College of Nursing (CON). The majority of the second interviews (7/8) occurred via phone and video calls due to the Covid-19 pandemic and associated lockdowns.

Integrating Wenger's STL (1998), I view learning as a human experience wherein the relationship between teaching and learning is characterized as resources and negotiation. In creating the interview approach, I asked myself how can I learn about students' responses and experiences of the CBC? The first interview focussed on creating a relationship between the participant and myself and having the participant describe their lived through experiences in nursing education. During the first interview, to establish rapport with the participants, I began by asking students to discuss their experiences in choosing nursing education. As found in the literature, participants enjoyed sharing their personal reasons for choosing nursing and was a relevant conversation topic to easily engage participants at the start of the interview. Next, I prompted students to discuss their lived experience of learning throughout the education program. I used prompts to facilitate rather than guide or overly restrict the conversation, to clarify statements, or to invite students to share further detail. See chapter four for a further description of how interviews progressed.

At the end of the first interview I asked students to fill in a short demographic profile (see *Appendix F*). Obtaining demographic data in qualitative research supports describing the sample population which enhances the transferability of the research findings (Polit & Beck, 2017). I summarize the demographic information in chapter four. I invited students to select a pseudonym to replace their name in the study. Some participants selected names that had personal meaning, and for those who declined to select a pseudonym I provided one. Lastly, following the interview I debriefed with the participants asking them how they found the process. With some participants, we had a longer conversation about nursing and learning after the interview concluded. All participants were in agreement to proceed with a second interview.

The second interview focussed on the meaning students attribute to their experiences and occurred four to eight weeks after the first interview. Prior to the second interview, the participant's first interview was transcribed, analyzed, and I asked participants to reflect on key statements or my initial interpretive insights. This interview approach met the intentions of this study where I had rich experiential material to support my interpretations that are informed by participants own reflections and the meaning they attribute to their experiences.

Fieldnotes. Fieldnotes are used in qualitative research to document the context in which data collection took place (Munhall, 2012). This can include recording the environment, the setting and location, the participant's non-verbal body language, or the researcher's feelings and perceptions about the data collection process itself. From a phenomenological perspective, fieldnotes are not intended to confirm or validate the participant's experiences or objectively identify what occurred but are to provide contextual information that may support the data analysis by prompting the researcher's thinking (Munhall, 2012). Following each interview I completed a fieldnote (see *Appendix G* for fieldnote guide).

Reflexivity and positionality. Practicing reflexivity during the research process can support the researcher in documenting their thought processes and the logic used to make decisions (Munhall, 2012; Todres & Wheeler, 2001; van Manen, 2014). At the start of a study reflexivity can help the researcher identify their prior understanding and assumptions, as well as their positionality. I have previously articulated my assumptions by identifying a theoretical framework, and through the literature review I described what I currently understand about the phenomenon. Positionality relates to the researcher's interest and orientation towards the phenomenon (van Manen, 2014). This research project was developed from my experience as an educator where I have worked with students across various curricula and contexts. As a novice

educator, I assumed that students would learn as I learned the profession, and that when students are taught concepts they would take the initiative to understand the material and integrate it into their developing practice. As I have gained more experience as an educator I now appreciate how students' prior understanding impacts their learning behavior and their response to education. This research question was developed as I have come to understand that learning rests with students, and therefore I want to know what this experience is like for them within this unique context.

Throughout this study, I continued to keep a reflective journal that documented how my thinking progressed as I made sense of the research process and findings. By engaging in reflexivity, I remained mindful of how my positionality and preunderstanding influenced my thinking as I stayed grounded in the data and open to gaining a phenomenological understanding from participants' lived experiences. Reflective journal entries documented the research process where a reoccurring theme was writing about how my experiences of learning, both phenomenology and the nursing profession, related to participants' narratives. This process helped me maintain an orientation towards the participants' experiences of learning rather than my own. Further, I focused on being self-aware by reflecting on my role and behaviour following each interview. While the intersubjective space was unique across conversations, overall I found myself trying to appear as a learner rather than as a facilitator to the participants. In some conversations, to help create a comfortable atmosphere where participants are engaging in deep and personal conversation I would briefly share how I related to their experiences. For example, with one participant, I shared how I related to her emotional reaction of being a health care aide; with another participant, to create the conversational space for her to describe the lived through experience of failing a nursing course I offered how from my own experiences of

learning it is difficult to fail as a student. Practicing reflexivity supports the researcher in creating trustworthy findings that reflect the phenomenon's universal meaning structures rather than the opinions of participants or the researcher (van Manen, 2014).

Data Analysis

In hermeneutic phenomenological research, reflective thinking guides the process of data analysis as the researcher interprets texts to make sense of and find meaning within the participants' lived experiences (van Manen, 1997; van Manen, 2014). Van Manen suggests creating a systematic data analysis plan and provides examples of different approaches that can be used in isolation or together (1997). He clarifies that different approaches to data analysis will be more or less suited to a research study based on the phenomenon of interest. To make sense of the data, I used a thematic data analysis approach to move fluidly from parts to whole. To create themes, the previously described phenomenological way of thinking was used to uncover the essential structures that describe what the phenomenon is and what it is like to experience it. Also, as there is an ontological aim within this research study, to heighten my reflective thinking I integrated the five existentials into my data analysis plan . Table 3 outlines the iterative steps I used to analyze the study data.

Table 3. Data Analysis Approach

Steps	Corresponding Reflective Writing/Thinking
Following the Initial Interview with Each Participant	
1) Listened to the audio recording from the interview and completed a reflective field note	Documented initial impressions and thoughts
2) The interview was transcribed verbatim	
3) Reviewed the transcript of the interview while listening to the audio recording	<p>Ensured the accuracy of the transcript and corrected any errors</p> <p>Enhanced the text by further documenting tone of voice, pauses, and the rhythm of the conversation</p> <p>Continued to reflect and document my initial impressions and understanding</p>
4) Thematic Analysis of the Text	Reading the transcript and listening to the audio recording multiple times to identify emerging themes (Text → Themes)
a. Wholistic Approach	Reflecting on: “What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?” (van Manen, 1997, p. 93)
b. Selective/Highlighting Approach	Reflecting on: “What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?” (van Manen, 1997, p. 93)
c. Detailed/Line-by-line Approach	Looking at every sentence or cluster and asking: “What does this sentence or sentence cluster reveal about the phenomenon or experience being described?” (van Manen, 1997, p. 93)
5) Considered the Existentials a. lived space b. lived things c. lived body d. lived time e. lived self-other	Asking the text: how are the existentials being depicted in the data and in the themes beginning to emerge?
6) Re-reading and listening to each transcript as a whole	<p>Reflecting on: “How are the emerging themes grounded in the text?”</p> <p>Asking the texts: “What are the similarities and differences beginning to emerge across each example (transcript)?”</p>
Prior to the Second Interview with Each Participant	

7) Listened to audio recording, and reviewed the field notes, transcripts, and corresponding reflective writing from the first interview	Identify any additional questions or further thoughts to add to the conversational interview guide. Prior to the second interview, I shared with participants key interpretive thoughts or transcript sections from our initial conversation, and asked them to further reflect on those statements.
Following the Second Interview with Each Participant	
8) Repeat steps 1-6 with the second interview	
After Data Collection has Concluded and Each Interview has Been Analyzed	
9) Thematically analyze all data sources (field notes, journals, transcripts, reflective writing, and audio recordings)	Further explore themes that have emerged from the data (Themes → Text) I will ask each theme [X]: a. What are the aspects of [X]? b. How does [X] manifest itself? c. What does [X] do? d. How does [X] do what it does? e. What is the significance of [X] as it relates to the research question? (van Manen, 1997. P. 169)

Following these steps, I used hard copies of transcripts and excel files to organize the data and document the process. This data analysis plan outlines the overarching ‘steps’ that guided the research project, however this reflective process was a back and forth play of text involving writing and rewriting my interpretations. The overarching presentation of the data emerged throughout the research process.

Within van Manen’s methodology data is treated as fiction where the aim is to express plausible experiential accounts, or events that may have happened more or less in this way (2014). The data presented in chapter four is participants’ anecdotes, or narratives of their lived through experiences, which are integrated with interpretive reflections. Anecdotes were ‘written’ both by the participants and myself. These anecdotes capture the participants use of words and language, yet guided by van Manen’s instruction I have refined the text. The aim in refining

participants words is to facilitate clarity so the reader is able to ‘borrow’ and reflect on the participants’ experiences. To achieve this aim I deleted thought searching words such as ‘umm’ or ‘like’, I adjusted language to be in first person and active tense, I deleted extraneous details, and when needed I rearranged narratives to show the lived through order rather than the order an event was recollected. I kept participants use of descriptive words, their use of gendered words (him/her/they), and lastly I aimed to capture their tone and voice (van Manen, 2014). Van Manen’s criteria on phenomenological writing informed how the results of this study are presented (see maintaining a strong and orientated relation, and rigour and trustworthiness) (1997; 2014).

Rigour and Trustworthiness

Special consideration was given to approach the rigour and trustworthiness of this study from a hermeneutic phenomenological perspective. Rigour, in this context, relates to the procedural steps that are used throughout data collection and analysis process, and broadly speaks to if the researcher’s decisions coincide with the research method and methodology (Munhall, 2012). In outlining the methods of this study I have integrated van Manen’s methodology to align the research procedure and techniques with hermeneutic phenomenology. I have articulated the philosophical perspective that informed my thinking processes, and created a data analysis plan that emphasizes a systematic and in-depth approach. Throughout this study, to enhance the rigour, I practiced reflexivity which included creating an audit trail that documents the logic used to inform research decisions (Munhall, 2012). Further, I worked with my academic advisor throughout the data collection and analysis process to discuss the analytical interpretations and how the findings were emerging from the study data.

Trustworthiness addresses how the study's findings fit within the scope of the methodology and if the conclusions drawn from the research can be supported by the data (Munhall, 2012). The aims of phenomenology research are not to draw empirical generalizations, but rather to invite thinking that is oriented towards professional competence and practice (van Manen, 2014). Van Manen draws attention to the methodological understanding that any phenomenological description is one of many interpretations that could have been created (1997; 2014). In *Phenomenology of Practice*, he outlines evaluative criteria for phenomenological studies which I used as a guide to support creating findings that are trustworthy and fit within the scope of the methodology (2014). Table 4 outlines seven evaluative criteria.

Table 4. Van Manen's Evaluative Criteria

Van Manen's Evaluative Criteria	
Heuristic Questioning	Does the text induce a sense of contemplative wonder and questioning activeness?
Descriptive Richness	Does the text contain rich and recognizable experiential material?
Interpretive Depth	Does the text offer reflective insights that go beyond the take-for-granted understandings of everyday life?
Distinctive Rigor	Does the text remain constantly guided by a self-critical question of distinct meaning of the phenomenon or event?
Strong and Addressive meaning	Does the text "speak" to and address our sense of embodied being?
Experiential Awakening	Does the text awaken prereflective or primal experience through vocative and presentative language?
Inceptual Epiphany	Does the study offer us the possibility of deeper and original insight, and perhaps, an intuitive or inspired grasp of the ethics and ethos of life commitments and practices?

(van Manen, 2014, p. 355-356)

Ethical Considerations

Participating in this study was voluntary, and ethical considerations are addressed as they relate to power imbalances, informed consent, anonymity and confidentiality, and risks and benefits.

Power imbalances. Within this study there are two perspectives where a power imbalance could exist, the first is between researcher and participant, and the second is between educator and student.

Researcher and participant. In qualitative research a power imbalance may exist between the researcher and participants, where participants may feel compelled to participate in the study or guard their responses to questions (Polit & Beck, 2017). To mitigate this power imbalance, the recruitment process identified that participating in this study is voluntary, and there are no consequences for not participating. During the interview process, to reduce students potential perceptions of a power imbalance, I aimed to create an environment where a relaxed conversation can occur between the participant and myself. To create this environment, we selected a mutually agreeable private location that was not within the CON. Further, when the participants and I first met I expressed my appreciation for their interest and willingness to participate in this research study. I also intentionally designed the interview guide to create conversational dialogue and I started the interview with a question students typically enjoy answering: “can you tell me about your decision to go into nursing?”. While these procedural steps were designed to mitigate the power imbalance between the participants and myself, I recognize they probably did not completely eliminate this imbalance of power.

Educator and student. Within this study, my role as an educator within the CON also introduces an ethical concern that I needed to address. I have previously been and continue to be a Simulation Facilitator and Clinical Educator Facilitator in second and third-year courses in the undergraduate nursing program at the UofM. These roles have involved me previously educating and evaluating students who were in their fourth-year during the recruitment period (Winter 2020). This means I recruited participants from a population where I have previously taught

some of the students. As I did not want to purposefully exclude students I have previously taught there is the potential I will have a prior relationship with participants who volunteer for the study. When this occurred, I acknowledge our previous relationship, and before starting the interview I stated: "As an educator, I have been a part of your experience in the nursing program, you can choose to talk about your educational experiences I have been a part of, however, you can also choose not to include them in our conversation. I am interested in learning about your experience based on what you feel comfortable sharing with me". Through practicing reflexivity I reflected on how a power imbalance impacted the interview and was cognizant of this as I continued with data collection and analysis. I also recognized that students who I have previously taught may choose not to participate in this study due to our prior relationship. Lastly, I do not have a current or future role as an educator with the student population I recruited from nor will I be evaluating them. Students decision to participate, or not, in this study did not impact their education progress or evaluation in any way.

Informed consent. Participating in this study was voluntary, and I approached informed consent as a process that began with recruitment and continue throughout the study. During the recruitment process students were made aware of the study and its' purpose, what was involved if they choose to participate, and that choosing to participate in this study is voluntary and there are no consequences for not participating. Both the in-class presentation and the email directed interested students to contact myself for further information. Once students contacted me, and I addressed any questions, I emailed them a copy of the informed consent form (see *Appendix H*). When the participants and I met in person, following introductions, I reviewed the informed consent where I gave the student a hard copy for their own records. Next, I asked students if they

had any questions and addressed any concerns. After the individual agreed to participate, I obtained written consent where they signed the informed consent form which I witnessed.

During the interview I encouraged the participants to share their story and experiences and discuss what they were comfortable with. When I perceived a participant was becoming uncomfortable during our interview I asked them if they were ok continuing with the subject, or I would change the topic of conversation. For the second interview, before starting the digital-recorder I explained the purpose of the conversation and asked the participant if they have any questions. Prior to proceeding with the second interview I obtained verbal consent confirming the participant was willing to continue.

Anonymity and confidentiality. Measures were put in place to protect participants' anonymity and confidentiality. As the lead researcher, I was aware of who participates in the research study, and participants names appeared only on the informed consent form and a separate organization worksheet (see *Appendix I* for participant tracking document) that was destroyed as confidential waste once data collection concluded. During the research process, the informed consent forms and worksheet were kept in a locked storage cabinet in a home office that only I have access to. The digital recordings were transcribed by a professional transcriptionist who was asked to sign an oath of confidentiality (see *Appendix J*), and they were asked to delete any copies of both the transcripts and audio recordings. The transcriptionist de-identify the transcripts by removing names and masking other identifying data. The digital recordings are stored on a private password protected computer which no one else on the research team has access to. Once I reviewed the transcripts and ensured all identifying material had been removed I shared electronic copies with my advisor. All de-identified transcripts are

stored on password protected computers (electronic copies) or in locked filing cabinets (hard copies).

I only used the participants' pseudonyms when writing field notes or reflective comments. Per the MCNHR policies, after the study has concluded, hard copies of the data sources and the informed consent files will be stored in long-term storage for approximately seven years (Spring 2027). For a period of two years, I will store the digital-recordings for manuscript publications and to potentially build on this work. After this time period, I will ensure my copy of the digital recordings are deleted (Spring 2022). To protect participants' identity care was taken to ensure that quotes do not include any directly identifying characteristics. Further, demographic data was be presented in narrative format (see chapter four).

Risks and benefits. One of the risks with hermeneutic phenomenology is participants can experience a wide range of emotions during the interview process which they may find distressing (van Manen, 1997). For example, during our conversation participants shared personal and difficult experiences they have encountered as a student. As explained above, as part of an effort to maintain ongoing informed consent, when a participant became distressed I confirmed their willingness to continue with the subject matter. In addition, I had information available for student counselling services at the UofM should a participant have felt like they needed further support. Van Manen notes that through reflection student participants main gain a different perspective which can have a lasting impact on the individuals (1997). Further, even though the intentions and purpose of the interviews are not of a therapeutic nature, participating in qualitative research can have a therapeutic effect as individuals reflect on their experiences (Munhall, 2012). While there may not be any direct benefits for the participants, they may view

participating in the study as a way to help generate knowledge that will be beneficial for future nursing students (Bradbury-Jones & Alcock, 2010). Further, some scholars have commented that participating in research studies can be an opportunity for nursing students to learn about the research process (Bradbury-Jones & Alcock, 2010). Lastly, to show my appreciation for students volunteering as participants in this study, I gave them small honorarium gift cards to the UofM bookstore.

