Meaningful and engaging teaching in nursing education

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Meaningful and Engaging Teaching in Nursing Education

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This thesis is presented as part of the requirements for the award of the Degree of Master of Philosophy at the University of Wollongong

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ABSTRACT

In practice disciplines such as nursing it is relatively common for students to complain about curriculum content not being directly applicable to what the student perceives to be the reality of practice (Diekelmann, 2004).

A systematic literature search showed scant reference to ‘meaningful and/or engaging teaching’ in nursing education and there is no agreed terminology used to express these concepts or to facilitate finding material on them. However, there is an international interest in the need for educators to move away from the more traditional passive, didactic approaches to teaching.

An exploratory qualitative study was undertaken with the aim of establishing ‘how nurse educators seek to make their teaching meaningful and engaging for students’. Thirteen nurse educators were interviewed. Having reached a common understanding of terminology, they were then asked to talk about how they, as nurse educators, seek to make their teaching meaningful and engaging, and why they do it. Finally, they were asked to identify how they know that such techniques work.

Data was collected via audio-recording of the interviews. Common terminology was identified and techniques seen to be effective for maximising the meaningfulness and engagement of teaching/learning, for students, were categorised thematically post facto.

The key findings of the research identified by the participants in the study reported a clear difference between the two terms ‘meaningful teaching’ and ‘engaging teaching’. The former was perceived as an attempt to make teaching relevant and the latter an attempt to capture student interest and curiosity. This clarity of distinction was not articulated in the literature sourced and leads to an identified need for clearer definitions of ‘meaningful’ and ‘engaging’ teaching.

Participants clearly attempted to make their teaching meaningful through the use of a variety of teaching strategies, including the use of clinical simulation, and by being clinically credible. Participants also employed a variety of teaching techniques, including the use of games and art as well as classroom management techniques, in an attempt to engage students.
The findings from this study regarding nurse educators’ attempts to make content relevant and interesting are mirrored in the literature, in that typically papers are mostly poorly evaluated, small-scale projects, undertaken in apparent ignorance of other work that has been done in the area. Little has also been done in relation to examining the views of students on their experiences of being taught. This exposes a significant gap in our knowledge about what kind of teaching students prefer and, perhaps more importantly, what approaches to teaching are actually ‘effective’. Thus, further work needs to be done regarding the evidence-base for nurse education in terms of ascertaining ‘what actually works?’ from the nursing students’ perspective.
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I genuinely appreciate the commitment of the nurse educators who agreed to be interviewed. This research project would not have been possible without them. I am grateful to my friends who encouraged me to complete the thesis and buoyed me up when my motivation was waning.

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1 INTRODUCTION

1.1 Background to study

The initial impetus for this study was a series of discussions with nurse educator colleagues based in Higher Education (universities) in Australia, New Zealand and the UK, typically during international nurse education conferences. These discussions included: the rapidly aging profile of nurse educators; the impact of nurse education moving into the university sector on nurse educators; and the tendency for academics to focus on research somewhat at the expense of teaching (essentially because of a belief that teaching is not seen to be valued by universities).

There are important ‘tricks of the trade’ possessed by teachers. These include those related to facilitating engagement of students in learning about things they may, at the time, see as boring, unimportant or irrelevant. In practice disciplines such as nursing this is relatively common as and when the content being covered is not seen to be directly applicable to what the student perceives to be the reality of practice (Diekelmann, 2004). Discussions with colleagues (I am a nursing educator) suggested that this is an acknowledged issue in nursing education. I decided that this was an interesting area to research.

1.2 Background to the research question(s)

Together these thoughts led me to consider what insights experienced nurse educators might usefully share with less experienced colleagues, about effective teaching in nursing. At the outset, the idea of undertaking a project to identify effective teaching strategies appealed. However, it quickly became apparent that this was too broad a subject area. Further conversations with colleagues and importantly, my project supervisors, led me to articulate a more focused idea for a project, this time asking the question: ‘How do nurse educators contextualise their teaching for nursing students?’ Before going any further, I tested out this idea with colleagues in my own nursing school.

When I canvassed them about this initial question, they all asked for clarification of the term ‘contextualise’. When this was explored further there was a tendency for people to talk about ‘making things meaningful’ and ‘engaging students’. Therefore the research question was modified so that the question posed to participants was:
1. Introduction

‘How do you seek to make your teaching meaningful and engaging to nursing students?’

It is important that any ‘tricks of the trade’ to be subsequently shared with others, are actually evidence-based. There was thus an imperative to ascertain the basis upon which the nurse educators predicated their practices and how they knew them to be effective, hence interviewees were not only asked, ‘What do you do?’ but also, ‘How do you know you are effective?’

1.3 Significance of the study

I intend to replicate this approach to exploring ‘tricks of the trade’ in other areas of educational practice once this project is ended. Over time, I would like to be at the heart of the generation of some sort of database of ‘effective approaches to teaching in nursing’ somewhat akin to the ‘clinical effectiveness’ databases which exist in various health disciplines. This will only be possible if teachers expose their practices to rigorous scrutiny and evaluation. The present study can thus be seen as the first step on that journey. This project therefore has the attributes of a significant study in its own right (in establishing the ways in which a group of nurse educators approach making their teaching meaningful and/or engaging for students and whether such approaches are effective); as well as potentially being an important step within a longer journey towards ‘evidence-based teaching in nurse education’.
2 LITERATURE REVIEW

2.1 Introduction

This literature review is approached in two parts the first part considers an earlier analysis of the literature followed by a more contemporary analysis later in the chapter.

Nurse educators share the view that many students are often only really willing to engage with learning about topics if they can see the implications of and/or the application to their practice and this is only achieved if nurse educators teach content in ways that link theory to practice. This literature review is aimed at identifying what is already known about the most effective ways to teach nursing students in meaningful and engaging ways. As a precursor to further study, it is part of a longer term plan to attempt to access the store of knowledge and expertise held by experienced nurse educators before they retire and it is lost forever so that insights can be shared, perhaps in an educational format, for less experienced nurse educators.

2.2 Search strategy

The ERIC (educational content), PROQUEST (multi-disciplinary content) and CINAHL (nursing/health content) databases were interrogated using the following search terms—meaning*, AND/OR engag*, AND nurs* student*. Truncation was applied to meaning* to capture ‘meaning’ and ‘meaningful’. It was also applied to engag* to capture ‘engaging’ and ‘engagement’ and it was applied to nurs* to capture ‘nursing’, ‘nurse’ and ‘nurses’. The initial search yielded 1798 papers; this was limited to 205 by applying review or scholarly articles only, published within the last ten years (2002-2012). Further simple elimination took place based on skim reading the abstracts to see which were germane to the topic in hand. Several articles focused on teaching postgraduate students, clinically-based education, assessment or interdisciplinary education. These were eliminated as they were not about undergraduate nurse education per se. There were many others in which the term ‘meaningful’ or ‘engaging’ appeared in the abstract but not in ways relevant to the topic on reading the paper. This process allowed the capture of relevant papers that
were grounded in contemporary practice. As a result, 66 articles were finally selected for the literature review based on their being scholarly articles, focused on nurse educators in tertiary settings. These articles were then grouped according to cognate content which then formed the basis for the structure of the following review.

Please note that a number of the articles located referred to more than one approach to ‘meaningful and/or engaging teaching’, thus they may be referenced more than once.

2.3 Current structure of nursing education

Higher Education-based nurse education is a constantly changing and multifaceted field, characterised by a tension between theory and practice. Like educators in all clinical and practice based disciplines, nurse educators are required to find a balance between theoretical content and practical use of that content. As such, nursing educators are often pressed to contextualise, and make meaningful and engaging, the theoretical material that they cover so that students are able to explicitly map the connection between course content and practical application of that content.

The health-care system is constantly evolving, becoming increasingly more complex. It demands more from nurses than in the past, through emphasising the need for nurses to be “able to make accurate assessments, to solve problems and make sound clinical decisions” (Rush et al., 2010. p. 467); and make connections, think quickly, and continually strive for understanding to a much greater degree than previously asked of them (Ewing & Hayden-Miles, 2011). Increasingly, this is expected as a component of the ‘work-readiness’ many commentators claim is lacking in contemporary nursing graduates (Wolff et al., 2010). As a result, there is a “large amount of information that nurse graduates must have in order to function as competent professionals” (Royse & Newton, 2007, p. 263) and this information needs to be covered and properly embedded during their time as nursing students. However, according to Shinnick, Woo and Mentes (2011) there is a significant gap between “current nursing practice and the education for that practice” (2011, p. 65), in that there is no explicit reservoir of information for the education of nursing students in a way that makes course content contextually meaningful and engaging. Furthermore, there seems to be no respite for nursing graduates, from the apparent
unceasing expectation from service providers and policy-makers that they be ‘the finished product’ (a fully-functioning RN) on graduation.

What is also clear from the literature is that nursing scholars obviously perceive that the linking of content with practice in meaningful and engaging ways is something important. This view is supported by the fact that throughout the literature found for this review, there are examples of how educators have attempted to achieve these aims. However, very few of them go into any detail about the issue itself conceptually. Instead the literature is characterised by it being basically ‘structured’ in and around the dissemination of individual case studies, highlighting an individual engagement technique. None of the articles sourced and reviewed attempted to collate a series of these techniques or to generate any sort of conceptual framework for this type of activity, so as to underpin more systematic approaches to its achievement. This highlights that whilst scholars internationally, perceive these kinds of techniques to be important to nursing education, there is no existing (or push to create a) collection of techniques for assuring meaningful and engaging teaching. Whilst this is surprising, it does highlight that this may well be a fruitful area for useful research.

Nursing education needs to be structured in a way so as to better make the connections between university education and nursing practice. Students need to be taught in ways that emphasise the practical use of the information that they glean in the classroom and laboratory so that they can become more engaged with the content. Much of the literature argues that for this to be achieved, new methods of teaching need to be developed, categorised and adopted. Much of the literature seems to agree with the sentiment that nursing education needs to evolve by “moving away from the traditional, passive lecture styles” (Tremel, 2004, p. 63), to instead incorporating new techniques that make more explicit and effective the connection between nursing theory and nursing practice. It is by doing this, according to the literature, that nursing students will be more prepared for their role and responsibilities in the health care environment after graduation (Tremel, 2004; Balen, Rhodes & Ward, 2010; Shinnick, Woo & Mentes, 2011). All of the literature accessed and reviewed seems to suggest, explicitly or implicitly, that nursing educators need to address the schism between theory and practice by creating a more explicit link between course content and nursing practice, for their students.
2.4 New ideas for nursing education

Themes and patterns apparent in the literature suggest that there is a burgeoning interest in the development and dissemination of new ideas relating to meaningful and engaging teaching strategies in nursing academia. Tremel argues that there is a growing impetus in nursing education for teaching strategies to incite “meaningful and authentic learning without sacrificing theory and content” (2004, p. 64), and for teachers to communicate information to students in a way that makes it explicit that what they are learning is “meaningful and practical knowledge” (Rush et al., 2010, p. 471) that links directly to nursing practice. All of the articles sourced for this review agree with this notion, to some degree. McCaffrey and Purnell (2007), for example, state that nursing students crave knowledge that reflects “outcomes beyond the classroom” (McCaffrey & Purnell, 2007, p. 75) and expect that that knowledge is communicated in a way that makes the content memorable and effective. In other words, students want the content of their programme to mirror professional practice, and for it to be conveyed in a way that makes it captivating, memorable and interesting enough for it to be useful to them in a practical situation (Royse & Newton, 2007).

Much of the literature that was reviewed touches on the issue of the need for nurse educators to develop tools and techniques which bridge the gap between theory and practice (Wells et al., 2002; Akinsanya & Williams, 2004). According to Akinsanya and Williams, “In today’s nurse education, the favoured learning, teaching and assessment strategies are methods that are most effective in generating associations between theory and practice” (2004, pp. 41-42). Generating this link is important for students, according to Akinsanya and Williams (2004), so that they can gain a clearer understanding and knowledge basis that will inform their future clinical performance. Rush et al. (2010) state that ‘practice learning’ (via teaching that attempts to re-enact practical situations) can add to the resonance and retention of course content. This suggest that teaching techniques which have more of a practical basis, when added to traditional methods of teaching, are seen to be able to add to a student’s connection to (and thus engagement with) course material.

Most would agree with the statement that “educators hope that the knowledge and skills learned in the classroom and practiced in the clinical setting, are transferred into the critical reasoning skills required for direct clinical care of patients” (Becker
et al., 2006, p. 103), but why then are there no methods of doing so in nursing education? Though much of the literature examined in this literature review touches upon the notion of linking theory to practice in nursing education through the use of non-traditional teaching techniques, none explicitly argue for the development of guidelines or for the collation of techniques or resources that nurse educators might draw upon so as to achieve the goal of linking the two. According to the literature, using a multifaceted/multi-method approach to teaching can enhance a student’s retention of concepts and clinical knowledge (Wells et al., 2002). Why, then, is there no push for this kind of teaching to be researched, categorised and disseminated to nursing educators? This is actually a question for another project. What is more pertinent now is: ‘What do we already know about meaningful and engaging teaching techniques in nurse education?’

2.5 **Growing interest in meaningful and engaging teaching techniques**

There has been a growing but uncoordinated interest, in nursing education globally, including an interest in the development and dissemination of teaching techniques that focus on linking theory with practice. All the articles located for this review, sourced from various journals, institutions and countries, discuss in some way, the use or development of ‘meaningful’ or ‘engaging’ teaching techniques. Literature on these sorts of techniques is evident and reveals a growing interest in this issue in nursing higher education. However, as previously stated, none of these articles have attempted to generate a compendium of these techniques, leaving a significant gap between the growing demands of institutions, nurse educators and nursing students to have a more explicit link between theory and practice. In short, academics are talking about this issue, but not much is being done either in the way of developing these ‘meaningful and engaging’ techniques in a coordinated sense, or in terms of preparing educators to use them.

There is evidence of interest in this field within nursing higher education, with much of the literature discussing not only individual teaching practices that a nurse educator employs in their classroom, but also mentioning (though not nearly as in as much depth) the projects of national or international institutions. An example of this is provided by Shattell, who states that the National League for Nursing, which is a national organisation for faculty nurses and leaders in nurse education in the US,
“has advocated a curriculum revolution in nursing education to move away from the behaviourist content-focused undergraduate curriculum to one that is participatory, active and experiential” (2007, p. 572) so as to include new kinds of teaching techniques that focus more on the practical contextualisation of theory.

Edwards et al. (2008) discuss several projects undertaken at their university, funded by the Commonwealth (national) Department of Health and Ageing in Australia. Many of the projects have focused on the development of non-traditional techniques, such as virtual learning tools, to bridge the gap between theoretical learning and practical implementation of that learning to educate undergraduate students to work effectively with older people via interactive web based resources (Edwards et al., 2008). In the UK, according to Graham and Richardson (2008), Bournemouth University and other European and American partners have developed and effectively used techniques which are in the same vein as these, in particular in relation to the use of ‘games’ (2008, p. 37). Rush et al. (2010) (UK), Wikstrom (2001) (Sweden), and Nagle et al. (2009) (US) all assert in some way that these kinds of teaching methods are becoming more widespread, and that new forms of teaching have been “high on the agenda of regulatory and other national nursing bodies” (Rush et al., 2010, p. 468) around the globe. It is also claimed that non-traditional techniques which focus on practical contextualisation of theoretical content have gained “wider acceptance in nursing education in academic and clinical settings” (Nagle et al., 2009, p. 18). Thus, it is certainly safe to say that the need for theoretical teaching techniques to be more discernibly connected to practical application is something that is on the agenda of institutions worldwide.