Chapter Summary

In this chapter, I outlined the methodology of this study which is primarily based on Max van Manen's hermeneutic phenomenology, *Researching Lived Experiences* and augmented by his later work, *Phenomenology of Practice*. To further inform a hermeneutic phenomenological perspective, I articulated my understanding of Edmund Husserl's epistemological and Martin Heidegger's ontological phenomenologies. In outlining the methods of this study I integrated the perspectives' of these three scholars to create techniques and procedures that are cohesive and methodologically sound. Lastly, I addressed ethical considerations including my dual roles as both a researcher and educator within the CON at the UofM.

CHAPTER FOUR: PHENOMENOLOGICAL HERMENEUTIC INTERPRETATION

The purpose of this study was to gain a deeper understanding of what it means to learn the nursing profession in a Concept-based Curriculum (CBC). My motivation for this research project was to draw attention to pedagogical relations and their importance *to facilitate* the continuous process of professional becoming. For this study, I interpret pedagogical relations as the educator and learner being oriented towards one another while being aware of who we are and our experiences as they relate to the nursing profession. As a nurse educator myself, I was interested in the perspective of the nurse learner. To create a deeper understanding of what it means to learn the nursing profession in a CBC my reflective thinking and writing was guided by two overarching questions:

1. How might a student encounter learning the nursing profession in a CBC?
2. What impact does this experience have on the student nurse?

By applying van Manen's methodology (1997, 2014), I aimed to bring a phenomenological-hermeneutic understanding into spoken (written) word to evoke, or awaken within the reader, an image of the experience itself, an image that captures the phenomenon's felt meaning. This felt understanding, or pathic knowledge, can be used by the facilitator to inform their ontological way of being as they engage with students who strive to become Registered Nurses. Part one of this chapter shows the phenomenon, learning the nursing profession in a CBC. Illustrated through two experiences of *Failing a Skills Course* and *A 'Five out of Five' Clinical Mount*, I propose a conceptual framework depicting the phenomenon. Within this framework are five structures that the nurse learner encounters: **being evaluated, the-cohort-thing, educational choice, experiencing nursing**, and the **presentation of nursing**. This framework is further explored in section two of the findings which is a hermeneutic

interpretation of participants' lived experience. This interpretation first explores the learner's past, showing how the participants approached the phenomenon. Then through analyzing the practices of the learner as they respond to the environment, I thematically describe *How to Live as a Student Nurse*. Next, I briefly identify two additional lenses, *The Evolution of the Student Nurse* and *Community*, that could be further explored in future work. I conclude this chapter summarizing my current insights that contribute to answering the research question.

The findings of this study are anecdotes from participants' interview transcripts integrated with my interpretations or reflective writing (van Manen, 1997; van Manen, 2014). Student participants (n=8) were in the first term, of their fourth-or final year of study in a Bachelor of Nursing degree at a mid-western Canadian university. Within this research-intensive institution, the College of Nursing (CON) is situated in a larger faculty of health sciences. Admission into this program is through a competitive entry process that is based on the students' GPA from prerequisite courses (e.g. anatomy and physiology). Contextually, participants' lived experiences occurred in a historical time period that began as far back as high school, if not earlier in life, and up until March 2020. Participants ranged in age from 21 to 33 years. Two participants, Cathy and Miss T, had significant experiences of learning in higher-education prior to starting their nursing degree. All participants worked either full or part time while attending the program.

Part One: Phenomenological Description

Entwined with personal becoming, or Dasein's progression through life that is situated in-and-of-this-world, learning is a fundamental human phenomenon that reflects our changing ability to experience and make sense of what we encounter (Heidegger, 2010; Wenger, 1998). From this perspective, I reflected on participants concrete, prereflective, experiences to

(re)discover what the phenomenon *is* as it is lived in the everyday. During the first interview, to encourage participants to recollect their lived through experiences, I asked them to identify and then explain the emotions they have experienced as nursing students. Common feelings described in the interviews were excitement, frustration, proud, doubt, jealous, nervous, anxious, happy, or worthwhile. These emotions anchored participants memories, knowledge, and the details of their experiences. To help facilitate a deeper conversation, while being aware of the existentials and intentionality, I would prompt participants by asking them to elaborate and to explain what they meant by conceptual phrases, for example, ‘When you said your patients loved you, what did you mean by this?’ Also, when required to expand the breadth of a conversation, I would ask participants about their experiences from a linear perspective, or examining the years of the program and the correlated courses. Linear discussions contextualized and clarified participants overall experiences, however would rarely create the conversational space required for recollecting concrete moments that were attached to memory through felt emotions rather than objective time. With the conversation audio recordings, verbatim transcripts, and reflective writing (journal and fieldnotes) I progressed through my data analysis plan, fluidly moving from parts to whole.

In this section of the chapter, with two lived through examples of the experience, I illustrate the processes I used to arrive at a conceptualization of the phenomenon. My first example shows Jamie’s ‘*most frustrating*’ experience of failing a skills course. My second example shows Rose’s experience of feeling ‘*on top of the world*’ as she achieved a ‘*five out of five*’ clinical mount, or a sense of achievement that came after a challenging experience. I chose these two examples as they each emphasize different aspects of the phenomenon, they show experiential variability, and the descriptions are detailed as they both center around strong, yet

opposing, emotions. This section concludes with a visual framework of the phenomenon (see *Figure 2*. Learning the nursing profession in a concept-based curriculum on p.104) and a description of this image.

A Lowest of Low: failing a skills course

Failing skills felt at the time like the end of the world. Obviously it wasn't. I'm still here...

Skills courses were commonly experienced as a roadblock within the program that delays students progression, and being aware of this participants expressed that there was a collective understanding that ‘*skills demos sucks*’, ‘*I just have to memorize the check list to get through it*’, or that there was ‘*a socialized anxiety*’. This example of the phenomenon shows Jamie’s experience of failing her demonstration exams during the third year of the program where students are required to complete a nursing skill (i.e. complex wound care with sterile technique) while an evaluator observes ensuring they meet the specific criteria within a time limit.

I was feeling very apprehensive about skills demo. Because I knew that when I had done demos last semester I had the butterflies in my stomach like I'm not going to throw up but theoretically I could. It was that kind of feeling of apprehension and a little bit of anxiety.

Approaching this exam, Jamie is not noticing the skills of nurses and her ability to perform them. Rather, remembering how she felt the previous year, she is focused on the sensations she is about to encounter therefore bringing them to life before the exam begins.

I went into my demo. I just felt frozen. I was standing there and in my head I was like 'I've practiced this before. I know what to do. I've read through the check list 85 times. I've watched other people do this. I've done this lots of times. I've done this in clinical. People have watched me do it in clinical'. And just standing there and just feeling so frozen and I cannot think of what the next step is. And so I think I literally just stood there doing nothing for a solid 30 to 45 seconds which is awesome when someone is standing there evaluating you because they are like, 'what are you doing?' And I am like 'what am I doing?'.

These sensations of apprehension and anxiety have reached the point where Jamie is paralyzed, where she is struggling to notice and make sense of her surroundings and navigate away from a downward cascade. In the moment with a rapid train of thought Jamie is trying to make sense of this response by internally evaluating her intellect and she understands that ‘not knowing’ is not the problem. Further, an emotional response of embarrassment is building as someone watches her struggle.

I can't believe that I froze and that I didn't remember this thing that I've done a zillion times before. That was frustrating, but it was theoretically fine because I had the opportunity to redo it before I failed the course. And clinical anxiety was not something I had ever experienced before. I had never had a panic attack before.

After her failed first attempt, Jamie is trying to make sense of what happened, and again her focus is not on the nursing content, knowledge, or skill, but on why during the exam she became disconnected from this intellect that she had previously acquired. This response of apprehension, freezing, panic was not something she had encountered before and does not know how to make sense of it.

I had to go to the [faculty] and say, 'Hey, this is what happened. What can I do about this?' And I felt that there was not a lot of..., I don't know if I wanted sympathy. I don't know what I wanted. I wanted someone to understand that I'm capable of this and that I know how to do this and that I've done it in other situations and, I wanted someone to just say, 'you know what, I know that you can do this'. And that's not what I got. And I'm not saying even that what's I deserved to get. But that's what I wanted and I did not get that. It was frustrating because, the [faculty] would say things like, 'oh, well you just have to practice it more and more and then it'll become muscle memory'. I felt really unheard when I tried to say, 'you know what I've never felt this anxious before'. And I've done other things that are this scary. And it really isn't even that scary theoretically. It's someone watching you do something you've done lots of times before.

As a learner, Jamie reached out to the nursing faculty, looking for support on what she could not make sense of, panic, which was causing her to doubt herself and the abilities she knew she had. She wanted the faculty to see who she was as a person and why she was struggling with this evaluation. However the response she received was a generic comment directed towards the

intellect of nurses, or how to do the skill at hand, rather than addressing her struggle with anxiety. Jamie had frustration pointed inward, at herself, for making a mistake, and frustration pointed outward as she felt unheard. Jamie appears to be unsure about the relationship dynamic between herself and the faculty as she questions ‘do I deserve to encounter sympathy or understanding?’ She reflects on how she wanted to make sense of why this experience was so scary and how to cope with those feelings.

So I prepared for the redo. And ended up feeling very scrambled that morning. I think really the worst moment is standing outside the skills lab with another group of people who are waiting. And you just feel jittery. I think when it came to the redo, it was thinking if ‘I do not pass this I’m going to get left behind’. It’s not that I don’t understand the theory behind all this. It’s not that I don’t know how to put gauze into a wound. It’s that I am getting in there and my mind is going blank. And I’m not remembering the steps of doing something that I very much know how to do.

Despite acknowledging the anxiety that Jamie encountered, she could not make sense of it in time for the demo redo. Adding to the initial felt apprehension, Jamie is now focused on a future image of herself where she is being left behind from her peers. She continues to focus on the bodily impact of these emotions and cannot move past this roadblock that has morphed from demonstration exams to anxiety and panic. Anxiety has become an ‘other than self’, something concretely ‘out there’ that needs to be overcome.

But I think that a lot of that frustration came from, ‘I should be able to do this. All of my friends can do this. People who do less well than me in class can do this, why can’t I?’ And I think that, looking back on it now, the biggest frustration actually came from all of my friends and my cohort moving on without me. People in my cohort are in all of the same classes as me. The people I study with. My closest friends are the people that I had in my original cohort. And to have them move onto other courses and for me to have to stay behind because I messed up in one course, was the worst feeling in the world.

Within this experience are her peers, cohort, standing beside her and Jamie makes sense of her response and abilities in relation to those around her. Jamie refers to her cohort as her ‘ride or dies’, her ‘family’, we ‘look out for one another’, and have a ‘hive mind’. Failing the skills

course and being removed from her peers was an experience of the ‘*lowest of the lows*’. Moving forward, Jamie had to learn ‘*This does not define me as a nurse. I am not a failure*’, she had to find a place for herself within a new cohort, and, she had to work her way through the new road block that had emerged.

I started seeing a psychologist to deal with sort of those feelings of anxiety because after that, I started to have panic attacks more often. And I started just experiencing anxiety in my everyday life. And that was, yea, something that I wasn't familiar with.

Skills demonstrations led Jamie to encounter anxiety, which would become a part of her future experiences as a student, nurse, and individual.

I've done a demo now every semester and when I finished my last one, this last semester, I was like, thank goodness, this is the last one I'll have to do.

Jamie progresses and passes this roadblock, further, she uses her experience to facilitate change within the CON: “*...and things are getting better, I feel like we, as students, are being listened to, and the faculty is trying to make it so we can still be evaluated without it being the worst 30 minutes, because obviously it is super important for nurses to know how to do skills*”.

This anecdote was based on Jamie’s lived through experiences yet it was understood within a broader context and relates to what I heard from other participants. Jamie felt very alone and isolated, ‘everyone’ moving on without her, yet these feeling of apprehension and anxiety surrounding skills demonstrations were a part of the cohorts ‘*hive mind*’. Participants had a hard time identifying why the level of anxiety that surrounds skills demonstration exists and persists. “*Theoretically it is not even something that scary*” (Jamie). Through our conversations, we could

see it being caused by the size of the task (knowing how to do multiple skills with precise steps), the smallest room for error, and the consequences for making a mistake.

In learning the nursing profession (in a CBC) skills demonstration exams may be experienced as a roadblock or something to get through, where the learner is noticing their anxiety more than their ability to complete a skill in relation to the expectations. This anxiety resulted in the learner devoting their attention to this evaluation, it was anticipated, fret over. Participants reflected on the consequences of making a mistake during the demonstration exams as it related to their own progression in the program and not in relation to their clinical competence. As shown in Jamie's anecdote, from the perspective of participants there is minimal connection between their performance on skills exams and their clinical practice.

A Highest of High: a 'five out of five' clinical mount

When asked how she has felt throughout her experience of learning the nursing profession in a CBC, Rose describes:

We've evened out at a 4. If rating out of five I would be at a steady 4. I've had some 3's where I'm OK. I've had some 2's. Like not good. I've had some 5's. Like I'm on top of the world.

Similarly, Miss T describes her overarching experience as 'a rollercoaster from the highest of highs to lowest of lows'. Jamie's story exemplified where a low may be encountered and how it may feel. Rose's story was selected to exemplify a high.

The five. Definitely third year, first term. At the end, once exams were done, I met with my clinical instructor for my final evaluation where we got together and talked about how the term went. And she said that she applauded me on how well I did on the unit. She said the nurses loved me. My patients loved me. And I should work there eventually because I did really well. She said, if we had another few weeks, then she would have given me another patient. I would have had three patients at the end. She said it just clicked well.

Rose is being congratulated by her clinical instructor for who she was as a student nurse, a person who was 'loved' and someone who was showing competence at the level of expectations

– caring for two patients on an acute hospital ward. This evaluation, recognition, is the peak, or mount, that anchors what Rose previously experienced and helps to solidify those moments into memory and a part of who she is becoming. Through my conversations with participants I heard this pattern a few times, where the student first recalls being recognized as a good, or competent, or a caring nurse, then they recall the experience(s) that informed that evaluation.

And it just made me feel really upbeat, confirming all those thoughts of am I good enough? Am I supposed to be there? Is this for me? You're able and you're functional enough to work as a nurse on this high acuity unit, and I hate this unit because it's so chaotic. You get so many different people. And then just to hear that you did well and you functioned well and you maintain yourself and I didn't have as many bad days. I had one bad day when I forgot my stuff, so I had to kind of function with my friend. But that was my one bad day. I was very on top of my things. And having my clinical instructor confirm that I did well, I knew it, but hearing her say those things just makes it great.

This high of Roses' occurred after a semester where she was doubting herself as a student, questioning her abilities and if she would be able to become the professional she sees and imagines. The high came after experiencing a high acuity hospital unit, where she hates the chaos, yet was able to succeed in functioning as a nurse. This high came after she gave her clinical days her attention, her focus, making sure she was doing what she needed to do. Rose describes a personal sense of accomplishment for achieving what was difficult and proud because her clinical instructor recognized the talent she knew she had as a (student) nurse.

From that clinical unit there are a few patients that are still stuck in my mind. When I only had two patients, and I didn't have anything to do at the moment, I'd always go and talk to them and just sit there to chit chat. I had one of my patients she was 30. She had a drug addiction and we talked and talked. And I think one of the conversations that stuck out, was on Valentine's Day I asked her if she was going to go down and buy some chocolates. She says, 'oh no. I'm single, I don't need chocolate. I don't want to spend money on it. I'll go tomorrow'. So she went down on the Friday, on the 15th, when it was all discount chocolate. She comes back up. She's says, 'I bought a bunch of discount chocolate. It's all \$5. Go get yourself some discount chocolate'. And then we talked about Valentine's Day, and just to build-up rapport, I said I just gone through a break-up and we were talking about how it's my first Valentine's Day alone. She's like, 'oh I've been doing it for so many years, you'll be OK'.

Rose is observing how nursing is being presented to her as a student with only two patients in comparison to a nurse on the unit who has five or six. Within the chaos she has time where she can choose to ‘*chit chat*’ or to have a conversation with ease. Rose shares how she connects with this patient, diminishing the space between them, engaged with one another, for a moment, as single women rather than as a patient (with a drug addiction) and as a (student) nurse. As Rose recalls this dialogue there is joy in her voice as she repeats the patients words. Rose understands this joy as connection, as love, or where her patients form a found awareness towards her and how she presents herself as a person who is their (student) nurse.

On the same unit, in my first or second week, I had a patient, he told me that, and I don't know why he told me, but he said that he thought his nurse hated him. So he kind of went into that. And we have a sit down conversation and he talked about that. And then I talked to my clinical instructor and told her what he said to me and then I helped the patient find a way to feel comfortable to communicate his concerns to the nurse. So our conversation made me feel like he trusted me and I only met him for half a day.

This situation is different than the previous, there is a serious tone as Rose sits down to converse. Rose is comparing how patients perceived her versus the staff nurses and through this thought process she is becoming the nurse she imagines. In her role as a (student) nurse Rose values, and is competent, at forming human connections, and from that strength she approaches her experiences. It is her empathetic way of being that drew Rose into nursing and experiencing these moments of connection, where she gets to be engaged with the people she encounters, leads her to moments that are a five out of five.

My patients like me enough to tell me about their life. And not just their medical side. It's they can tell me about their life and what they're going through and we can talk about things. So it makes me feel warm and fuzzy that my patients can trust me and have these conversations with me as a nursing student, let alone as a paid professional. So it kind of gives me faith in my future. That I'll be able to do OK.

Rose's story is one example of how a high may be experienced. I heard similar stories from each of the participants, moments of feeling proud, excited, and accomplished. These

stories, like Rose's often occurred in the clinical setting as the student interacted with patients. However, 'highs' also occurred elsewhere, such as in classrooms, with peers, or after exams.

Within Rose's narrative is a common pattern of how participants recollected their memories during our conversations, where they would recall a particular moment and once that story ended they would have another example to share. This way of communicating seems to be showing one pattern within the process of formation where one experience cascades into the next as the individual navigates towards moments that feel like a *'five out of five'*.

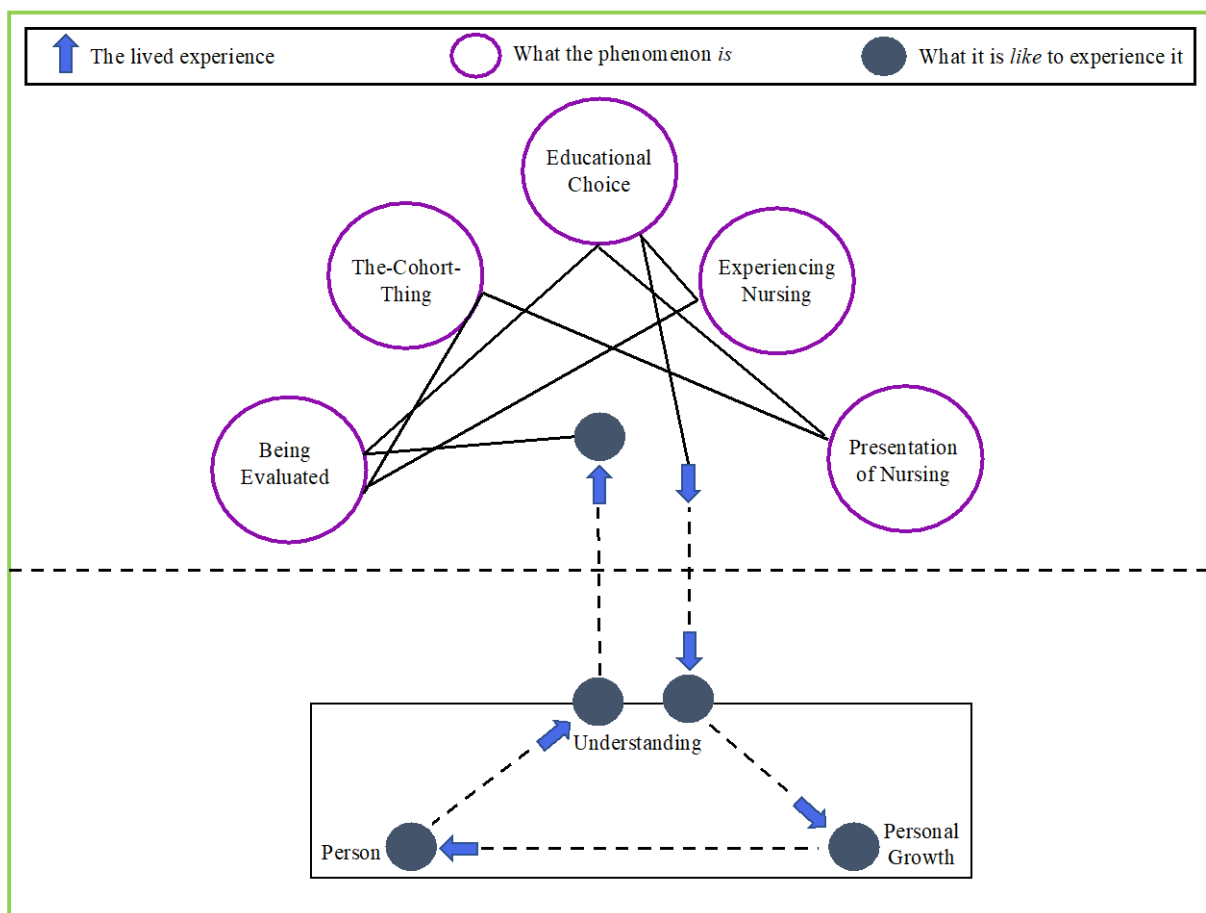
Phenomenological Framework: learning the nursing profession in a CBC

In addressing what it means to learn the nursing profession in a CBC, I have conceptualized what this phenomenon *is*. Drawing on Husserl, Heidegger, and Wenger, from a theoretical perspective, the Learner is a person who looks out into the world. As they move through life (learning the nursing profession in a CBC) they form an understanding of their experiences, or they "*interpret or view something in a particular way*" (Merriam-Webster, n.d.). As they acquire understanding, they experience personal growth, or a changed ability to see and be aware of what is now being, or to be, encountered. Learning is the actions of the Learner, the interlace of **person, understanding, and personal growth**. Experientially, these actions are: 'I see myself...'; 'I interact with and make sense of what I encounter'; and 'I give myself, as much as I can'.

Learning the nursing profession is an experience of **being evaluated, the-cohort-thing, educational choice, experiencing nursing, and the presentation of nursing**. These are the five structures of the phenomenon, or what the nurse Learner encounters. The way they experience these structures is through two patterns of **navigating forward** and **persevering onward**. The

cascade forward through these patterns is from ‘**the highest of highs to lowest of lows**’. *Figure 2* shows a conceptual framework of the research phenomenon.

Figure 2. Learning the nursing profession in a concept-based curriculum.



The five structures are a thematic conceptualization of what the phenomenon is or the things that form the experience (van Manen, 2016). As exemplified with Jamie and Rose’s lived through experiences, these are the structures that the Learner encounters. *Table 5* defines and illustrates these concepts. Part two of this chapter explores how these concepts appeared and changed as the Learner progresses through the experience.

Table 5. The Structures of the Phenomenon

Being Evaluated	Is the recognition of self in relation to something, for example an expectation, criteria, or the way others respond to the Learner's actions. Moving through evaluations creates an awareness of becoming (named or recognized development into (a nurse)) as the Learner achieves something such as a label (Nursing Student Year 2; Grad Nurse, RN), a grade, or a piece of feedback.
	Both Jamie and Rose's experiences describe how they assess their abilities as (student) nurses in relation to what is being asked of them within the situated context.
'The-Cohort-Thing'	Is the student body, or how individuals are organized within the nursing program. The cohort becomes a <i>'family'</i> , people who know, support, and judge one another. People who have shared experiences, which forms a <i>'hive mind'</i> , or a common way of making sense of what is encountered.
	Rose reflected how her peers supported her on her 'bad day'; Jamie watched her cohort, her family, move on without her.
Educational Choice	Within the experience the Learner becomes aware of choices or options, or they may perceive there to be a lack of choice. This concept does not refer to how or why the Learner makes decisions, rather it reflects that choices (or lack thereof) are encountered.
	As part of a professional program, both Jamie and Rose's stories show how structured the experience is, for example it is required to take those courses and meet specific criteria.
Experiencing Nursing	Is the Learner interacting with the profession.
	Rose's example shows experiencing nursing at the bedside; Jamie is performing the skills of nurses, yet the skill itself is hardly mentioned, rather this is more of an experience of anxiety.
Presentation of Nursing	Is how the profession is being presented to the Learner; the presentation is from both program components (i.e. educators, curriculum, courses, etc.) and external encounters (i.e. working as a Health Care Aide, media, family members, etc.).
	Rose's experience presented nursing as occurring in chaotic units, with so many different patients, where she would care for two of them. Jamie was presented with nursing skills and expected to perform them 'correctly' in high stakes evaluations.

Conceptualized within this framework is the pattern forward, or the way the experience is lived through which is depicted by the chaotic line that is formed as the Learner encounters the structures of the phenomenon. One pattern, or way forward, is by navigating, or the assertion of agency and the decisions of the Learner. Rose navigated her experience by asserting herself and her interests which reflect her abilities and strengths. She chose to prioritize spending time at the

patient's bedside where she was engaged and displaying empathy. Whereas Jamie's experience shows getting through what was required of her. Getting through reflects the pattern of persevering onward and the influence of structure on the Learner's behaviour. It is assumed that within any experience the Learner's behaviour is constituted by both agency and structure (Heidegger, 1953; Wenger, 1998), however their prevalence in a given moment is effected by both the individual and situational context. Moving through these patterns feels like the highest of highs to lowest of lows. Rose's story showed an ascent to a high, whereas Jamie's story showed a downward cascade to a low.

This framework reflects both the phenomenon as a whole and applies to the moments that occur within this experience. The lived through stories that participants shared were not a reflection of one of the phenomenon's structures, rather learning the nursing profession (in a CBC) is an experience of these things entwined together. Within a given moment, one structure might be larger, as was seen in Jamie's story where she was more aware of *being evaluated* and *the-cohort-thing* compared to *experiencing nursing*, however all five structures were a part of both examples that illustrate the phenomenon. This conceptualization of the phenomenon builds off of Wenger's Social Theory of Learning (STL), where his central axis as a duality of experience and identity supports this framework: where the identity of the (nurse) Learner is shown to be impacted as they experience the structures that constitute the phenomenon.

Part Two: Hermeneutic Interpretation

Learning was approached as a duality of identity (being) and experience (time) (Heidegger, 2010; Wenger, 1998). This section of the chapter offers a hermeneutic interpretation of how the Learner experiences the phenomenon and the impact this may have on the individual. Here I continue to show concrete lived through experiences of the phenomenon while integrating

the participants interpretive thoughts with my own. To inform this section, in my second interview with each of the participants we discussed some of my initial interpretations of what their experiences meant. Some of the common questions I asked were what makes a ‘good’ nurse? How do you prioritize while in the program? Or, what have you found interesting as a student? These conversations helped guide and clarify my thinking to gain a deeper understanding of what it means to learn the nursing profession in a CBC.

I begin this section by examining the Learner’s past through themes of *Drawing My Attention* and *Being Enough* which are the experiences participants encountered as they approached the phenomenon. Next, to interpret the data of participants’ lived through experience of the phenomenon I have integrated Wenger’s STL (1998) to identify three separate lenses to structure the analysis. The first lens is exploring *How to Live as Student Nurse* which shows the practices of the Learner as they respond to the environment. The second lens is examining the *Evolution of the Student Nurse* and the third lens is the Learner’s *Community* examining the formation of social structures and their influence. Each of these lenses would lead to an analysis that may contribute to a deeper understanding of the nurse Learner’s experience. This work focuses on the first analysis and the remaining two are briefly introduced to show what could be pursued in future research. Lastly, I conclude this chapter by summarizing my current understanding of what it means to learn the nursing profession in (a CBC). *Table 6* shows an overview of this hermeneutic interpretation which explores how the nurse Learner interacts with the phenomenon.

Table 6. A Hermeneutic Interpretation of Learning the Nursing Profession in a CBC

Past: The Learner Who Comes into (Nursing) Education	Learning the Nursing Profession in a CBC
<p>Drawing My Attention ‘Ah-hah’ moment of decision Pondered or thought about overtime</p> <p>Being Enough Is nursing enough for me? Am I enough for nursing? Do I have enough of myself to give?</p>	<p>Lens One: How to Live as a Student Nurse Learning the Nursing Profession experienced as Demanding Learning the Nursing Profession experienced as Hectic The Learner’s Response to the Environment Grades/Feedback A grade obsession ‘Grades do not matter’ limited to ‘Bs (or Cs) get degrees’ Notice and reconcile implicit evaluations Balance</p> <p>Lens Two: Evolution of a Student Nurse Lens Three: Community</p>

Past: the Learner who comes into (nursing) education

Recognizing that an individual's past informs their present self the themes *Drawing My Attention* and *Being Enough* depict participants' lived through experiences as they approach the phenomenon. This analysis shows how these prior experiences may have a lasting impact on the individual as they are becoming a Registered Nurse.

Drawing my attention. Participants' experience of choosing nursing began with their attention being drawn towards the profession.

I was taking psychology at the time, and I went to the Emergency Department with my friend. I saw the way the nurse and the medical resident interacted, the professionalism between them. What I saw felt different, new, and I could see myself in that shoe. The way the nurse knew what was going on with my friend and the way they were able to communicate with him. I think hmm 'health care'. (Miss T)

Miss T recalls this moment with enthusiasm and elaborates that she had never seen nursing or medicine in this way before or thought about them as potential career options. Nursing is first presented to Miss T in the space of an emergency room where she sees the communication between professionals. This experience impacts how Miss T sees her future self where is interested in pursuing emergency for her final practicum placement.

Paige's experience of having her attention drawn towards the profession occurred as she came to understand what it feels like to experience empathy for another:

In high-school I cared for my grandfather after he had a stroke. One day I was helping him have a bath, making him feel clean and comfortable, knowing that I feel good when I am clean and comfortable. I took my time, I was patient. Afterwards I was clipping his nails. He says to me, 'you should become a nurse', I think 'huh that's nice'.

Paige understood her grandfather's suggestion as a compliment in that she was displaying the attributes of a nurse as she intimately cared for him. This experience of helping someone when they cannot help themselves made her feel good, she intentionally lengthened this moment, prolonging it, she was aware and present.

Miss T and Paige describe a **'ah-hah' moment of decision**, or a brief experience that led them to imagine themselves as a medical professional or nurse. Whereas Shannen and Laura talk about the decision to become a nurse as being **pondered or thought about overtime**:

I had thought about being a nurse anesthesiologist, then I realized that was only an American thing, then I looked into just nursing and was also thinking about pharmacology. In high school I toured the university and at the nursing orientation [open house] I felt excited, saying to myself 'it is nursing'. I have always liked science in school... like the human body and mind. And when I used to visit my grandfather in the cardiac ICU I would see how the nurses cared for him and all the equipment he was connected to. (Shannen)

Shannen's narrative shows how her attention was drawn towards a specific aspect of nursing, that of biomedical knowledge and care. She describes multiple different moments of weighing this choice with other options. When she encounters the profession through her interest she sees the things nurses use: the cardiac monitor that shows how the heart is working. Laura's narrative shows how she was eventually drawn towards nursing as she came to understand how a nurse can make people feel.

I started university thinking maybe nursing, but I was taking anatomy, and was feeling not sure if this was what I wanted to do. I took some time off, and my grandfather ended up getting sick. I remember how the nurses made me feel when I would visit him in the hospital. They made me and my family feel like we really mattered, and that is when I decided I would apply to the program. (Laura)

The variation in these anecdotes show how an individual may experience choosing nursing. Something about nursing draws ones' attention and through this experience they form an understanding about themselves in relation to how they see the profession. Being drawn has a cognitive component to it, the perception of what a nurse does, experienced as thoughts and conversations about the job options nursing has and what this could mean to the individual, logic such as financial independence or becoming a part of a flexible profession. Participants' experiences also show how consideration of nursing may have a non-cognitive or felt dimension.