2.6 Meaningful and engaging teaching techniques

 Seven separate ‘meaningful and engaging’ teaching approaches or techniques emerged from the search, analysis and review of the literature based on the search strategy outlined above. All seven are quite different, but are linked by the universal aim to create a more overt and measurable link between theory in the classroom, and application of that theoretical knowledge in a practical setting, so that nursing students can explicitly recognise, and so engage more meaningfully, with nursing theory. These seven areas of activity are: technology and online activities; clinical simulation; gaming; art; narratives and story-telling; reflection; and problem/context-
based learning. The rest of this review essentially focuses on these seven areas of activity.

2.6.1 Technology and online activities

Thirteen articles discussed the ‘meaningful and engaging’ properties of ‘technology and online activities’ (Tremel, 2004; Edwards et al., 2008; Wells et al., 2002; Hoffman et al., 2011; Schmidt & Stewart, 2009; McConville & Lane, 2006; Arhin & Cormier, 2007; Cleveland, 2008; Levitt & Adelman, 2010; Sharoff, 2011; Clifton & Mann, 2011; Kluge & Glick, 2006; Simpson et al., 2008). All thirteen articles suggest, implicitly or explicitly, the need for nurse education to change so as to better meet the needs of the ever changing healthcare system, with Tremel stating, for example, that nurse education needs to stop relying so heavily on traditional, passive methods of teaching [such as lectures] if it wants to produce “competent and effective registered nurses” (2004, p. 63). Together, these articles suggest that by implementing technology-based techniques and tools and using resources such as online forums and interactive teaching packages, a more defined link between theory and practice can be established and meaningful, and engaging and practical learning can take place, without sacrificing the theoretical content of a subject, which in turn encourages more effective learning about nursing.

The literature identifies two main benefits of technology and online resources and tools, in relation to the development of good teaching and learning practices in nursing. Perhaps it would be more correct to say that typically the literature ‘claims’ such benefits, as there is little in the way of evaluation of impact.

The first benefit is that such techniques are said to improve student interest and ability in the classroom. Wells et al. (2002) support this theory, arguing that they have the potential to increase student achievement “including retention, motivation, and class participation … [as well as aid in] learning and critical thinking … instructional consistency; and enhanced clinical education” (2002, p. 92) in the field of nurse education. Tremel (2004) agrees, arguing that such techniques encourage active involvement in the classroom, which in turn inspires better and more informed nursing practice.
Arhin and Cormier (2007) meanwhile talked about ‘using deconstruction to educate Gen Y nursing students’, asserting that this generation of students possess distinct learning needs. They go on to argue that nurse educators could go some way towards meeting these needs using Derrida’s (1967/76) theories of deconstruction via the use of narratives, technology and concept mapping. The article is theoretical in nature (it does not present data to demonstrate this effectiveness) but it is noteworthy for the fact that the approaches used are based on an underlying theory (deconstruction).

A second benefit suggested by the literature, is the capacity for technological and online teaching tools to inform and create good nursing practice through explicitly linking theory with practice (Simpson et al., 2008, p. 637). According to Hoffman et al., technological tools and online techniques have the potential to “foster experiential learning by relating learning to real life problems” (2011, p. 587). This, in turn has the capacity to produce “more interactive, assertive, and self-reliant professionals” (Tremel, 2004, p. 63) and effectively develop professional competencies and skills (Edwards et al., 2008; Schmidt & Stewart, 2009). Thus, according to the literature, technological instruments and online tools are effective teaching mechanisms that, if added to traditional methods of nurse education, have the potential to foster learner engagement and subsequently, better nursing practice. As already indicated earlier however, such assertions about the effectiveness of these technology-based teaching approaches are not based on sound, meaningful evaluation.

2.6.2 Clinical simulation

According to Ellington and Earl (1998, p. 7, in Graham & Richardson 2008) “the term ‘simulation’ denotes the replication of the real world”. The use of clinical simulation as an effective tool for making theoretical nursing content meaningful and contextually engaging for nursing students was identified in 12 papers (Royse & Newton, 2007; Rush et al., 2010; Parker & Myrick, 2010; Cordeau, 2010; Shinnick, Woo & Mentes, 2011; Norwood, 2008; Becker et al., 2006; Nagle et al., 2009; Wilson et al., 2009; Larson-Presswalla, Rose & Cornett, 1995; Zavertnik, Huff & Munro, 2010; Smith-Stoner, 2009). Clinical simulation is an “experiential learning tool” (Wilson et al., 2009, p. 2) that “has an important role to play in clinical learning” (Rush et al., 2010, p. 477) in that it allows for theoretical content of a
subject to be practically applied, in turn developing a distinct link between theory and practice in nursing education. This, according to the literature, encourages nursing students to engage more with theoretical content of subjects, as they can see more clearly the practical application of the knowledge that they glean from their academic programme.

Collectively, the authors of these 12 articles advocate for the employment of clinical simulation to encourage ‘meaningful and engaging’ teaching and learning, which in turn aims to create an unambiguous link between nursing theory and nursing practice. According to Rush et al. (2010) for example, the Canadian Association of Schools of Nursing (CASN) “found that simulation might offer advantages over traditional educational methods” (2010, p. 469). Royse and Newton (2007), Rush et al. (2010) and Becker et al. (2006) all argue at some length that simulation allows for the practice and learning of formative skills in a controlled and unthreatening environment; thus, allowing for the acquisition of clinical skills, the management of patient issues, and the practice of problem solving and clinical-decision making in a safe environment, which in turn allows for a greater chance for students retaining theoretical content (Becker et al., 2006; Royse & Newton, 2007; Rush et al., 2010).

Another benefit highlighted in the literature is clinical simulation’s ability to encourage the development and retention of theoretical knowledge, which can then be easily and effectively transferred into practical nursing skills. Nagle et al. state that simulation is useful at all levels of teaching: from “task and skill training, as well as for higher-level skills related to communication, decision making, and teamwork” (Nagle et al., 2009, p. 24). A number of skills and outcomes of simulation were outlined in the literature, with Shinnick, Woo and Mentes arguing that simulation fosters “efficacy in the areas of skill attainment, knowledge gains and transferability” (2011, p. 66) as well as “increased knowledge, increased ability to administer medications safely, and increased confidence” (2011, p. 66). Nagle et al. also name a number of benefits to simulation, stating that active participation through the use of simulation in the classroom “fosters experiential learning, problem solving, and immediate application of clinical knowledge” (2009, p. 20). This is mirrored by Cordeau (2010) who states that the use of simulation in nursing education increases the transference of knowledge from clinical theory to clinical practice by up to 95 per cent in some studies (Feingold et al., 2004; McCausland et al., 2004, cited in
2. Literature review

Cordeau, 2010, p. 14). According to Nagle et al. (2009), adults are more motivated to learn if they are actively involved in the process of learning, as it allows for them to relate the content to personal experience more effectively and easily, and gives them an opportunity to work out problems in an active and memorable way, allowing them to apply what they have learnt more easily when faced with a practical scenario. Clinical simulation appears to provide such learning opportunities.

Zavertnik et al. (2010) actually generated outcomes data for their use of simulation in teaching communications skills to nursing students in the US. Their study assessed the effectiveness of a learner-centred simulation intervention designed to improve the communication skills of nursing students. Communication skills were taught to nursing students using trained actors who served as standardised family members in a clinical simulation laboratory setting. A control group of students received standard education. In addition to the standard education, the intervention group received a formal training session presenting a framework for communication and a 60-minute practice session with the standardised family members. Performance was evaluated in both groups in individual testing sessions with a standardised family member. The intervention group performed better than the control group in all four tested domains. As stated earlier, such evaluative educational research was not commonly found in the papers sourced for this review.

2.6.3 Gaming

Two articles were found which explored gaming as a teaching tool that can be used to engender engagement with theoretical content for nursing students. These were: Royse and Newton (2007) and Graham and Richardson (2008). According to Graham and Richardson, to classify a teaching tool into the category of ‘gaming’ “… an exercise must have two characteristics: overt competition and rules” (2008, p. 7). Both papers examine teaching techniques that employ these two characteristics of gaming, centred on the aim of bridging the gap between theoretical nursing, and nursing practice.

Both articles highlight a series of potential benefits that gaming could have in nursing education, especially in relation to the way it could create an explicit link between nursing theory and nursing practice. Royse and Newton (2007) argue that because games are interactive, and have the potential to re-create real-life situations
and processes in a competitive, and so, engaging, memorable and interesting manner, they have the ability to strengthen learning outcomes, and inform practical retention and application of theoretical content. According to Royse and Newton: “gaming can challenge students to tap into their cognitive reservoir for knowledge about how they would handle various situations” (2007, p. 264), and it is gaming’s capacity to encourage this in students that, Graham and Richardson argue, makes gaming such an effective communicator and entrencher of nursing skills by effectively transferring theoretical content into practical application (2008). What none of these writers is able to do is to support their claims empirically.

2.6.4 Art

Twelve articles examine the notion of art as a ‘meaningful and engaging’ teaching tool (Brand & McMurray, 2009; Wikstrom, 2003; Jensen & Curtis, 2008; Casey, 2009; McCaffrey & Purnell, 2007; Pardue, 2004; Wikstrom, 2001; Wikstrom, 2003; Hyde & Fife, 2005; Epp & McAulay, 2008; Pardue, 2005; Prindle, 2011). Art was defined by Jensen and Curtis (2008, p. 1) as “[visual] arts, music, literature and film”, which is then knitted into teaching practice to create a teaching tool that Casey (2009) describes as ‘aesthetics in action,’ whereby students are encouraged, through the employment of art-related techniques, to “incorporate aesthetic contemplation and inquiry into their thinking about nursing practice” (Casey, 2009, p. 77). According to this literature, the use of art-related techniques in nursing education has the ability to foster a more defined link between theory and practice, through creating a learning environment that is less traditional and passive, and more interesting and active.

All twelve articles discussed, to some extent, the use of art as a teaching tool to help engage nursing students with theoretical content by establishing a link between what is taught in the classroom and how it can be employed in practice. Wikstrom explicitly and vehemently advocates the use of art in the classroom, stating that it has the ability to make a “vital contribution to students’ knowledge about nursing care” (2001, p. 31), adding that it has the potential to be used “in education as a complement to standard textbooks” (2001, p. 31). This is a sentiment that is mirrored, explicitly or implicitly, by all these articles. Each article discusses the use of art in relation to the use of music, photographs, visual arts and cinema.
performance, craft or storytelling as teaching devices, providing reports of projects and personal experience with the techniques. Wikstrom (2003), Jensen and Curtis (2008), Casey (2009) and Pardue (2004) all provide quotes from nursing students about the effect that the use of some form of art in the classroom had on their nursing abilities, skills and attitudes, which suggests that this kind of teaching technique helped the students “link theory to the reality of practice” (Brand & McMurray, 2009, p. 33) in a way which is both unambiguous and practical, and apparently valued by students. According to Pardue, the use of art can lead to “an enhanced sense of patient empathy, heightened concern for person-centred care, and a valuable opportunity for self-reflection” (2004, p. 58), which suggests that the use of art was found to be both meaningful and engaging for nursing students in these studies, in ways that stretch beyond the classroom and into their practice as nurses. To be clear however, such evaluations were without exception, characterised by narrative feedback based on reflections of students and staff involved not on robust evaluative processes.

2.6.5 Narratives and story-telling

Thirteen articles were sourced which focused on the use of narratives as a tool for contextualising and engaging teaching (Balen, Rhodes & Ward, 2010; Schaefer, 2002; Ironside, 2006; Giddens, 2007; Davidson, 2004; Lillyman, Gutteridge & Berridge, 2011; Ewing & Hayden-Miles, 2011; Andrews et al., 2001; Christiansen, 2011; Roberts, 2010; Story & Butts, 2010; Shattell, 2007; Walsh, 2011). In essence, narratives are stories that are utilised in nurse education as a vehicle to share the lived experience of patients, students and nurse education. The literature describes the use of narratives, and their ability to link theory and practice in the form of such things as testimonies, stories and conversations; either written down for personal reflection, or shared openly in a group setting. The use of well-chosen narratives is said to allow nursing students to reflect upon the theoretical content covered in class, and the possible use of that content in practical settings, which encourages a greater understanding and appreciation of the link between theory and practice in nursing education (Schaefer, 2002, p. 286). For example one student noted that she was “learning about caring by listening to stories of lack of caring” (Schaefer, 2002, p. 291). According to Roberts it is “through articulating and externalising
experiences, [that] the student is paradoxically able to share communally in the
nature of internal experience” (2010, p. 14). It is through narrating one’s practice and
theoretical knowledge that students can learn to better cope with, and grow in their
nursing practice. In this sense, narratives can be seen to be related to ‘reflection’.

These articles explored the use of narratives as a means of teaching that can be
employed to foster engaged and meaningful learning for students by linking theory
with practice. The predominant benefit of the use of narratives is said to be due to the
fact that their use fosters engagement beyond the classroom as it makes course
content more interesting and memorable (Schaefer, 2002; Davidson, 2004; Lillyman,
According to Davidson, the use of narratives in the classroom makes “the material
became more vivid, recallable and ... [makes] the material seem more realistic”
(2004, p. 187), and according to Roberts (2010), when theoretical content is steeped
in reality, students are more likely to be interested, and so more engaged with the
material (2004). As a result, narratives can serve as a “trigger for information
recollection” (Davidson, 2004, p. 184) in that the material becomes more
memorable, and so more easily recalled in nursing practice. Giddens (2007) and
Walsh (2011) attempted to link theory and reality via narratives, by respectively
creating ‘a virtual neighbourhood’ and ‘virtual patients’ which were then used as the
basis for case-based study in virtual settings - Giddens in a web-based virtual
community and Walsh via online simulation. Few of these studies had any formal
evaluation regarding impact on student learning.

2.6.6 Reflection

Five articles were found that examined the use of reflection as a means of promoting
meaningfulness and engagement for students (Binding, Morck & Moulec and, 2010;
Honey et al., 2006; Murphy, 2004; Scanlan, Care & Udod, 2002; O’Connor & Hyde,
2005). According to this literature, reflection is an effective tool for relating “the
content being presented [in a subject], to [one’s] own practice or experiences”
(Scanlan, Care & Udod, 2002, p. 140), in that by picking out certain points of content
being covered in a class and linking them to practical experiences, students are able
to explicitly map the connection between theory and practice. According to
O’Connor and Hyde (2005), reflection is a “continuum of experience ... it can’t sit in
a box, it has to permeate everything we do in all the subjects” (O’Connor & Hyde, 2005, p. 297) for it to be useful. Reflection is a teaching tool that actively connects theoretical knowledge, with practical application.

These five articles discussed the use of reflection as a teaching tool to create ‘meaningful and engaging’ learning experiences for nursing students. A series of benefits were highlighted by the literature about the use of reflection, with most of the articles focusing on the innate potential for reflection to function as a technique for linking nursing theory with practice, which is an issue that is pivotal to nursing education and all clinical-based fields. The article that explores this issue most comprehensively is that by Murphy (2004). It suggests a series of benefits that the technique of reflection has the potential to provide for nursing education. Murphy (2004) emphasises the benefits of reflection, through written or verbal articulation, in relation to: its ability to reduce the repetition of clinical errors in nursing students; the fact that it allows for self-regulation; the assertion that it develops clinical reasoning skills; and that it fosters life-long learning skills. Scanlan, Care and Udod state that reflection has the potential to formalise the connection between theory and practice as it can “assist students to make connections between the theory taught in the classroom, their experiences (both personal and professional), and assumptions that they have held about the topic under discussion” (Scanlan, Care & Udod, 2002, p. 40). Thus, according to the literature, the use of reflection as a ‘meaningful and engaging’ technique has the potential to create a more explicit and obvious link between nursing theory and nursing practice. There is, however, little empirical evidence to support this assertion within this literature.

2.6.7 Problem/context-based learning

Eleven articles focused on the issue of problem/context-based learning (Randle, 2004; Ramjan, 2011; Darkwah et al., 2011; Barron et al., 2008; Giddens, 2007; Magnusson, Ishida & Itano, 2000; Crawford, 2011; Goodin, Janiszewski & Stein, 2008; Yuan & Williams, 2008; Head & Bays, 2010; Day, 2011). Essentially problem/context-based learning is student centred learning with a focus on problem solving. According to Head and Bays: “the new generation of nursing students expect an education that provides experiential learning and engaged learning that is related to real-world contexts” (2010, p. 364). As a result, it is asserted that there is
Currently major growth in research related to practice/context-based learning, which “offers the potential to bridge the theory-practice gap in nurse education, through the recognition and evaluation of practice-based problems” (Barron et al., 2008, p. 963), which explicitly highlights the link between theory and practice through using practical, situation-based scenarios to frame the theoretical content.

All 11 articles suggest in some way that the use of problem/context-based learning strategies in nursing education has the potential to develop a more explicit link between nursing education, and nursing practice, which in turn makes the content more meaningful for students, which fosters engaged students. Crawford argues that problem/context-based learning allows for a more obvious “construction of meaning, [in that] the problems mirror the real world” (2011, p. 124) which allows for a more explicit link to be drawn between theory and practice. Ramjan (2011) and Barron et al. (2008) concur, with Ramjan stating that the use of problem/context-based learning “led to a ‘deeper learning’” (Ramjan, 2011, p. 16) for students, which allowed for them to develop practical nursing skills more effectively and efficiently. Randle, Barker and Wilson (2004), Darkwah et al. (2011), Yuan and Williams (2007) and Magnussen, Ishida and Itano (2000) agree, arguing that problem/context-based learning equips nursing students with important practical tools, such as: critical skills, problem-solving skills, higher-level thinking, self-directed learning, a greater sense of personal responsibility, self-confidence, clinical skills and effective communication skills; all of which allow for smoother, more enhanced transition into the work setting. Day (2011) goes even further, suggesting that case-studies can allow the classroom to become “a place where students learn a sense of salience, develop their clinical imagination, and begin their formation as professional nurses”. Again, however, in spite of the claim made about ‘major growth in research related to practice/context-based learning’ there is little in the way of empirical evidence to support these claims in the literature sourced for this review.

2.7 Conclusion
The literature strongly asserts the need for nursing students to be taught in ways that emphasise the practical use of the information that they glean in the classroom so that they can become more engaged with the content. Much of the literature argues that for this to be achieved new methods of teaching need to be developed,
categorised and adopted. Much of the literature seems to agree with the sentiment that nursing education needs to evolve by moving away from the traditional passive lecture styles (Tremel, 2004, p. 63) and moving instead towards incorporating new techniques that make more explicit and effective the connection between nursing theory and nursing practice. It is as a result of this, according to the literature, that nursing students will be more prepared for their role and responsibilities in the health care environment (Tremel, 2004; Balen, Rhodes & Ward, 2010; Shinnick, Woo & Mentes, 2011). Thus, all of the literature that has been reviewed seems to suggest, explicitly or implicitly, that nursing education needs to address the schism between theory and practice by creating a more explicit link between courses content and nursing practice. It also suggests that this promotes ‘engagement’ within students. What is also clear however, is that nurse educators need to become something more akin to educational researchers, because at least in terms of how they write about teaching that is ‘meaningful and or engaging’, much of what they assert is based on personal reflection and opinion (their own and that of students) of their teaching, rather than on truly measurable outcomes of educational interventions.

Please note that an abbreviated copy of this literature review was published in 2013 as follows:


A copy of this article can be found in Appendix A.

2.8 Updating the literature review - 2012–14

As with many projects undertaken by students who also work full-time, this project took several years to complete. As a result, there is merit in updating the literature review to illustrate how the field has moved on (if indeed it has) in the time between data collection (when the literature could no longer affect the research itself) and the finalisation of the project. In the case of this project, this time period was between 2012 and the end of 2014. The following summary therefore intends to update the reader of additions to the literature on meaningful and/or engaging teaching in nurse education, in that time period, using the same search strategy outlined earlier in this chapter. It does not cover new material based on searches undertaken in the light of
data collected. That material is presented, in the data presentation and discussion chapter along with references from the original literature review, as appropriate. It is presented very much in summary form as this is merely an attempt to acquaint the reader with an update, not to re-visit the review per se.

Using the same search strategy as before, 55 references were identified in the updating search conducted in December 2014. Of these, 35 were excluded due to their focus being either: the clinical education context; postgraduate nursing students; interdisciplinary education; or assessment. Thus 20 papers were identified that were relevant to this project.

Ten papers focused on the use of technology to enhance meaningfulness and/or engagement of teaching.

Four of these articles explored the use of social media in nurse education (Peck, 2014; Schmitt, Sims-Giddens & Booth, 2012; Drake & Leander, 2013; Garrity et al., 2014). This is a notable point because there were no references to the use of social media in the earlier review. This presumably explains the fact that they were descriptive (not evaluative) in nature. Two (Schmitt, Sims-Giddens & Booth, 2012; Peck, 2014) were concerned to make a number of recommendations based on the literature, about the pros and cons of using social media in education; particularly in relation to privacy and confidentiality issues.

Two papers (Lyons, 2013; Fenton, 2014) described the use of digital storytelling as a means of engaging nursing students with content. These projects were also quite descriptive in nature. Lyons (2013) evaluated the use of discussion board activities and digital storytelling within an accelerated seven-week intensive subject; and Fenton (2014) evaluated an exercise which required students to generate a digital learning object aimed at assisting them to gain insights into the lived experiences of young cancer sufferers; essentially by looking at online participation rates and student satisfaction with processes.

Todhunter, Hallawell and Pittaway (2013) and Gonzalez and Fenske (2012) both describe how and why, they developed some form of ‘virtual community’ to enhance student engagement. Todhunter, Hallawell and Pittaway (2013) facilitated a virtual exchange programme for nursing students in Australia and the UK, allowing them to communicate online to discuss ‘local issues’ which were, in fact, often very similar.
Gonzalez and Fenske (2012) meanwhile generated a virtual community of clients so as to provide a more meaningful context to clients in case histories, including how they progress from home, to hospital and back into the community. Neither of these articles provides evaluation data.

Davies (2014) describes the use of iPads to enhance tutorial sessions. Again, evaluation was in the form of student satisfaction feedback. Montenery et al. (2013) provide the only paper from this group of ten which presents any real level of evaluation data. They undertook a study of 108 nursing students deemed ‘millennial generation learners’ whom they were seeking to assist to develop critical thinking. They assert that for this group of learners, this is best achieved “through experimentation, active participation, and multitasking with rapid shifts between technological devices”. It is said that they also desire immediate feedback. The authors/researchers used an investigator-designed instrument to measure the impact of these approaches and found that participants positively rated their impact on their participation, learning and satisfaction. They also “strongly preferred computerised testing”. As a result, these investigators suggest that ‘faculty should consider using instructional technologies’. What is unfortunate is that there was no control group in this project, thus one cannot be sure that the interventions were any better or worse than ‘standard teaching’. Thus the focus of much of this work was on the use of technology itself, not on the evaluation of its efficacy as a teaching tool.

Four papers of the twenty focused on problem-based learning/case studies in some way (Jun et al., 2013; Yu et al., 2013; Chan, 2014; Forsgren, Christensen & Hedemalm, 2014), with three undertaking some sort of systematic approach to evaluation.

Forsgren, Christensen and Hedemalm (2014) used qualitative content analysis techniques to examine the comments made by students in their course evaluations, about what they perceived about case based learning within their programme. Jun et al. (2013) compared levels of self-efficacy, critical thinking, learning attitude and learning satisfaction between two groups of nursing students, one of which received traditional teaching methods of their school (“lecture and practice”)—the control group; whilst the other were taught using Problem Based Learning (PBL) materials. The investigators claim that the PBL group performed significantly better than the ‘control’ group across all of the above measures. Yu et al. (2013) did much the same
as Jun et al., in that they too compared the efficacy of PBL with “lecture-based
learning” in terms of the development of Critical Thinking (CT) skills. In this case,
students were placed in a control group (lectures) or an experimental group (PBL) for
a semester-long course on Medical-Surgical Nursing. The investigators claim
‘pronounced differences’ between the two groups post-test, with the PBL group
testing significantly higher than the lecture-based teaching group using a Chinese
version of the California CT Dispositions Inventory. The paper by Chan (2014) is
somewhat different to the other three papers, in that it evaluates what it claims to be a
PBL approach to student learning. However, the paper is actually about evaluating an
exercise in group song-writing; that is, the investigator required nursing students to
write and perform songs about clinical scenarios involving patients. The students
were subsequently asked in focus groups, to reflect on their views and feeling about
the protagonists in the case studies. This group of studies was therefore characterised
by the relatively high level of the evaluation undertaken to measure ‘impact’ or the
effectiveness of the approaches to teaching.

Hicks et al. (2013) and Schwind et al. (2013) also focused on reflection, discussing
approaches they took to develop and design activities to promote reflection. Hicks et
al. (2013) describe how they facilitated reflection upon real-life scenarios within a
paediatric course, with a particular focus on clinical reasoning; whilst Schwind et al.
(2013) describe how they seek to create opportunities for students to engage with
them in “genuine and respectful dialogue, reflection, self-awareness, and critical
thinking”. Neither of these groups of investigators generated data regarding the
effectiveness of their teaching.

Boctor’s (2013) paper was based on the use of a board game they generated in a
medical/surgical nursing subject, based on the TV game show Jeopardy. Having
played the game in a class, students were asked to complete a survey asking them to
rate on a likert-type scale, to what degree they enjoyed playing a game and if they
felt it had been beneficial to their learning. The results indicated a preference for the
use of games in this small group of students.

In addition to the use of digital storytelling (Lyons, 2013) and the development of a
digital learning object in the form of narratives about young people living with
cancer (Fenton 2014) already outlined above, the concept of Narrative Pedagogy was
explored by Ironside (2014) essentially as an update on previous work referred to in the original, earlier version of this literature review. None of these papers contained evaluative data of the efficacy of the use of these approaches to teaching. Ironside (2014) did present interview data collected over a 10 year period, aimed at exploring various teachers’ efforts to enact Narrative Pedagogy; but none of these three papers presented data on the effectiveness of storytelling or the use of narratives, when teaching nursing students.

The final two papers out of the twenty included in this update of the literature did not fit snugly within any of the previous headings. Both of these papers (Middleton, 2013; Hardin & Richardson, 2012) talk of ‘active learning’. Middleton (2013) writes about the development of a leadership subject in a BN programme that was based on an active learning model postulated by Dewing (2010). She does not detail any of the strategies used specifically, but refers to catering for multi intelligences and provides an analysis of the evaluation of the subject. In a heavily theoretical paper based on semiotics, Hardin and Richardson (2012) discuss ‘conceptual teaching’ strategies, such as the use of concept maps, as a means of encouraging ‘active learning’ amongst nursing students. Boctor (2013), Yu et al. (2013) and Lyons (2013) all also refer to ‘active learning’ in their papers. In many ways, it could be argued that almost all of the articles in this whole literature review (not just in this update section) talk in some way about getting nursing students actively involved in learning.

This update to the original literature review thus serves several very important purposes within this thesis. Firstly it demonstrates that this field of enquiry has not moved on significantly since the original review was undertaken and thus, the study and its findings have not been superseded by other work before it can even be published. Secondly, the focus of the content of the literature has not really changed, with the result that it has been possible to identify that with the exception of the use of ‘social media’ in pedagogy, no new approaches to teaching in this area have been written about to the end of 2014. Thirdly, it is clear that in not moving on, the literature reflects a reality that much of the educational research undertaken in this area (meaningful and engaging teaching) remains characterised by small-scale, poorly evaluated studies. Thus, the conclusions reached by the end of the original review and which led to the present study being undertaken in the way it was, still stand.
3 RESEARCH METHODOLOGY

This chapter outlines and explains the background to the research question, recruitment process for participants, the selection criteria for participants, the research methodology, the data collection method including an overview of the semi-structured interview protocol, and a summary of the chapter.

As previously outlined, it was intended that this study would answer the research question: ‘How do nurse educators seek to make their teaching meaningful and engaging for students?’ To achieve this, the study aimed to: explore the ways nurse educators attempt to make their teaching meaningful and engaging for nursing students; and come to an understanding of how nurse educators know if or when they have achieved their goal.

Ethics clearance to undertake the study was successfully sought through the University of Wollongong Human Ethics Committee (Reference number: HE11/350).

3.1 Background to the research question

This was touched upon briefly in the Introduction chapter. However, in order to provide context to the main purpose of the research in this, the methodology chapter, the following slightly more detailed background to development of the research question and its utilisation in the interviews is now provided. The main research question, ‘How do nurse educators seek to make their teaching meaningful and engaging to nursing students?’ was deemed clear and accessible by the researcher and research supervisors following the rejection of the original research question which was, ‘How do nurse educators seek to contextualise their teaching?’ When the researcher canvassed nurse educators about their response to this initial question many asked for clarification of the term ‘contextualise’. Therefore this research question was reviewed as it was felt it may be too ambiguous and the research question was modified accordingly.

The question posed to participants was: ‘How do you seek to make your teaching meaningful and engaging to nursing students?’ A decision was made to ask this question in this way because asking about meaningful and engaging teaching, rather than separating out the two terms, offered the opportunity for respondents to ‘self-
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elect’ how they answered; that is: would they use the terms inter-changeably or differentiate between them? The following questions were also asked of participants:

1. How long have you been a nurse educator of nursing students?
2. What (if any) formal education have you undertaken with regards to teaching?
3. How do you seek to make your teaching meaningful and engaging for nursing students? (central question)
4. Has any personal education you have undertaken influenced how you seek to make your teaching meaningful and engaging for nursing students? (prompt question, if necessary)
5. How do you know if students have benefitted from you seeking to make your teaching meaningful and engaging for them? (prompt question, if necessary)

3.2 Recruitment process for participants

Large participant numbers are not a necessary requirement in many forms of qualitative research, where the goal is not to generalise the findings but rather to reveal rich potentially transferable descriptions of how participants have experienced a phenomenon; in this case how nurse educators have attempted to make their teaching meaningful and engaging for nursing students. Therefore it was planned that up to 30 people would be interviewed, with a cut-off planned once data saturation occurred. Gillis and Jackson (2002) describe data saturation as a situation whereby as data is being collected and analysed on an ongoing basis, the researcher comes to a point where in spite of collecting more data, no new data insights are emerging. In this project, data saturation was reached after 14 interviews (13 were included in the analysis as one interview was a poor recording and could not be adequately transcribed).

The participants responded to a ‘call for interested parties’ email sent out through the Heads of School of undergraduate nursing programmes at universities in Australia. The Heads of Schools were asked to pass the ‘request to participate’ email on to their teaching staff (see Appendix B). Interested parties were asked to contact the researcher for further information about participating in the study. ‘Snowball
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sampling’ (Polit & Hungler, 1991, p.655) was also adopted. This is an established sampling technique; typically with those who have already expressed interest in the research passing on the information about it to others who they believe may also be interested in participating. Potential interviewees made contact with the researcher, typically by email. Communications were then exchanged explaining the project and the implications for participants. To assist individuals to decide if they wanted to be interviewed a participant information sheet was emailed to interested individuals (see Appendix C) and a consent form (Appendix D) was signed by the individual nurse educator, which was filed confidentially by the researcher if they decided to be a participant.