Some participants imagined this feeling, inspired by watching television shows such as ‘*Greys Anatomy*’, or by interacting with a family member who was a nurse: ‘*they genuinely enjoyed their job and the people they worked with*’ (Rose). For others, like Paige, this feeling was known more intimately: they have cared, or been cared for, in ‘the way’ a nurse cares. This educational choice was experienced as creating a connection between the individual and nursing. In a profession that prides its self on human connection and care there is a tacit tone that a felt connection is needed to support the logical connection.

Being enough. The approach towards the profession may be described as an experience of *being enough*. This self-assessment begins before entering the program and participants shared how it continued or would re-emerge as they progressed forward.

My dad asks ‘why don’t you want to be a doctor instead’, and I felt like I had to defend my choice, saying ‘No, I want to spend time at the bedside, I want to BE with people’, I had to explain why nursing was the right choice for me. (Jamie)

Influenced by her family’s expectations, Jamie’s experience of being enough included answering the question of, **is nursing enough for me?** Her answer to this question came from reflecting on who she wanted to be and how she wanted to spend her future days. She is imagining herself at the bedside, a space where she, as a nurse, will address individuals. As Jamie recollects this memory there is an assured tone to her voice, she was confident she was making the right choice. During the third year of the program, when Jamie experiences a ‘high’, where her patient and his family applaud her ‘*for doing things that seemed minuscule*’, she re-encounters this experience of being enough.

Hearing that my patient really appreciated me just makes me feel good inside. It was something that I wanted to tell my mom maybe even as like a confirmation of, yea, mom, I made the right choice. I felt like my dad didn’t understand... that I wanted to be with patients and doctors don’t get to be with patients nearly as much as I would like to be. I felt he wasn’t understanding why I think nursing is a valuable career and this is why I want to do it more than I want to do this other thing. And so I think that there were

definitely those moments where I was affirmed in feeling like I was doing a good job and I wanted my parents to know that I was doing a good job.

Jamie's experience of being enough continues as she moves forward and being aware of her family's perceptions she feels the need to affirm her initial educational choice. Jamie is noticing how her parents see the profession, they would imply that nursing is less than medicine, and she wanted them to see and understand why nursing is a valuable profession so they can understand her and her motivation, or rationale behind this choice. She wants her parents to understand who she is becoming and what she is capable of doing.

Paige's experience of being enough asks a different question: **am I enough for nursing?**

Prior to starting university Paige talked to her high-school guidance counsellor where she confirmed her understanding that nursing is hard and that it is a difficult program to get accepted into.

During my first year of university I was taking anatomy and I did not really know how to study, before the midterm I just looked stuff over and thought 'this should be good'. And then I went in and I wrote the exam and I was like, 'oh my God, I bombed that'. I got a 47%. 'I'm never going to get into nursing'. I was just heart broken. 'What am I going to do?'. And I just freaked out. I've never been a good student, I've never gotten really good grades. 'I really need to step my game up'. All I did after that exam was study for the next test: I went through the slides and if there is anything I didn't fully understand I would just look it up so then every piece of information I just knew that I fully understood. Making sure I know the why and the how. I got 93% on the next exam, and then I ended up with a B+ in the course. But I think this is where my obsession with grades started, by realizing how well I can do by putting in a lot of effort.

Paige sees herself as never having been a good student and from this she questions if she is intelligent enough to get into the program. Paige's evaluation of being enough reflects only her intellect that she is assessing based on exam percentages. Her initial connection to nursing was 'because I cared so much', however this is not a part of her assessment on if she is enough for the profession. Paige's experience of being enough is initially one of failure, making her feel heart broken, as, for a moment, she cannot see herself as a future nursing student. In that

moment, her initial connection to nursing is lost and becomes replaced by an obsession to connect herself to the intellect of nurses. She is making sense of every piece of information she encounters, letting this task consume her. These learning actions that led to her from a failing grade to an A+ continue as she enters the nursing program.

Miss T's experience of being enough involved her reflecting, thinking, and acting on the question of **do I have enough of myself to give?**

I knew I did not have a science background, and that nursing is hard.

Miss T discusses the plausibility of the profession, the steps she needed to take to get accepted into a university nursing program and what that program would ask of her. She thinks about costs, time constraints, being able to balance studying with working, her finances and prior commitments. That day with her friend in the Emergency Department Miss T also noticed the medical resident yet she could not see herself as easily '*in that shoe*'. The barrier she saw was not her ability, rather it was the plausibility of starting medical education at this point in her life. Whereas with nursing, Miss T saw a four year degree where she was '*guaranteed to get a good paying job*'. Heading into the nursing program Miss T understood it would ask a lot of her, but the anticipated pay off would make the experience and all its demands worthwhile.

Being enough is an experience of assessments which were found to be evaluating the self in relation to the profession, the expectations, and what is required to become a Registered Nurse. These assessments started before the nursing program and would re-appear or continue as the Learner progressed forward. Experiences of being enough impact how the individual navigates the phenomenon, what they notice, and how they respond to what they encounter. Together, the themes *Drawing My Attention* and *Being Enough* show how the Learner approaches the phenomenon which impacts their upcoming experiences.

Learning the Nursing Profession in a CBC

Here I offer an interpretation on what it is like for the Learner to encounter the phenomenon, exploring the variation in these experiences, and the impact they may have on the individual and the Registered Nurse they are becoming.

Lens one: how to live as a student nurse. The Learner's experience was described as being from the '*Highest of highs to lowest of low*' (Miss T), or, at times, '*a feeling of barely keeping my head above water*' (Laura). As participants encountered the phenomenon they experienced sensations that would verge towards being overwhelming, and to progress forward they had to find a way to live and succeed in this relentless environment.

Learning the nursing profession experienced as demanding.

Learning in nursing is definitely more demanding. And it's not as flexible as psychology was. When I was in psychology, most of the time I worked fulltime. But with nursing, that wasn't the case where my schedule was so rigid I couldn't really pick up shifts as easily. Starting the program, I tried to keep working the same amount of hours, but it got to an extent where I was not comfortable anymore, not confident in being able to keep up that pace. I wouldn't be able to be productive at work because I'm so tired.

Miss T is noticing the volume of the program, of nursing, and how *rigid* this experience is where it is difficult to mold and shape the phenomenon to fit within her life.

In a way it made me feel like yes, I'm finally doing nursing. Yes, it's finally becoming a reality and this is how things work and so I have to adapt. In another way, I felt helpless where financially I can't joke with that. My first term was crazy I was just trying to get everything done.

Cathy, who like Miss T, had extensive experience with learning in higher education prior to nursing reflects: '*they want you to come to class with a basic understanding but the prep work now is just insane. I feel like people become exhausted before we're even supposed to learn it*'.

Participants described what was required that first semester in the program: '*taking six or seven classes*', or having a course that was six credit hours. Paige recalls being told that nursing

will take 40 hours a week and thinks *'that's crazy!'*. Shannen and Rose reflect on how they were no longer able to control their schedule. There is a harshness to the words demand and rigid, or an environment where there is limited space for choice, or assertion of self. Participants shared how at times they felt *'like just a number'*.

Revisiting the image of the phenomenon, the Learner is beginning to persevere and navigate forward while noticing this rigid pre-determined path where the presentation of nursing, experience of nursing, and being evaluated are robust and cumbersome. As participants encountered the phenomenon, whether they were beginning the program, year, or term, there is a sense of excitement that is used by the Learner to accelerate to the pace that is required to persevere onward. One of the participants, Shannen, describes a rhythmic pattern of behaviour she maintained throughout that first year: 7:00am, bus, class, study, class, bus to the coffee shop, study, 7:00pm spend time with family, sleep. As the Learner starts to progress forward on this path the initial thrill, excitement, fades. Following this rigid path and maintaining this pace becomes *'uncomfortable'*, where participants commonly began to doubt if they can continue to meet the demands of this experience as it is situated in their life. Participants vaguely recall the day to day moments of that first year of nursing, where the individual classes, assignments, courses, content, has blurred together. Rather the participants and I were able to discuss the *'profound moments'* and lasting emotional impressions which were typically of the instructors.

As the (nurse) Learner starts to feel unsteady on this pre-determined path their reaction to what they encounter changes as they begin to assume more navigational control by finding or creating educational choice. Creating this choice was a process of the Learner asserting oneself by making judgments to determine how they should react to the phenomenon. With what they had available to give, participants described how they needed to figure out how to be seen as a

competent student or nurse. This learning curve, of managing the demand of the program, was experienced as steep as the Learner had to continuously adapt how they would approach the phenomenon. Participants would explain how throughout the term, progressing throughout the years, they would no longer do, or even try to complete, everything that was being presented.

I felt exhausted, but I really enjoyed going to class. But I think I could have gotten a lot more out of it if I'd put more into it. In those first two years, everybody was saying you have to study every day. And I was like, 'nah, I don't have time for that'. But the days that I would even just read the slides before class, that was really helpful because the more you read it, the more it sticks in your brain. I feel like if I would have taken that time then it would have stuck better with me now because I find myself having to go back and review just because everything was so condensed. (Rachel)

If the Learner chose to immensely reduce the demand of the experience it may negatively impact their pursuit of becoming the Registered Nurse they are imagining. Rachel is identifying that perhaps, earlier on, through taking short cuts she deviated too far away from her peers which were forming a common path that centers around the rigid predetermined path. Today she describes how she is more involved with the CON and is working less hours.

As the Learner progresses forward through the phenomenon they gain navigational control where the Learner's future (nurse) image of themselves guides their reactions.

I guess my idea with maternity is that I don't ever intend on being a labour and delivery nurse and so maybe I don't put as much time into that as I would into this leadership course that I'm taking. I do all the readings for the leadership course because I really want to do a Master's degree. And I value that material over others. (Jamie)

This anecdote is from Jamie's experience in fourth year, where she is assessing the value of nursing content based on the direction she is personally pursuing. Efficiency and interest are two of the main motivating factors that were found to influence the Learner's reaction to the demand of the experience. Even though the Learner develops their ability to navigate and therefor manage the demand of the program, they are still required, at times, to maintain an uncomfortable pace.

It's too much. They throw so much at us it's crazy. And especially with our clinical instructor saying to us that she counted the number of assignments there are within the program and it's over 800. And she said it's the most that is expected in a faculty within the university for a undergraduate degree.

This clinical instructor is acknowledging what was expected of the nurse Learner, counting assignments, seeing and understanding what students have gone through. As this participant was feeling exhausted, frustrated, and annoyed at the demand, this acknowledgment let her know, '*I am not crazy, it's not just me*'.

Further adding to the demand that is encountered by the Learner are experiences of the phenomenon that fall outside of direct program requirements and expectations. Starting the program, some participants recognized the value of additional opportunities and how they could contribute to their nursing, professional, community, or personal becoming. Progressing forward within their community more participants began to see this value and then seek out opportunities to broaden their own experiences of nursing. These opportunities varied from being on formal committees, student advocacy, volunteering at the hospital, working in health care, or volunteering for research studies. While not a part of the formal presentation of nursing, being an involved member of the community supported the Learner's process of becoming. Therefore, selecting and meeting some of these additional demands was incorporated into the collective understanding of what it means to be competent as a (student) (nurse).

Learning the nursing profession experienced as hectic. The term learning curve is used to describe experiences that require the individual to know, do, be something anew. One of these curves in learning the nursing profession is the demand of the experience, where the individual develops their ability to manage themselves as they aim towards becoming a Registered Nurse. Another learning curve is how hectic the phenomenon is.

First year, first term, I got an A on the first test. I was feeling very excited, very good. Then on the next exam I went right down to a D. 'How did this happen? I don't know anything'. I guess I just wasn't understanding as much as I thought I was until they tested the content, I think it was on the endocrine system, fluid imbalances, or hypokalemia and hyperkalemia. I felt like I should have known more. It was one of those exams where I would read the question, and think 'I don't have a hot clue'. I can sit here and stare at it but it's not going to come to me. So I just pick an answer and move on. When I got that mark back I thought 'now, I need to teach myself all this stuff'. I just felt like I had everything sitting on my shoulders and I just couldn't hold it. It was just heavy. (Rose)

While writing this exam Rose seems to become removed from the professional logic, reasoning, and knowledge she is developing. During the exam she has been pushed into chaos where she cannot make sense of her surroundings, nothing seems familiar for her to grab onto, and she starts to flail. Nursing concepts are described as heavy, where it takes a lot for the Learner to grab onto and then manipulate them into their person, who they are, what they know, and are capable of doing. During our interviews Rose describes her ongoing experiences with exam anxiety.

I was wondering if nursing was for me, am I able to do this? Am I going to make it through this? Coming out of high school I felt smart. I had all my scholarships lined up. I was doing very well. And then I got slapped in the face with university as per usual, everyone always says your grades are going to drop by lots which I was expecting. And they did. But I wondered, I got into nursing, but am I smart enough for this? Well maybe I'm not smart enough because I don't know what's going on and I feel very overwhelmed and lost.

Rose anticipated that the program would be difficult but did not imagine how experiencing the phenomenon would make her feel. Persevering and navigating through this hectic environment created feelings of shock and shaking under a heavy weight. Being overwhelmed and lost, Rose is questioning if she is enough which creates a festering seed of doubt.

In a CBC, nursing knowledge is organized into a broad overarching framework comprised of hectic patterns of knowing. Rose goes on to describes how relentless the experience continues to feel as she gets '*slapped in the face*' again in third year as what she is

encountering and trying to absorb into her person becomes even heavier: *‘Harder skills, harder clinical, more NCLEX style (select all that apply multiple choice questions) test questions’*. As the Learner becomes stronger the difficulty continues to increase. Throughout the first two years within the program as the Learner creates a knowledge foundation they may experience a looming sense of doubt, or a feeling of *‘barely keeping my head above water’* as everything seems new, *‘outside of our scope’*, or things are not always clear in the moment. Participants describe how they persevered to make sense of this framework, that becomes their *‘foundation’*, by developing their ability to think conceptually.

Understanding what it means to think conceptually varied across participants, and individuals who had a strong ability to think in this way found that this learning curve, of making sense of hectic patterns of knowing, was not as steep compared to others.

I don't study nearly as much as some other students, but I still tend to do very well on exams. Some students, afterwards talking about our tests, are like ‘I don't understand. I studied 25 hours for this and you study 5 hours and yet you got a better mark than me. Why? How did that happen?’ And I think that I do have the ability to suss out what's going to be important. And I see that you just need to be able to really look at the course concepts and figure out where the connections are. So I think that things are really challenging for students who feel like they need to learn every single thing because then they don't sort of allow themselves to really focus on the bigger ideas. (Jamie)

Jamie, who is the same age as Rose, describes how she understood the need to make sense of knowledge conceptually as she encountered the profession. Whereas Rose worked hard to develop this skill:

I think my biggest thing was realizing that I'm a talk learner. I talk things out. And then it's a conversation. It's not a lecture for me. I had my friend explain the differences in the main key concepts. ‘What do I need to know?’. So when I said, ‘I don't know hypokalemia, it's low potassium but what does that do?’ So then we talked about the function of potassium. Then we came up with a list of the top three or four main priority things that would kill you. The things that you need to know.

As Rose progresses through this experience she develops her conceptualization of knowledge where she came to visualize different ‘layers’ of understanding. To make sense of the professional content Rose figured out the depth of knowledge required to inform the RN’s scope of practice.

Participants described the various scaffolded experiences that helped them reach the other side of this curve: “*I like going to class, I like hearing the explanations*”; “*Simulation, where you can make a mistake, and it really does prepare you for clinical*”; or “*Talking it through with my clinical instructor, bringing my level of understanding up to her level*”. Progressing forward, participants developed a personal foundation of what it means to be a Registered Nurse. “*It is about knowing the why and the how*” (Paige), “*knowing when you don’t know something but also I think we’re past the point of just asking questions. It’s about knowing where to find those answers*”(Rachel). Now in fourth year, Rose feels as if she is on “*the yellow brick road*” as she has developed her ability to think conceptually and now approaches the phenomenon by focussing on the conceptual patterns rather than the minute details.

The learner’s response to the environment. Throughout the themes demand and hectic, I showed the environment of the phenomenon and the evolving reactions of the Learner. I conclude analysis one, *How to Live as a (Student) (Nurse)*, by showing the Learner’s response, or their underlying understanding that informs their reactions. I explore the variation of these responses through two interconnected themes of *Grades/Feedback* and *Balance*.