3.3 Selection criteria for participants
One of the fundamental considerations for inclusion in qualitative descriptive projects is that participants have experience of the issue being examined. The key intent of this project was to examine how nurse educators who work in Bachelor of Nursing (BN) programmes in universities seek to make their teaching meaningful and engaging for nursing students. Therefore, to be included in the study, interviewees needed to be: Registered Nurses; with experience of working as an educator in at least one Australian university; in pre-registration nursing programmes. The extent of the experience was not mandated as a range of views was to be welcomed. Nurses who work with students in clinical settings were excluded as it was considered that their approaches could be very different to those teaching in academic settings, thus complicating the issue under examination and probably broadening the scope beyond a Master by Research degree. It is clear, however, that a similar project focusing on clinically-based educators would be illuminating in its own right, as well as by the comparisons and contrasts that could be made across the two settings.

3.4 Research methodology
A qualitative descriptive methodological approach was employed in this study. This methodology aims to offer a comprehensive summary of an event or activity in the everyday terms of those events (Sandelowski, 2000, p. 336) and in the words of those who experience them. This approach was best suited for this study as it was
designed to explore and describe how nursing educators (in their own words) attempt to make their teaching meaningful and engaging for nursing students.

### 3.5 Data collection method
The research method consisted of individual interviews of nurse educators which explored: how they attempt to make their teaching meaningful and engaging to assist their students to learn; the theoretical reasoning they employ (if any) to achieve these things; and how they ‘know’ if they have been successful. The research was exploratory in that it sought to explore what teaching techniques were adopted by the nurse educators, based on their self-report, so as to give the participants an opportunity for free expression of ideas. This approach was chosen because it had the potential to obtain rich information and lent itself to a more in-depth analysis suitable to a topic about which little is known (Polit & Hungler, 1991, p. 193). This method was chosen over surveys as they (surveys) are most useful when the researcher has a clear idea of the boundaries of a topic and is thus able to ask questions about good ideas based on extant knowledge of the area. At the outset of this study, having read the literature, it was clear that to this point, no research had previously sought to examine the range of approaches nurse educators use to make their teaching meaningful and engaging, let alone classify these approaches in any way. Thus theoretical understanding regarding this issue was at a level which supports the undertaking of exploratory work (Ellis & Crookes, 2004, p. 54) aimed at accessing participants’ experiences of their reality, without using *a priori* judgments.

This type of interview is a data collection method pitched at the level of exploration and description. It allows interviewees to talk as broadly as they wish, about a topic whilst also allowing the interviewer to focus in on specific points where appropriate. The key is to allow the issues to emerge from the interviewee(s) as they see them, rather than being led by the interviewer in a structured way (Mathers & Huang, 2004, p. 88).

Individual interviews were conducted rather than focus groups as the researcher was not seeking to ascertain general ideas about education but rather what individual nurse educators do to make their teaching meaningful and engaging for nursing students. The researcher was seeking to describe individual participant practice or attitudes (Burns & Grove, 1997, p. 354) rather than reach a consensus. Focus groups
seek to capture a collective representation of a group whereas individual interviews provide the opportunity for ideas to be shared that may not be shared in a group forum (Gillis & Jackson, 2002, p. 235). The researcher anticipated that some of the participants would be relatively new to nurse education and was keen to hear how all participants (whether new or very experienced) articulated their responses to the interview questions. Individual interviews facilitated this. According to Jackson (1999) fewer original ideas are generated from focus group members than from individual interviews. Some new educators may have felt intimidated by more experienced group members in a focus group and this could have affected the data, indeed Gillies and Jackson (2002, p. 239) assert that interview data can be skewed by more verbally aggressive individuals in focus groups. Interviews were thus deemed to be the preferred method of data collection for this study.

The semi-structured interviews with individuals were between thirty and sixty minutes in length. They were conducted via telephone, face to face or by Skype, according to participant preference and convenience. The interview data was collected via audio tape recordings which were transcribed verbatim post facto. Brief notes were taken by the researcher during the interviews. These were supplemented by further brief summary notes reflecting on the content and conduct of the interviews immediately following them.

Semi-structured interviews were also deemed appropriate for this study as the interviewer wished to minimise assumptions that may be translated to the participant. The prompting questions were not necessarily asked in the same way in all interviews. It would be the expectation of a structured interview to ask participants the questions in exactly the same way (Gillis & Jackson, 2002, p. 154). Thus whilst the semi-structured interviews conducted allowed the researcher to collect data regarding the aims of the project, what was actually discussed, and when, was dependent on the flow of ideas of the participants during an informal open-ended conversation (Depoy & Gitlin, 1994, p. 221) which generated an intriguing data set.

An attempt to make the process as user-friendly as possible was made, in that participants were given the opportunity to elect how they preferred to be interviewed. Most deemed interview via telephone to be the most convenient, but some were interviewed face to face and one was interviewed via Skype. To help avoid
inconsistencies in the data collection procedure there was one data collector only
(Gillis & Jackson, 2002, p. 46). Gillis and Jackson (2002, p. 156) discuss the
importance of the interviewer introducing themselves and establishing rapport with
interviewees. A comfortable interview atmosphere was established via small talk at
the outset and a friendly acknowledgement and appreciation stated of the
participant’s willingness to be involved in the study.

Demographic information was gathered at the outset of the interviews, in part to lead
gently into the conversation. This data canvassed: how long the educator had been in
the role; and what (if any) formal education they had received with regards to
teaching. It was also established that the educators were involved in undergraduate
nursing education and that this was in the university environment as opposed to the
clinical environment. It was felt that this was important to establish for reasons
outlined above—facilitators and clinical educators often have a different skill set to
nurse educators in universities who for example often have more opportunities to a
suite of modalities that are not available to clinically-based nurse educators.

The interviewer then entered the more focused part of the interviews by asking
participants the central research question: ‘How do you attempt to make your
teaching meaningful and engaging for nursing students?’ Most participants
commenced answering this question without any further prompting being necessary.
For the one or two participants who did require prompting, typical prompts included
things like: “What does the phrase meaningful and engaging mean to you?” and
“What examples of methods or strategies can you share?” Once it appeared that
interviewees had exhausted this particular question, they were typically asked
whether personal education undertaken had influenced the way they seek to make
their teaching meaningful and engaging, if this had not been raised earlier. Finally, if
the issue had not been covered already, the interviewees were also asked to share
how they ‘know’ they have been successful in terms of their attempts to be
‘meaningful’ or ‘engaging’ for/to students.

The participants were interviewed face to face and by telephone and the central
question, ‘How do you seek to make your teaching meaningful and engaging for
nursing students?’ elicited free-flowing and detailed responses and the participants
required little prompting or encouragement. This may have been as a result of
modifying and refining the research question in an attempt to make the question more accessible and comprehensible. All the questions were posed to all participants as outlined above and these facilitated a discussion of the possible influences on the ways nurse educators seek to make their teaching meaningful and engaging.

Each interview was audio taped on a surround sound recorder. This proved invaluable as it picked up the sound even when there was interference on the telephone or the participant was softly spoken. Notes were taken by the interviewer during the interview but recording the data was beneficial on many levels as it was only on replaying the audios that nuances through silence and pauses were detected. Giacomini and Cook (2000) concur that these behaviours can add value to the meaning of the spoken word. Likewise passionate and enthusiastic rising of voices or excited speech captured exuberance in the recordings. Polger and Thomas (1995, p. 143) argue that audio recordings provide a richness of data that may not be captured by note taking alone and this method did allow for detail in the participant responses to be captured that may have been missed by just note taking.

3.6 Data analysis

Individual participant interviews were recorded. Interviews allow for emotional expression to support participant ideas (Burns & Groves, 2005). Simple notes were made during the interviews (these were kept to a minimum, however, to avoid interfering with the flow of the conversation) and an overall impression of interviews and participant ideas was documented immediately following each interview. The recordings were transcribed post facto verbatim by an experienced transcriber, which allowed for the emotional expression alluded to above to be picked up, along with what people actually said. Each line of text was allocated a unique line number for ease of data recall and referencing.

Thematic analysis was conducted post facto and consisted of the following process:

Thematic analysis process:

- The transcriptions were compared with the individual recordings by the researcher and primary supervisors to verify data veracity and consistency.
- Transcripts were then read and reread so the researcher became familiar with the data and patterns of responses/data within them.
3. Research methodology

- Transcripts were compared with notes made during the interviews and with the summaries written immediately after the interviews to compare whether the notes and summaries reflected patterns of data identified through reading the transcripts several times.

- The transcripts were then individually analysed using a Reading Frame tool created by Moss and Walsh (2004) which is outlined below in Table 1. Such a Reading Frame helps give structure to the qualitative researchers’ analysis by eliciting information/asking a series of questions. These questions/this information includes a consideration of: what the researcher’s general impressions of the interview are; what was gained in the interview in relation to the research; a summary of the annotation of the transcript and what the transcript reveals; what information was gained in relation to the questions posed; and identification of non-conforming perspectives within the interview. It thus assisted in the formal identification of broad themes and subthemes by encouraging the researcher to approach the data systematically and consistently. The identification of these broad themes and subthemes and a consideration of possible relationships between them was an iterative process which was constantly reviewed by the researcher and overseen by the supervisors (Braun & Clarke, 2006). This input also provided an important element of enhancing data reliability. Thus, refinement of the themes and the interpretation of the data were activities overseen by third parties—the supervisors.
Table 1: Reading frame

<table>
<thead>
<tr>
<th>READING FRAME</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial reading of transcript</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General impressions of interview structure, format, processes and outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General thoughts about what was gained in the interview in relation to the research topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other general impressions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of annotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What the transcript reveals about the topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-conforming perspectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information gained in relation to the aim of the research</td>
<td></td>
<td></td>
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<tr>
<td>Information gained in relation to questions</td>
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</tbody>
</table>

In summary this chapter has reiterated the purpose of the study and the research question(s), the research design and data collection, and the selection criteria. The data was collected using semi-structured interviews and thematic analysis was used to analyse the data. Multiple attempts at coding were undertaken and themes and subthemes identified. These are presented and discussed in the light of relevant literature in the following chapter.
4 FINDINGS AND DISCUSSION

This chapter provides a brief overview of the method of data analysis and description of the demographics of the interviewees, followed by a discussion of the themes and subthemes in the context of the broader literature.

4.1 Overview of the method of data analysis

It was intended that this study would answer the research question: ‘How do nurse educators seek to make their teaching meaningful and/or engaging for students?’ The study aimed to do this by asking a group of nurse educators to talk about this in individual semi-structured interviews. It was also intended to come to an understanding of how the nurse educators know if or when they have achieved the goal of providing ‘meaningful and/or engaging teaching’.

Fourteen nurse educators teaching undergraduate nursing students in universities across Australia were interviewed individually either face to face or via telephone. Brief biographical data regarding the interviewees is presented below in Table 2. Verbatim transcripts of the interviews were analysed and themes and subthemes expanded and contracted through an iterative process of review and refinement. This process revealed rich data that developed the researcher’s understanding of how these nurse educators seek to make their teaching meaningful and engaging.

Table 2: Participant demographic data

<table>
<thead>
<tr>
<th>Years of tertiary teaching</th>
<th>Teaching Qualification</th>
<th>Teaching at level of U/G and/or P/G</th>
<th>Age</th>
<th>Gender</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>P/G Cert Ed</td>
<td>U/G P/G</td>
<td>D</td>
<td>F</td>
<td>NSW</td>
</tr>
<tr>
<td>10</td>
<td>University teaching programme</td>
<td>U/G P/G</td>
<td>B</td>
<td>F</td>
<td>NSW</td>
</tr>
<tr>
<td>5</td>
<td>None</td>
<td>U/G</td>
<td>C</td>
<td>F</td>
<td>Qld</td>
</tr>
<tr>
<td>20</td>
<td>University</td>
<td>U/G</td>
<td>D</td>
<td>F</td>
<td>VICT</td>
</tr>
</tbody>
</table>
### 4. Findings and discussion

<table>
<thead>
<tr>
<th>Teaching Programme</th>
<th>UG/P/G</th>
<th>Age</th>
<th>Gender</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>University teaching programme</td>
<td>UG/P/G</td>
<td>B</td>
<td>F</td>
<td>NSW</td>
</tr>
<tr>
<td>University teaching programme</td>
<td>UG/P/G</td>
<td>B</td>
<td>F</td>
<td>NSW</td>
</tr>
<tr>
<td>P/G Cert Ed</td>
<td>UG/P/G</td>
<td>C</td>
<td>F</td>
<td>VICT</td>
</tr>
<tr>
<td>University teaching programme</td>
<td>U/G</td>
<td>C</td>
<td>F</td>
<td>NSW</td>
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<tr>
<td>University teaching programme</td>
<td>U/G</td>
<td>A</td>
<td>F</td>
<td>NSW</td>
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<td>University teaching programme</td>
<td>U/G</td>
<td>B</td>
<td>F</td>
<td>QLD</td>
</tr>
<tr>
<td>P/G Cert Ed</td>
<td>UG/P/G</td>
<td>C</td>
<td>M</td>
<td>NSW</td>
</tr>
<tr>
<td>None</td>
<td>U/G</td>
<td>B</td>
<td>M</td>
<td>VICT</td>
</tr>
<tr>
<td>University teaching programme</td>
<td>UG/P/G</td>
<td>C</td>
<td>F</td>
<td>SA</td>
</tr>
</tbody>
</table>

**Age Legend:**

A. 25-35 years old  
B. 36-45 years old  
C. 46-55 years old  
D. 56-65 years old  

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4. Findings and discussion

4.2 Overview of themes and subthemes

Four main themes emerged, they are summarised below in Table 3:

1. Meaningful teaching is different from engaging teaching
   1. How I attempt to make the content relevant
   2. How I attempt to get students interested and curious
   3. Expert practitioners or enthusiastic amateurs?

Table 3: Overview of Themes and sub-themes

<table>
<thead>
<tr>
<th>THEMES AND SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1</strong> Meaningful teaching is different from engaging teaching</td>
</tr>
<tr>
<td>Subtheme 1</td>
</tr>
<tr>
<td>Subtheme 2</td>
</tr>
<tr>
<td><strong>Theme 2</strong> How I attempt to make the content relevant</td>
</tr>
<tr>
<td>Subtheme 1</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Subtheme 2</td>
</tr>
<tr>
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</tbody>
</table>
having past clinical experience
  - Having clinical credibility by being a currently practising clinician

**Theme 3** How I attempt to get students interested and curious

<table>
<thead>
<tr>
<th>Subtheme 1</th>
<th>Managing the classroom well</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Managing the physical classroom environment</td>
</tr>
<tr>
<td></td>
<td>• Creating and managing a positive classroom environment</td>
</tr>
</tbody>
</table>

| Subtheme 2 | Engagement through developing student/educator relationships, “an open door policy” |

<table>
<thead>
<tr>
<th>Subtheme 3</th>
<th>Catering for the different learning needs of students, ‘something for everybody’.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Catering for the diverse nature of the nursing student population</td>
</tr>
<tr>
<td></td>
<td>• Catering for different learning style preferences, “something for everybody”</td>
</tr>
<tr>
<td></td>
<td>- Explicit understanding or reported usage of learning styles theory</td>
</tr>
<tr>
<td></td>
<td>- Tacit understanding of learning styles theory</td>
</tr>
</tbody>
</table>

**Theme 4** Expert practitioners or enthusiastic amateurs?
4.3 Theme 1—Meaningful teaching is different from engaging teaching

For reasons explained in the methodology chapter, the researcher posed the main question: ‘How do you seek to make your teaching meaningful and engaging for nursing students?’ Analysis of the data revealed that the participants considered the two expressions ‘meaningful’ and ‘engaging’ to be separate entities although they acknowledged a link between the two words.

Whilst it was clear from the interviews that the majority of those interviewed saw them as different, four participants expressed an explicit distinction—i.e.: “I certainly see that they link very closely—meaningful and engagement but I do see them as separate as well” (3); “I think they are different things but that they impact on each other” (7); “Meaningful and engaging are different concepts” (6); and “The two words are very different” (10).

Only one other paper could be found which focuses on ‘meaningful and/or engaging teaching’ from the perspective of what the words actually mean to educators (see literature review for details). This researcher found this somewhat surprising and indeed would argue that it is, in itself, a significant serendipitous finding of the present study. The distinction between the terms ‘meaningful’ and ‘engaging’ articulated by participants in the present research is in contrast to findings in the study by Johnson-Farmer and Frenn (2010) which explored what 17 nursing teachers across America said they do to ‘bring nursing to life with their students’. Their analysis saw them discuss ‘engagement’ as a core theme and ‘relevance’—“linking the theoretical to the practical” (p. 270) was subsumed into this core theme and considered part of engagement, not distinct from it. This connotes something of a tension regarding the understanding of the concepts between these two studies. However, given that participants in the present study mindfully articulated a difference between them, it seems reasonable to accept their data as ‘their truth’. The majority of the participants in the present study implied a distinction between the terms by virtue of the way they described them. This distinction will now be explored through the presentation of two subthemes (within theme 1) which emerged from the analysis of the data. In general terms, participants described meaningful teaching to be ‘teaching that attempts to make content relevant to students’, (subtheme 1) whilst engaging teaching was interpreted as ‘teaching that attempts to capture student interest and curiosity’ (subtheme 2).
4. Findings and discussion

4.3.1 Theme 1, Subtheme 1—Meaningful teaching is ‘teaching that attempts to make content relevant to students’

The majority (9/13) of the participants acknowledged a distinction between the terms ‘meaningful’ and ‘engaging’ by virtue of how they described them differently. They described ‘meaningful teaching’ as teaching that attempts to make content relevant to the nursing student’s education and as teaching that attempts to make content relevant to a broader context.

Participants spoke of the importance of the nurse educator not only to be able to share content with students, but also to contextualise that content so that they [students] understand ‘why’ knowing it is important and thus become motivated to learn it.

One sub-group of data speaks of participants trying to make content relevant and thus enhance learning motivation in their students by reiterating the cogency of what might otherwise be seen by students as unrelated material and/or its relevance to ‘being a nurse’: “That it actually means something to the students and it’s not just a whole heap of information that doesn’t relate to what they need to know as a nurse” (9); “Putting it into a context within which they can make sense of it rather than just learning for learning’s sake … conceptualise things, put it in meaningful ways that make sense [and are] not abstract” (13); “I think that what [meaningful teaching] means for me is that students see relevance and that they want to be involved in the learning” (3).

Another sub-group of data (9 respondents alluded to this) saw participants describing their attempts to be meaningful, to make content relevant to nursing students; by relating it to the broader context of ‘what is needed to be a nurse’: “Bring the nursing theory to life, relate to it in a clinical sense” (8); “Need to make subjects relevant in relation to state of learning and the desire to be a nurse” (6); and “Meaningful for me would be relevant to the subject and the [nursing] degree” (7). All these educators talked about meaningful teaching as encouraging students to ‘look at the bigger picture’.

Another interesting piece of data which emerged here, which will be returned to later, is the following assertion by one respondent: “I think meaningful teaching is considered and [makes] a difference” (1). It is important to make this point because
it reflects a broader understanding of nurse educators intentionally and mindfully attempting to make their teaching meaningful for students.

Indeed almost all the respondents spoke of the importance of attempting to provide relevance and context in their teaching; a finding which links directly with the study by Johnson-Farmer and Frenn (2009) who described relevance as “providing linkages to life, practice and the classroom” (p. 270).

4.3.2 Theme 1, Subtheme 2—Engaging teaching is ‘getting students interested and curious’

The majority (12/13) of the interviewees described ‘engaging teaching’ in terms of teaching that seeks to gain and maintain student attention. They presented a conception of engaging teaching as a cornucopia of appealing educational approaches which could be applied when teaching all students in any educational context (i.e. not specifically nursing students in nursing programmes). The following quotes exemplify these attempts to gain and maintain all and any students’ attention: “Getting students interested and curious about what’s going on” (3); “Maintaining the students’ attention” (14); “Capturing their attention” (7); “Stimulating them to want to learn … [making it] interesting enough for them to want to engage” (9).

It is interesting to consider the limited overt reference to nursing students when participants described what ‘engaging teaching’ is for them, which was in quite marked contrast with their tendency to talk of ‘meaningful teaching’ (as outlined in subtheme 1) which was very much in terms of nursing and nursing students. The scarcity in participants’ reference to nursing students when discussing engaging teaching, is underlined by the fact that only one educator out of thirteen actually mentioned nursing students specifically: “I’m trying to encourage them and get them excited about nursing” (4).

Interestingly this is in contrast to Johnson-Farmer and Frenn, who describe engagement in terms of attempting to make content relevant to the nursing profession specifically. This is illustrated in the following quote from that paper: “To bring nursing alive for students, I try to engage them in … activities that build on their current and past experiences” (2009, p. 270). These authors did not define ‘engaging teaching’ as teaching that gains and maintains the attention of students generally;
they discussed engagement from the perspective of nursing students specifically by demonstrating the importance of: lifelong learning; being current and knowledgeable; being student centred; creating an environment in which learning can occur; and using multiple teaching strategies. They also saw engagement as linking outcomes and objectives with content. These are thus similar ideas to those discussed by the participants in the present study, particularly regarding using different educational approaches to engage students; but in contrast to Johnson-Farmer and Frenn (2009) the participants in the present study considered linking content to outcomes and objectives to be ‘meaningful teaching’.

Why the respondents in the present study discussed ‘meaningful’ in a nursing context but did not discuss ‘engaging’ in a nursing context is interesting. One possible explanation for this may have been the central research question, which might have tacitly steered participants into responses on either engaging teaching or meaningful teaching. The broader literature on nurse education uses the term ‘engaging’ in both contexts i.e. when referring to all students generally and when referring to nursing students specifically. For example Casey et al. (2011) conducted a study to measure engagement following a learning activity that involved peer assessment. The findings suggested the peer assessment process enhanced student engagement in learning. Whilst the participants were indeed nursing students, the content of the assessment itself was not nursing-specific and the measure could have applied to content that was peer-assessed by any/all students. This more generic application of the term ‘engaging’ is in contrast to an approach by Shattell (2007) who sought to engage nursing students through sharing patients’ first-person experiences related to health and illness in order to help them [students] focus on the patient as an individual. This is clearly an attempt to engage nursing students specifically.

The implication of this data is that it doesn’t matter if educators are talking about nursing students specifically or ‘just students’; generally the same ideas apply to ‘engaging teaching’. This may mean that results from this study could be disseminated beyond the confines of the nursing education discipline to a broader education audience. This obviously needs to be tested empirically.

Having identified what participants considered meaningful and engaging teaching to be in Theme 1, the following two themes explore how participants said they attempt
to make their teaching meaningful (Theme 2) and engaging (Theme 3) to nursing students.

4.4 **Theme 2—How I attempt to make the content relevant**

Theme 2 illustrates how participants described their attempts to make teaching meaningful. Often presented in terms of making the content relevant, this tended to be articulated in two ways: providing a broader context (4.4.1—‘the bigger picture’); and by being a clinically credible educator (4.4.2—‘walking the walk’) these phrases provide the following subtheme titles. It is important to note that some educators spoke of using more than one approach—this was not an ‘either or’ issue.

4.4.1 Theme 2, Subtheme 1—Attempting to provide a broader context—‘the bigger picture’

Nine of the thirteen participants spoke of how they seek to provide broader context. They talked about doing so in three ways: attempting to link content to the role of the nurse via referring to clinical competencies and frameworks (4.4.1.1); attempting to link content to the learning outcomes and the assessment tasks of subjects (4.4.1.2); and thirdly, by attempting to link content to a context outside of the student experience and indeed beyond the nursing role to broader society (4.4.1.3).

4.4.1.1 Linking to competency frameworks

Five educators spoke of attempting to make content relevant by linking it to the role of the nurse through such things as competency frameworks e.g.: “It’s about helping them to become competent according to competency frameworks ... I try and relate it to what they’re going to need to know as a nurse” (6); and “linking externally to competency standards and policy directives” (13). One explained it as getting them [students] “thinking about what and where they’re going to be in a few years’ time” (5).

These educators then went on to outline how they go about doing these things. Several talked about using case studies and problem based learning, as these were considered appropriate ways to attempt to bridge the gap between taught content and the real world of the nurse. Exemplar comments include: “I have used real case studies that have come from real medical records, because I think using real situations makes that learning real for students” (6); “Getting them thinking and
getting them sort of posing problems and problem solving” (8); and, “I’ll take the content and put it into a real life [case] scenario. I mean that puts meaning into that thing” (4). Crawford (2011, p. 124) concurs with the above comments, asserting that “problem based learning allows for a more obvious construction of meaning, [in that] the problems mirror the real world”.

As will be seen below in section 4.4.1.2, simulation—‘learning and assessing whilst doing’—also presents a mechanism for linking content to competency and competency frameworks, for at least some of these educators.

4.4.1.2 Linking content to learning outcomes and/or subject assessment

Five participants revealed that they attempt to make their teaching meaningful by linking content to the learning outcomes of subjects, to the content of other related subjects, or via referencing subject assessment. One person said: “I’m looking to make content relevant to the outcomes for the subject” (7); while another asserted that “... it is really good to have a bit of a feel about what’s in the other subjects so you can help them [students] relate and not make them [subjects] so singular” (9).

In terms of using assessment to assist in making content meaningful, one educator made the perhaps obvious observation that they worked at “... linking it back to what the students are going to be assessed on” (6). However, several participants talked about assessment more broadly, referring to the use of simulation as a strategy to assist them in authentically assessing students, for example: “What we want are graduates who can practice professionally, so simulation is all part of that” (7). Another asserted: “Simulation is an opportunity to hone [practice] skills” (1); whilst a third when talking about the safe and holistic administration of medications said: “So they’re not just doing the maths, they’re actually learning how to give a person an injection” (8).

It was not clear whether the participants were talking about immersive simulation which according to Botma (2014, p. 2) is “achieved with standardised patients as well as [with] high fidelity patient simulators” or working in clinical laboratories and this was not clarified in the interviews; however, they seemed to be making the point that working with nursing students in ‘life-like’ environments which allow opportunities to link ‘knowing with doing’ and to know if students can actually ‘do
things’ (such as safely administer medications), is a favoured and valued way of making their teaching ‘meaningful’. It is also useful to point out that whilst some spoke of this as being related to ‘subject assessment’ it was not necessarily associated with what many would connote with that word—namely summative assessment. Some of these people were also talking about the more developmental or formative assessment opportunities which can help: teachers know if they are doing a good job; and students know that they are learning (or perhaps what else they need to learn) to become, for example: ‘competent’.

The idea of utilising simulation to formatively assess student progress was explored in an article by Rush et al. (2010, p 476) who described it (simulation) “as a controlled and unthreatening practice”. They reported on a mixed method study that used surveys and focus group interviews of 185 undergraduate nursing students in the UK with the aim of evaluating the KU/SGUL (Kingston University and St George University London) model of simulation. The results found that the students overwhelmingly felt that the simulation promoted their situated (experiential) learning (Rush et al., 2010).

It is not within the purview of this project to argue about whether clinical simulation is stress-inducing or not (though one would assume that high–stakes testing is stressful). Indeed Willhaus et al. (2014) asserted: “Students in summative and high risk simulations … demonstrate anxiety and physiologic stress”. Similarly, the National League for Nursing (NLN) (2010, in Willhaus et al., 2014) describes high stakes simulations as “those evaluated for significant consequences, impact or students grade”. Simulation may thus be seen as ‘controlled’ to a degree, whether it is unthreatening or not probably depends on what it is being used for—to develop or to test capability.

What is germane here is that nurse educators in the present study and in others, see clinical simulation as a useful tool to be used when attempting to make their teaching meaningful to nursing students; in this case, by providing a ‘realistic context’ for learning about nursing.
4.4.1.3 Linking content to social contexts beyond the nursing profession

Three participants shared how they try to make content relevant by connecting what they are trying to teach, to a context outside of being a nursing student and indeed beyond the nursing role to broader society. One participant’s remarks highlight this intention: “creating links and connections so they see the bigger picture, so the small pieces of that picture can actually be fitted in” (7). Another said: “I use reflection and start with the self and broaden it to the professional context and the social context” (2).

In doing this they appear to be suggesting that providing a broader context can assist nursing students to see the bigger picture beyond basic competency requirements. According to Buresh and Gordon (2004) this can be achieved for example through an exploration of the media and a consideration of politics (small ‘p’ and big ‘P’) and policy in and around nursing. Likewise Allen (2010) in a discussion of the evolution of nurse education through transformational leadership argues that liberating students to reflect upon their world can assist them to contemplate transformation. Presumably the transformation contemplated is in clinical nursing environments or indeed broader society—whichever way, educators believe they can help nursing students to see the link between curricula content and the bigger picture and thus have made their teaching ‘meaningful’.

Several participants spoke about using popular culture to assist them in this endeavour e.g.: “I’ve always got my ears open to what’s latest in the news or happening in the world [and bring this] into my lectures, so it’s about putting it into context with contemporary issues” (5); and “so I use media, news reports, I say who’s heard something in the news or on the telly or on the radio this week that they think is of ethical concern? And then we’ll extrapolate from that story what were the ethical principles at play” (1). This use of TV shows and the media as an approach to link content to a wider context is demonstrated in the comment “so my homework to the students is watch [the TV show] HOUSE tonight and we’ll spend five minutes discussing it in class” (5).

In doing this they appear to be attempting to enhance student learning by connecting content to popular culture. Another example of this is demonstrated in an article by Di Bartolo (2009) who explores the use of feature films to promote learning and
personal awareness in nursing students who may find the familiar and casual nature of popular culture a reassuring medium in which to learn.

It can thus be seen through the data from the present study and analysis of relevant literature that there seems to be a strong desire amongst nurse educators to attempt to make the content they deliver to nursing students relevant to the role of the nurse. Whether this is seen by nurse educators as being an imperative for nurse educators to a degree not seen or felt by educators in other disciplines would be an interesting focus for future inter-disciplinary research. In so far as the participants in the present study are concerned, they seek to achieve this by doing things like linking content to specific assessment tasks, competency frameworks and connecting content to a broader societal perspective; which in turn reflects the broader literature on this topic, limited as it is.

4.4.2 Theme 2, Subtheme 2—Making my teaching meaningful by being a clinically credible educator, being seen to be able to ‘walk the walk’

Seven participants described using [their] clinical credibility as a means of assisting them to make their teaching meaningful to students. Essentially they spoke of: the importance and value of clinical credibility (4.4.2.1); how they believe they achieve it (4.4.2.2); and how they use it (their clinical credibility) when educating nursing students. Two ways of doing this were identified. These were by having past clinical experience to draw upon and refer to (4.4.2.2.1); and being a currently practising clinician whilst also working as a nurse educator (4.4.2.2.2).