Grades/Feedback. As the Learner progresses through this demanding and hectic environment their responses were partially acting on this thought: “*Is what I am doing good enough; I understand that what I am doing is nursing, but is it good nursing?*”. Making this question difficult for the Learner to answer is the continuous shift of their idealized nurse self

where this image both morphs overtime and will sway closer towards self only to be pulled away again. This question is answered through experiences of evaluation. One way evaluation would appear to the Learner is on a continuum from explicit to implicit. Experiences of explicit evaluation are percentage grades or evaluative clinical performance feedback from a clinical instructor. Evaluations progress towards becoming more implicit as they are integrated into the Learner's experience of nursing. Implicit evaluations are how others respond to the Learner.

Participants identified how there was the presence of **a grade obsession** or the Learner's attuned awareness towards explicit evaluations. The Learner may tend to this obsession through a need to feel validated, or to achieve the feeling of "yes, I know what I am talking about!", or could stem from interest, 'I'm big on theory, like kind of a nerd, I like to learn a lot of things before I do it hands on', or the pursuit of academic scholarships. Explicit evaluations were used by the Learner as anchors to hold onto as they progressed forward.

Nursing school was my #1 priority. Nothing came ahead of school. I started getting all straight A's. And then I got an A+ without trying. So then I was like, 'hmm like maybe I can get a few more A+'s'. My expectations got higher. I'm obsessed but I'm also really scared I'm going to mess up. I'm thinking 'what if I blank? What if I blank?'. So that's why I feel like I need to know everything inside and out just so there's no chance I could mess it [nursing] up. (Paige)

Paige questions if she is smart enough for this program leading her to have higher and higher expectations of herself. She was afraid of not grasping onto these explicit evaluation anchors, fearful of falling down: "I don't ever want to look small or stupid for not knowing something." This anecdote shares one participant's words, however its message, of feeling an intense need to grab onto explicit evaluations out of fear of falling, was present in other participants' narratives as well. Other factors that motivate this fear were being left behind from friends, making a mistake in clinical, or being seen as a failure.

Paige's experience of navigation has been narrowed towards explicit evaluations. *'I wanted to be the best nurse I could be. And I thought that meant getting the best marks'*. From this perspective Paige describes a sense of confidence in knowing the intellect of nurses, however, and perhaps through our interview conversations, she is beginning to recognize how her experience of learning has led her to forget why she initially wanted to pursue this profession.

Bringing this up now, my perspective on how I should be as a nurse has shifted quite a bit. Now I'm so focused on being intelligent and knowing what I'm talking about and, I don't know, before the reason I got into nursing was because I cared so much about people. Not about the drugs they're taking or their wounds. I've kind of forgotten why I got into the program in the first place. I've been so focused on some of the wrong things.

Paige's accomplishment, of maintaining a high GPA in a demanding and hectic program, was not something she was proud of. Within this relentless environment there is a desire for the Learner to feel secure, experienced as having a personal understanding of being good enough (as a (student) (nurse)). Explicit evaluations are obvious anchors that can facilitate this sense of security. However, these anchors can be difficult and consuming to grab onto, may narrow the Learner's focus onto the nurses' intellect rather than their collective abilities, and therefore may provide a false sense of security.

Another common response among participants was that **'Grades do not matter'** limited to **'Bs (or Cs) get degrees'**.

In first year we just had written an exam and afterward, coming out of that, and thinking 'oh my God, I feel like I failed'. We're all sitting at the table, talking and we were all upset about it. I'm almost crying. And, in the end I still got a B+. I did well. But realizing it's not worth it to get that stress over these little things. Going into nursing and realizing that I'm not always going to get A's or A+'s on everything anymore and that's OK. This does not mean I'm going to be a bad nurse. I think that was a big learning curve for me. (Rachel)

Rachel realizes that there is a limit to how many explicit evaluations she can anchor herself to. Feeling less secure is initially upsetting and unknown. Through encountering the phenomenon, Rachel understands that how secure her attachment to explicit evaluations is, ‘slightly’ better, ‘slightly’ worse, does not really effect how she sees and feels about herself as a nurse. However, believing this response to be valid is difficult in this environment. Rachel uses the words ‘not a bad nurse’, which sounds like she is reluctant to see herself as a good student or nurse. This participant goes onto describe feelings of anxiety and doubting herself and her knowledge in the clinical setting.

Contrasting Paige’s response towards explicit evaluation with Rachels, although different, created similar feelings of doubt, or an experience of the Learner questioning their decisions and if others would see them as a good nurse. Cathy, a mature student who had previously completed a university degree and worked in the associated industry, shares three observations with me:

- *“I find students are now so obsessed with grades”*
- *“You never really know how you are doing”*
- *“There is a lot of fear in the program”*

Navigating through explicit evaluations, most significantly concrete grades, may be experienced as frustrating as their meaning is complex, in some ways they are so important (scholarships, senior practicum placement, or desire to pursue future education) and in other ways there is a limit to how much they matter in that they do not provide a wholistic assessment of the nurse Learner’s abilities. Getting this delicate balance right is stressful and personal as it is informed by the individuals own threshold for feeling secure and future desires. What may support the individual in being able to create a balanced perspective towards grades is being able to **notice**

and reconcile implicit evaluations to gain a personal and broader understanding of their progress towards becoming a good nurse.

It is seeing people to understand what they need at that time and sensing their feedbacks. You know sometimes like you get out of the room and you could hear the patient talking. 'oh that student is good'. This provides a sense of accomplishment like I think I know what I'm doing. And then when I don't get that feedback I look at, well what is the context and reflect on what I'm doing and go in with another way, just to make sure the patient is satisfied. It's kind of a loop for me too. I'm getting the feedback and then I am maybe changing my strategy. (Miss T)

In this anecdote Miss T describes how she is attuned to the environment with an awareness towards her objective of making people (patients, nurses, clinical instructors, fellow students) feel satisfied with her (as a (student) (nurse)). Reconciling implicit evaluations is an internal monologue of personal assessment that is believed in enough to create a sense of security. Being able to feel secure through reconciling implicit evaluations is a skill that varied across individuals and involves ongoing development. Other participants would describe moments of positive implicit feedback that would bring them feelings of satisfaction, however, these experiences would not necessarily provide the same sense, or level of security, that explicit evaluations provide. Participants described how they were currently working on developing this skill by '*being less hard on myself*', and '*trusting my judgment to determine if I am good enough to be the nurse I want to be*'. Participants described how conversations with their clinical facilitator were critical in learning how to notice, understand, and reconcile implicit feedback. In demanding and hectic environments, reconciling implicit feedback is an important skill for the Learner to keep their head above water as they navigate forward.

Balance. The Learner's response of *balance* has two interconnected components. The first component describes the variability of the Learner's experience and how they pursued the phenomenon by finding a balance between direct program demands with additional

opportunities. The second component of balance describes how the Learner situates the phenomenon within their life. Participants describe their experience of placing limits to control both the size of the phenomenon and the impact it had on themselves.

I don't put my eggs in one basket. So because of that, I'm able to get satisfaction from different places. So if I get a blow from nursing, for example I don't do as well on a test that I spent a lot of time prepping for, but then I get satisfaction from a CON committee, or I get satisfaction from work. You know sometimes even my colleagues [classmates], when they say, 'oh Miss T what are you up to today?' And I explain oh I have this and I have that. Even them saying, 'Wow, you're so busy. How do you do it?' Things like that makes me feel 'oh. Yea' as I'm managing my time efficiently. I'm doing something right because I'm accomplishing different things at the same time. (Miss T)

Miss T's intention was to create multiple opportunities that provide a sense of satisfaction while contributing to her process of becoming. By engaging in professional opportunities that occur outside of the program Miss T gains more control over the phenomenon.

Nursing is more than just that certificate. The program builds your career, but everything else going on around it that builds your character, builds you for life. The leadership skills, the communication skills and things like that. So that is one thing that is riding me on my highest of highs right now. But, conclusively highs and lows are the same, but I focus on my highs.

This balanced approach creates the space where Miss T always has a source of satisfaction so that when the lows inevitably happen, when her stress increases, there remains a positive sense of accomplishment for her to focus on. Miss T describes an overarching sense of purposefulness and positivity. Throughout both of our interviews, each of which stretched past 90-minutes, Miss T never stopped smiling or finding ways to create and expand our conversation. Through creating a variable experience Miss T is able to navigate the phenomenon by connecting one high onto the next.

As shown in Miss T's narrative, creating variability while experiencing the phenomenon can have a positive influence on the Learner and their process of becoming. Being able to maintain a sense of satisfaction may support the Learner in accelerating their pace to meet the

demands of the program. While Miss T describes an overall positive experience, she alludes to having a lower GPA that is not as competitive compared to her peers who focused more of their attention on direct program demands. Miss T discusses the importance of her GPA in relation to her future desires to advance her education rather than as it relates to her abilities as a nurse.

One way Miss T's experience was distinct from the other participants was she put little emphasis on course grades yet described a high level of personal security and self-assurance. Miss T was the only participant who did not describe sensations of doubt, anxiety, or fear as being a notable part of the experience. She herself recognized how this perspective seems different from her peers, and beyond focussing on her highs, she attributes her sense of security to her ability to understand and use '*research*'. Miss T describes how by using research effectively, or resources such as online videos, journal databases, and apps, she is able to build onto and add to the presentation of nursing in a way that is relevant and informative to her. She suggests that this skill, which she acquired in prior education, needs to be further integrated into the undergraduate program. For Miss T, research abilities provided her with a sense of security which created the space for her diversify, and arguably strengthen, her experience of nursing.

Miss Ts example of a balanced response emphasized variability rather than placing limits. Other participants described maintaining a balanced response by directing more of their attention towards other aspects of their life that were separate from their process of becoming a nurse. Creating a balance was an important and acknowledged response from participants, however some individuals described difficulty in maintaining limits as feelings of stress and doubt created the perception of always needing to do more. Further, there was an awareness that by balancing different demands and maintaining an accelerated pace that '*it is easy to get knocked off your horse*' within this environment. As the Learner progressed through the program

balance became a method of approaching the phenomenon in a way that reflects their priorities and values. Lastly, two participants at the time of the interview were struggling with their balanced response. One participant described feeling burnt-out trying to meet the program demands which created feelings of anger and frustration. Another participant described experiencing a ‘crash’ as compounding responsibilities from her variable experience of nursing collided.

Analysis summary. The analysis of *How to Live as a Student Nurse* showed the complex experience of learning the nursing profession in a CBC. The Learner encountered a relentless environment that is perceived as being both an exciting challenge and overwhelming. Progressing through this experience spans from the highest of highs as the Learner becomes the nurse they are imagining, to the lowest of lows as stress, anxiety, and fear mount. Participants described how the phenomenon impacted their responses which I explored through the themes of grades/feedback and balance. The experience of the phenomenon from one perspective is very rigid, whereas from another perspective the complexity of the situated context creates the space for various paths forward, each with their own strengths and limitations. There is no single ‘*yellow brick road*’ through this phenomenon. The overarching objective is for the Learner to find the path that aligns with their strengths, values, and future desires.

Understanding the experience of learning points towards who the nurse Learner becomes which I will now briefly explore in the next analysis. Aligning with Wenger’s STL (1998), this experience is also situated in a community as learning is viewed as a form of belonging. I introduce participants experience of belonging in the last, and final, analysis of this chapter.

Lens two: evolution of a student nurse. This lens would analyze who the nurse Learner becomes as they progress through the experience. In this Master thesis I identify a

conceptualization of who the nurse Learner is becoming, however, I leave the full analysis open to be explored in potential future research.

From part one of this chapter, recalling Rose's story of a '5 out of 5' clinical mount, as a clinical instructor, I am impressed by her, who she is and her capabilities as a nurse. I think of how hard that clinical rotation is as students enter acute care. I think about the challenges of the environment, the chaotic units, where the patient population is so diverse and acutely sick. Students have so many concrete accomplishments from that semester: first time giving IV medications or doing more complex procedures, however Rose's story of accomplishment is about empathy, communication, and advocacy; it is about the patients and who they are. This shows the competence of Registered Nurses.

From across interviews, I heard impressive stories from each of the participants as they shared their experiences that show what they are capable of doing. The process of becoming is in part the Learner progressing towards the Registered Nurse, coming to embody this way of being, or the characteristics of *intellect, empathy, communication, and advocacy* that form the *professional*. These four characteristics that reflect ways of being are how participants described both their current and future professional selves. As a Registered Nurse myself, I can imagine those ways of being. I have my own interpretation of what these characteristics mean and how I strive to display them when I am at the patients' bedside, or with the nursing student in the medication room, or when I present my graduate work at a conference. The analysis of the *Evolution of a Student Nurse* would examine this study's data with the aim of exploring the meaning of these characteristics from the perspective of the nurse Learner. This analysis would also look at the individual's conceptualization of the Registered Nurse and how they have come

to balance these characteristics as the professional is going to have strengths, interests, and preferences.

Along with this positive embodiment, as seen from participants' experiences, stress, doubt, fear, and anxiety can impact the formation of the Registered Nurse. This potential future analysis would likely explore these ways of being and how experiencing their presence impacts the evolution of the nurse Learner. The way Rose experienced anxiety varied from the way Jamie, or Paige, or Rachel, or Cathy experienced it, yet there was also a sense of commonality and relatability across their experiences. The data of this study could offer the (nurse) educator a deeper understanding of how the (nurse) Learner encounters these emotions and the impact they are having on the upcoming generation (of Registered Nurses).

Lens three: community. Participants experiences emphasized the importance of the Learner's community. This analysis would further examine how the Learner feels and interacts as they are situated in the social context and how participants formed a CoP with their peers. Participants described how within their CoP they developed their own roles and forms of competence and how this engagement impacted both how they responded to the experience and their identity. Data that could be included within this analysis is the Learner interacting with their peers in contexts such as lectures, seminars, hallways, simulation labs, or clinical. Interacting with their peers, participants experience were of joy, love, judgment, frustration, and camaraderie. This analysis could also explore how the Learner interacts with the established professional CoP they encounter.

Summary of the Findings

Participants' experiences began with them forming a personal connection to nursing as their attention was drawn towards the profession. Forming this connection was a process of self-

evaluation where the Learner assesses the profession, the expectations, and what is required to become a Registered Nurse. Learning the nursing profession in a CBC is an experience of the nurse Learner encountering evaluations and a unique presentation of the profession which they interacted with while persevering and navigating forward while within a student cohort.

Through the actions of ‘I see myself...’, ‘I interact with and make sense of what I encounter’, and ‘I give myself, as much as I can’ the Learner progresses forward through a demanding and hectic environment where this experience felt like the highest of highs to lowest of lows. The Learner had a perspective that was informed by grades/feedback and balance which was used to navigate this terrain. Progressing forward, the Learner forms into a Registered Nurse who embodies the characteristics of intellect, empathy, advocacy, and communication in a way that is meaningful to the individual. Traveling through this relentless environment can be scary or overwhelming, and at times creates feelings of doubt, fear, and anxiety which leave an impression. Within this environment is the social structure that influences the individual as they create their experience within the situated context.

Chapter Conclusion

The purpose of this study was to interpret a deeper understanding that illustrates what it means to learn the nursing profession in a CBC. In chapter four I presented an interpretation that was informed by Husserl, Heidegger, and Wenger whose theoretical insights guided my thinking. Using a hermeneutic-phenomenology research method the process of writing and conceptualizing these findings was done through a back and forth play of texts where I reflected on participants’ lived through experiences. The findings of this study evolved through (re)writing, drawing, and discussing different iterations of my thinking with others to arrive at this current interpretation.

This chapter began with two lived through examples of learning the nursing profession in a CBC which I used to illustrate a conceptualization of the phenomenon. In part two of this chapter, I began a hermeneutic interpretation by showing how the nurse Learner approaches the phenomenon through the two themes of *Drawing My Attention* and *Being Enough*. Next, aligning with Wenger's STL, I described three lenses or analyses that could support a systematic approach to explore the meaning of participants' experiences. Within this thesis, I focused on the first analysis of *How to Live as a Student Nurse* where I showed the environment of the phenomenon and the evolving reactions and responses of the nurse Learner. Next I introduced the second analysis, *Evolution of a Student Nurse*, where I stated my current conceptualization of who the nurse Learner is becoming. Lastly, I introduced the lens of *Community* where the formation of the Learner's social structures and their impact could be further explored in future work.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

Phenomenological inquiry invites professionals to use their deep understanding of others' experiences to reflect on their way of being, or their beliefs and assumptions which constitute their actions (van Manen, 1997). I open this discussion with the concluding words from Jamie's second interview.

I think that they already understand that a lot happens in life that we can't control. I think that the thing that I would like them to know is that they have a huge impact in how we learn and our ability to learn. That the instructors who are really, really passionate about their field, make it easier to learn subjects than people who just read off the slides. I think that I wished that nursing educators knew how much they impacted us as students. That their love for being a nurse really rubs off and really encourages other people to be part of that nursing too.