4.4.2.1 The importance and value of clinical credibility

Participants deemed it important to share their experiences as a practitioner, as they perceived it conveyed a sense of believability about content for students when they as a clinically credible person deliver it. What exactly they meant by ‘clinical credibility’ was not overtly described by any participant, instead it was spoken about as something of a ‘given’. From this data, it appears clear that at some point, in addition to exploring the above more formally, it would be illuminating to examine empirically, students’ views on clinical credibility, how it is achieved and what (if anything) it confers for the nurse educator, in their eyes.
‘Clinical credibility’ is ill-defined indeed according to Elliott and Wall (2007), Disabatino–Smith and Carroll (2005) and Fisher (2004). The terms ‘clinical competency’ and ‘clinical credibility’ are often used interchangeably. Fisher (2004) conducted interviews on six newly appointed nurse educators in the UK to explore what their interpretation of the term ‘clinical credibility’ was and to understand the different ways they pursue this. The findings revealed that individuals have different views and approaches and that clinical credibility can be achieved by “pursuing research and working collaboratively and forming partnerships with practice” (p. 25), not just through having a job in a practice area. Fisher (2005) further suggests that the term ‘clinical credibility’ is obscure and often confused with ‘clinical competence’ and that the term ‘clinical currency’ is probably more appropriate for contemporary nursing practice. She also asserts that there are different models that nurse educators can use in order to achieve clinical currency including joint appointments between universities and health services—a model frequently used in the UK (Leigh et al., 2005; Latter et al., 2009). All of them however, seem to have ‘doing nursing work’ (without that being defined) at their core.

A position paper by the Council of Deans of Nursing and Midwifery of Australia and New Zealand (CDNM ANZ) (2006) claims that maintaining clinical credibility is often cited as a strong rationale for nurse academics to be involved in faculty practice. Faculty practice is referred to in the US as the provision of clinical health service under the auspices of the university (NLN, 1989, cited in CDNM, 2006). This is obviously more difficult for those nurse academics not employed in universities without Academic Medical Centres—one would argue that most universities in the world do not have access to such centres.

Again, the implication is that however one defines it, there is strong sense amongst these nurse educators at least, that to be able to provide ‘meaningful teaching’ a nurse educator needs to be credible as a nurse. However, what that means does not seem to be clear; or at least there are a variety of ways in which it may manifest or be claimed and this is thus a possible focus for fruitful future research.

4.4.2.2 How one achieves clinical credibility

Respondents in the present study talked about achieving/demonstrating clinical credibility in two ways: by having past clinical experience to draw upon and refer to
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(4.4.2.2.1); and by being a currently practising clinician whilst also working as a nurse educator (4.4.2.2). It is noteworthy that people spoke of one mechanism or the other to achieve this desirable state; not both. Whilst this was not explored in the interviews, the interview transcripts, impressions gained at the time and notes taken afterwards support the assertion that respondents were talking about the way they believe they achieve the state or meet the epithet of being ‘clinically credible’ to students (as opposed to how it might be defined or seen by others). They then went on to talk about ‘how they used it’ saying things like: “[students] say this teacher’s got lots of [practical] knowledge, she shares it with us, it makes the teaching more interesting” (6).

A search in the CINAHL database focusing on clinical credibility from 2005 onwards yielded just 11 papers. The focus of these papers was predominantly on clinical environment contexts and/or from the angle of the nurse educator (i.e. what educators think about the issue) rather than from the students’ perspective. The exception to this was an article based on data from focus groups and interviews with various stakeholders including nursing students, exploring their views of the clinical role of nurse lecturers in Ireland (Meskell et al., 2009). The findings suggested that the stakeholders, including nursing students, considered it essential that nurse lecturers engage with clinical areas in order to maintain their skills. Just what that engagement could/should look like was not clarified. The paucity of literature on nursing students’ views of the clinical credibility of nursing lecturers is interesting and indicates a gap in the research that is worthy of future exploration.

4.4.2.2.1 Having clinical credibility by virtue of having past clinical experience

Some participants talked about the importance and benefits to students, of sharing their past experiences as a practitioner, as they perceived it conveyed a sense of believability about the content for students. Typically these participants were people who had been working as a university-based educator for some time. They were thus claiming clinical credibility by virtue of their being able to talk about and thus share their experiences as a practitioner, and wished to do so in order to give context to the role of nursing. In some ways then, it could be said that these respondents were seeking to use their ‘clinical credibility’, as a means of not only enhancing the
believability of the content being covered, for students; but also their believability in the eyes of the students; the two being intertwined to some degree.

A commonly adopted strategy amongst the participants who claimed clinical credibility by virtue of having past experiences as a nurse, was the use of narratives and storytelling. This was mostly in reference to the educator sharing their experiences as a practitioner in order to give context to the role of nursing and to a lesser extent through using the narratives to link students to the profession. People spoke of storytelling being important—for example: “Storytelling for students is where they then see oh this is meaningful because this is what a nurse does” (7); and “they [students] seem to listen and enjoy those stories because you can relate back to something that you’ve actually seen in practice” (10).

In practice, clinical experiences were shared in narratives and storytelling regardless of how recent the experiences were; this was exemplified in the following line: “I can introduce personal experiences and anecdotes which I’ve got lots of in over thirty years of nursing” (14).

In a practical sense then, such educators were putting forward the argument that being able to show students that they have clinical credibility (perhaps more accurately it is ‘clinical experience’ at some point in time), assisted them as educators. It assisted them via their being able to tell stories which are meaningful to nursing students in ways that help them [students] find what is being taught to them, ‘meaningful’. In other words, perhaps what they were saying is that by being able to tell stories based on practical clinical experiences, they were (at least in their eyes as educators) providing a context to show to students, how important content is. This is encapsulated in the following quote: “Talking about my personal [clinical] experiences to provide a context so that they would see a concept as being imperative for them to learn” (13).

Story telling or using narratives (whether recent clinical stories or stories from past experience) are relatively common strategies used by nurse educators to demonstrate their clinical credibility with students. Several articles already outlined in the literature review chapter, support this assertion; describing storytelling as a teaching and learning tool that seeks to relate real life experiences with nursing theory (Balen, Rhodes & Ward, 2010; Schaefer, 2002; Ironside, 2006; Lillyman, Gutteridge &
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Berridge, 2011; Ewing & Hayden-Mills, 2011; Andrews et al., 2001; Christiansen, 2011; Roberts, 2010; and Shatell, 2007).

There is also some literature which discusses how educators claim to actively involve students by encouraging them to share their clinical stories with the class, in an attempt to assist student learning (Davidson, 2004; Andrews et al., 2001; Balen, 2010; and Ironside, 2014). Whilst story telling was a common strategy of the participants in the present study, interestingly the focus of the participants was on nurse educator stories; student stories were not mentioned by any of the respondents. This may thus be a fruitful area for future innovation and evaluation.

4.4.2.2 Having clinical credibility by being a currently practising clinician

Some participants considered clinical credibility to be linked to currency of practice and that being ‘clinically current’ added weight to educators’ ability to persuade students about what nursing is really about. Participants talked about using narratives and storytelling to share clinical situations they had recently experienced.

These participant quotes convey how they perceive students value educators who have clinical currency: “having recent experience and being able to share that recent experience with students I found that was very powerful” (13); “so current practice, that kind of thing, is something that a student tends to value a lot, that there’s demonstrated current knowledge” (9); “If students have a person [educator] who they know is a current clinician they seem to pay a lot more attention” (9).

The study by Johnson-Farmer and Frenn (2007) also considered clinical credibility to be associated with being a currently practising clinician. Interestingly however, they illustrated this by saying that “[they] … use guest speakers currently practicing to provide real world content and apply theory to practice” (p. 270); that is they brought in clinically credible people currently engaging in clinical practice, to provide ‘meaningfulness of content’ for students; as opposed to necessarily doing so themselves. The perceived notion that students value currently practising nurses as educators may be supported by the belief of some that nurse educators are typically out of touch with the reality of nursing although this notion does not seem to be supported in the empirical literature.
It can thus be seen through the data from the present study and analysis of relevant literature more broadly that there seems to be a strong desire amongst nurse educators to attempt to make the content they deliver to nursing students, relevant to the role of the nurse. As indicated earlier, this may therefore present a possible interesting focus for future inter-disciplinary research.

The participants in the present study talked about making their teaching meaningful by doing things like linking content to specific assessment tasks, competency frameworks and connecting content to a broader societal perspective; which in turn reflects the broader literature on this topic, limited as it is. They also talked about how ‘clinical credibility’ in various guises can help. It is important to note, however, that none of those interviewed spoke of ‘how they knew they had been effective in making their teaching meaningful’; in spite of being prompted to talk about this at the outset.

In closing the discussion of this theme, it is useful to note that serendipitous data was collected which could also usefully inform future research, with respect to ‘what students perceive about ‘clinical credibility’ or ‘clinical currency’ in nurse educators. Such research could usefully focus on things such as: what is it?; how is it demonstrated by educators?; and, does it matter/ have an impact on your [nursing students] learning? It would also obviously be useful to ascertain whether the presence or absence of perceived ‘clinical credibility’ in a nurse educator, in the eyes of their students, has an impact on the ability of that nurse educator to make their teaching meaningful (or engaging?) specifically; and if so, how and why? Similarly, it would be illuminating to ask students what they feel about ‘story-telling’ by their teachers—given that this is obviously a common approach to teaching both in the present study and in the literature.

Having discussed how the participants said they attempt to make teaching ‘meaningful’ within Theme 2, Theme 3 discusses how they attempt to make their teaching ‘engaging’ for nursing students.

4.5 Theme 3—How I attempt to get students interested and curious

Theme 1 outlined what participants considered engaging teaching to be—i.e. an attempt to capture student interest and curiosity. Theme 3 explores how they said they try to achieve this.
It was apparent from the analysis that participants considered engaging teaching from the perspective of how they deliver content. Three subthemes subsequently emerged from this, namely: managing the classroom well (4.5.1); having good student/educator relationships—“having an open door policy” (4.5.2); and catering for different learning needs of students—“something for everybody” (4.5.3).

4.5.1 Theme 3, Subtheme 1—Managing the classroom well

Participants considered classroom management to be a method of engagement. They suggested that being an organised, prepared and professional educator conveys to students that their learning experience is important to them and that they have considered ways to facilitate that experience. Eleven participants articulated this from the following two perspectives: managing the physical classroom environment (4.5.1.1); and creating and managing a positive classroom (4.5.1.2).

4.5.1.1 Managing the physical classroom environment

The following exemplary quotes relate to participant attempts to engage students via managing the physical attributes of the teaching location: “Setting up and being prepared is really important, making sure that the students are comfortably seated” (11); and “I look at the hardware of teaching, so the location of the classroom [to establish if it’s] conducive to engaged learning” (7). One educator explained that she did this to the extent that “[For] Group work I’ll go to class early to set up small tables where they can face each other” (10).

This can be seen to demonstrate the educators’ attempts to use the environment as an adjunct to the content and process of their teaching; in that they said things like: “I’m thinking about the flow of the class as well, we might have a discussion about this or that, but getting a bit of movement into it in terms of we do this and then we might all move to this corner of the room and then do something else, so sort of movement, but thinking about space to try to keep students engaged” (3) and “Being able to think on your feet is just really, really important, I’ve made them [students] stand up, turn around, walk around, sit down, I’ve taken students and we’ve gone outside, sometimes it’s [about] being willing to change” (5).
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4.5.1.2 Creating and managing a positive classroom environment

Participants believed that students are more engaged if content is delivered in a positive environment. This might be through: encouraging students to work together in groups; being transparent and collaborative about expectations of the class; and/or skillfully managing disruptive students. Respondents also spoke of connecting (engaging) with students by the use of regular ice-breaking activities and through humour.

The following extracts convey the variety of ways the participants attempt to create and manage a positive classroom: “It’s good to put them into groups rather than let them get into their own groups” (9); that is; they were not leaving having a good classroom culture or climate to chance. To this end they also spoke of setting ground rules for classroom behaviour—e.g. “I sort of set the ground rules, students say it’s great because your room is really quiet and we’re not distracted by everyone that’s talking” (8); and “[I’ll] set some clear goals and clear time frames, you know like someone needs to take the notes and someone needs to report back to the class” (11). Often this progressed to people talking about managing students who do not comply with such ground rules, e.g. “I’ll move down towards where that activity [a disengaged group of students] is happening so I’m actually over closer to them, that certainly makes a difference to what’s happening in the classroom” (9); “I tend to hover and try to encourage them to think and talk” (6).

Ice-breaker activities and humour were also described as ways to create and manage a positive classroom in which students are engaged to learn: “Icebreaker activities work well, not just one time at the start of session, but maybe [also] when they come back from clinical placement, so they get to know each [other] and function better as a group” (10); “[I] always use a student’s name [it] seems to assist with them engaging” (5). Exemplary quotes about the use of humour are: “There’s got to be a bit of humour in there somewhere, usually just to get their attention” (4); and “I like to use humour, for example, I have related stories about my preconceptions as a woman without children, that ‘goodness, how could you take your child to the shopping centre without shoes on for instance; and then having my own children and being glad if they had their knickers on and not on their heads when they went to the shops’, that strikes a bit of a chord and they [students] have a laugh” (8).
Perhaps the most significant implication of these data relating to how these nurse educators attempt to ‘get students interested and curious’ is that it is very clear that the majority of them mindfully recognise the imperative to be engaging for and with their students, and seem to put almost as much effort into preparing the physical and social environment for learning as much as they do the learning activities planned. This is clear from the fact that 11/13 educators contributed ideas about ways to manage the classroom well as a means of facilitating student engagement. It is a matter for conjecture as to whether this is common in educators in other disciplines—especially in Higher Education and thus again, whether serendipitous data has emerged from the present study, which could form the basis of fruitful interdisciplinary research in the future.

It is also noteworthy that whilst undertaking the literature search and review for this study, no reference was found to papers in which nurse educators talked about ‘managing the learning environment’ and/or ‘classroom management’ as a means of facilitating students to ‘engage’. The focus of the literature (such as it is) is on ‘teaching techniques’ or ways of delivering content. This may reflect a lack of value for such activities amongst the broader nurse educator community.

4.5.2 Theme 3, Subtheme 2—Engagement through developing student/educator relationships, “an open door policy”

Respondents did not only rely on ice-breaking exercises and humour in the classroom to generate positive relationships with their students. Four nurse educators overtly talked about how they try to develop professional and respectful relationships with students more broadly and why they believed this assists students to engage with the content.

Some did this by being very available to students. This was referred to in the subsequent ways: “I always make sure there’s time, I make myself available [for students]” (2); and “I’ll treat them [students] with respect, that respect is also shown by my availability and also with an open door policy and answering emails and phone calls within 24 hours—that type of thing” (14).

One might suggest that this sometimes goes beyond what might be considered ‘reasonable’—another respondent said: “I try to be very present for students, I post
regularly to the [online] forum, I try to answer their emails very quickly, I’ll be phoning them individually just asking them how they’re going with their course just to make sure that they feel special … I use an online teaching tool [students] see a picture of me, so it feels like they’re participating with a real lecturer rather than just a computer screen” (4) (NB This participant worked on an online programme with relatively small numbers of students, across a geographically diverse area). Finally the following participant considered that the development of good educator/students relationships and therefore engagement in content was predicated on trust: “if you’ve got a group of students that trust you as a lecturer and feel safe, they can talk about their clinical experiences” (5).

These participants were obviously doing their utmost to make their students feel important and worthy of their attention. They could also be said to be very (some might say too) student-centred. Whatever the case, they took their job very seriously. It is also true to say that as with subtheme 4.5.1, there are no references in the wider literature to activities outlined in this subtheme (4.5.2) as means to facilitate ‘engagement’.