As I heard a similar message from each of the study's participants, this perspective will be used to explore the meaning and significance of the research findings.

The purpose of this study was to gain a deeper understanding of nursing students' experience of learning to inform pedagogical thoughtfulness and tact. In chapter four I showed how experiencing the phenomenon impacted the nurse Learner. In chapter five, aligning with Wenger's Social Theory of Learning (STL) (1998), I will use the perspective of *communities of practice* (CoP) to explore how the situated context interacts with the lived through experience of learning the nursing profession in a concept-based curriculum (CBC). Revisiting the literature review, I approach the situational context across three planes: the first is exploring the role of the Facilitator and how they directly interact with the Learner's CoP; the second perspective is the institutional's influence of student-centered education, specifically CBC; lastly, I offer my reflective comments as it relates to the influence of neoliberalism on learning to become a nurse. Within this discussion I continue to integrate participants' words and thoughts as they relate to the pedagogical significance of this study. Implications for (nursing) education and areas for

future research are identified throughout the chapter. After acknowledging the limitations, I conclude this study by identifying its key message and how that relates to myself as a nurse educator.

Part One: Facilitator's Trajectory

As Benner et al. (2010) acknowledge, the shift to student-centered education requires a shift in perspective where the process of becoming is understood as a process of formation rather than of socialization. To facilitate a formative process the educator's perspective is to become a partial member of students' CoP. One of Wenger's concepts from STL (1998), *legitimate peripheral participation*, has been used in prior research to explore students' experiences of becoming a part of the established professional community (Morley, 2016). This study's data supports this perspective, particularly as it relates to students' experiences on clinical practice placements. Here I will focus on the Facilitator's trajectory towards the students' CoP. For the purpose of this discussion, the Facilitator refers to (nurse) educators who may be instructors, professors, and/or clinical or simulation facilitators.

Participants recognized how, to a certain extent, learning in demanding and hectic contexts makes sense as this reflects the practice arenas and the role of the RN. Within this environment, this study's findings supports previous research (Alvarez & Moya, 2017; Liljedhal et al., 2014) where participants noticed the positive influence of the Facilitator's care and how its presence supported their development. The following quote is from the text *On Caring* (1971), where Milton Mayeroff provides his description, or interpretation, of what it means to care for another.

In helping the other grow I do not impose my own direction; rather, I allow the direction of the other's growth to guide what I do, to help determine how I am to respond and what is relevant to such response. I appreciate the other as independent in its own right with needs that are to be respected.... When devotion breaks down, caring breaks down....,

devotion is shown by my being “there” for the other in a way that is the converse of holding back and ambivalence (p. 9-11).

As the chapter’s opening quote acknowledges, participants described experiences of encountering ambivalence, both ambivalence towards them as students and ambivalence about them as individuals and their personal direction forward. Ambivalence *towards them* was experienced as the Facilitator ‘*not really caring about, or seeming interested in, the subject matter themselves*’ or ‘*just reading the slides*’. Ambivalence *about them*, explored in part two of this discussion, relates to the rigidity of the experience; participants described how exceptions were limited and how they ‘*felt like just a number*’ as they were expected to follow a strict path.

One of the interesting communication patterns from across the study’s interviews is participants only shared revealing details about the instructors they ‘*loved*’. ‘*Nobody wants to make an instructor feel bad*’ (participants). This study’s intentions are not to critique a program or place blame, but rather to facilitate a deeper understanding of the Learner’s experience to inform pedagogical thoughtfulness and tact. While ambivalence appeared to be encountered by the nurse Learner, participants also identified ‘*it’s a good program overall*’ and described exceptional examples of being cared for by the Facilitator. *Table 7* shows three trajectories, or forms of engagement, that led the Facilitator to become part of the Learner’s CoP.

Table 7. Trajectories Towards the Learner's Community of Practice

Trajectory	Description	Example
'The Momma [Father] Bear'	The Facilitator who diminishes the emotional space between themselves and the Learner, where they discuss what is difficult, scary, or challenging. The Facilitator who displays empathy towards what the Learner is going through.	<i>'I remember the first class she had fruit. She had like apples and oranges. She's like, 'there's some snacks. I know it's important to eat healthy. It's important to go to the gym when you can. Make sure you're doing that for your mental health. Just take an apple. I don't judge. You need an apple, go take one'. And I was like, wow, that's amazing. And then she was like, 'if you have to go to the bathroom in my class, just get up and go. Like you're adults'. So she treated us like adults. She also cared that we were hungry, broke, tired students. So immediately I felt seen'. (Cathy)</i>
The Expert Performer	The Facilitator who demonstrates passion, expertise, and excitement towards the subject matter. They emphasize understanding by focussing on explanations rather than just presenting (i.e. reading) information. As a performer, they show the audience who they are as a person and how this relates to the content they are presenting.	<i>'If I close my eyes, he's right there talking.... With the harder concepts he explained them multiple different ways. There would be an example. There'd be a visual. He would try and find a video. He also utilized those overhead things where you draw. And most of his drawings were very bad which made them funny and remembered. But his manners, it made everything easier. He's very, um, how do I explain it? He's just very personable on everything he told you. He told you his personal experiences. At the start of class he would stand at the front while everyone's piling in and he would talk about his day. He wore a funny tee-shirt to every class. He seemed very down to earth. And even I think I saw him at the gym once or twice. And I would say 'oh hi. I'm in your university class'. And he would ask 'oh, like how is everything going'. He was very easy to approach'. (Rose)</i>
The Mentor	The Facilitator who creates the space for discussion and sharing of perspectives, where they can offer their expertise and create an environment where they learn together as peers.	<i>'She's so understanding, and she really wants you to learn. And she really cares. And she would always be like 'if there's anything that I can improve on, just let me know'. It's just stuff like that where you feel like more of like a team of learning. She wanted you to learn and wanted to improve herself. So it was just refreshing. I didn't necessarily do more for that class than any other class. I just felt better when doing it because it didn't feel like it was for nothing. Like I wanted to do well because she taught so well. She would talk about the slide, say an example, and then ask us if we have anything to say or discuss'. (Paige)</i>

From the nurse Learner's experience, they had a personal connection that drew their attention towards the profession, whether it was the nurse's intellect or perhaps empathy. This connection often reflected the Learner's strength, yet as they progressed forward, they recognized that competence is having a balanced embodiment of the nurses' characteristics that fits within the situated context. Similarly, the Facilitator's competence as experienced by the participants is not 'perfecting' one of these trajectories, but rather having a balanced awareness of each of them and embodying them in a genuine way as they engage with the Learner. Within these forms of engagement, I observe three common characteristics that the Facilitator is demonstrating. The first is that the Facilitator is oriented towards the Learner, who they are, what they know and understand, and where they are headed; participants described this as *'coming down to my level'*. The second characteristic is they are personable, or the Facilitator shows the Learner who they are as an individual and their professional competence. Lastly, the Facilitator is approachable where they diminish the space between themselves and the Learner. These characteristics make the Learner feel cared for.

Understanding the Learner's experience, their negotiated reactions and responses, provides the Facilitator with guidance on how to direct their care. From participants' narratives, developing the two skills of conceptual thinking and reconciling implicit feedback were critical to progress through the environment and maintain a sense of security. Participants described how these skills were learned, developed, through interacting with the Facilitator. These are personal, almost private skills, that reflect the individual's way of thinking, their doubts, and insecurities as they ask themselves, 'am I good enough?' Developing these skills, and the way they are developed, leads to the way the individual comes to embody the RN and an awareness of a shadow that reflects doubt, fear, and anxiety.

But I just wanted to kind of give my opinion because I feel like there's a lot of things that have been good but there's also been a lot of things that have been kind of shoved under the rug for nursing. I just feel like sometimes our stress. Like I know that they continuously say, 'we know you're stressed. Here's some services'. But like if we're stressed, maybe take a second and just address it. (Rose)

And we did talk about emotions and we talk about empathy and we talk about tragedy and death and we do explore all these things. But yet they're done at such an arm's length that I think when we do sort of feel it more, it goes a long way. (Cathy)

Through the Facilitator's care, directed towards the reaction and responses of the Learner, the participants described how this would pull their emotional becoming out from 'under the rug'. Participants cherished the moments when they did not feel alone as they experienced the impact of navigating through this demanding and hectic environment as they learned the nursing profession. Cathy's comment, where she felt empathy, refers to a small group experience where the facilitators invited the students to debrief the experience of skills courses.

By the Facilitator moving towards the Learner's CoP, by caring, one of the outcomes is they create the opportunity for psychological safety, which has been defined for simulation-based learning as:

A feeling or climate whereby the learner can feel valued and comfortable yet still speak up and take risks without fear of retribution, embarrassment, judgment or consequences either to themselves or others, thereby promoting learning and innovation (Turner & Harder, 2018, p. 49).

Further analyzing the Learner's CoP, or their social structure and how it morphs within the situated context, would contribute to a deeper understanding of how to create various environments where the Learner feels safe to be vulnerable. While the Facilitator plays a major role in creating safe environments (Turner, 2020), data from this study also shows how the context and Learner's relationships with their peers are also important. Within the *Community* lens I introduced in chapter four is research data that could be further analyzed to show how

within their cohorts the Learner develops their own roles, rules, and regimens of competence (Wenger, 1998) which impacts their perception, or appearance, of psychological safety.

Another outcome of the Facilitator becoming a partial member of the Learner's CoP is these actions inspire interest. An observation from the data is how the participants had very similar interests as this understanding was inspired typically by the Facilitator first and the subject material second. Interest was experienced as a sense of satisfaction which led the Learner to accelerate their pace enabling them to better manage the experience's demands. By accelerated pace I refer back to the actions of the Learner: 'I give myself, as much as I can', 'I interact with and make sense of what I encounter', and 'I see myself...'. Understanding an experience as interesting is having a positive influence on each of these actions. Lastly, by encountering care from the Facilitator the Learner makes sense of this way of being thereby learning to care for themselves and others (Mayeroff, 1971). Caring for the Learner creates a desire for them to become part of the Facilitator's (nursing) CoP.

The emotional reflective topic that the findings of this study point to are students' perceptions of the Facilitators' ambivalence, where participants are feeling like their personal and professional well-being are removed at times from pedagogical relations. Participants expressed both frustration and empathy towards the Facilitator when they displayed ambivalence towards the Learner and their experience. Along with an emotional response, some participants had a cognitive reaction of making assumptions on why a Facilitator appeared not to care. This assumption-based understanding included ideas that (1) the Facilitator is preoccupied by their own work or life outside of the course(s); (2) the Facilitator underestimated the impact they have on the Learner's process of becoming; or (3) the Facilitator is unsure of how to engage, as a person, within a student-centered environment.

Participants did not really recall the details of pedagogical techniques, things such as flipped classes, formative assessments, or in-class activities. Rather participants understood, encountered, pedagogical engagement as the Facilitator themselves and who they were as a person. Previous research has identified that students' ideas, perceptions, and understanding of learning may not align with student-centered education that relies on self-directed learning (Haber-Curran & Tillapaugh, 2015; Pangam & Menezes, 2018; White et al., 2014; Zuscho, 2017). The findings of this study offer the insight that more attention needs to be given to creating an atmosphere of care so that students feel supported as they move forward towards becoming the nurse they imagine.

I take the term pedagogical atmosphere to mean all those fundamental emotional conditions and sentient human qualities that exist between the educator and the [learner] which form the basis for every pedagogical relationship. ...In this general atmosphere...two important interdependent and reciprocal directions are discernible. One is the affective or emotional disposition of the [learner] towards the [educator], the other, the corresponding orientation which the [educator] brings toward the [learner] (Bollnow, 1962/1970).

Without a supportive atmosphere, students may find this overwhelming, demanding, and hectic environment anxiety and fear-provoking, leading them to navigate from one grade onto the next, which limits their personal engagement within their formative process. (Nursing) students may reach towards or '*obsess*' over grades when they do not perceive support from the pedagogical atmosphere. With this study, I showed the nurse Learner's emotional conditions as they experience the phenomenon. Within the literature, there exists a cognitive understanding of why the Facilitator, institutions, pursue CBC (Giddens & Brady, 2007; Sportsman & Pleasant, 2017), student-centered environments, and constructivism (Jones & Olswang, 2017; Schweitzer & Stephenson, 2008). However, building on the findings of this study, future research of exploring what it means to facilitate the undergraduate nurse Learner's experience would provide the other

emotional perspective of the pedagogical atmosphere. With both perspectives, the relationship between Learner and Facilitator can be re-examined within the current social context where the constructs of professionalism, power, and relationship boundaries appear to be shifting.

At the end of the second interview with each participant I asked: What, if anything, do you think is important for nurse educators to understand about your learning experience? This is Cathy's response:

I think when I felt this from profs, it's been really nice when they believe we are trying our best and we want to do well. I think them just seeing that this is where we're at and that this is our goal, rather than seeing us as like students who text or don't come to class or don't really value the profession or don't recognize its importance. So I feel like when nurse educators see our goals and value them, it helps us. Some educators totally get that. I don't think that others do. Um. I don't know if it's sometimes like an age thing or a, um, like, you know, weeding out the weak ones or that sort of mentality...

Having the perspective that everyone, both Learner and Facilitator, is trying our best does not mean we are all perfect students and educators, or that we lower our expectations, rather it is about creating an atmosphere where we support and care for one another as we progress forward. I extended Cathy's perspective to include the Facilitator as participants' expectations were not to have every educator achieve a predefined view of exceptional. As Jamie summarizes: *'Anything more than reading off the slides awesome. Love it.'*

Part Two: Influence of a Concept-based Curriculum

The shift to student-centered education aimed to create the opportunity, by emphasizing the nurses' ability rather than content, to align education with professional competencies, thereby narrowing the theory-practice gap (Giddens & Brady, 2007). The methods to achieve this aim that are integrated into CBC have included aligning and scaffolding the Learner's experience (Giddens et al., 2015), connecting theory to practice by means such as planned clinical learning activities (Nielsen, 2016) or simulation (Bland & Tobbell, 2016), and contextualizing theoretical

knowledge within practice (Giddens, 2016; Mills, 2016). The overarching hypothesis is that these methods would provide the means for the nurse Learner to develop into a RN who has skills such as critical thinking and reflection, clinical reasoning, imagination, and judgment (Benner et al., 2010). This present study contributes to the body of knowledge that addresses this hypothesis by showing who the nurse Learner is becoming within a student-centered CBC environment.

In discussing one of the study's transcripts with my thesis advisor, as an educator she says 'ouch' in response to hearing what the participant had to say. The participants' frustration that came with progressing through this environment was at times really loud. I responded to the 'ouch' by saying, as an educator, I am impressed by who these participants are as individuals and who they are becoming as Registered Nurses. Within the data of this study is competence, capability, and importantly participants described the faith they have in themselves as they reach towards becoming the nurse they imagine. In chapter four, I described the Learner as coming to embody the RN as a professional who demonstrates the characteristics of intellect, advocacy, empathy, and communication. These are the foundational ideas that participants described as forming the nurse they are imagining and therefore are trying to emulate. Participants words and experiences show they are understanding the profession.

'So, for me theory is knowing things that I've learned in pharmacology but also knowing about patient care. Things like personhood, ageism, those kind of things. Like LGBTQ. And I feel learning about those helps me unpack my prejudices that I might have had before doing actual nursing care'. (Shannen)

With their formation into a RN, participants described their dreams as they looked forward, of being able to provide remarkable bedside care that focuses on the client, or building on their interests and strength of advocacy to become an administrator, or going on to advance their education to become educators, researchers, nurse practitioners, leaders. Through

encountering the phenomenon in a CBC at a research-intensive university, participants have reached a place where their evolving desire feels within their grasp. However, reflecting back, some participants wondered if there is a better way to get here, a way that has less doubt, fear, and anxiety that they are carrying forward along with the positive embodiment of the RN.

Aligning with previous research (Todres et al., 2012; William et al., 2012), some participants expressed how they in part felt responsible for navigating this experience in a way that led them to encounter fear, doubt, and anxiety. These feelings could be encouraged by the nurse Learner's own need to feel secure which led them to impose high expectations onto themselves. Learning to navigate by focussing on the highs and one's strengths, rather than doubt from perceived weaknesses or challenges, was a part of the Learner's personal becoming that accompanied their professional formation. An observation from the data is that participants relied on their peers to bring conscious awareness to their navigational method and inform their thinking as they adjusted their approach. Participants described the impact that being a peer mentor and mentee had on their navigational perspective. While some participants from this study acknowledge partial responsibility for encountering fear, anxiety, and doubt they also felt the program designs the Learner's experience in a way that encourages these feelings.