4.5.3  Theme 3, Subtheme 3—Catering for the different learning needs of students, ‘something for everybody’.

A number of participants spoke of the necessity to cater for different learning needs that nursing students have. They referred to these needs in terms of the following: catering for the diverse nature of the student population in nursing programmes (4.5.3.1) and catering for different student learning style preferences (4.5.3.2). As will become obvious, the data in 4.5.3.2. reflect what is written about ‘engaging teaching’ in the nursing education literature.

4.5.3.1  Catering for the diverse nature of the nursing student population

Several participants suggested that the diversity in backgrounds that nursing students come from has implications for the capacity of those students to actually engage with content. This diversity takes in (but is not limited to): students who are technologically competent recent school leavers with or without a high University Admissions Index (UAI); or mature age students entering the tertiary environment after a significant break since leaving high school; people from a wide range of
Culturally and Linguistically Diverse (CALD) backgrounds (who incidentally, may be international students); learners from socially and/or educationally disadvantaged backgrounds and a unique cohort of students who typically join Australian nursing degree programmes in second year—Enrolled Nurses (ENs) who have been awarded Recognition for Prior Learning (RPL) for their previous practical-oriented, Technology and Further Education (TAFE) studies.

Eight participants demonstrated an appreciation of the ways that the range of variables outlined above may affect a student’s capacity to engage with content. The following participant quote exemplifies an appreciation of the needs of learners from socially and/or educationally disadvantaged backgrounds:

“The reality is that many people who come into nursing are not from the highest percentiles in terms of academic achievement. That doesn’t necessarily mean they’re not smart, they may have come from socio-economic disadvantage or they may have come from families where learning is not facilitated. I believe that nurse educators have to work harder to engage students, [and that [it] is more difficult to do [so] with people who don’t have the level of inquisitiveness that tends to come with higher intellectual functioning, it’s pretty easy to teach smart people”(13).

This participant thus articulated elements of the diversity of the nursing student population, going on to reflect on the attendant need for nurse educators to work harder to engage nursing students in the university sector than perhaps lecturers in other disciplines.

Of the eight educators who spoke in some way about the diversity in the nursing student population, three went on to outline strategies they use to tailor content delivery to cater for different capacities for learning amongst their students.

One said: “I try to refer back to previous lessons ... [because this] helps the people who may not be up to that level to also start to recall some of the things that have been happening previously”(9). This participant understands the need to reiterate content for learners who may not be at the same learning level.

The other two talked about using technology to assist students with diverse learning backgrounds to engage with content; e.g. “I try to create online learning resources so students can learn at their own pace, in their own time and replace lectures with online interactive modules, they can come back to it any time they like and I think
that’s one of the ways I’ve tried to create resources that are engaging and meaningful because they’re at their own pace” (6). This suggests a belief in these educators, that technology can assist with ‘engagement’ by providing flexibility of access to content for students and the flexibility to work at their own pace; including the opportunity to go back and check on their (own) understanding.

On the face of it, what literature exists on this issue seems to support these views. Several articles were located which present claims that technology can indeed increase nursing students’ ability to be engaged in the classroom (all of which were covered in the literature review for the project). However, this claim is not supported by empirical evidence in any of the articles—that is, none attempted to measure whether students were more engaged or not as a result of the inclusion of technology as a teaching/learning strategy (Wells et al., 2002; Clifton & Mann, 2011; Simpson, et al, 2008; Edwards et al., 2008; Tremel, 2004).

Apart from the article by Simpson et al. (2008), all these papers talked about the positive impact of technology on nursing student engagement, without presenting any supporting empirical evidence from the perspective of students. The exception was the Simpson article, which used qualitative and quantitative data to evaluate the engagement of 35 pre-registration mental health nursing students in the UK and found that the students were overwhelmingly positive about their online discussion forum.

At this point in the data presentation and discussion, it is becoming clear that an overarching issue which emerges when researching in this area, is the apparent lack of evidence for the effectiveness of different approaches to teaching—at least in terms of the effectiveness of those approaches nurse educators say they use to make their teaching ‘meaningful’ and/or ‘engaging’ for students. This is an important issue, which will be returned to later in this chapter.

Enrolled nurses who commence a conversion programme in the second year of a BN were also considered to contribute to the diverse nature of the nursing student population by participants in the present study. They framed this as either providing an advantage for such students, or posing an educational challenge for them.

One participant spoke of the advantage, suggesting that the EN cohort is assisted to engage with content: “The class will be diverse and sometimes it may be necessary to
change slightly the way that the class is delivered. For enrolled nurses [EN’s] for example; the fact that they have clinical experience it is so much easier for them to engage” (14).

In contrast, two participants commented that enrolled nurses experienced difficulty in engaging with academic content saying: “Enrolled nurses who join in second year can be quite challenging, they might have been out in the clinical workforce for twenty years but they don’t know how to academically learn ... So I actually gave them some extra education this semester to try and bring them up to speed (10); and “They [EN’s] come into second year from a Technical and Further Education (TAFE) environment to a Tertiary education environment [and they say] ‘Oh I’m finding it really hard having to write these academic essays; I’m fine on clinical but I’m really struggling with the academic content’” (5).

Such students typically find themselves in this situation because they did not excel at school and (with or without a break before taking up an EN programme) they then undertake a very practically-oriented course to become an EN. This educational disadvantage is then compounded when they enter a degree programme in second year, because typically the bulk of academic (study skills) development content is integrated into the first year of degree programmes—which most EN’s receive credit for under Recognition of Prior Learning arrangements (RPL).

The broader literature supports the notion that enrolled nurses converting to registered nurse find the experience educationally challenging. Hylton (2005), Rapley, Nathan and Davidson (2006) and Hutchinson, Mitchell and St John (2011, p. 195) all assert in some way that such students perceive their level of knowledge, particularly in academic writing, does not meet the expectations of academics; and that subsequently they express that studying for their degree was much harder than they had expected.

Further searches in the CINAHL database from 2005 onwards revealed that the nurse education literature is essentially limited to issues related to the cultural and linguistic diversity of patient populations cared for by nurses (and thus nursing students). In other words, the nurse education literature focuses its attention on the ability of nursing students to cope with, and care for, diverse patient populations; there is an absence of literature on the needs of the diverse nursing student
population itself. An exception is the paper by Adeniran and Smith-Glasgow (2010) who discussed the cultural diversity of nursing students in an American context and suggested some strategies for creating and promoting positive learning environments for this population. Above all they assert that nurse educators must be willing to engage in self-examination about their own cultural identity and beliefs, in order to interpret the behaviours of individuals from culturally diverse backgrounds.

This whole area—the implications of student diversity and what nurse educators might best do facilitate engagement with (and the meaningfulness of) content (amongst other things), is obviously thus a potentially fruitful area for future research for nurse academics interested in nurse education.

4.5.3.2 Catering for different learning style preferences, “something for everybody”

The notion of ‘different learning styles’ existing across groups of students was also raised by participants, as a consideration in relation to the diversity of the nursing student population. It is not within the purview of the present study to debate the veracity of this assertion; what is germane however, is the fact that eight participants indicated a belief that learners engage better in content if their needs, associated with their different learning styles are satisfied. Four participants expressed this by overt reference to the theories of learning styles (4.5.3.2.1) and four by demonstrating a tacit understanding of learning styles theory through the way they described a variety of teaching strategies they adopt that align with such theories (4.5.3.2.2). Learning style theories are predicated on the assertion that individuals differ in regard to what mode of instruction is most effective for them. Pashler (2008, p. 108) asserts: “Learning will be less effective than it could be, if learners receive instruction that does not take account of their learning styles”.

4.5.3.2.1 Explicit understanding or reported usage of learning styles theory

Four educators spoke about their use (or otherwise) of ‘educational theory’ in their interview. Two of them alluded to specific theories by providing a modicum of detail but only one actually named a theory i.e.: “I build on my learning events so that they take into account learning styles and I use Honey and Mumford’s theories in my thinking about constructing learning events ... I try to have something for everybody” (1). The other educator said: “I explain to them that there are different
learning types and I teach in all three learning types, we’ll do a role play or group work and so when I do that activity I ask them who’s from the visual, who’s from the audio, who’s from kinaesthetic?” (sic) (10). A subsequent perusal of the literature identified that this terminology is derived from Fleming’s (2001) VARK model which describes four core learning styles, namely: Visual learning; Aural learning; Reading/writing learning; and Kinaesthetic learning.

The other two spoke more generically, talking more generally about ‘mixing teaching approaches up’ i.e.: “Engagement’s different things to different people but I try and think about learners needing all different learning styles ... So needing to have visual stimuli but also if we’re thinking about lectures or online material, having some sort of auditory format for that as well for those that learn better when they hear things” (6); and “Students all come with different styles, so I try to vary it up if I can ... I attempt to try to use a variety of techniques [to assist students with a Reading/writing preference] using sequencing or matching activities reinforcing some of the terminology that they’ve heard in a lecture” (11).

These four participants not only explicitly referred to learning style theory but they supported their understanding of the theory by providing examples of how they seek to cater for the different learning styles of students, as a means of promoting engagement. It is noteworthy that when sourcing relevant papers for the literature review for this thesis on ‘meaningful and/or engaging teaching in nursing’, none were found which spoke of learning styles or related material. They spoke exclusively about ‘what they did to promote meaningfulness or engagement’, not why they did those things.

4.5.3.2.2 Tacit understanding of learning styles theory

Another four participants essentially alluded to the idea of using learning styles theories, when describing ways in which they approached their teaching so as to make it engaging for students. Their reports of using a range of strategies to deliver material and of changing them regularly within and between teaching sessions, suggest that they used principles informed by theory. However, one cannot be sure if they were using any particular theory, or if in doing so, they were working instinctively or with informed intent. One could say that they seemed to be talking
more about being creative; perhaps even ‘being interesting’; than following any sense of ‘learning styles’.

One spoke of using art: “I ask them [students] to draw a picture of something that occurred on their placement that illustrates an aspect that they’d like to tease out, it did actually generate discussion that they weren’t prepared to engage with previously” (7). This participant exemplifies an understanding of the value of catering for visual learners. Visual learning is a notion that is supported in the literature, indeed Casey (2009, p. 77) argues that art encourages students to “incorporate aesthetic contemplation and inquiry into their thinking about nursing practice.” Pardue (2004, p. 58) suggests that the use of art can lead to “an enhanced sense of patient empathy, heightened concern for person-centred care and a valuable opportunity for self-reflection”.

Using art within teaching was identified in the literature review of the present study. Several authors referenced there, advocated the use of art to engage nursing students in meaningful learning experiences (Brand & McMurray, 2009; Wikstrom, 2001; Jensen & Curtis, 2008; Wikstrom, 2003; and McCaffrey & Purnell, 2007). It is pertinent to add that the art alluded to was not exclusively ‘visual’ in nature. Jensen and Curtis (2008) for example, encouraged the use of art from a perspective of visual art, literature, music and film. The focus in the literature also thus tends to be on the idea of using art itself, rather than on any particular learning style which might be related to art in any of its different forms.

One participant (2) suggested: “I have something for everybody in there and I make it overt … people will learn in different ways and so it needs to be done in different modes” and said they used “aural learning” as a useful learning style to harness engagement of some students by: “[Providing] little ways of trying to remember things [such as] a formula for medication administration. Rote learning can sometimes be very helpful”.

Another creative activity, using games, was discussed by one educator as a way of assisting students to engage: “A game show type design I adapted to teaching medical surgical [nursing] had them much more involved” (14). A variety of learning styles could be catered for by using gaming activities as a teaching strategy;
just which (based for example on Fleming’s VARK model) would depend on the type of game used (e.g. a board, card or interactive game).

Irrespective of the learning style mode, Graham and Richardson (2008) suggest that employing games that are interactive and competitive provides the ability to make learning more engaging and memorable for learners. As with much of the previous literature alluded to in this chapter, this assertion is not based on empirical evidence but rather on the authors’ belief that the development and use of a particular game they describe (in this case, to assist the development of cultural awareness in nursing students) was effective.

This lack of empirical evidence regarding ‘what works?’ is reflected in a literature review carried out by Royse and Newton (2007) to explore the evidence base for the efficacy of gaming in nurse education. They found only four papers which reported on empirical work to assess such efficacy, with only one dated after 2000. That paper was a report of a research study undertaken by Cowen and Teash (2002) where the authors compared the pre-test and post-test scores of two groups of nursing students: one taught using traditional lecture teaching method (n =43); the other using gaming teaching method (n=42). The post-test scores were significantly higher for the gaming group, than for the comparison group, indicating an improvement in these students’ ability to retain knowledge. This sort of evaluation, whilst rare, is obviously quite compelling in terms of ‘telling us what works (and what doesn’t)’.

The last participant to quote in this group, as well as alluding to kinaesthetic learning (physically touching something to aid understanding of a concept) (Fleming, 2001) in the following way, provided a different perspective on being creative in one’s teaching, when they said: “I’m learning to be braver and use different ways of student involvement in the classroom, we will do craft or tactile things that will engage people in a more sensory level” (3). Trying different teaching approaches, does indeed often require ‘bravery’ as failure is very public and feedback immediate.

Theme 3 explored how those interviewed said they try to get students interested and curious. From the analysis it is clear that they considered engaging teaching from the perspective of how they deliver content. They explained that they did this by: good classroom management; having good relationships with students; and, catering for the different learning needs of students.
If one compares the content of this theme (3) particularly, with the content of the literature review, it becomes clear that the data from this section of the present study reflects the nature of the broader literature. The exception to this is the data collected from this study, related to ‘classroom management’ and to ‘good relationships with students’. These concepts were not referred to in the broader nurse education literature on ‘meaningful’ and ‘engaging’ teaching. Given the amount of time participants spent talking about such activities, they obviously saw them as being very important. It would be interesting to see whether if similar questions were asked of other nurse educators, they would also talk of such things.

With this exception, the data from the present study essentially falls within the themes identified in that review in that between them, the nurse educators in this study did at some point and to some degree, talk about using: technology; simulation; gaming; art; narratives/storytelling; context-based learning; and encouraging reflection in some way.

What is also notable when comparing more broadly the literature with the data from the study, is the pervasive sense of ‘separateness from other work’. One got the sense for example, that the educators in the study were typically talking about ‘what they believe works for them’ and presented little or no empirical evidence as to how they know that what they do is effective.

Similarly, the broader literature (as reflected in the literature review for this project) is characterised by small-scale projects, which are poorly evaluated, with little or no reference to other relevant empirical work. This is most stark when considering what appears to be known about what students think and how they feel about their teachers and their teaching.

This assertion appears to be supported by the responses prompted by the question: “How do you know if students have benefitted from you seeking to make your teaching meaningful and engaging for them?” Four responded by saying they would know based on the results of students’ assessment task marks; five responded by saying they would know based on informal student feedback; and three responded by saying they would know based on the results of subject evaluations. Some mentioned all three and there were several people who did not give an answer.
Only one participant (6) suggested we could/should do research on or with students, saying: “I think we get lots of feedback in that informal way. From a sense of quantifying it though I think we have to spend, to be able to quantify that, we have to spend a lot more time structuring a much more rigorous research project”.

Thus, an important conclusion which arises from this study is that work needs to be done regarding the evidence-base for nurse education in terms of ascertaining ‘what actually works?’