Recalling the Learner's sensation of *'barely keeping my head above water'*, some participants questioned the demand of the experience and if it *'was all necessary?'*. Questioning the demand was typically not directed at the conceptual content where participants acknowledged the relevance and the importance of the material. Rather some participants questioned the educational methods in that it is *'too much'* or *'it is not always clear what they are wanting us to get out of it'*. Student-centered education methods rely on class preparation and formative assessments that participants found to increase the demand without consistently being

perceived as beneficial. Participants described their own methods of triaging course expectations and at times felt they were being negatively judged for engaging in the experience in the way they found most effective.

Everyone hates when the instructor asks, 'did you do the readings?'. ...I feel it's important to understand that not everyone learns the same way. You're encouraged to do the readings and do the prep prior to coming to class, especially in your first term. But for me personally, it doesn't help to do the entire reading beforehand. I feel like I need the guidance of the lecture to show me these are the important parts. (Laura)

Further, some participants expressed frustration when formative assessments were used as a means to take class attendance and when they had this perception they would reduce their learning actions. Reinforcing previous research findings (Gooder & Cantwell, 2017), with conceptual teaching and curriculum design, participants found some content repetitive, which was not always viewed as beneficial, particularly as it related to the program's professional foundation content. Lastly, participants described their experience as unevenly balanced where heavy courses and content were presented to the nurse Learner congruently, which is most likely due to the program aligning concepts throughout the theoretical and practical components. While aligning nursing content throughout the curriculum supports the nurse Learner in understanding conceptual patterns, it may increase the demand of the experience.

Beyond the demand, the experience's rigidity also led the Learner to encounter doubt, anxiety, and fear. As I identified in the previous section, some participants felt that the nursing program does not see the Learner beyond their ability to display the competence of RNs, or participants are encountering personal ambivalence.

I just thought it was going to be more, everyone's in it together, just a better kind of feeling. But I just think how the university doesn't support us as students feels like how the government doesn't support the health care profession and nurses. (Paige)

Some participants described how the programs rigidity contributed to them having an understanding of perfectionism where they felt they could not make a mistake, or that it is 'easy

to get knocked off your horse'. Future research could further explore the concept of flexibility in professional programs where space is created for the Learner to approach the phenomenon in a way that supports their values and interests. An observation from the data is that it was important for participants to progress through this experience in a personal way that reflected their nursing ideals and values. Participants' values often related to what initially drew their attention towards the profession. In a way this observation, where participants asserted themselves and who they are as a person as they formed into a RN, contradicts previous research which found that nursing students relinquished their prior understanding to develop a professional identity (Goodall, 2018). Creating flexible environments in nursing education with large cohort sizes and external regulations may prove to be challenging. However, recent work by Mitchell (2018) who examined nursing students' professional development through writing also emphasizes the need for flexibility to support the formation of future nurses. The phenomenological image presented in chapter four could be used to frame future education research as concepts such as flexibility could be explored as they relate to each of the phenomenon's components.

One of the characteristics of concept-based curricula is that they are designed to be adaptable within the evolving situational context so that the methods used to educate RNs remain current within society (Brady et al., 2008). Participants noticed how the curriculum adapted overtime where Cathy comments how *'the curriculum still feels new'*, or participants would compare and contrast how their experience is different from the students who came before and come after themselves. Participants described some opportunities to work with faculty to revise curriculum components which gave them a sense of capability as they could help determine how the experience is shaped both for themselves and for future students. When the institution considers the Learner's experience and values along with the various other factors (i.e.

professional standards, competencies, and the societal role of the RN, or program approval and accreditation) that inform their judgment curriculum shifts are oriented towards creating student-centered environments.

Part Three: Reflection on Neoliberalism and Learning

Part one of this discussion examined the impact the Facilitator can have on the phenomenon as they move in a trajectory towards the Learner's CoP. Part two focussed on examining how the outside influence of a CBC may affect the Learner and their experience. Lastly, in part three of this discussion, I reflect on neoliberalism and the effect this ideology can have on the research phenomenon. In the literature review, I presented neoliberalism as an ideology that was derived from economic science where the value of free-market economies and individual pursuit of entrepreneurial gains has been shown to impact the healthcare and higher-education institutions. An interesting discourse that appears to be gaining traction within the global higher-education community is a critique on neoliberalism and a 'resistance' to this ideology and its influence on our identities and practices (Danvers, 2019; Foran & Levinsson, 2020).

Early in 2020, the journal *Phenomenology & Practice* released a special issue on *Being and Becoming a Teacher in Neoliberal Times*, where the "...authors have offered a range of powerful insights countering the destructive political force of neoliberalism" (Levinsson & Foran, 2020, p. 5). In a phenomenological self-study, Levinsson, Norlund, and Beach (2020) described how their situated context shapes them to become '*Alignment Slaves*' where their judgment and intellect as educators' is no longer guiding the profession and pedagogy as this has been reduced to meeting pre-defined objectives and competences. These authors also self-identified as '*Audit Puppets*' who were taxed meeting external regulations that were more

institutionally important than their work with individual students. Lastly, they felt like they were accused of being '*Techno Phobes*' when they did not see the educational value of new technology. The language these authors use shows their frustration, agitation, and disagreement with how the institution is being governed. The emotions expressed by these educators were echoed by the student participants from this study as they recalled their experiences of learning the nursing profession in a CBC. These professionals are not being seen and valued; student participants '*felt like just a number*'. Within Levinsson et al (2020) self-study, personal satisfaction is absent, which is concerning as without this positive sense of being how do we care for one another?

What are the actions and discourses that create a competency-based culture? What is it to care for the Learner versus to care that the Learner is competent? And ultimately, how do we create experiences where the individual feels proud of the professional they are becoming without creating high levels of fear, anxiety, and doubt? These are the questions that have arisen from this work that I have only begun to address as I draw attention to the environment, pedagogical care, and the impact on the nurse Learner's experience and professional development. When the nurse Learner is cared for by themselves and their program, peers, and facilitators they gain a sense of satisfaction and security that enables them to do their best in the environments we create. Yet being constantly submerged in demanding and hectic contexts risks eroding the professional's time, energy, and passion and leaving thoughtfulness and tact as background thoughts rather than the foundation of our relational practice. At the core of nursing is human engagement and care which is being covered by the ongoing pursuit of individual competence. By continuing to recognize the need for cultures of care we create an environment of passion and satisfaction that fuels us to do our best. At our best, we continue to advance the

profession of Registered Nurses, using the collective power within our community to work towards creating healthy, equitable, and happy societies.

Research Summary

Concept-based curricula continue to gain traction in higher-education and nursing as professional content and knowledge broadens in its scope and demand. Professional competence has drifted away from what the individual knows and is being replaced with the individual's ability to encounter and make sense of different contexts, find meaning through noticing patterns, and use what is familiar to learn what is new or unknown. Participants' narratives show that as they progressed through a CBC they developed their ability to think conceptually which now supports their confidence as they imagine the exciting possibilities available to them within the profession of RNs. This study offers support for a CBC as its strength can be seen through the strengths of the nurse Learner.

Participants' experiences also show the demanding and hectic environment of learning the nursing profession in a CBC, which can overwhelm the Learner, leading them to feel doubt, fear, and anxiety. The methods used to deliver this particular CBC, the 800 plus assignments, high stakes evaluations, and rigid schedules leaves the individual feeling like they are barely keeping their head above water and searching for ways to feel secure. Without the sensation of security, the nurse Learner's anxiety, fear, and doubt begins to have a strong influence on how they navigate this phenomenon where they fret over the anticipated lows and chase grades rather than deeply engage in the experience. To feel secure, the nurse Learner notices the positive influence of the Facilitator's care as they develop their ability to think conceptually and reconcile implicit feedback. The Facilitator creates the perception of care when they are personable, approachable, and oriented towards the Learner. Three trajectories, or forms of engagement, that

participants described as caring were ‘*The Momma [Father] Bear*’, The Expert Performer, and The Mentor.

CBC and student-centered education have evolved in institutions (communities) that have been influenced by neoliberal ideologies (Breada, 2009; Danvers, 2019; Kahu, 2013). This ideology is experienced as a competency-based culture where education is organized around predefined skills and objectives to meet industry expectations. Gaining competence as a professional is an important component of the individual’s process of becoming. However, this study has shown that pedagogical engagement and care may be as important to the nurse Learner developing competence as educational methods. The hypothesis is that institutions over emphasize and push to perfect the educational method which draws from pedagogical engagement. Personal satisfaction is required to create communities of care where with support and security individuals are motivated and doing their best, leading to evolving professional competence.

Limitations

The aim with phenomenological analysis is for the researcher to open themselves up to wonder about human phenomena, making this an insightful mode of inquiry for professionals whose practice is rooted in relational engagement (van Manen, 2014; van Manen, 1997). Phenomenology can be a way to systematically and scientifically draw attention to ‘the other’ to inform relationships or create pedagogical thoughtfulness and tact. Within this aim are two consistent limitations. The first limitation is that this research process creates *an* interpretation where the lived through experiences could have been shown or described in various ways. Aware of this limitation, the researcher’s task is to create a deep interpretation that show inception or originary meaning and goes beyond the taken for granted understanding (van Manen, 2014). To

move towards this aim, I engaged in the process of a back-and-forth play of texts, advancing my thinking, while trialing various interpretive drafts. Throughout this creative process I maintained an orientation towards the research question and professional significance. Further, as my thinking progressed I discussed my ongoing interpretations with participants, my academic advisor, and nursing colleagues.

The second limitation is a phenomenological understanding is left open for future inspiration from others and shifting contexts. This limitation is acknowledged by the researcher using the particular lived through examples of the phenomenon to interpret the universal meaning structures. To create an interpretation that speaks to the universal meaning of learning the nursing profession in a CBC my reflective thinking was guided by Husserl, Heidegger, and Wenger whose theoretical perspectives' address the fundamental question of what it means to be human. This study's findings may be insightful to professionals who can relate to the context and the lived through experiences of the phenomenon.

Conclusion

'... but then I have always loved it' (Cathy's words, a message from participants and myself).

There are challenges, including curriculum imperfections, but the presentation of nursing encountered at this research-intensive university has an inspiring effect on the upcoming generation of professionals. The aim study aimed to show what it was like to experience learning the nursing profession in a CBC, to understand the Learner's formative process. The major finding was seeing the impact that pedagogical care can have on the nurse Learner's experience as they progress forward and develop into a professional.

This study evolved from my interest in learning, specifically how individuals navigate their formative process. While I was working in emergency, I began facilitating first-year

undergraduate clinical rotations 18 months after I became a RN. From there, I navigated from one high onto the next, advancing my professional development and deepening my identity as a RN. The purpose of this study was to develop understanding to inform pedagogical thoughtfulness and tact as I experienced the importance of this while working with students. Through this research project, while reflecting on participants' experiences, I understand the ambivalence, both how I have experienced this as a learner and could have displayed this as a facilitator. I look towards the exceptional facilitators and see their competence, I search for myself within their actions and mannerisms, I think about how I have displayed them or where I could improve. I reflect on my pedagogical practice. And now, through borrowing the experiences of eight nursing students and seeing their reactions and responses, I ask myself what impact do I want to have on the nurse Learner?

'So overall I'd say, the whole program as a whole has been good to me. And I'm very fortunate to still be in here and not failed yet'. (Rose)

Rose, Paige, Shannen, Rachel, Jamie, Laura, Cathy, and Miss T the profession is very fortunate to have each of you become a part of the nursing community.

I close this thesis with the words of Dr. Seuss (1990) from his childhood story '*Oh, the Places You'll Go!*':

*You'll get mixed up, of course,
as you already know.
You'll get mixed up
with many strange birds as you go.
So be sure when you step.
Step with care and great tact
and remember that Life's
a Great Balancing Act. ...
KID, YOU'LL MOVE MOUNTAINS!*

I think the last line should read: "TOGETHER, LET'S MOVE MOUNTAINS!"

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Appendix A: Overview of Undergraduate Nursing Program

The four-year Baccalaureate of Nursing program includes students taking 30-credit hours of pre-health sciences during year one, followed by three years of nursing courses. Students can enroll in the nursing program, year-two term one, in both the fall and winter semesters as all courses are offered throughout the academic year.

*Table A1. Undergraduate Nursing Courses**

Year In Program	Term	Course
2	1	Health and Illness 1: Pathophysiology/Pharmacology/Assessment Health and Illness 2: The Older Adult Client and Context 1: Human Growth and Development Professional Foundations 1: Development of Professional Identity Nursing Skills 1 Nursing Practice 1
	2	Health and Illness 3: Pathophysiology/Pharmacology/Assessment Client and Context 2: Human Diversity Nursing Skills 2 Nursing Practice 2 Nutrition for Health Professionals
3	1	Health and Illness 4: Acute and Chronic Illness Client and Context 3: Supportive and Palliative Care Professional Foundations 2: Health Education Nursing Skills 3 Nursing Practice 3
	2	Health and Illness 5: Mental Health and Illness Professional Foundations 3: Evidence Informed Practice in Health Sciences Professional Foundations 4: Law and Ethics in Nursing Practice Nursing Skills 4 Nursing Practice 4
4	1	Health and Illness 6: Gender and Reproductive Health Client and Context 4: Family Health Professional Foundations 5: Interprofessional and Collaborative Practice Nursing Practice 5 Elective (outside of the CON)
	2	Health and Illness 7: Community and Population Health Professional Foundations 6: Leadership and Change Management Professional Foundations 7: Preparation for Nursing Practice 7 Nursing Practice 6
	3	Nursing Practice 7 (Senior Practicum)

* full-time course load

(<http://umanitoba.ca/faculties/nursing/prospective/media/BN-Curriculum.pdf>)

Appendix B: In-class Recruitment Presentation

Hello, my name is Josie Bolianatz, I am a graduate student with the College of Nursing in the Education Stream, where my focus is on undergraduate nursing education. I am here today to tell you about my thesis study which involves recruiting nursing students who are in the first-term of the fourth-year of the program.

My research project is “The Lived Experience and Perceptions of Nursing Students’ Learning in a Concept-Based Curriculum: A Hermeneutic Phenomenological Study”. The purpose of this qualitative study is to gain a better understanding of students learning experiences within a concept-based curriculum. This study has been approved by the Education Nursing Research Ethics Board.

I am looking to recruit students who are interested in volunteering for this study. Being a participant would involve having two one on one interviews with myself where I would ask you to tell me about your learning experiences. It is expected that each interview would last 60-90 minutes, and there would be a period of time, anywhere between two to six weeks, between the first and second interview. To thank participants for their time, I will give them a \$25.00 gift card to the UofM bookstore at each interview.

I am going to pass around a Letter of Invitation that further explains this study and how I can be contacted. Please feel free to take a copy if you are curious about this study, or are interested in volunteering as a participant.

[Pass around the room enough copies of the Letter of Invitation for each student]

Does anyone have any questions for me about my study, or about volunteering as a participant?

[Answer any questions, and collect any remaining copies of the Letter of Invitation]

Thank you for your attention today, I really appreciate your time. Again, if you are interested in this study, or have any further questions, I would love to hear from you.

Appendix C: Letter of Invitation**Are you interested in participating in a qualitative research study?**

My name is Josie Bolianatz, I am a graduate student at the University of Manitoba, and I would like to **invite you to participate** in my thesis study. As part of Master's degree in nursing education, I am interested in understanding more about **what your experience has been like as a student learning the nursing profession within the College of Nursing**. The purpose of this study is to explore nursing students' lived experiences and perceptions of learning in a concept-based curriculum.

If you chose to volunteer for this study, it would involve participating in **two confidential conversational interviews** with me where I would ask you to tell me about what your daily experiences have been like throughout your time within the College of Nursing. Each interview is expected to last 60-90 minutes. To give you a better sense of what the interviews would involve, imagine someone you know is considering applying to the nursing program at the University of Manitoba, and they are interested in knowing about what your learning experiences have been like. Together, you and I would have this conversation that would be digitally-recorded and then transcribed.

If you are currently in the **first term of the fourth-year of the program** and are interested in participating or learning more about the study and what is involved please contact me at bolianaj@myumanitoba.ca. Please note that participating in this study is completely voluntary, and there are no consequences for not participating. By participating, the information you would share would help educators gain a better sense of what nursing students learning experiences are like within a concept-based curriculum. Also, to thank participants for their time following each interview they will be given a \$25.00 gift card to the University of Manitoba bookstore. Thank you for your time and consideration.