### 4.6 Theme 4—Expert practitioners or enthusiastic amateurs?

A fourth and final theme emerged from reflection on the data in Themes 1 to 3 overall, in light of the fact that the majority of the participants (11 out of the 13) reported that they had completed some form of education programme to assist them in their role as a university nursing lecturer/teacher. They had done this either via: a Certificate in Education (n=6); or by completing an ‘introduction to teaching’ preparation programme of some sort (n=5), in their institution.

Given this apparently well-prepared group of educators, it could thus be something of a surprise to reflect upon the fact that throughout all the interviews, only five people overtly mentioned theory in relation to their attempts to make their teaching meaningful and/or engaging. Of these five, only one (13) spoke quite widely about specific theories of adult education. These five did so unbidden—that is, they spoke about such things as part of ‘their conversation’. As indicated in Theme 3, another four ‘alluded’ to theory in some way in their interviews. However, such allusions were very general in nature and could be described more as ‘trying to be creative’ than following some sort of theoretical imperative.

Of the eleven participants who said they had completed some form of teacher preparation programme, two (8 and 9) were amongst those who did not talk about theory in their interview. Two other participants were new academics, one of whom (14) had just commenced a tertiary education programme to enhance their teaching skills and the other (4) said they had no experience of further education in their role. Unsurprisingly, neither of these discussed educational theory either. This is worthy of further study.
This data suggests that further education in teaching may have had an impact on the enhancement of the teaching skills of these nurse educators and that underpinning theories of education may either tacitly or explicitly inform their practice.

In a seminal paper ‘From Novice to Expert’, Benner (1982) asserted that: “At the expert level, the performer no longer relies on analytical principles (rules, guidelines, maxims) to connect her/his understanding of the situation to an appropriate action. The expert nurse with her/his enormous background of experience, has an intuitive grasp of the situation and zeros in on the accurate region of the problem without wasteful consideration of a large range of unfruitful possible problem situations ...” She went on to say later in the paper: “It is very frustrating to try to capture verbal descriptions of expert performance because the expert operates from a deep understanding of the situation much like the chess master who, when asked why he made a particularly masterful move, will just say: ‘Because it felt right, it looked good.’” (Benner, 1982, p. 405). The fact that there were few references to ‘theory’ or informed explanations in support of ‘why respondents in the present study did things’ could therefore be indicative of ‘expert practice’ at work.

It could also of course be indicative of educators who actually really don’t know what they are doing or why they are doing it; albeit that they obviously tend to do it with enthusiasm and commitment. In other words they may be ‘enthusiastic amateurs’. It would be useful and interesting to examine this empirically. To do so would highlight ‘expert practice’ which in turn could be shared with less experienced educators.

It might also add to the debate about ‘credibility’ amongst nurse educators, for example in terms of asking: ‘How credible are clinicians when they teach?’ On the face of it, people (including nurse educators) seem to be quite concerned about nurse educators having ‘clinical credibility’ so as to enable them to provide meaningful and engaging teaching for students. Might it not also be the case that they should have concern that nurse educators (people who teach students) have ‘credibility and expertise as a teacher’?
5 CONCLUSION AND RECOMMENDATIONS

Four themes emerged from the data collected in this study, having asked a group of nurse educators: ‘How do you seek to make your teaching meaningful and engaging for students?’ These have already been presented and then discussed in detail, in the light of the broader, relevant literature, in the previous chapter. A brief summary of key points in the data would seem to be useful here, not least so as to make it clear to the reader, what the key findings are (at least in the view of this researcher); and how they link clearly to recommendations to be made from the data.

Perhaps the most important point to make here is that the project achieved what it set out to achieve. Useful data was collected which provides some significant insights into how nurse educators go about making their teaching meaningful and/or engaging for their students. It is acknowledged that this data was collected from a small group of nurse educators from one country (Australia) and thus cannot (and will not here) be legitimately directly extrapolated to the wider population of nurse educators. However, when comparing the data with that from the broader literature, it would seem reasonable to make some suggestions about how the findings from this study might be applied and/or built upon, in the future. This is particularly the case for suggestions about ‘ways of working’ for nurse educators in nurse education in the future; as well as suggestions for fruitful future research. As with any qualitative project, as many questions emerged from the data as there were answers.

It is clear that these nurse educators, at least, clearly discerned between the terms ‘meaningful teaching’ and ‘engaging teaching’. They said this with authority and typically went on to explain the difference(s) that they saw. Essentially this was that meaningful teaching is ‘teaching that attempts to make content relevant to students’; whilst engaging teaching is ‘teaching that attempts to capture student interest and curiosity’.

In terms of providing ‘meaningful teaching’, participants spoke of referencing content to broader context and frameworks, and to the concept of ‘competence’ in particular. This was reinforced by those who spoke of using clinical simulation as a means of providing a realistic environment in which to learn. There was also a strong sense from the group, of an imperative to provide ‘meaningful’ teaching to nursing
students. Obviously, data was not collected from educators in other disciplines/fields in this study, so one can only wonder if this is something peculiar to nursing (and perhaps other practice disciplines); or if it is commonplace. It would be interesting to explore this empirically.

Nurse educators possessing ‘clinical credibility’ was obviously an important notion, associated with their (at least perceived) ability to provide ‘meaningful teaching’ for nursing students. This is borne out by the broader literature. It is clear from the data and the literature, however, that: what ‘clinical credibility’ actually is; how one is seen to have it; what it confers on those who have it (and what is lacking in the person who doesn’t); are all but unknown. This is particularly the case in terms of ‘what students think’ about all this.

Linked to this, is the fact that several people in the study and a number of authors, claim to express or utilise their ‘clinical credibility’ to provide ‘meaningful teaching’ by story-telling.

Thus, not only is further work on ‘what is clinical credibility?’ indicated (including from the point of view of students); but also on ‘what is the efficacy of story-telling’ as a teaching technique in nurse education?’ (especially, but not only, with respect to ‘making teaching meaningful’). It also emerged that there is innovative work to be done, evaluating the value of students engaging in telling their own stories; perhaps as a means of developing their reflective skills.

In terms of ‘engaging teaching’, most participants spoke about using ‘classroom management skills’ to capture and maintain students’ attention. Several also spoke of ‘developing positive, supportive relationships with students’. Interestingly, there were no references made to these things in the literature on ‘engaging teaching in nursing’. This may of course be due to specific properties of this group of educators. More likely it is that people do these things and neither evaluate their efficacy nor seek to publish about them.

Being ‘engaging’ was seen to be important by nurse educators in this study, given the hugely diverse nature of the ‘nursing student body’. Interestingly, the broader literature is almost silent on the issue of ‘diversity in nurse education’ from the perspective of ‘the student body’; with the emphasis being clearly on preparing said student body to care for diverse patient/client populations. An implication of this is
that useful work into the future could include the broader examination of the implications of this diversity, and the implications of findings for more adequately meeting the educational needs of such an obviously diverse group of students.

What educators in this study said about engaging teaching practices, reflects the broader literature. People tended to talk about activities which could be categorised under the headings/themes of different approaches used in the literature review for this study. Thus, with the exception of activities related to ‘classroom management’ and ‘positive relationships with students’, data on ‘engaging teaching’ tends to cover the same things.

The similarities did not end there; these ‘engaging teaching activities’ tend to be poorly evaluated, small-scale projects, which do not appear to build on previous relevant empirical work. This is again most stark, when considering what appears to be known about what students think and how they feel about their teachers and their teaching.

Thus, as stated earlier in this chapter, an important overarching conclusion which arises from this study, is that work needs to be done regarding the evidence-base for nurse education in terms of ascertaining ‘what actually works?’ This is not an example of a researcher over-reaching what is reasonable to conclude from a qualitative study with a small sample; the data from this project merely reinforces what is clear from the literature.

Having said that, one doubts that educators/academics in other disciplines take their teaching any more seriously than nurse educators (if the participants in the present study are anything to go by), but this needs to be established. It is also not known whether other disciplines more actively and effectively evaluate their teaching. What is clear, is that there needs to be a greater emphasis on ‘evidence-based teaching’ at least in nurse education. In other words, what works and how do we know that it works? Furthermore, it would be valuable to repeat this sort of study with educators from other disciplines, to see if they are different.

The final element of data deemed worthy of particular note in this summary, is one which emerged in part from participants all being asked in some way, at some point in their interview ‘how do you know what you do works?’; and in part from a more general ‘sense’ one got from the interviews as a whole and from the broader
literature that almost without exception, the nurse educators involved don’t really know if their attempts to provide meaningful and/or engaging teaching, actually work. When asked in this study, those educators who had an answer (and there were several who didn’t) tended to talk about making inferences of the efficacy of their teaching from data from generic subject evaluations or from the performance of students in assessment tasks. Only one educator suggested we could/should do research on or with students in terms of the effectiveness (or otherwise) of various approaches to providing meaningful and/or engaging teaching.

Thus, an important final, perhaps over-arching conclusion which arises from this study is that work needs to be done regarding the evidence-base for nurse education in terms of ascertaining ‘what actually works?’ It would seem reasonable to suggest that the same could be said for teaching in any discipline; but that would need to be ascertained by further studies, similar to this one.

Conclusions and recommendations which emerge from this study therefore are:

- That further work be undertaken to establish a clearer and shared understanding of the meaning of ‘meaningful teaching’ and engaging teaching’. Such work could then more effectively build our knowledge of the various ways in which such teaching can be as effective as possible.
- That further work be undertaken to establish a clearer and shared understanding of the notion of ‘clinical credibility’; not least so as to enable us to more rationally approach research around such things as: how one becomes seen as ‘being clinically credible’ as a nurse educator; and what being seen to be ‘clinically credible’ offers nurse educators. Such work could usefully explore this from the perspective of: nurse educators themselves; other nurses (particularly those ‘in practice’); and students. Related to this, undertaking evaluative research on teaching approaches based on the premise of ‘clinical credibility’ (e.g. story-telling) would appear to be indicated, particularly from the perspective of ‘how students view this practice’. Further, this could usefully be expanded to incorporate examining the benefits of asking nursing students to engage in story-telling, perhaps as a means of facilitating the development of skills of reflection.
Being ‘engaging’ to a widely diverse student body, is obviously an issue. Useful future work could usefully include the broader examination of the implications of this diversity, and the implications of findings for more adequately meeting the educational needs of such an obviously diverse group of students.

The data and the broader literature show that ‘engaging teaching activities’ tend to be: poorly evaluated, small-scale, and do not appear to build on previous relevant empirical work. It is also clear that little is known about what students think and how they feel about their teachers and their teaching in this area. Indeed, one would expect that the same could be said about teaching in nursing more broadly. This assertion however, obviously requires further examination.

It is clear that work needs to be done regarding the evidence-base for nurse education in terms of ascertaining ‘what actually works?’ This can only be in the form of rigorous, evaluative research. As stated earlier one doubts that educators/academics in other disciplines take their teaching any more seriously than nurse educators. This needs to be established; as does whether other disciplines evaluate their teaching more actively and effectively than nursing.
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APPENDIX B
LETTER OF INVITATION

Dear Nurse Educator,

Historically, educators have sometimes found teaching nursing students difficult because they (the students) tend to ‘need’ to see the direct relevance of some aspects of the curriculum, to what they (often erroneously) believe to be the roles of the Registered Nurse.

This letter is an invitation for you to take part in a study to examine the range of methods nurse educators use in an attempt to make their teaching meaningful and engaging for nursing students.

Data will be collected via audio-recordings of interviews of up to 60 minutes in length. Interviews will be face-to-face or via Skype or telephone (your preference). Outcomes will be disseminated by thesis, conference presentations and journal publication with the aims of facilitating ‘Craft Transfer’ between nurse educators and celebrating the expertise of our profession.

If you are interested in participating in this study please contact me on 02 42213569 or email: kay@uow.edu.au.

Thank you in anticipation

Yours sincerely

Kay Crookes

Master of Philosophy Student and Lecturer
School of Nursing Midwifery and Indigenous Health
Faculty of Health and Behavioural Sciences
University of Wollongong
APPENDIX C
PARTICIPATION INFORMATION SHEET

TITLE: HOW DO NURSE EDUCATORS ATTEMPT TO MAKE THEIR TEACHING MEANINGFUL AND ENGAGING FOR NURSING STUDENTS?

PURPOSE OF THE RESEARCH
This is an invitation to participate in a study conducted by a Master of Philosophy student at the University of Wollongong. The purpose of the research is to examine the range of methods nurse educators use to contextualise their teaching so as to make it more accessible for student learning.

INVESTIGATORS
Professor Kenneth Walsh (Principal Investigator/Supervisor)
Faculty of Health and Behavioural Sciences
02-4221 3472
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Kay Crookes (Co-Investigator/Student)
Faculty of Health and Behavioural Sciences
02-4221 3569
kay@uow.edu.au

Professor Patrick Crookes (Second Investigator/Supervisor)
Faculty of Health and Behavioural Sciences
02-4221 4208
pcrookes@uow.edu.au
METHOD AND DEMANDS ON PARTICIPANTS
If you choose to be included, you will be asked to participate in an interview either face-to-face at your place of work, by telephone or via SKYPE by the Master of Philosophy student, Kay Crookes. An interview of up to 60 minutes length will be conducted. This interview will be audio-taped to explore how nurse educators attempt to make their teaching meaningful and engaging for nursing students.

POSSIBLE RISKS, INCONVENIENCES AND DISCOMFORTS
Apart from the 60 minutes of your time for the interview, we can foresee minimal impact or risks for you. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time and withdraw any data that you have provided to that point. Refusal to participate in the study via email, telephone or letter will not affect your relationship with the researcher(s) or the University of Wollongong.

FUNDING AND BENEFITS OF THE RESEARCH
The research will provide a basis for facilitating ‘Craft Transfer’ between nurse educators. The study findings will be used for thesis, journal publication and conference presentations. Anonymity is assured, and neither you nor your educational institution will be identified in any part of the research.

ETHICS REVIEW AND COMPLAINTS
This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

Thank you for your interest in this study.
CONSENT FORM FOR PARTICIPANTS

HOW DO NURSE EDUCATORS ATTEMPT TO MAKE THEIR TEACHING MEANINGFUL AND ENGAGING FOR NURSING STUDENTS?

KAY CROOKES

I have been given information about the research project ‘How do nurse educators attempt to make their teaching meaningful and engaging for nursing students?’ and had an opportunity to discuss the project with Kay Crookes, who is conducting this research as part of a Master of Philosophy, supervised by Professor Kenneth Walsh and Professor Patrick Crookes in the School of Nursing, Midwifery and Indigenous Health in the Faculty of Health and Behavioural Sciences at the University of Wollongong.

I understand that the intent of the project is to gather insights from nurse educators regarding how they go about contextualising their teaching so as to make it as accessible for students as possible.

I understand that the risks of this study to me are minimal and I acknowledge that I have had the opportunity to ask Kay Crookes any questions I may have about the research and my participation.

I understand that my participation in this research is anonymous and voluntary; that I am free to refuse to participate and also that I can choose to withdraw from the research at any time. My refusal to participate or a withdrawal of consent will not affect my relationship with the researcher, the SNMIH or with the University of Wollongong.

If I have any enquiries about the research, I can contact (Professor Kenneth Walsh PH: 4221 3472 or Professor Patrick Crookes PH: 42214208. If I have any concerns or
complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong, on 4221 4457.

By signing below I am indicating my consent to:

• be interviewed face-to-face or via SKYPE or telephone (my choice) to explore how nurse educators attempt to make their teaching meaningful and engaging for nursing students and:
• data being collected via audio-recording of the interview and that this data will be de-identified.

I understand that the data collected from my participation will be used for a thesis and journal publication and I consent for it to be used in that manner.

Signed ___________________________ Date __________/_____/_____

Name (please print) ____________________________________________

_____________________________________________________________