Josie Bolianatz

The researcher has been granted permission from the College of Nursing and the Manitoba Centre for Nursing and Health Research (MCNHR) to recruit undergraduate nursing students and conduct this study. This study has been approved by the Education/Nursing Research Ethics Board (ENREB). If you have any concerns or complaints about the project, you may contact the Human Ethics Coordinator (HEC) at 204-474-7122 or email: humanethics@umanitoba.ca

Appendix D: Recruitment Email

[Subject: Invitation to Participate in a Research Study]

[Attachment: Letter of Invitation]



Hello Fourth-Year Nursing Students

My name is Josie, you may have seen me recently in one of your classes where I gave a brief presentation about the nursing education study I am doing for my Master's thesis. If you missed this presentation, or as a reminder, I am currently **recruiting nursing students** from the first-term of the fourth-year to participate in two qualitative interviews. The purpose of this study is to gain an understanding of student's experience and perceptions of learning in a concept-based curriculum.

I have attached a **Letter of Invitation** that further outlines this study and what is involved if you are interested in volunteering as a participant.

Thankyou,

Josie Bolianatz

The researcher has been granted permission from the College of Nursing and the Manitoba Centre for Nursing and Health Research (MCNHR) to recruit undergraduate nursing students and conduct this study. This study has been approved by the Education/Nursing Research Ethics Board (ENREB). If you have any concerns or complaints about the project, you may contact the Human Ethics Coordinator (HEC) at 204-474-7122 or email: humanethics@umanitoba.ca

Appendix E: Conversational Interview Prompts

First Interview: uncovering participants lived through experiences

Introduction:

1. Can you tell me about your decision to go into nursing?
 - a. Could you explain what made you choose to attend school at the University of Manitoba?

Reflecting on the lived through experience of learning the nursing profession in a CBC:

2. What do you think about your nursing education? How have you felt while in the nursing program?
 - a. Could you describe a particular moment when you have felt this way?

Prompts: overview of the program*

Time	CBC Context	Learning
(Pre-health sciences)	Theory	What
Year 2	Skills	Who
Year 3	Clinical	Where
Year 4	Simulation	How
		When

* This table was used during some of the interview to discuss participants experiences from a linear perspective which contextualized and clarified participants overall experience. For example, a question I asked: could you tell me about attending a class during second year?

Conclusion:

3. I just have one other thing I want to ask you about but before I do, is there anything you were hoping I would ask that I have not, or anything else you can think of what might be helpful to me?
4. (If needed) How do you think the concept-based curriculum has influenced your learning?

Second Interview: reflecting on the meaning of participants experiences

1. Reviewed the purpose of the interview and obtained participants' verbal consent prior to proceeding:

Thank you for agreeing to meet with me for a second interview, I really appreciate your continued involvement with this study. Similar to the first interview, our conversation will be digitally-recorded and then transcribed. The purpose of this second interview is to further explore your thoughts and feelings as they relate to your experiences of learning the nursing profession. To remind you, at any point during our conversation, if you are no longer wishing to participate you can ask to stop the interview without any explanation. Also, to thank you for your time, I will provide you with a \$25.00 gift card to the UofM bookstore.

Do you have any questions for me about today's interview or the study in general? [address any questions/concerns]

I would like to confirm your consent for participating in this study. Are you willing to proceed with this interview today? [obtain verbal consent]

2. Conversational Interview Prompts

- a. Questions/topics for discussion for the individual participant derived from my ongoing analysis of their first interview or through contrasting their experiences with other participants. For example:
 - i. **Prompt:** In your first interview, you talked about how you could imagine yourself as a nurse, "...in that shoe". When you imagine yourself as a nurse, what is the image that you see of yourself, how do you feel, what is your life like?
 1. What is it about emergency that has you interested in this field?
 2. This term you were mentioned your clinical was in L & B and postpartum, would you be interested in working in this area? why or why not?
 3. Have you thought about your future career? What are your future career goals or dreams?
 4. Why is it important for you to have the option to advance your career beyond a RNBN?
 - a. How does this 'value' impact your current learning?

3. Conclusion

- a. What interested you in participating in this study?
- b. What, if anything, do you think is important for nurse educators to understand about your learning experience?

Appendix F: Demographic Profile**Demographic Profile**

- 1. What gender do you identify with?**
 - a. Female
 - b. Male
 - c. Other

- 2. What is your age in years?**

- 3. Are you an English as an Additional Language Student?**
 - a. Yes
 - b. No

- 4. Have you worked while attending nursing school?**
 - a. Yes, part-time
 - b. Yes, full-time
 - c. No

- 5. Are you a parent?**
 - a. Yes
 - b. No

Participant code number: _____

Selected pseudonym: _____

Interview Date/Time: _____

Location: _____

Pseudonym: _____

Length of interview: _____

Participant number: _____

First or Second interview: _____

Prior to the Interview

[Unstructured reflective writing]

Immediately Following the Interview

[Unstructured reflective writing]

Space (*Describe the interview location. How did the physical environment impacted the interview?*):

Things (*What physical things were present - recorder, notes, participants belongings, drinks? What experiential things were present - background sounds (silence, white noise, noise), weather, room temperature?*):

Body (*What were my physical response during the interview: was I fidgeting or relaxed? Did I feel hot, cold, or neutral? Was I aware of my heart rate? What was I wearing? --- What were my physical impressions and observations about the participant: posture? Clothing/appearance?*):

Relationality (*Reflect on and characterize the conversation: Did dialogue occur easily? Recall moments where I felt uncertain. Recall moments of 'easy' conversation. How did I feel during moments of silence? Was I focused on the participants dialogue – was this a conscious effort or was I genuinely engaged in the moment? Did I find my mind 'wondering' or thinking about what I should say next? Reflect on my own non-verbal body language. What non-verbal body language did I notice from the participant? Reflect and describe the power dynamics that occurred*):

Time (*What were my perceptions and feelings of time during the interview? Characterize or describe the progression and pacing of the interview*):

Listening to the Digital Recording

[General reflective writing was hand written in a note book]

Content (*What are my initial thoughts on the interview content: richness/depth, focus; Do any phrases stand out?; Initial interpretive thoughts/questions/considerations*):

My communication (*How did I prompt the participant? Review times I directed the interview – what words did I use to do this? How did I phrase questions? Did I explain/re-phrase/clarify statements – was this 'effective' communication?*):

Participants communication (How did the participant engage in dialogue – did they easily find words to describe their experiences? Where were their experiences/stories/thoughts connected and where did they separate?):

Conclusion

Future first interviews (general) (methodological/communication concerns to be mindful of; suggestions for improvement; analytical thoughts):

Second interview (this participant) (questions/thoughts/interpretations to follow up on):

Second interview (general)



Informed Consent

Research Project Title: **The Lived Experiences and Perceptions of Nursing Students' Learning in a Concept-Based Curriculum: a hermeneutic phenomenology study**

Principal Investigator and Contact Information:

Josie D. Bolianatz, RN, BScN, Masters Student,
College of Nursing, University of Manitoba
Phone: [REDACTED]
Email: bolianaj@myumanitoba.ca

Thesis Committee:

Wanda M. Chernomas, RN, PhD, Associate Professor (Advisor)
College of Nursing, University of Manitoba

Diana E. McMillan, RN, PhD, Associate Professor,
College of Nursing, University of Manitoba

Thomas Falkenberg, PhD, Professor & Associate Dean,
Faculty of Education, University of Manitoba

Sponsor: College of Nursing Endowment Fund Graduate Student Research Grant

Introduction

You are being asked to participate in a research study because you are a nursing student who is in the first term of the fourth-year of the Undergraduate Nursing Program at the College of Nursing (CON), University of Manitoba (UofM). The Principal Investigator, Josie Bolianatz, has been given permission and granted access to the CON through The Manitoba Centre for Nursing and Health Research (MCNHR). Please take your time to review this consent form and discuss any questions you may have with the Principal Investigator.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

What is the purpose of the study?

The Principal Investigator is a graduate student at the CON, UofM, and this research project is her thesis study, which is a requirement of the Master of Nursing program. The purpose of this study is to understand students' experiences of learning in a concept-based curriculum. Specifically, six to eight nursing students will be recruited to share with the Principal Investigator their daily experiences of learning the nursing profession.

What would I have to do if I agree to participate?

If you agree to participate in this study you will be asked to meet with the Principal Investigator for two 60 to 90 minute interviews to talk about your perspective and experiences as a nursing student at the CON. The location of the interview will be one which is agreeable to you and the Principal Investigator, and may take place on the University of Manitoba campus or elsewhere. At the beginning of the first meeting, the Principal Investigator will review this informed consent form with you and address any questions you may have. You will then be asked a number of open-ended questions to engage in a conversation with the Principal Investigator. For example, you will be asked why you chose to go into nursing school and about your experiences as a nursing student. Although the interviewer will ask you questions, it will be up to you to decide what you would like to share about your experience. This interview will be digitally recorded and then transcribed into a written document (transcript) at a later time by a professional transcriptionist. The researcher will also take notes about the interview and the environment in which it took place, and these field notes will be stored and analyzed along with your interview transcripts. After the first interview has concluded, you will be asked to fill in a short demographic profile, and the Principal Investigator will discuss with you the plan to proceed with a second interview at a later date. The second interview is expected to occur two to six weeks following the first interview.

Are there any risks if I take part?

There is minimal risk to participate in this study as you are not expected to experience any significant discomfort or serious adverse effects. Participating in the study involves a time commitment. If you find the interviews stressful or difficult, you will have a choice of either taking a short break and then reconvening the interview, changing the topic of the conversation to discuss a different aspect of your experience, completing the interview at another time, or discontinuing the interview and withdrawing from the study without any explanation. Further, if you feel you need additional support the Principal Investigator will have information available for student counselling services available at the UofM.

What are the benefits?

While there may be no direct benefits to you for participating in this study, the information gained may help researchers and nurse educators better understand students' learning experiences, which may enhance curricula or nursing faculty's interactions with future students. You may also find it beneficial to participate in the interviews and reflect on your learning experiences as you continue with your education and professional development. Also, participating in this research study may help you learn more about the research process.

Will I be paid for participating in this study?

Prior to starting each interview, you will be given a \$25.00 gift card to the University of Manitoba book store to thank you for your time for participating in this research study. If you withdraw from the study, you will still receive the \$25.00 gift card(s) for the interview(s).

Will my records be kept private?

Only the Principal Investigator, and her thesis advisor Dr. Wanda Chernomas, will have access to the confidential information that you provide, including your identity. The professional transcriptionist will have access to the digital recordings of the interviews which may contain identifying information. Thus, the transcriptionist will be instructed about confidentiality in research and will sign an oath of confidentiality. The transcriptionist will not keep any digital recordings or transcripts after they have been given to the Principal Investigator. The transcriptionist will be instructed to remove all identifying material from the transcripts. The transcriptionist will work in a private space and/or use headphones when transcribing your recorded interview. The written records of your participation will be kept confidential by storing them in a locked drawer only the Principal Investigator will have access to. Your name will only be noted on the informed consent form and on a separate document that lists participants names and an pseudonym that you will be invited to select. All other documentation will only contain the selected pseudonym. The digital data (recording and transcriptions of your interview) will be kept on the Principal Investigator's password protected computer and hard-copies of the de-identified transcripts will be kept by the Principal Investigator and her thesis advisor in locked filing cabinets. All confidential material (digital-recordings and informed consent form) will be kept by the principal investigator for a period of three years after which is will be disposed as confidential waste (January 2023). The data will be kept for this time period in order to enable manuscript publication, presentations, and future work that may build of off this study.

If during the study/interview(s) you disclose to the Principal Investigator serious incidents of academic misconduct or unsafe practice, the Principal Investigator will stop the interview. Examples of serious academic misconduct could be plagiarizing a paper, or cheating on a final exam. Examples of serious unsafe practice could be attending clinical experiences intoxicated, or stealing narcotics. Once the audio-recorded has been stopped, the Principal Investigator will discuss with you how to proceed and if the situation you disclosed should be reported. You may be encouraged to speak to the Associate Dean of the Undergraduate Program in the CON, or the Principal Investigator may disclose the situation to the Associate Dean of the Undergraduate Program and your name may be revealed if further information is required.

How will the data be disseminated?

This thesis study is being done in partial completion of the Principal Investigators Master of Nursing degree. The findings from this study will be included in her Master's thesis that will be published in an online database (MSpace).

The findings of this study may also be published in an academic journal and presentations about the study findings may be given both locally, within the CON, and internationally. In any publications or presentations about the study findings, the researchers will ensure that your identity remains confidential and unknown to the nursing faculty at the CON. Care will be taken to ensure that any quotes used from the data to present the study findings contain no identifying information in order to protect your privacy. Further, any demographic information that you choose to provide will be presented in aggregated, or summary, format.

Will I be able to talk about the interview after it is finished?

At the end of each interview you will be asked how you are feeling and how you found the interview. This will give you the opportunity to talk about your feelings, thoughts, and/or concerns about the interview with the Principal Investigator immediately following the interview.

Can I withdraw from the study?

Participation in this study is completely voluntary, and you may refuse or withdraw from the study at any time prior to and during the interview process, and/or refrain from answering any questions, with no repercussions. Your decision to participate or refuse to participate will NOT influence or affect your current or future education. Withdrawal can occur at any time before, or during the interview by simply stating you are no longer interested in taking part in the study. If you have already begun the interview process upon the time of withdrawal, the Principal Investigator will document this in the field notes and any data already collected will not be used in the study. You will still receive the \$25.00 gift card if you withdraw from the study. To withdraw from participating in this study after completing the interview(s), you just have to let the Principal Investigator know about your decision by telephone or email, and your data will be deleted IF data analysis has not yet occurred. Once data analysis has begun, after the audio-recording has been transcribed (approximately 2 weeks following the interview), the transcript will become a permanent part of the study.

Who do I contact if I have questions about the study ?

You are free to ask any questions that you may have about your rights as a research participant. If any questions come up during or after the study, please contact Josie Bolianatz by phone [REDACTED] or by email at bolianaj@myumanitoba.ca

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of enhanced pedagogical understanding to inform ongoing professional and/or curriculum development. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about

the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3R 2N2.

Statement of Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study as described above, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Nursing/Education Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant Printed Name

Participant Signature

Date (day/month/year)

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent.

Printed name

Signature of Person Obtaining Consent

Date (day/month/year)

Interview Number _____

How can I find out about the findings of the study

If you would like, a brief summary of the research findings (1-3 pages) can be sent via email or mail, after the study is completed (October 2020). You can also contact the researcher at any time if you would like more information about the study findings. Would you like to receive a summary of the study findings?

I would like a summary emailed to the following email address:

I would like a summary emailed to the following address:

I prefer to NOT receive this summary

Appendix I: Participant Tracking Document

1. Name _____ Pseudonym _____
2. Name _____ Pseudonym _____
3. Name _____ Pseudonym _____
4. Name _____ Pseudonym _____
5. Name _____ Pseudonym _____
6. Name _____ Pseudonym _____
7. Name _____ Pseudonym _____
8. Name _____ Pseudonym _____

Appendix J: Oath of Confidentiality

I, _____, transcriptionist, agree to maintain full confidentiality in regards to any and all digital recordings and documentations received from Josie Bolianatz, the graduate student and principal researcher, related to the research study entitled “The Lived Experience and Perceptions of Nursing Students’ Learning in a Concept-Based Curriculum: A Hermeneutic Phenomenological Study”.

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of digitally recorded interviews, or in any associated documents.
2. To not make copies of any recordings or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the principal researcher, Josie.
3. To store all study-related digital recordings and materials in a safe, secure location as long as they are in my possession.
4. To return all digital recordings and study-related materials to Josie Bolianatz in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the digital recordings and/or files to which I will have access.

Transcriber’s name (printed) _____

Transcriber's signature _____

Date _____

This agreement was initially retrieved from the University of Chicago website:

[http://sbsirb.uchicago.edu/page/confidentiality-agreement-transcriptionists-sample'](http://sbsirb.uchicago.edu/page/confidentiality-agreement-transcriptionists-sample)

Appendix K: Ethics Certificate

PANEL ON RESEARCH ETHICS	TCPS 2: CORE
<i>Navigating the ethics of human research</i>	
<i>Certificate of Completion</i>	
<i>This document certifies that</i>	
Josie Bolianatz	
<i>has completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)</i>	
Date of Issue:	14 November, 2016